

**Association of Psychotherapists  
Aotearoa New Zealand  
(APANZ)**

**ADVANCED CLINICAL PRACTICE (ACP)  
Psychotherapy Training Pathway**

**HANDBOOK**

**September 2024**

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## **INTRODUCTION TO THE APANZ ADVANCED CLINICAL PRACTICE PSYCHOTHERAPY TRAINING PATHWAY (ACP)**

The Advanced Clinical Practice (ACP) psychotherapy training pathway to full membership of APANZ is in essence a training provided primarily through intensive supervision to help develop, integrate and build on the existing skills and modality of the candidate. What follows is a description of what this pathway entails, who it is suited for, and how it sits with other pathways to both membership of the Association and Registration as a psychotherapist.

This is not a training based on either curriculum or any particular modality of psychotherapy; it is however rooted in psychodynamic theory in the sense that it is expected that a candidate will have a good understanding of the workings of the unconscious and be able to demonstrate this understanding in their clinical work, via whichever theoretical modalities and principles guide their work. **(See Appendix 1 of this ACP Handbook for a Flow-Chart outlining each step of the ACP Training Pathway)**

### **Who is eligible to become an ACP candidate?**

#### **Preamble**

This training is for those who already have significant clinical experience, training, and their own personal psychotherapy (see prerequisites outlined below). The candidate also needs to have a supervisor who has agreed to work with them to achieve the Pathway. This supervisor must be a member of APANZ and be approved by the ACP Committee as an ACP Supervisor. (In exceptional circumstances variations to these requirements and the requirements listed below can be sought. Note however that variations will only be granted at the sole discretion of the ACP Committee).

#### **Core ACP learning task**

The candidate is expected to be self-motivated. Alongside weekly supervision it is expected that the candidate will follow up with their own ongoing study in the areas highlighted to them as undeveloped through their supervision. Weekly supervision on a training case will be central to candidate's learnings in which the candidate can start to integrate what they are learning, from their own studies.

#### **Video conferencing guidelines**

Wherever possible we aim to enable candidates to access an ACP training supervisor who they can see in person. However, where this is not possible, (for reasons of ACP training supervisor availability within the candidate's region et cetera) candidates are able to access ACP training supervisors online. **See Appendix 9 for Guidelines for Supervision via Video and Audio Conferencing.**

#### **Workplace health and safety**

In addition, candidates and supervisors need to be cognisant of workplace health and safety considerations and requirements. **See Appendix 10 Guidelines for Supervisors and Candidates regarding Health and Safety**

#### **Psychotherapy literature and other resources**

**Appendix 8 (Suggested ACP Pathway Reading/Resource List for Candidates)** contains a list of trainings and readings to assist candidates to find resources that will help them in this endeavour. The core competencies required in the writing of the case study highlight key components of the learning focus, including dynamic formulations, unconscious processes,

transference and countertransference, clinical diagnosis, theoretical knowledge and the integration of theory with practice.

### **Prerequisites:**

There are three prerequisites which applicants to the ACP must complete prior to applying for entry into the ACP training pathway. The applicant needs to have completed:

1. A training in a modality or graduate studies that is relevant to psychotherapy (for example in counselling, applied psychology, clinical psychology, psychiatry, counselling social work etc.)
2. A minimum of 200 supervised hours of at least 60% face-to-face individual clinical practice in a field relevant to psychotherapy, such as one of the fields described above.
3. A minimum of eighty hours of weekly personal psychotherapy completed over two consecutive years. This therapy must have been undertaken close in time to the point of application to the ACP Pathway.

### **To apply**

If you are considering applying to enter the ACP training pathway, your first point of contact is the APANZ administrator (Luisa Maloni, email: [admin@apanz.org.nz](mailto:admin@apanz.org.nz)) who will direct your inquiry to one of the initial application intake coordinators (Sue Morrison and Helen Florence). The applicant must liaise with, and gain written confirmation from an ACP intake coordinator that the applicant has completed all the prerequisites listed above before the applicant formally submits their application to the ACP Committee. (If you submit an application before first gaining this confirmation from the intake coordinator, your application will be referred back to the intake coordinator who will liaise with you). The application pack includes questions about your current work, training and history, and asks for an ACP Training Supervisor's endorsement of your application. It also includes a Police Check vetting form.

### **The initial interview**

If all the prerequisites described above are met, and on completion of the ACP Committee's receipt of the completed application pack (which includes a CV, questionnaire, supervisor endorsement and supervisor contract with the ACP committee) the candidate will be invited to attend an Initial ACP Panel Interview. There is a cost of \$250 to cover the initial application and panel. Please contact the administrator to organise payment. The route to become an ACP candidate is through successfully passing this panel interview, usually held in one of the four main centers. The panel needs to feel satisfied that the applicant has the capacity and opportunity to reach the standard of the ACP within five years. Overall, the candidate is expected to demonstrate the capacity be able think about and practice safely while working with unconscious processes. The five specific assessment criteria for the Initial ACP Panel Interview are successful demonstration of a:

1. Well-developed capacity for empathic attunement to the other.
2. Well-developed capacity for self-reflection upon one's own emotional process.
3. Beginning capacity to formulate and work with unconscious process.
4. Willingness and capacity to learn.
5. Congruent high motivation to undertake the full ACP Pathway to completion.

The decision regarding the outcome of the initial panel, (which is conducted by three experienced APANZ members, at least one of whom is an ACP Committee member, and one is a Training Supervisor, in collaboration with an observer and a process facilitator) is reached through interview and demonstration of clinical work, including presentation of a five-minute recording with a client and a written dynamic formulation of this client.

Note: It is expected that the applicant will have received supervision on the choice of client, dynamic formulation, and choice of verbatim piece etc., in preparation for the initial panel interview.

Passing this panel interview along with completing an approved supervision contract (**see Appendix 6 for Annual Training Contract between ACP Candidate and their Training Supervisor**) enables Council to ratify the candidate as a Provisional Member of APANZ and an ACP candidate. Full details of this stage and its documentation are available through the APANZ Administrator.

Note that in addition to applications from non-members of APANZ, any full member of the Association can become an ACP candidate by completing a supervision contract with an approved Training Supervisor.

### **What are the requirements while undergoing the ACP Training Pathway?**

1. ACP candidates must undertake to fulfil the terms of the First Supervision Contract with a Training Supervisor, and this contract must be approved by the Chair of the ACP Committee. Supervision is required to be weekly. Additional requirements may be made, as recommended by the Initial ACP Interview Panel.
2. Candidates and their supervisor/s must annually submit a Supervision Contract to the ACP registrar for approval. This contract reviews progress and attests to the training requirements and is to be formally approved by the Chair of the ACP Committee. Candidates are required to retain a log, documenting the number of supervised clinical hours they complete each year. This is reviewed by their supervisor when completing the annual supervision contract together.
3. **Personal therapy**  
All candidates are required to undergo at least once-weekly psychotherapy for the first three years of their ACP training, and fortnightly thereafter. Once the candidate has completed and passed all written ACP assessments and oral panels, and have been ratified as having completed all requirements of the ACP, they are not then required to continue personal therapy. (**see Appendix 7 for Attestation of Personal Psychotherapy Sessions Form**, required to be signed by the candidate's personal psychotherapist attesting to the number of session per year (minimum weekly) annually).

### **Leave of absence**

A Provisional Member can also, with the support of their supervisor, request a period of up to three years out of the process. They must discuss this in the first instance with their supervisor and then make a written request to the ACP committee. The candidate would lose provisional membership of APANZ until they start back on the Pathway. To recommence their training, the Provisional Member is required to have a new approved supervision contract and pay the appropriate APANZ subscription. Should the Provisional Member be out

of the process for longer than three years, s/he must reapply to become a Provisional Member through attending an ACP Initial Panel.

**Note:** Full APANZ members who are candidates for the ACP have no time limit for reaching the standard required nor is weekly supervision mandatory, although it would be strongly recommended.

### **Experienced practitioners and readiness for assessment**

While there is an expected maximum time of five years spent in this training process, there is no minimum time and the assessment phase of this pathway can begin at any time with the agreement of the Training Supervisor. It is therefore also a suitable process for experienced psychotherapists who have newly arrived in the country and who cannot achieve membership easily through Registration. Their Training Supervisor can discern any needs for cultural knowledge and Treaty understandings as well as readiness to present historical or current work for assessment.

### **Relationship between the APANZ ACP and the Psychotherapists' Registration Board (PBANZ)**

Completion of the ACP enables candidates to be eligible for both Full Membership of the Association (APANZ) and, after completion of the required 900 clinical hours, to apply for full Registration as a psychotherapist with PBANZ. Note: Membership of the APANZ, and Registration with PBANZ, are two separate procedures.

*Further and more detailed information about the above matters can be obtained by an enquiry in the first instance to the administrator of APANZ who can direct you to the Chair of the ACP Committee if needed.*

*The following pages all relate to the **end point** of the ACP, that is the policies and procedures surrounding the final assessment.*

### **See Appendix 2 of this Handbook for the full ACP Application Pack**

Pack includes:

- Initial Panel: Criteria and Process
- Letter to Candidate in Response to Initial Enquiry
- Application Form
- Letter Requesting Supervisor Report
- APANZ Code of Ethics

### **Cultural Supervision and literature regarding te ao Māori Psychotherapy Literature**

In addition to Supervision with their ACP training Supervision Candidates will be educated to make use of Cultural supervision, and relevant literature, particularly when working with tangata whenua Māori.

**See Appendix 4 for ACP Supervisors and Cultural Supervisors' Contact List**  
**See Appendix 12 for te ao Māori and Psychotherapy Readings**

## **I PREREQUISITES FOR APANZ ACP (PREVIOUSLY PREREQUISITES FOR MEMBERSHIP OF APANZ)**

Candidates will demonstrate through submission of a **Formative Submission (see Appendix 13)**, a Therapeutic Study and Work Practice Description and by presentation for an assessment interview that they are competent in the practice of psychotherapy and that they undertake such practice with integrity and safety.

**Competency** refers to the ability to:

- Demonstrate having managed a psychotherapy practice comprising a range of clients, not fewer than 8 per week, with safety and integrity, by the end of their time as a Candidate;
- Conceptualize clinical data in order to make a dynamic formulation and clinical appraisal;
- Assess suitability for psychotherapy and the most appropriate form of psychotherapy;
- Demonstrate adequate knowledge of psychosocial development, personality theory, psychopathology and psychological and psychotherapeutic research;
- Demonstrate a range of psychotherapeutic techniques;
- Integrate theory with practice;
- Create and maintain an adequate therapeutic context;
- Establish and maintain a therapeutic alliance;
- Understand and work with psychological processes (such as transference, counter-transference and psychological defence mechanisms) and demonstrate the integration of this understanding in the practice of psychotherapy;
- Work with the client's therapeutic needs and concerns with appropriate flexibility;
- Facilitate and assess therapeutic progress;
- Identify and work appropriately with different phases of therapy, including bringing therapy to a satisfactory closure;
- Show evidence of self-awareness.

**Integrity and safety** refer to the capacity to:

- Understand and adhere to the Association's Code of Ethics and Practice Guidelines;
- Show knowledge of and sensitivity toward the bicultural foundation, and multicultural nature of New Zealand society;
- Use supervision effectively;
- Be aware of sociocultural conditioning on gender functioning;
- Recognize the limits of his or her own expertise;
- Recognize when to refer to another health professional;
- Be trustworthy, reliable and respectful;
- Maintain client confidentiality;
- Be able to recognize and respond appropriately to clients who may be a danger to themselves or others;
- Foster self-care attitudes and skills in clients;
- Exercise adequate self-care;
- Maintain working relationships with colleagues and referral persons/agencies;
- Have adequate knowledge of prescribed medications and other drugs;
- Be familiar with legislative provisions and their effects on the well-being and rights of clients and their families and on the practice of psychotherapy.



## **See Appendix 3 of this Handbook for the full ACP Acceptance Pack**

Pack includes:

- Letter to Accepted Candidate after Initial Panel
- Letter to Unsuccessful Candidate after Initial Panel
- Initial Supervisor's Contract with ACP Committee
- Initial Training Contract Between an ACP Candidate and their Training Supervisor

## **II GENERAL REQUIREMENTS FOR CANDIDATES FOR APANZ ACP**

### **Variation to procedures**

It is emphasized that in unusual circumstances, the ACP Committee may at its discretion vary any prescribed requirement or procedure after considering a written request and justification from a candidate with a letter of support from their supervisor.

### **Supervision**

Candidates will be required to have weekly supervision for the duration of the ACP with a training supervisor who either holds the APANZ ACP and is a member of a TSG or has been approved as a Training Supervisor by the ACP Committee. For more information please contact the ACP Registrar.

For more detail of the ACP Committee's expectations of the supervision role, please look at the initial contract between the ACP Committee and the supervisor, and the initial training contract between an ACP candidate and their training supervisor (**see these contracts in Appendix 3 as part of the ACP Acceptance Pack**).

### **Communication with ACP Training Supervisors regarding candidates**

The ACP committee will liaise with ACP supervisors about each candidate's progress at various times during the training, including in annual contracts (**see Appendix 3 (document 4) for Initial Training Contract Between an ACP Candidate and their Training Supervisor**). This will include discussing the candidate's progress within the National Supervision of ACP Training Supervisors group run by the ACP committee.

### **Complaints processes**

If a candidate on the pathway has any concerns about the training/supervision process, or any other part of the training, in the first instance we encourage them to discuss this with their supervisor. If the concern remains candidates may then write to the Chair of the ACP outlining their concerns. The Chair will then arrange a time to discuss this in person or via zoom with the candidate. If a resolution cannot be found, the candidate will then have the choice to write a formal complaint to the APANZ ACP Complaints Committee. Please **see Appendix 11 for an outline of the formal ACP Complaints Procedure**.

In summary, the ACP training pathway has a clear process for addressing concerns as they arise. These processes are as follows:

1. Candidates are encouraged in the first instance to raise any concerns within their ACP supervisory relationship. Where trainees remain with concerns, candidates may then approach:
2. Any member of the ACP Committee who will then liaise with the Chair of the ACP.
3. The Chair of the ACP will then make contact with the trainee to discuss their concerns.
4. Where concerns remain, the trainee is directed to the ACP training pathway complaints process (**see Appendix 11**).

Where significant concerns arise in relation to a trainee, the process undertaken is as follows:

1. The training supervisor will raise their concerns with the trainee.
2. If the supervisor continues to have concerns, the supervisor will then raise this in the ACP National Supervisors Supervision Group.
3. If concerns remain after this, the candidate may be invited to meet with the supervisor and the Chair of the ACP, to discuss the concerns and the candidate is given feedback about the concerns, allowing the candidate to then have an opportunity to address these concerns in supervision.
4. If after all of the above processes have been undertaken, concerns continue to remain, and it is considered that the trainee will not be able to progress, the Chair of the ACP Committee will advise the trainee that they will be exited from the ACP training process, and the Chair of the ACP will then advise the APANZ Council of this outcome, and Council will then be asked by the ACP Committee to revoke the candidate's Provisional Membership of APANZ.

### **Time frame for completing the ACP assessment.**

There is no mandatory time frame for candidates who are Full Members of APANZ.

It is ordinarily expected that a candidate who is a Provisional Member of APANZ will complete the assessment process and become eligible for Full Membership of the Association within five years of becoming a candidate.

If a Provisional Member considers there are extenuating circumstances, s/he may, after consultation with his or her supervisor, make an application to the ACP Committee to support a request for an extension of time to complete the process. This application must be in writing with a written support by the supervisor and give reason for the request for an extension of time.

It is recommended that those who foresee a need to apply for an extension of time do so as early in the process as possible.

A Provisional Member can also, with the support of their supervisor, request a period of up to three years' leave of absence. They must discuss this in the first instance with their supervisor and then make a written request to the ACP committee. The candidate would also be on a leave of absence from membership of APANZ until they start back on the Pathway. To recommence their training, the Provisional Member is required to have a new approved supervision contract and pay the appropriate APANZ subscription. Should the Provisional Member be on a leave of absence for longer than three years, s/he must reapply to become a Provisional Member through attending an ACP Initial Panel.

There is no minimum time that must pass between becoming a candidate and presenting for assessment for the ACP; however, the candidate should be guided by his or her supervisor as to readiness to proceed and have in mind that the final therapeutic study must be on a case that commenced after the candidate commenced the ACP.

### **Documentation**

It is the responsibility of the candidate to keep copies of all documentation relating to the

assessment process.

### **Correspondence**

Except where explicitly stated otherwise, all correspondence, copies of written material, etc., should be addressed to:

The Administrator  
APANZ  
PO Box 20054  
Glen Eden  
Auckland 0641

### **FORMATIVE SUBMISSION**

The candidate is to write a formative submission of not more than 3000 words within 12 months of choosing their therapeutic study and no more than 3 years from their commencement date onto the ACP Pathway. The submission will either be read by ACP committee members. Comprehensive written feedback will be sent to the ACP candidate and their supervisor. This is not a pass/fail assessment; rather it is an opportunity to receive feedback and is intended to provide guidance to both the candidate and the supervisor. If, however, the submission generates significant concerns regarding the candidate's progress and development, the ACP Committee members who marked the formative assessment, and/or ACP Chair, will meet with the candidate and supervisor via zoom to discuss the concerns and develop a plan in collaboration with the candidate and supervisor to address the concerns that have arisen..

Details of the formative assessment task are contained in appendix 13 of this handbook. In summary the components of the formative assessment submission are as follows:

#### **Formative assessment components:**

1. Initial client presentation.
2. Client history.
3. Preliminary Dynamic formulation.
4. Rationale for choosing client as therapeutic training case.
5. Reflection on clinical work thus far (with an emphasis on reflection upon unconscious process).
6. Statement of word count: (3000-word limit).

#### **Aims of the formative assessment**

Overall, completion of this formative assessment is intended to:

1. Assist the candidate to develop the capacity to write in a thoughtful and coherent manner about their clinical work, integrating their theoretical development with their clinical work.
2. Demonstrate their ability to reflect on unconscious processes.

3. Provide the supervisor and candidate with an opportunity to expand the candidate's clinical thinking as the candidate makes use of supervision in the writing up of this submission.
4. Provide the ACP committee with an opportunity to assess the client's progress within the ACP training pathway.
5. Provide the supervisor and candidate with comprehensive feedback indicating the ACP committee's perception of the candidate's progress thus far.

### **Supporting documents with formative assessment documentation**

Before sending 4 copies of the Formative Submission to the APANZ administrator, ensure that the following are included:

- A declaration of preservation of client confidentiality in the content of the written work;
- A declaration of the word count of the Formative Submission
- A signature of your Supervisor at the end of the submission, acknowledging they have read the submission and believe it to be a fair presentation of your current work.

Written material must be typed double-spaced and single-sided on A4 paper. Pages for each piece of work must be numbered and dated and must be bound in a single document. It is advised that the package be sent by courier rather than ordinary post.

## **III ASSESSMENT OF PERSONAL ACCOUNT, WORK PRACTICE DESCRIPTION AND THERAPEUTIC STUDY**

### **Aims**

- 1 The assessment will comprise review of a personal account and Work Practice Description, and include assessment of whether the candidate's work practice is congruent with the qualities, standards and workload required by the **Prerequisites for APANZ ACP** (page 12).
- 2 The assessment will determine by review of a therapeutic study whether the candidate's psychotherapeutic practices are congruent with the qualities and skills itemised in the **Prerequisites for APANZ ACP** (page 12).
- 3 The assessment criteria and process of marking are aimed at ensuring standardization of marking in order to secure fairness for candidates and to encourage consistent standards of practice throughout the country.

### **Requirements**

There is no minimum time period which must elapse before a candidate may submit a Personal Account, Therapeutic Study and Work Practice Description for assessment.

A current supervisor's report supporting the candidate's readiness to proceed to this first stage of the assessment process must be obtained prior to submission of written work.

Written material must be typed double-spaced and single-sided on A4 paper. Pages for each piece of work must be numbered and dated and must be bound in a single document. Three separate documents, a Personal Account, Work Practice Description and Therapeutic Study, are submitted.

Candidates are asked to advise the Administrator in writing, eight weeks in advance of the

advertised date, that they will be submitting their work practice description and therapeutic study for assessment. This advice will be accompanied by a non-refundable administration fee equal to half the marking fee, with the balance paid when the written work is submitted.

The training supervisor is also required to attest to the Advanced Clinical Practice Committee Chair that they have read a completed and satisfactory first draft of the written material before the candidate's notification of intention to submit is accepted. This also needs to be notified eight weeks in advance.

### **Documents to be submitted with personal account, work practice description, and therapeutic study:**

Before sending 4 copies of the Personal Account, Work Practice Description and Therapeutic Study to the Administrator, ensure that the following are included:

- A supervisor's written account of the progress of the supervisee and of the supervision process over the time you have both been working together, completed within the last 6 months; see below for more detail on what to include.
- A declaration of preservation of client confidentiality in the content of both pieces of written work;
- A declaration of the word count of the Personal Account, Therapeutic Study and of the Work Practice Description.

It is advised that the package be sent by courier rather than ordinary post.

If work is being resubmitted for marking in the same marking round, ensure that 4 copies of the resubmitted work and 4 copies of the markers' letters are included.

If resubmitting in a new marking round, both Work Practice Description and Therapeutic Study must be included as well as your Personal Account, together with any other documentation from markers, even if one or other has been previously passed. As before, it is strongly advised that the package be sent by courier.

### **Supervisor's report**

Please include a written narrative of between 300-600 words about the process and progress of the supervisee over the time you have been working together. This could include candidates strengths and why you think the candidate is ready for assessment, any challenges or developmental edges you have worked with together and any areas yet to be developed.

In addition, the supervisor will attest to the following:

- That the candidate's progress has been discussed in a supervision group;
- That the candidate is considered by the supervisor to have reached a suitable level of professional development as a psychotherapist in order to be ready for assessment for admission to Full Membership of APANZ;
- That the supervisor considers the candidate practices psychotherapy with integrity and in a safe and ethical manner;
- That the supervisor believes that the information in the candidate's Work Practice Description is accurate, and that the Therapeutic Study is an accurate reflection of the work which was supervised.

- That although the Work Practice Description and the Therapeutic Study have been read by the supervisor and discussed subsequently in supervision, the assembly of the material and the writing have been the work of the candidate;
- That the supervisor would accept the candidate as a colleague. The supervisor's report must be typewritten.

### **See Appendix 5 for Application form to become an ACP Training Supervisor**

#### **Procedures for assessment**

- Assessors should themselves have the APANZ ACP and should have a minimum of three years' post-qualification (or equivalent) experience.
- The Association will provide training and support for assessors.
- An assessor shall not have, or have had in the past, a significant relationship with the candidate whose work is being assessed. If possible, the assessor should live and work in a different region from the candidate and not belong to the same TSG as the candidate's supervisor.
- To the extent that it is possible, there should be a fit between the therapeutic modality of the candidate and the assessor.

#### **Functions of moderators**

Moderators shall be experienced assessors appointed by the ACP Committee in relation to the marking of Work Practice Descriptions and Therapeutic Studies. One moderator takes prime responsibility for each marking round.

The functions of the moderators are to:

- Oversee the process of marking;
- Monitor national standards of work presented;
- Monitor national standards of marking and assist in the development and maintenance of consistency of such standards;
- Assist the ACP Committee in resolution of conflict which may arise within the process of marking;
- Be consulted by the ACP Committee in the course of any review which may be lodged by a candidate.

#### **Mode of marking**

In the interests of monitoring national standards of marking and to ensure quality and consistency, the moderators have been empowered by Council to convene groups for the purpose of marking written work.

The process is as follows:

- Markers are chosen given the stipulations listed under **Procedures for assessment** above with the additional stipulation that no supervisor of a candidate whose work is being assessed can participate.
- The markers are assigned work in pairs, with each considering the work in detail and marking it separately before conferring to reach an agreed rating for each criterion. The marking pair then presents both their ratings and the rationale for these to the marking group, the purpose being to ensure quality and consistency and also to moderate any extreme standards held by a particular marker.
- As far as possible, consensus is used to determine the outcome, with the moderators having the final say as to whether work meets the standard or not.

- At the conclusion of the marking process the primary marking pair takes responsibility for writing to the candidate outlining their decision and how this was reached. In the event of a resubmission, particular attention will be paid to areas where improvement was needed.
- About a week later the letters will be followed up by a phone call from a moderator to ensure that the candidate understands what is being asked of him or her in preparing their resubmission.

### **Requirements for presentation of Work Practice Description and Personal Account**

A Work Practice Description not exceeding 3000 words, and a Personal Account of up to 2500 words will be presented with the Therapeutic Study.

The Work Practice Description will reflect upon the 16 areas listed below in the marking guide (pages 16 –18), and describe specific situations or considerations in which the candidate's thinking about their work has been challenged or developed in this area of professional life. The work practice description is to be liberally illustrated with brief case vignettes demonstrating the practical application of the professional requirements.

The Personal Account is the candidate's description of their personal (1000 words), professional (1000 words) and cultural (500 words) developmental journey to becoming a psychotherapist. The 500-word cultural reflection will specifically ask the candidate to reflect upon psychotherapy and te ao Māori in the Aotearoa New Zealand context, both before and during this pathway. The personal account can include other reflections on culture relevant to their developmental journey and will also describe the core concepts which inform the candidate's understanding of psychotherapy and identify and describe the principal therapeutic modality which typifies the candidate's practice of psychotherapy.

It must be accompanied by a preface declaring that:

- The candidate manages a case load of no fewer than 8 clients per week;
- The candidate's clients have a range of presenting problems;
- A declaration of the word count.
- The candidate has completed 250 hours clinical hours during their ACP Pathway training.

This preface is not included in the 5,500 word limit for the work practice description and personal account.

### **Supervisor's report**

The candidate's current supervisor is required to endorse in the supervisor's report the accuracy of the Work Practice Description.

Assessment of the Personal Account, Work Practice Description and of the Therapeutic Study will not proceed unless all the above criteria are met and the documents are accompanied by a report from the current supervisor and by the required marking fee (**see ACP Schedule of Fees, see Appendix 14**).

## Assessment sheets for Work Practice Description

### **Method of marking**

Items can be rated [0], [1], or [2]. For each item, the assessor will check the number in square brackets beside the description which is most applicable to the candidate's work practice as represented in the work practice description.

Markers may also use material from the Therapeutic Study to reach a rating for categories within the Work Practice Description. This could mean that a rating in any category in the Work Practice Description could be increased or decreased depending on evidence demonstrated in the Therapeutic Study.

### **1 Management of therapeutic setting**

Candidate demonstrates:

- [0] no ability to manage the therapeutic setting
- [1] some ability to manage the therapeutic setting
- [2] good ability to manage the therapeutic setting

### **2 Managing electronic communication, digital records and confidentiality**

Candidate demonstrates:

- [0] no capacity to manage boundary keeping and confidentiality
- [1] some awareness, knowledge and management
- [2] good capacity to manage communication, record-keeping and security

*Note: This refers to: effective boundary keeping with skype, text, email and social media (eg Facebook); handling online transactions or payments; along with management of secure storage of records in the cloud (eg Dropbox).*

### **3 Code of Ethics**

Candidate demonstrates:

- [0] no knowledge of the Code of Ethics
- [1] some knowledge and understanding of the Code of Ethics
- [2] knowledge, understanding and adherence to the Code of Ethics

### **4 Psychotherapy and te ao Māori**

Candidate demonstrates a capacity to reflect knowledgeably and sensitively on psychotherapy and te ao Māori, having in mind that 'All psychotherapists will be knowledgeable of culturally safe practices, and familiar with the te Tiriti o Waitangi, and be able to integrate these into their practice in ways that ensure that issues of diversity and equality are valued, upheld and promoted.'

**<http://www.pbanz.org.nz/index.php?PsychotherapistCoreClinicalCompetencies>**

Candidate demonstrates:

- [0] no knowledge of or sensitivity regarding psychotherapy and te ao Māori
- [1] some knowledge of and sensitivity regarding psychotherapy and te ao Māori
- [2] good knowledge of and sensitivity regarding psychotherapy and te ao Māori

**5 Cultural competency** – Candidate demonstrates an ability to reflect sensitively and knowledgeably on how their cultural identity, history, attitudes and experiences impact on our interactions with people from different cultures, be this in relation to age, sexuality, gender, disability, ethnicity, religion, political beliefs, etc., including provision of a vignette



from your current work practice.

Candidate demonstrates:

- [0] no knowledge of or sensitivity regarding cultural competency
- [1] some knowledge of or sensitivity regarding cultural competency
- [2] good knowledge of and sensitivity regarding cultural competency.

## **6 Criteria for referral to another health professional**

Candidate demonstrates

- [0] no appreciation of when to refer
- [1] some awareness of when to refer
- [2] clear and appropriate criteria for referral to another health professional

## **7 Recognising limits to own expertise**

Candidate demonstrates:

- [0] no appreciation of limits to own expertise
- [1] some awareness of limits to own expertise
- [2] good awareness of limits to own expertise

## **8 Client confidentiality**

Candidate demonstrates:

- [0] no maintenance of client confidentiality
- [1] inadequate maintenance of client confidentiality
- [2] appropriate maintenance of client confidentiality

## **9 Client dangerousness to self or others**

Candidate demonstrates:

- [0] no ability to recognize and respond appropriately to potential danger
- [1] inadequate ability to recognize and respond appropriately to potential danger
- [2] good ability to recognize and respond appropriately to potential danger

## **10 Therapist self-care**

Candidate shows:

- [0] no appreciation of need for self-care
- [1] some evidence of self-care
- [2] shows good appreciation of need for self-care and details methods by which this is achieved

## **11 Working relationships with other professionals**

Candidate demonstrates:

- [0] no evidence of maintaining working relations with other professionals
- [1] some evidence of maintaining working relations with other professionals
- [2] good evidence of maintaining satisfactory working relations with colleagues, referral persons/agencies and other relevant professionals

## **12 Gender issues**

Candidate shows:

- [0] no awareness of sociocultural conditioning on gender functioning
- [1] some awareness of sociocultural conditioning on gender functioning
- [2] good awareness of sociocultural conditioning on gender functioning with this reflected in work practice

### 13 **Prescribed medications and other drugs**

Candidate demonstrates:

- [0] no knowledge of prescribed medications and other drugs
- [1] some knowledge of prescribed medications and other drugs
- [2] good knowledge of prescribed medications and other drugs

### 14 **Legislation relevant to client care and practice of psychotherapy**

Candidate displays:

- [0] no awareness of relevant legislation
- [1] some knowledge and awareness of relevant legislation
- [2] a working knowledge of relevant legislation and demonstrates that this is taken into account in work practice

### 15 **Use of supervision in clinical practice**

Candidate displays:

- [0] no evidence in relation to other categories in the Work Practice Description
- [1] some evidence in relation to other categories
- [2] good evidence in relation to other categories

### 16 **Use of psychotherapy research**

Candidate provides an example of your critical thinking about psychotherapy research relating to a clinical case.

Candidate displays:

- [0] no evidence of using critical thinking about psychotherapy research in relation to a clinical case.
- [1] some evidence of using critical thinking about psychotherapy research in relation to a clinical case.
- [2] good evidence of using critical thinking about psychotherapy research in relation to a clinical case.

### **Guidelines for preparation of Therapeutic Study**

The subject chosen for the Therapeutic Study should be an example typical of the candidate's psychotherapy practice. The study may describe work with a child, adolescent, adult, couple, family or group.

The candidate will submit one Therapeutic Study of 6000 and no more than 7000 words (including the table of contents and excluding the references. Please use APA 8 referencing style). Accompanied by a declaration of the word count. (The word count is important and any appendices or other additions to the study must be included in the count; studies that exceed the count will be returned.) This study is to give an account of psychotherapy with a client. The subject of the Therapeutic Study should be selected in order to enable the candidate to best demonstrate those attributes and abilities laid out in the **Prerequisites for APANZ ACP** (page 8).

The focus of the Therapeutic Study should centre on the therapist and the therapist's work with the client(s) rather than primarily on the client(s). The capacities for self-reflection and enquiry should be apparent. It should be clear that the candidate has a good understanding of the nature and development of the therapeutic relationship with the particular client(s). The influences of supervision, reading and other learning experiences should be discussed in relation to the work.

The Therapeutic Study should demonstrate that the candidate is competent in the practice of psychotherapy and undertakes psychotherapy with integrity and safety, as judged by the criteria laid out in the **Prerequisites for APANZ ACP** (page 8).

The Therapeutic Study and Work Practice Description should be written in a manner which allows them to be understood by an assessor who does not practice in the same therapeutic modality. However, it should also be apparent that the candidate has an appropriate depth of learning in his or her primary modality. If a therapy involving trauma is selected for the Therapeutic Study it must also be described from a developmental perspective.

It is strongly recommended that the Therapeutic Study be proofread and checked for grammar and readability.

The Therapeutic Study may not be accepted for assessment if, in the opinion of the moderator, it does not follow sufficiently closely the recommended format outlined below.

### **Format of Therapeutic Study**

The format of the Therapeutic Study should include the following:

- Title
- Table of contents
- Brief synopsis of study
- Initial sessions/presentation of client
- Client history
- Dynamic formulation \*
- Clinical Diagnosis
- Suitability for psychotherapy
- Initial phase of therapy
- Middle phase of therapy
- Termination phase of therapy
- Discussion
- Conclusion
- References

\* The dynamic formulation should comprise an explanatory hypothesis about the origins and maintenance of the client's psychological and interpersonal functioning expressed according to the particular theoretical base of the candidate's preferred modality.

### **Assessment sheets for Therapeutic Study**

#### ***Method of marking***

Items can be rated [0], [1], or [2]. For each item, the assessor will check the number in square brackets beside the description which is most applicable to the candidate's psychotherapy. **The five items listed with [cc] are core competencies and a '2' in all five are mandatory.**

#### ***Competency***

##### **1 Dynamic formulation [cc]**

Candidate demonstrates:

[0] no ability to make a dynamic formulation

- [1] some ability to make a dynamic formulation
- [2] good ability to make a dynamic formulation

## **2 Clinical diagnosis [cc]**

Candidate demonstrates:

- [0] no ability to make a clinical diagnosis
- [1] some ability to make a clinical diagnosis
- [2] good ability to make a clinical diagnosis

## **3 Suitability for psychotherapy**

Candidate demonstrates:

- [0] no ability to assess suitability for psychotherapy
- [1] some ability to assess suitability for psychotherapy
- [2] good ability to assess suitability for psychotherapy

## **4 Theoretical knowledge [cc]**

Candidate demonstrates:

- [0] no theoretical knowledge
- [1] some theoretical knowledge
- [2] adequate knowledge

## **5 Integration of theory with practice [cc]**

Candidate demonstrates:

- [0] no integration of theory with practice
- [1] some integration of theory with practice
- [2] good integration of theory with practice

## **6 Conscious and unconscious psychological processes (such as, transference, counter-transference and psychological defence mechanisms) [cc]**

Candidate demonstrates:

- [0] no awareness of psychological processes
- [1] some awareness of psychological processes
- [2] awareness of and ability to utilize psychological processes in psychotherapy

## **7 Therapeutic relationship: ability to engage in an effective therapeutic relationship which progresses the therapeutic outcome**

Candidate demonstrates:

- [0] little ability to engage
- [1] some ability to engage
- [2] good ability to engage

## **8 Phases of therapy**

Candidate demonstrates:

- [0] no ability to identify different phases of therapy
- [1] ability to identify phases of therapy but little ability to work appropriately within them
- [2] good ability to identify phases of therapy and to work appropriately within them

## **9 Self-awareness**

Candidate demonstrates:

- [0] no self-awareness or understanding of own psychological processes
- [1] some self-awareness and understanding of own psychological processes

[2] good self-awareness and understanding of own psychological processes

10 **Candidate demonstrates how they have thought about, and made use of supervision, including in the area of counter-transference**

Candidate demonstrates:

[0] no capacity to use supervision effectively

[1] some capacity to use supervision effectively

[2] good ability to use supervision effectively

**Rating of assessments of Work Practice Description and Therapeutic Study**

A pass will be accorded when the following standards are met:

12 items attain a rating at the [2] level in the Work Practice Description and 8 in the Therapeutic Study, including all the core competencies: clinical diagnosis, dynamic formulation, theoretical knowledge, integration of theory and practice, and conscious and unconscious psychological processes.

Each piece of work may be passed or deferred independently of the other.

As noted above (see **Mode of marking** page 14), at the conclusion of the marking process the markers will write a letter outlining their decision and how this was reached.

Candidates whose work is not passed on initial assessment have the opportunity to revise and resubmit the work; see the **Resubmission** guidelines below. For these candidates the markers' letter will outline what needs to be done to meet the required standard, and in addition the letter will be followed up by a phone call from a moderator to ensure that the candidate understands what is being asked of him or her in preparing their resubmission.

**Resubmission**

Any person whose Work Practice Description and/or Therapeutic Study is not accepted may amend and resubmit the work within one month. An additional word allocation of up to 400 words for the Work Practice Description and up to 700 words for the Therapeutic Study may be used to amend the work and address the issues identified by the markers. Resubmission must clearly indicate new or altered material by means of italics, bold text or underlining. The candidate **will resubmit 5 copies of the work** together with **5 copies of the previous markers' letters** to the Administrator. The work will be returned to the original markers for their consideration. There is no resubmission fee.

**Deferral**

If a candidate's work is not accepted and the person chooses not to resubmit within one month, or if the resubmitted work is again not accepted, the work shall be deferred. The candidate should then follow the usual procedures for submission of written work, no sooner than the next scheduled submission date.

A resubmission fee applies for resubmission following deferral (see **Schedule of Fees, Appendix 14**).

**Review**

A candidate whose work has not passed may request a review if there are grounds for believing there may have been an error of process in the assessment of the Work Practice

Description and/or Therapeutic Study. The request for a review shall be lodged in writing to the Administrator within one calendar month of notification of the result and be accompanied by a fee equivalent to the marking fee.

At the discretion of the Chair of the ACP Committee and after consultation, as necessary, with the moderators and members of the ACP Committee, an independent reviewer may be appointed. The reviewer shall report to the ACP Committee which will determine the remedy, if any is warranted. The Chair will advise the candidate of the outcome.

In the event of the reviewer finding the grounds for requesting a review to be valid, the review fee will be refunded.

### **Time limit**

If a Provisional Member does not successfully complete the assessment interview within five years of having the written work accepted, its currency will normally expire.

## **IV ASSESSMENT INTERVIEW**

### **Aim**

The assessment interview is the final stage in determining whether the candidate meets the clinical and ethical standards outlined in the **Prerequisites for APANZ ACP** (page 8).

The aim of the assessment interview is to give the candidate the opportunity to demonstrate their personal attributes as a psychotherapist who has integrated theory and practice.

The assessment is expected to explore another dimension to that which has already been assessed through the written work. The panel will be looking for a quality of confidence and congruence in the candidate which reflects presence and the demonstration of an ability to be a competent therapist who practices with integrity and safety.

The candidate will show that they are capable of reflecting in a mature way, demonstrating a flexibility of thinking and capacity to manage their feelings while under stress.

### **Procedures**

- 1 When a candidate's Therapeutic Study and Work Practice Description have been assessed as being satisfactory, the candidate may inform the Administrator of his or her wish to present for an assessment interview. At least 8 weeks' notice will be given by the candidate of the desire to present at a particular assessment time.
- 2 The application will be accompanied by:
  - a. Four copies of the current supervisor's attestation. This will include:
    - The supervisee's progress has been discussed in a Training Supervisor's Group;
    - The supervisor considers the supervisee to have reached a suitable level of professional development as a psychotherapist so as to be ready for assessment for admission to APANZ as a Full Member;
    - The supervisor considers the supervisee to be practising psychotherapy with integrity and in a safe, ethical manner;
    - The supervisor accepts the supervisee as a colleague.
  - b. Four copies of a clinical account of up to 350 words, including a brief dynamic formulation, which will place in context the recorded segment the candidate has chosen for the assessment interview (see **Expectations of the candidate** page 26). The

- recording and transcript should not be included.
- c. Four copies of the Work Practice Description and Therapeutic Study.
  - d. Four copies of all letters written by the markers to the candidate.
  - e. If a candidate has previously been deferred following an assessment interview, five copies of the letter from the Chair of the previous assessment interview.
  - f. The prescribed fee (see **Schedule of Fees Appendix 14**).
- 3 Assessment interviews will be held biannually at times to be determined by the ACP Committee, usually in April and September. The dates set for assessment interviews will be notified in the Association Newsletter at least six months in advance.
  - 4 Panels comprising three assessors will be appointed by the ACP Committee to undertake the assessment interviews.
  - 5 An observer will be appointed for each panel to attend to any process matters which may arise in the course of the assessment interview.
  - 6 An assessment coordinator will be appointed to oversee the organization and management of the assessment interviews on the day. This person will usually be a member of the ACP Committee.
  - 7 A senior member of the Association will be appointed overall process facilitator (usually the assessment coordinator) to be available at the request of any assessor, observer or candidate with concerns about process which cannot be resolved within the assessment interview. The candidate may initiate the involvement of the process facilitator at any time during the interview prior to the commencement of the panel's deliberations. The assessors and observer may initiate involvement at any stage in the process.
  - 8 Assessors and observers shall usually themselves hold an APANZ ACP and usually have a minimum of three years' post-qualification experience.
  - 9 The Association will provide instruction for assessors. Newly appointed assessors will not undertake assessments until they have received such instruction.
  - 10 An assessor or observer shall not have or have had a significant relationship with the candidate who is being assessed. If possible, a panelist should live and work in a different region from the candidate and not be drawn from the same TSG as the candidate's supervisor.
  - 11 There should be a range of therapeutic modalities represented amongst panel members.
  - 12 The assessors shall appoint one of their number as Chair.
  - 13 Panelists are charged with the responsibility of entering into an interactive process with the candidate in a manner which allows the development of a collegial relationship to the extent that this is compatible with their role as assessors.

### **Guidelines for assessors**

An assessor's task is to decide whether the candidate is a competent and ethical

psychotherapist. To help achieve this, assessors will facilitate an appropriately open and transparent climate that invites a collegial exchange of ideas with the candidate and with each other.

- 1 At the beginning, identify aspects of practice in the candidate's presentation which can be commented upon favourably.
- 2 Ask only one question at a time. It is important for the candidate to be able to focus on one question before being asked a second or third.
- 3 Ask specifically for the information required. Find another way of phrasing the question if the response is not satisfactory.
- 4 Give the candidate adequate feedback on responses to questions and on the recorded presentation.
- 5 Seek the candidate's strengths and competencies. If problem areas become apparent, explore with questions, such as, "Will you please explain that to me?" or "Will you please tell me more about that?" Once a genuine weakness has been established, do not remain focused on that area but look for other, possibly counterbalancing, strengths.
- 6 Pay attention to and be willing to understand the candidate's frame of reference. It may be different from the assessor's and equally valid. The candidate may be able to offer a sufficient justification for a particular theoretical approach or intervention if given suitable encouragement.
- 7 If the candidate is being reassessed following a deferral, ask how the candidate dealt with the deferral.
- 8 Do not teach or supervise the candidate. That is not within the role of an assessor.
- 9 Questions relating to the candidate's own therapy should be asked with respect and only if there is particular need.
- 10 Be aware of and interact with other members of the panel in a way that facilitates team work. Encourage the candidate to respond to the panel's thinking so that a mutually evolving conversation is created.
- 11 If an assessor starts to have concerns about the process of the panel, ask the Chair to call in the process facilitator (usually the assessment coordinator) at an early stage. Taking too long to decide on the acceptance or deferral of the candidate may be an indication for seeking the assistance of the process facilitator.
- 12 Panel members are encouraged to be open about any prejudice or doubt about a candidate during their preparation as a panel, so that the observer can take this information into account during the assessment process. During the interview panelists are encouraged to be open about their impressions of the candidate and their presentation.
- 14 The content and process of the assessment are confidential and, if necessary, may



be discussed by panel members only with the Chair of the ACP Committee or any ad hoc body established by the Chair for that purpose.

### **Function of panel Chair**

The Chair of each panel should be an experienced assessor. The tasks of the Chair are as follows:

- 1 To take responsibility for helping the assessors to get to know one another and become comfortable working together before the assessment begins;
- 2 To check the candidate's documentation and lead any preparatory discussion arising from this;
- 3 To welcome the candidate into the room, introduce the assessors and assist in the establishment of rapport;
- 4 To protect the candidate and safeguard his/her rights;
- 5 To lead (but not dominate) discussion during the assessment and observe/confront/support the panel with regard to:
  - energy level
  - questions (clarity, conciseness, cooperation)
  - feedback (verbal/non-verbal);
- 6 To keep the assessment process moving;
- 7 To call in the process facilitator at the request of the candidate or any panel member or the observer;
- 8 To invite comment from the observer on panel process at any time but always prior to the commencement of the panel deliberations;
- 9 To check when the panel has sufficient information to break for private deliberation and also when it is ready to draw the assessment interview to a close, including opportunity for final comment by panelists and candidate;
- 10 To arrange for the candidate to wait nearby while the panel is deliberating and to invite them back into the room once the panel have completed their discussions;
- 11 To ensure each assessor completes an assessment form; to collate the results, chair any discussion and determine the outcome, i.e. whether the candidate is accepted or deferred, and to ensure all documentation is collected;
- 12 To ensure that the candidate's paperwork is returned to the candidate.

### **Function of observer**

An observer should be an experienced psychotherapist. An observer is not an assessor. The tasks of the observer are as follows:

- 1 To observe and monitor process during the assessment interview, including the deliberations of the panel;

- 2 To take the initiative in commenting on process;
- 3 If concerned about panel process during the assessment interview, to request that the Chair invite the process facilitator in to discuss the panel process. In this event the interview is adjourned and the candidate leaves the room. Such a step may be taken if the observer notes, for instance, competitiveness between panel members or 'rescuing' of the candidate or an 'adversarial tone' which does not shift in response to feedback from the observer.

### **Format of assessment interview**

The assessment interview will usually take approximately two hours in total. The first hour will comprise introductions, presentation of recorded work and some discussion and exploration. The second hour will include a break for the panel to confer without the candidate, and then further discussion. The panel will further confer after the end of the interview.

### **Expectations of the candidate**

The candidate is expected to meet the panel as a professional associating with colleagues. The candidate is therefore required to demonstrate presence, personal autonomy and integrity and to manage their anxiety in a manner that allows collegial interaction to build in the interview.

The candidate should be prepared to respond to any questions the panel may have stemming from the therapeutic study or work practice description, or any aspect of the assessments of these.

The candidate shall select a 5 minute audio or video recording excerpt of a psychotherapy session conducted within the last six months with a client other than that selected for the case study and which s/he considers is representative of his or her style of psychotherapy and adequately displays his or her skills. The candidate will prepare a transcript of the recording for the panel (4 copies) together with a clinical account of up to 350 words including a brief dynamic formulation (4 copies) which will place in context the recorded segment the candidate has chosen for the assessment interview. The recording will be played to the panel and form a basis for discussion of the candidate's work.

The candidate's theoretical knowledge base may be explored, as well as their understanding and adherence to the Association's Code of Ethics. The candidate has responsibility for satisfying the panel that s/he is competent in the practice of psychotherapy and practices with integrity and safety.

### **Outcome of the assessment**

The candidate will be notified of the outcome by the Assessment Coordinator by telephone or by letter.

**Form for evaluation of assessors**

Candidates, please rate each member of your panel and observer. In each area, please rate each assessor/observer:

- excellent** 4
- average** 3
- adequate/average** 2
- average** 1
- poor** 0

Please total scores at the bottom of the columns. Feel free to write any comments you might have. Your evaluation will help ensure APANZ assessment panels are of a high standard.

Thank you for your help.

		<b>Assessor/Observer Names</b>			
Your name + place/date Chairperson of panel					
<b>1</b>	Questions were clear and concise				
<b>2</b>	Gave candidate opportunity to state/defend opinions				
<b>3</b>	Willing to consider approaches different from own				
<b>4</b>	Clear about requirements of interview				
<b>5</b>	Gave candidate clear feedback				
<b>6</b>	Made effort to find candidate's strengths				
<b>7</b>	Was congruent in his/her behavior				
<b>8</b>	Asked questions appropriate to level of interview				
<b>9</b>	Was alert and carried fair share of interview				
<b>10</b>	Stated reasons for opinions and differences				

Your name + place/date Chairperson of panel					
---	--	--	--	--	--

<b>11</b>	Related warmly and respectfully to candidate				
<b>12</b>	Terminated interview appropriately				

TOTALS (out of 48)					
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**Comments:**

## **Appeals**

A candidate who believes there has been a significant error of process in relation to his or her assessment interview may appeal in writing within one calendar month to the Administrator, accompanying such appeal with payment of a fee equivalent to that set for the assessment interview.

Appeals may not be lodged against the assessment panel's recommendation as to whether or not the candidate be accepted for full membership of the Association.

The Chair of the ACP Committee, in consultation with the Committee and/or an ad hoc committee established for that purpose, will determine whether the appeal is upheld.

If it is established that there has been a significant failure of process, the candidate may present again for assessment at the next regular opportunity without payment of fees. In addition, the appeal fee will be refunded.

## **V APPROVAL BY COUNCIL**

Council will be informed by the Chair of the ACP Committee of all candidates who have shown themselves to meet the professional standards required for the APANZ ACP through satisfactory completion of the assessment processes required of them by the ACP Committee.

Council will, at the first reasonable opportunity, vote upon the admission of candidates who are Provisional Members to Full Membership of the Association.

## **VI SCHEDULE OF FEES**

The current fee schedule for all aspects of the ACP Training Pathway appears in **Appendix 14 of this ACP Handbook**

## **VII ALTERATIONS TO PROCEDURES**

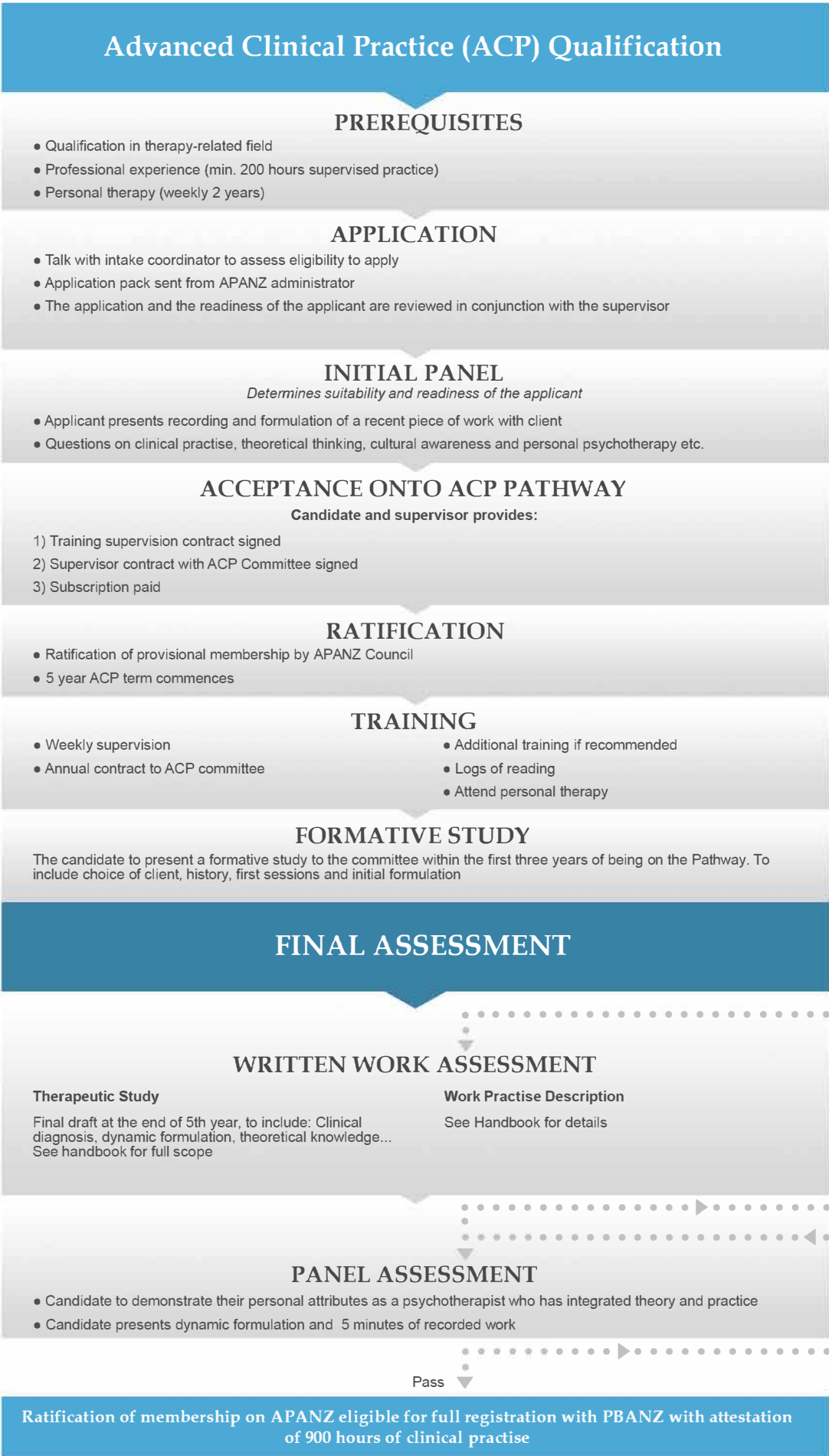
Any changes to the APANZ ACP assessment policy and procedures are usually published in the APANZ Newsletter and included on the website. If your printed copy differs from the copy on the website, defer to the website version.

## **VIII GUIDELINES FOR ACP CANDIDATES REGARDING ETHICAL CONCERNS**

See **Appendix 15 of this ACP Handbook**

## **List of Appendices (attached to this ACP Handbook):**

<b>Appendix 1.</b> APANZ Advanced Clinical Practice Certificate Flowchart	<b>page 31</b>
<b>Appendix 2.</b> ACP Application Pack	<b>page 32</b>
Pack includes:	
a) Initial Panel: Criteria and Process	<b>page 32</b>
b) Letter to Candidate in Response to Initial Enquiry	<b>page 33</b>
c) Application Form	<b>page 35</b>
d) Letter Requesting Supervisor Report	<b>page 37</b>
e) APANZ Code of Ethics	<b>page 38</b>
<b>Appendix 3.</b> ACP Acceptance Pack	<b>page 43</b>
Pack includes:	
a) Letter to Accepted Candidate after Initial Panel	<b>page 43</b>
b) Letter to Unsuccessful Candidate after Initial Panel	<b>page 44</b>
c) Initial Supervisor's Contract with ACP Committee	<b>page 45</b>
d) Initial Training Contract Between an ACP Candidate and their Training Supervisor	<b>page 47</b>
<b>Appendix 4.</b> ACP Supervisors and Cultural Supervisors' Contact List	<b>page 51</b>
<b>Appendix 5.</b> Application form to become an ACP Training Supervisor	<b>page 52</b>
<b>Appendix 6.</b> Annual Training Contract between ACP Candidate and their Training Supervisor	<b>page 53</b>
<b>Appendix 7.</b> Attestation of Personal Psychotherapy Sessions Form	<b>page 57</b>
<b>Appendix 8.</b> Suggested ACP Pathway Reading/Resource List for Candidates	<b>page 58</b>
<b>Appendix 9.</b> Guidelines for Supervision via Video and Audio Conferencing	<b>page 61</b>
<b>Appendix 10.</b> Guidelines for Supervisors and Candidates regarding Health and Safety	<b>page 62</b>
<b>Appendix 11.</b> ACP Complaints Procedure	<b>page 63</b>
<b>Appendix 12.</b> Te Ao Māori and Psychotherapy Readings	<b>page 72</b>
<b>Appendix 13.</b> ACP Formative Submission Outline	<b>page 76</b>
<b>Appendix 14.</b> ACP Schedule of Fees	<b>page 77</b>
<b>Appendix 15.</b> Guidelines for ACP Candidates Regarding Ethical Concerns	<b>page 78</b>



## **INITIAL PANEL: CRITERIA AND PROCESS**

The Initial Panel is conducted in order to assess a candidate's likelihood of achieving the ACP within five years. The candidate will have already been assessed through paper application and phone conversation with the Intake Co-ordinator of the ACP as being a suitable applicant for this process.

The Initial Panel is administered by the ACP committee, and at least one member of the committee will be present, normally as observer. The panel members will be senior members of the Association, and at least one will be a Training Supervisor.

### **CRITERIA:**

The standard expected at the end point of the ACP is that of a practitioner five years beyond an undergraduate qualification in psychotherapy. Therefore, it is expected that the applicant will be already able to demonstrate that they have achieved some degree of theoretical knowledge and therapeutic experience and understanding of the process of psychotherapy.

There are two quite specific requirements before a candidate can take the panel: at least two years (80 hours) of personal therapy and a minimum of 200 hours of supervised clinical practice. The panel assessment is solely to determine whether an applicant is likely to be able to achieve the standard within five years, particularly the five core competencies.

The assessment involves taking into account many complex factors throughout the interview. Nothing is hard and fast and the accuracy of the assessment depends entirely on the experience and wisdom of the members of the panel and on the bounded frame of the process.

The following key factors will need to be considered:

- Discussion of recorded material, covering formulation, theory and transference understandings
- Supervision: exploration of the experience of its use
- Personal therapy: exploration of the experience of its impact on professional competence as well as self-awareness
- Current caseload: its size and variety and management
- Personal suitability: ability to maintain relationship
- The demonstrated capacity for empathic attunement
- Capacity for self-reflection on own emotional state
- A beginning capacity to formulate and work with unconscious process
- Demonstrated willingness and capacity to learn

Other subjects also may well be covered.



## LETTER IN RESPONSE TO INITIAL ENQUIRY



Date

Candidate's name

Candidate's email address

Dear (name),

Thank you for your inquiry to apply to be a candidate on the Advanced Clinical Practice (ACP) pathway of APANZ.

Enclosed is an application for admission onto the ACP, a letter to your supervisor requesting a report on your readiness to undertake this qualification, and a Ministry of Justice Criminal Record check.

If you decide to apply, please send me in electronic form your personal application, your CV, your supervisor's report and your Criminal Record check.

These papers will be forwarded to the co-ordinator of the initial panel, a member of the ACP Committee, who will discuss your application with other members of the ACP committee to determine whether you are ready to attend an initial interview. If there are any additional questions or concerns, the intake co-ordinator will make contact with you to discuss these. The co-ordinator will also make contact with your supervisor to discuss your readiness. If you are offered an initial interview there may be a wait until a panel is organized. Once a date has been set, the co-ordinator will forward your application on to the panel members. The committee member organizing your panel will be in touch with you regards the process and what is required when you attend the interview.

The cost of this interview with the Initial Interview Panel is \$150.00, payable when your application is sent to me, refundable if an Initial Panel does not proceed for any reason. I can give you payment details at the time.

As part of your application to the ACP pathway, you will need to request a Criminal Record Check from the Ministry of Justice. Follow this link to the Ministry of Justice website <https://www.justice.govt.nz/criminal-records/> to apply online and please include this with your application.

I am also enclosing a copy of the APANZ Code of Ethics, and you will find the Handbook on the ACP on the APANZ website at [www.apanz.org.nz/handbook](http://www.apanz.org.nz/handbook). This website material provides more detail about the ACP and its processes.

You will undoubtedly have further questions along the way; I can answer questions about the administration and ongoing costs of this process and the Intake Co-ordinator, your supervisor, and the Chair of the ACP supervisors' group in your region are all knowledgeable about the process and happy to answer any other questions.

With best wishes as you pursue your enquiry,  
Yours sincerely,

A handwritten signature in black ink, appearing to read 'Luisa Maloni', written in a cursive style.

Luisa Maloni  
Administrator- APANZ

*Enclosed:*

- Initial Panel: Criteria and Process
- Application form
- Letter to your supervisor
- Initial Supervision contract
- APANZ Code of Ethics

## **APPLICATION FOR ADMISSION ONTO ADVANCED CLINICAL PRACTICE QUALIFICATION**



We seek the following information about yourself. Please write your responses to these 20 questions in a separate digital document in the order presented below.

1. Your name and full contact details (postal address, landline and mobile phone numbers as applicable, and email address).
2. The nature of your current employment (including self-employment).
3. The nature of any voluntary work.
4. A list of voluntary and professional work experience in all fields to date.
5. Any training and/or qualifications from outside New Zealand.
6. Relevant training in New Zealand (completed or partially completed).
7. Tertiary qualifications in any field or discipline.
8. Other qualifications you consider relevant.
9. Membership of other professional organisations.
10. Details of your present practice (the setting and the average number of client contact hours per week).
11. A description of your clinical experience thus far, including your attestation that you have at least 200 (supervised) hours of such experience.
12. Details of your present supervision arrangements. Your supervisor will be asked to report on your readiness to undertake this pathway.
13. Previous supervision details.
14. Your personal therapy experience; we also seek your attestation that you have had a minimum of two years' weekly (80 hours) personal therapy, in the recent past.
15. A summary of the factors that have contributed to your readiness to be a psychotherapist and your readiness for this further development.
16. Please write about what you hope to develop in your own practice through being on this Pathway and what has drawn you to apply now?
17. What is the average length of therapy you practice with clients currently - short-term, 6-10 sessions? longer? What do you imagine will be required

from you to be able to complete a more extended, in-depth therapy process with your clients.

18. Please provide personal and professional reflections of 500 words regarding your understanding of psychotherapy practice within the cultural context of Aotearoa New Zealand and specifically the significance of this practice to te ao Māori and Māori as the indigenous people of Aotearoa New Zealand.
19. Details of the code of ethics you follow currently and a statement about the ways in which you are accountable for the work you do.
20. Has any professional body or employing organisation ever upheld a complaint against you and/or is there any current complaint in process?
21. Have you ever been convicted of an offence against the law? Give details if affirmative.
22. Are you currently registered with PBANZ?

## LETTER REQUESTING SUPERVISOR'S REPORT FOR INITIAL PANEL



Dear Supervisor,

Your supervisee, (Name), has made application to be accepted as a candidate on the Advanced Clinical Practice qualification.

Can you please provide a report on (Name). We would appreciate details on the following aspects of your supervisee:

- the length of time in supervision, its frequency and your detailed observations of the course of development;
- use of supervision;
- current standard of clinical knowledge and practice; and
- your assessment of developmental needs in order to meet the standard of the ACP within five years.

It would be appreciated if you could please also make comment on any particular recommendations you might have to augment your supervisee's development in this pathway.

Your supervisee will forward your report to the Administrator as part of the formal application to appear before an Initial Interview Panel.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Luisa Maloni', is written over a light blue horizontal line.

Luisa Maloni  
Administrator- APANZ

# Code of Ethics of the Association of Psychotherapists Aotearoa New Zealand



*Last reviewed August 2018*

The Code of Ethics of the Association of Psychotherapists Aotearoa New Zealand broadly defines the conduct that clients and the general public can expect from Members and Provisional Members of the Association. It also articulates the core principles and values of the Association and, in this way, provides a guide for responsible practice.

Inherent in this Code are five principles which constitute the main domains of responsibility within which ethical issues are considered.

- **Autonomy:** respect for the client's and the therapist's right to be self-governing.
- **Beneficence:** a commitment to act in the best interests of the client.
- **Non-maleficence:** a commitment to avoid harm to clients.
- **Justice:** a commitment to the fair and equitable treatment of clients under the Te Tiriti O Waitangi to Tangata Whenua, Pakeha, and Tauwiwi, providing fair and equitable treatment for all people regardless of age, gender, sexual orientation, ethnicity, religion, disability, and socioeconomic status.
- **Interdependence:** a commitment to maintain relationships of reciprocity and respect with all living beings including, the natural environment.

Central to the ethics of psychotherapy in Aotearoa/New Zealand are the additional values of:

- Integrity;
- Trust;
- Respect.

This Code of Ethics takes these as guiding principles, providing a positive model for the practice of psychotherapy.

The Association recognises the bicultural basis of Aotearoa New Zealand society and is committed to fostering the spirit and upholding the principles of the Te Tiriti O Waitangi. The Association further affirms that the mental health and well-being of clients is intimately related to the wider social context in which they live and seeks to promote this view in the community at large and to challenge actively those policies and practices that cause clients harm.

This Code of Ethics holds that a psychotherapist's primary obligation is to the welfare of clients. This first priority is followed by responsibility to self, colleagues, the profession, the community, the psychotherapist's employing institution and the environment. The challenge of working ethically means that psychotherapists will inevitably encounter situations where there are competing obligations. This ordering of responsibilities is helpful in determining professional priorities and in resolving disputes involving conflicting interests.

The Code of Ethics is intended to encompass all spheres of a psychotherapist's practice. It is intended to guide and regulate those activities a psychotherapist engages in by virtue of being a

psychotherapist and the activities of psychotherapists working in other contexts where they are employing psychotherapeutic techniques.

Personal behaviour becomes a concern of the profession only if it is of such a nature that it undermines public trust in the profession as a whole or if it raises questions about the psychotherapist's ability to carry out appropriately their responsibilities as a psychotherapist.

Competent practice is the individual responsibility of every psychotherapist, whether working with clients, supervisees or trainees. By accepting this statement of ethics, members of the Association are committing themselves to engaging with the ethical challenge. Association policies on supervision, training and personal psychotherapy are designed to assist this.

## **Spirit of the Code**

This Code cannot cover every potential ethical, conduct or competence related concern. Psychotherapists must therefore depend on their own thoughtful evaluation of specific principles and the spirit expressed in these statements.

The psychotherapist commits to engage with the challenge of striving for ethical practice and conduct, even when doing so involves making difficult decisions or acting courageously.

### **1. Psychotherapists' responsibilities to clients**

- 1.1 Value client well-being. Psychotherapists shall hold the needs and well-being of clients as a paramount concern and accord priority to the psychotherapeutic aspect of their relationships with clients.
- 1.2 Practise non-discrimination. Psychotherapists shall be sensitive to diversity and shall not discriminate on the grounds of colour, creed, ethnicity, gender, sexual orientation, age, disability, social class, religion or political belief.
- 1.3 Be responsive to cultural diversity and seek training and guidance to ensure competent and culturally safe practice.
- 1.4 Ensure informed consent. Psychotherapists shall seek to ensure that the client is willingly engaging in psychotherapy and has an adequate understanding of the process to be undertaken.
- 1.5 Practise respectfully. Psychotherapists shall have respect for the uniqueness and dignity of clients and shall treat them with courtesy and fairness.
- 1.6 Maintain client confidentiality. Psychotherapists shall hold client information in confidence, taking the law into account. Since considerations of safety or legal obligations may on occasion override confidentiality, psychotherapists shall discuss these limits with clients. If conducting psychotherapy electronically, psychotherapists shall notify clients of the inherent limitations to ensuring security of communications.
- 1.7 Respect client privacy. Psychotherapists shall respect the client's right to privacy.
- 1.8 Practise in a safe context. Psychotherapists shall practise in surroundings that support safe practice.
- 1.9 Foster self-determination. Psychotherapists shall foster client self-determination and choice, except where these may cause harm to self or others.
- 1.10 Protect client well-being. Psychotherapists shall have regard for the needs of clients who are unable to exercise self-determination or to ensure their own personal safety and act to protect the clients' best interests, rights and well-being.
- 1.11 Maintain client anonymity. Psychotherapists shall preserve the anonymity of clients when clinical material is used in education, training, research or publications, unless prior informed consent has been gained.

- 1.12 Facilitate client access to services. While psychotherapists may exercise the right not to accept a client, they will ordinarily take reasonable steps to ensure that the client has information regarding access to colleagues or other services.
- 1.13 Practise impartiality. Psychotherapists shall strive to be impartial and offer their services without favouritism or bias when dealing with more than one party.
- 1.14 Practise safely. Psychotherapists shall take reasonable steps to ensure that clients, whether in individual, family or group settings, suffer neither physical nor psychological harm during the conduct of psychotherapy, accepting that considerable distress may be an inevitable part of the process.
- 1.15 Practise non-exploitatively. Psychotherapists shall recognise the power imbalance in the psychotherapeutic relationship and shall not abuse this power, nor exploit the relationship with the client for personal gain or gratification.
- 1.16 Maintain appropriate sexual boundaries. Sexual relations and any behaviours or comments by psychotherapists which might reasonably be interpreted as being sexually demeaning, harassing or as a sexual advance, are unethical.
- 1.17 Abstain from sexual relations with clients. The establishment of a sexual relationship between psychotherapist and client is unethical.
- 1.18 Abstain from sexual relations with former clients while the dynamics of the psychotherapy relationship can reasonably be expected to influence personal decision making and the relationship in an ongoing manner.
- 1.19 Terminate psychotherapy with care. Psychotherapists shall terminate their services to clients in a suitably professional manner.
- 1.20 Psychotherapists shall make provision for alternative professional care in the event of the therapist's suddenly becoming unable to work.

## **2. Psychotherapists' responsibilities to self, colleagues and the profession**

- 2.1 Uphold professional integrity. Psychotherapists shall aspire to high professional standards and conduct themselves in ways that uphold the integrity of their profession.
- 2.2 Acknowledge limits of practice. Psychotherapists shall acknowledge the limits of their skills and methodologies and refer clients or supervisees to others when appropriate.
- 2.3 Portray themselves honestly. Psychotherapists shall accurately portray their qualifications and experience.
- 2.4 Practise self-care. Psychotherapists shall have regard for their own health and well-being so as to ensure that their standards of practice are not impaired.
- 2.5 Continue professional development. Psychotherapists shall continue to develop their professional knowledge and skills, through clinical supervision as well as by other educational means.
- 2.6 Be respectful of colleagues. Psychotherapists shall be respectful of colleagues, supervisees and trainees and shall treat them with courtesy and fairness.
- 2.7 Respect the practice of colleagues. Psychotherapists shall not solicit the clients of colleagues and shall not assume responsibility for another psychotherapist's client without encouraging appropriate communication with the colleague concerned.
- 2.8 Respect collegial confidences. Psychotherapists shall respect the trust placed in them by colleagues, supervisees and trainees and not misuse information given in confidence.
- 2.9 Maintain appropriate boundaries. Psychotherapists shall be responsible for setting, monitoring and maintaining clear boundaries between psychotherapeutic, supervisory, training and other relationships.
- 2.10 Psychotherapists shall seek to maintain the anonymity of supervisees or trainees when clinical material is used in education, training, research or publications, unless prior informed consent has been obtained.



- 2.11 Psychotherapists and trainees should work within existing ethical frameworks when conducting research e.g. those used within academic institutions,
- 2.12 Abstain from sexual relations with current supervisees/trainees.
- 2.13 Assist unwell colleagues. Psychotherapists who become aware of a colleague's ill-health compromising the care of clients, supervisees or trainees have a duty to assist the colleague to receive appropriate help.
- 2.14 Act upon unethical behaviour. Psychotherapists shall have a responsibility to clients and to the profession to initiate appropriate action if they become aware of unethical behaviour by a colleague.
- 2.15 Maintain knowledge of relevant law. Psychotherapists shall be familiar with current law affecting their practice. (We may add a list of relevant laws at the end.)

### **3. Psychotherapists' responsibilities to the community**

- 3.1 Honour Te Titiriti O Waitangi. Psychotherapists shall respect the values and beliefs of the Tangata Whenua and shall equip themselves to understand how the principles of Te Tiriti o Waitangi can influence and guide the practice of psychotherapy.
- 3.2 Be legally responsible. Psychotherapists shall practise within the law.
- 3.3 Promote non-discrimination. Psychotherapists shall seek to promote non-discrimination in the wider community.
- 3.4 Promote equity. Psychotherapists shall seek to improve social conditions through the fair and equitable distribution of community resources.
- 3.5 Cultivate and maintain high principles, practice and ethics, and to conduct themselves fairly and honorably in their psychotherapy practice

### **4. Psychotherapists' responsibilities to employing institutions**

- 4.1 Uphold professional standards. Psychotherapists shall avoid compromising their professional standards when these conflict with institutional requirements.
- 4.2 Promote quality services. Psychotherapists shall seek to maintain and improve the policies and quality of service in institutions or agencies in which they work, using as a guide the standards of practice expected by the Association.

### **Disclosure responsibilities**

A psychotherapist will promptly notify the Association about any criminal charges, disciplinary procedures, or civil claims brought against them. This information will be kept confidential to the Chair of the Ethics Committee and the President. It would only be used in any future disciplinary action and the person would be informed and consent would be sought before the information would be relied on.

#### ***Attached:***

The process of applying ethical principles for effective decision making

# The process of applying ethical principles for effective decision making

## Ongoing professional development for psychotherapists

Review knowledge base of ethical principles & virtue ethics.

## **Foster ethical sensitivity (developing personal qualities)**

Review values, motives, use of power, blind deaf and dumb spots.

Develop and maintain capacities of empathy, reflection, active listening, self-care, and being in relationship with other.

## Process of consideration of an ethical issue

### **Individual**

What is your gut/intuitive/emotional response? What **value bases** have you used to respond to this issue? And what other value bases might be useful? What **ethical principles** are of concern here from the APANZ Code of Ethics? Consider making a priority list of which principle comes first in this case.

Open out the **empathic circle**. Consider each person in the drama and look at what is happening from their perspective. Is each person being treated fairly?

Consider the need to accept the **complexity** of the situation (i.e. there is not one solution, the context is what makes a situation complex).

**Clarification of the reasoning process:** is the problem clear, do you have all the information you need?

### **In consultation**

Go through all the steps with a supervisor, with colleagues, with psychotherapist.

**Discuss the action steps you propose.**

**What might be the consequences?**

What might stop you taking action?

Ø **Activity** – Am I carrying out activities that a psychotherapist engages in by virtue of being a psychotherapist or am I engaged in another work context but employing psychotherapeutic techniques?

Ø **Publicity** – Would I want this ethical decision or approach announced on the front page of a major newspaper?

Ø **Universality** – Would I make the same decision for, or take the same approach to, everyone? If every psychotherapist made this decision or took this approach, would it be a good thing?

Ø **Justice** – Is everyone being treated fairly by my decision or approach?

### **Taking action**

Review consequences with supervisor

Find safe place to review, reflect and take the space to learn from experience. If the action step was taken without discussion, and reflection (i.e. in intuitive mode) then reviewing consequences is doubly important.

## References

Solomon, M. (2012-2017). AUT teaching notes for PSYT819, Advanced Psychotherapy Clinical Issues.

Carroll, M., & Shaw, E. (2012). Ethical maturity in the helping professions: Making difficult life and work decisions. Victoria, Australia: Psychoz Publications.

Canadian Counselling and Psychotherapy Association Code of Ethics.

## LETTER TO ACCEPTED CANDIDATE AFTER INITIAL PANEL



Letterhead

Name of candidate

Email address of candidate

Dear (name),

We are very pleased to formally confirm that your application to become a Provisional Member of APANZ and a candidate on the Advanced Clinical Practice qualification was successful.

The Initial Interviewing Panel have confidence that you will develop to the required standard for the ACP within five years, subject to attending weekly supervision and your progress being discussed at your supervisor's ACP Training Supervisors' group.

(The Panel has made additional conditions .....

(The Panel has made the recommendation that...)

You will be able to be ratified as Provisional Member at the next meeting of the Council, provided that you have:

1. Submitted a satisfactory Initial Supervision Contract (attached) to the Registrar of the ACP Committee
2. Paid the annual APANZ subscription. The Administrator will advise you of the due pro rata amount of the annual subscription of \$385 (\$310 for income below \$30,000).
3. *For the supervisor:* Please ensure that you send the attached contract between you and the ACP committee, to the registrar.

With best wishes for your progress,

....

Advanced Clinical Practice Committee

c.c. APANZ Administrator, Supervisor, Registrar, ACP Committee  
Chair

Enclosed:

Initial Training Contract Between an ACP Candidate and their Training Supervisor  
Initial Supervisor's Contract with ACP Committee

## LETTER TO UNSUCCESSFUL CANDIDATE AFTER INITIAL PANEL



(Letterhead)

Name of candidate  
Email address of candidate

Dear (name),

This letter is to formally advise you that the Initial Interview Panel was not able to immediately grant you admission onto the ACP pathway qualification and therefore to Provisional Membership of APANZ.

The Panel felt you were not yet at a standard of practice which would enable you to achieve the high standard of the ACP within five years. While we appreciate that this is of course distressing to you, we do not want candidates to have to meet major difficulties when they submit their final written work and oral presentation, so we ask that you take some time to gain.....(whatever is appropriate )

We hope you will feel able to re-present to us when you and your supervisor feel that these above difficulties have been overcome.

Best wishes,

Advanced Clinical Practice Committee

c.c. APANZ Administrator, Supervisor, Registrar, ACP Committee  
Chair

## INITIAL SUPERVISOR'S CONTRACT WITH THE ACP COMMITTEE



### INITIAL CONTRACT BETWEEN:

#### THE APANZ ADVANCED CLINICAL PRACTICE COMMITTEE

and

#### NAME:

who is undertaking the responsibilities of being a Training Supervisor to

#### NAME:

The following are the requirements and responsibilities that you agree to undertake to ensure your supervisee has optimal conditions for being successful in completing the Advanced Clinical Practice:

1. Provide weekly supervision.
2. Work with the supervisee *after* the candidate enters the ACP pathway, carefully identifying and focusing on a training case to facilitate in-depth reflection from first contact. The training case will be presented for assessment towards the end of the ACP training.
3. Become aware of the clinical standards of the ACP, both the written work and the assessment interview. This will involve participating in either a written work marking conference, as marker or observer, or in being a panelist at an assessment interview. This participation needs to occur before your supervisee submits their written work.
4. Maintain an oversight of your supervisee's development and learning through their reading and taking up of educational opportunities.
5. Regularly discuss your supervisee's progress in a supervision group.
6. Attend specific ACP supervision discussions.
7. Report annually on your supervisee's progress in the Annual Supervision contract, including attestation of the number of supervision hours during the year.

8. Ensure that you have made clear your credentials, outlined your work experience to your candidate; and that you have confirmed your PBANZ registration.
  
9. Confirmed candidate will be responsible for keeping a log of their clinical hours annually and that they are required to complete 250 hours client work before they present their written material.

**Agreed:**

Signature of supervisor: .....

Date: .....

Signature of Chair, ACP Committee:.....

Date: .....

# INITIAL TRAINING CONTRACT BETWEEN AN ACP CANDIDATE AND THEIR TRAINING SUPERVISOR



**Training Supervisor: (Name)**

Email:

Address:

Telephone/s:

Registered Psychotherapist:      Yes / No

ACP completed:                      Yes / No

**Supervisee: (Name)**

Email:

Address:

Telephone/s:

Date of approval to APANZ provisional membership:

**Note: This date marks the commencement of the 5 year timeframe for the completion of your ACP candidacy.**

**1. SUPERVISEE to complete**

**1a. Current training:**

**1b. Training supervision frequency and hours to date:**

**1c. As you will be aware while you are in training it is unethical to represent yourself as a psychotherapist. Please indicate below how you will describe yourself publicly:.....**

**Training Supervisor signature:**

**1c. Current and previous clinical contexts:**

**1d. List the principal goals and focus of supervision:**



1e. Include any conditions or recommendations from interview panels:

**2. SUPERVISOR, SUPERVISEE and TRAINING SUPERVISORS GROUP CONVENOR to complete**

**2a.** We have reviewed and discussed the Supervision and Advanced Clinical Practice Policy and Procedures documents on the website at [www.nzap.org.nz](http://www.nzap.org.nz) and we agree to follow the Association's Code of Ethics.

Yes / No

**2b.** We hereby agree to meet for weekly supervision (**minimum 40hrs annually**) at an agreed fee.

Supervisee signature:

Date:

**2c.** Primary Training Supervisor (please state scope of practice under the HPCA):

Primary Training Supervisor signature:

Date:

**2c.** Training Supervisors' Group Convenor signature:

Date:

*Please note the following items to consider in this supervision agreement*

When making this agreement, please cover in your discussions the following points:

Ensure that the purpose of supervision has been fully explored, and that roles, tasks and expectations have been clarified.

- Discuss that the candidate must keep a record of client hours, which the supervisor will cite annually.
- State the requirement for the supervisee to keep a log of all work done, training courses, seminars, ongoing work, reading, etc., including regular reflection on their growth as a therapist within the bi-cultural context we work within.
- Be aware of the expectation that the supervisor will report the supervisee's progress regularly to the Training Supervisors' Group.
- If a grievance should arise between the supervisee and the supervisor, which cannot be resolved within the supervisory relationship, there is a process that will be followed which is outlined in the ACP Handbook.
- Should the supervisee choose, for whatever reason, to change supervisors, this can occur providing there is consultation between the supervisors, or an updated supervision report is given to the second supervisor. Assistance in this matter can be sought from the Training Supervisors' Group.
- Discuss emergency procedures, including who to contact if the supervisor is unavailable.
- Agree on a working format for supervision sessions.
- State cancellation policy and supervision fees.
- Discuss safety agreements for clients, supervisee and others.
- Make agreements regarding third party involvement, where applicable.
- Agree on matters of confidentiality.
- Agree that the candidate will work face-to-face for at least 60% of their clinical hours.
- Cite supervisor's Annual Practicing Certificate.
- Ensure supervisee knows of the supervisor's clinical experience and training background.
- List together in this contract any recommendations made to the candidate in the Initial Panel Interview acceptance letter.
- Confirm that the supervisee is in weekly therapy and will be for the first three years of this training.
- Discuss safety agreements for clients, supervisee and others. (Please ensure health and safety matters are attended to, including familiarity with the Health and Safety at Work Act 2015).

You may wish to use the space below to list some of the above agreements.

Please send a copy of this contract to Catriona Cairns: [catrionajcairns@gmail.com](mailto:catrionajcairns@gmail.com)

## ACP SUPERVISORS AND CULTURAL SUPERVISORS' CONTACT LIST



### Auckland

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### CULTURAL SUPERVISION

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Anna Hinehou Fleming

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Donny Riki (Māori candidates only) [donnyr@hotmail.co.nz](mailto:donnyr@hotmail.co.nz)

Cherry Pye

[cherrympye@gmail.com](mailto:cherrympye@gmail.com)

Wiremu Woodard

[wiremu.woodard@aut.ac.nz](mailto:wiremu.woodard@aut.ac.nz)

## APPLICATION FORM TO BECOME AN ACP TRAINING SUPERVISOR



Please send your answers to the attached six questions along with your current CV to John Connor (Chair, APANZ ACP Committee) at email: [johnnygj@extra.co.nz](mailto:johnnygj@extra.co.nz)

You will receive a response to your application within two weeks of receipt of your application.

### **Application Questions:**

- 1. What motivates you to apply to become an ACP supervisor? (Include if you have already been approached by a potential candidate wanting you to work with them as an ACP supervisor) (300-word response maximum).**
  
- 2. Outline your previous experience and training as a psychotherapy supervisor. (300-word response maximum).**
  
- 3. Outline your previous experience and training as a psychotherapy clinician. (300-word response maximum).**
  
- 4. Outline your previous training and experience in cross-cultural clinical and supervisory psychotherapeutic work. (300-word response maximum).**
  
- 5. Outline your understanding of the implications of Te Tiriti o Waitangi for psychotherapeutic practice in Aotearoa New Zealand. (300-word response maximum).**
  
- 6. Is there anything else you would like us to know, that you think is relevant to your application to become an ACP supervisor? (300-word response maximum).**

# ANNUAL TRAINING CONTRACT BETWEEN ACP CANDIDATE AND THEIR TRAINING SUPERVISOR



**Note:**

1. This is the contract for all Provisional Members who achieved provisional membership through a national panel interview.
2. Please complete all sections.
3. An ACP candidate is not entitled to use the term “psychotherapist” unless registered with PBANZ

**Training Supervisor: (Name)**

Email:

Address:

Telephone/s:

PBANZ Scope of Practice:

**Supervisee: (Name)**

Email:

Address:

Telephone/s:

**1. TRAINING SUPERVISOR and SUPERVISEE to complete:**

Training supervision hours (minimum of 40 hours annually)

**Supervision hours record per year**

Year One:

Year Two:

Year Three:

Year Four:

Year Five:

I have, with the help of my supervisor, chosen a training case: Yes/No

If yes, when was this chosen? Date:.....

If it was more than a year ago, have you submitted your Formative Submission? Yes/No

*Please see the handbook for further information on what this is to include. The Formative Submission must be handed in within the first three years of being on the ACP pathway and within 12 months of choosing the client/case you intend to present. The Formative Submission will not be marked on a pass/fail basis but comments from the markers will assist you to reflect on your work and it is expected that you will discuss the markers' responses with your supervisor who will also receive a copy of the Committee's comments.*

**Training Supervisor signature:**

**2. SUPERVISEE to complete:**

- 2a.** Please select from your reading log, a book, journal article or paper which currently informs your theoretical thinking **and** has been discussed in supervision.
- 2b.** Please select from your reading log, a book, journal article or paper which has recently informed your thinking about unconscious process **and** has been discussed in supervision.
- 2c.** During the past year have you written and presented one or more dynamic formulations for discussion in supervision? Please provide a comment.
- 2d.** During the past year have you prepared any verbatim / transcript material for discussion in supervision? Please provide a comment.
- 2e.** Please identify a professional development event you attended and provide a brief comment regarding relevance to the understanding and thinking about your training case selected for intensive focus in supervision.
- 2f.** Please discuss and explore your reflections on your development as a therapist in relation to te ao Māori. And please discuss any relevant readings, resources, trainings that have added to your thinking about

this area of your development.

**2g.** Have aspects of your development as a psychotherapist been discussed in supervision, including opportunities for the expansion of your skills and knowledge in identified areas? Please provide a comment:

**3. Declaration**

**3a.** If there has been a complaint or criminal charge against you, your supervisor must be informed.

**3b.** We have reviewed the Supervision and Advanced Clinical Practice Policy and Procedures documents on the website at [www.apanz.org.nz](http://www.apanz.org.nz) and we agree to follow the Association's Code of Ethics.

**3c.** We hereby contract to meet for **weekly** supervision (minimum 40hrs) for the next year at an agreed fee.

**3d. Supervisee:** I have recorded the number of contact hours this year. I have completed.....client hours this year.

**3e.** Supervisee has cited supervisor's Annual Practicing Certificate.

**3f.** The supervisee is aware that the supervisor may discuss the Supervisee's progress with the ACP committee and in supervision.

**3g.** The supervisee and supervisor have discussed the Health and Safety Act (2015) together and any issues or relevance this may have to their ongoing work or the work of the supervisee.

**3h.** As you will be aware while you are in training it is unethical to represent yourself as a psychotherapist. Please indicate below how you will describe yourself publicly:.....

**3i.** The supervisor and supervisee have discussed the supervisory process and relationship, and note below any issues and reflections from this discussion together.



**Supervisee signature:**

**Date:**

**4. TRAINING SUPERVISOR to complete**

**4a.** Has the supervisee's progression plan and area for development been presented for discussion to the TSG over the previous year?

Yes / No

**4b.** Please report on your supervisee's progress in the last year (up to 500 words) and identify areas for further development.

**Training Supervisor signature:**

**Date:**

**ATTESTATION OF PERSONAL  
PSYCHOTHERAPY SESSIONS FORM**



**This is to certify that I have seen.....(candidate's name) for weekly/fortnightly (delete one) psychotherapy this year.**

The first of these sessions was on (date): .....

The most recent one was on (date): .....

Number of sessions this year to date: .....

Name (of psychotherapist): .....

Professional affiliation: .....

Signature (of psychotherapist): .....

Date: .....

**NB. Please complete this form with your psychotherapist annually with your annual supervision contact, as per the instructions provided.**

**SUGGESTED ACP PATHWAY  
READING/RESOURCE  
LIST FOR CANDIDATES**



- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders DSM-* New York, NY: American Psychiatric Publications.
- Blumenfeld Hoadley, J, Calvert, S, Restivo, G, Thorpe, M (2016) Three Approaches to Psychotherapy in Aotearoa New Zealand Ata: Journal of Psychotherapy Aotearoa New Zealand 20 (2) 111-128 DOI: 10 9791/ajpanz 2016 11 c New Zealand Association of Psychotherapists Inc
- Bramley, W. (1996). *The broad spectrum psychotherapist*. London, England: Free Association Press
- Brodie, B. (2020). *Object relations and intersubjective theories in the practice of psychotherapy*. London, England : Routledge
- Cabaniss, D. L., Douglas, C. J., & Schwartz, A. (2017). *Psychodynamic psychotherapy: A clinical manual*. (2nd ed.). New York, NY: Wiley Blackwell.
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- Farnsworth, J. & Maclaurin, G. (2015). Practical Psychodynamic Formulation Ata: Journal of Psychotherapy Aotearoa New Zealand 145 - 158 DOI:10 9791/ajpanz. 2015.14 c New Zealand Association Of Psychotherapists Inc
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- Gabbard, G. (2010). *Long Term Psychodynamic Psychotherapy: A Basic Text*. Arlington, TX: American Psychiatric Publishing.
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- Hinshelwood, R. D. (1994). *Clinical Klein*. London, England: Free Association Books.
- Holmes, J. (2001). *The search for a secure base*. Taylor & Francis: London, England.
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- Lemma, A. (2015). *Introduction to the practice of psychoanalytic psychotherapy*. New York, NY: Wiley Blackwell.
- Lingiardi, V., & McWilliams, N. (Eds.), (2017). *Psychodynamic diagnostic manual* (2nd ed.) New York, NY: Guilford Press.
- Malan, D. (2001). *Individual Psychotherapy and the Science of Psychodynamics* Second Edition, Arnold, London.
- Maroda, K. J. (2010). *Psychodynamic techniques*. New York, NY: Guilford Press.
- Maroda, K. (2022). *The analyst's vulnerability: Impact on theory and practice*. New York, NY: Routledge
- McWilliams, N. (1994). *Psychoanalytic diagnosis*. New York, NY: Guilford Press.
- McWilliams, N. (1999). *Psychoanalytic case formulation*. New York, NY: Guilford Press.
- McWilliams, N. (2004). *Psychoanalytic psychotherapy*. New York, NY: Guilford Press.
- Messler Davies, J. & Frawley, G. M. (1994). *Treating the adult survivor of childhood sexual abuse: A psychoanalytic perspective*. New York, NY: Basic Books.
- Quatman, T. (2015). *Essential psychodynamic psychotherapy: An acquired art*. London, England: Routledge.
- Salberg, J. (Ed.). (2010). *Good enough endings*. New York, NY: Routledge.

- Segal, H. (1973). *Introduction to the work of Melanie Klein*. London, England: Hogarth Press.
- Symington, N. (1986). *The analytic experience*. London, England: Free Association Books.
- Symington, N. (1996). *The making of a psychotherapist*. London, England: Karnac.
- Waddell, M. (1998). *Inside lives*. New York, NY: Routledge.
- Wallin, D. J. (2007). *Attachment in psychotherapy*. New York, NY: Guilford Press.
- Wampold, B. (2008). *The great psychotherapy debate*.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment*. London, England: Hogarth Press.
- Yalom, I. D. (2008). *Staring at the sun: Overcoming the terror of death*. San Francisco, CA. Jossey-Bass

## **Courses**

A number of psychotherapy training institutes offer face to face /zoom courses. These are a few:

New Zealand Association of Psychoanalytic Psychotherapists (NZIPP)  
<http://www.psychotherapy.co.nz>

Confer <https://www.confer.uk.com>

Institute of Psychoanalysis <https://www.learnpsychoanalysis.co.uk/>

Australian Psychoanalytical Society <https://www.psychoanalysis.asn.au/>

## **Podcasts**

Spotify has a number of podcasts with different psychotherapists speaking.

Three associating - <https://threeassociating.com/>

Psychoanalytic Thinking with Dr Don Carveth

## **Youtube**

There are a number of psychotherapists who have interviews/clips on Youtube.

Dr Don Carveth.

[https://www.youtube.com/results?search\\_query=don+carveth](https://www.youtube.com/results?search_query=don+carveth)

## **GUIDELINES FOR SUPERVISION VIA VIDEO AND AUDIO CONFERENCING**



Your ACP training supervisor may be located outside your geographical area, making face to face sessions impossible. While it is our preference for supervision to be held in person, we understand the limits of living and working in small and remote communities.

Please take note of the following guidelines:

- Both supervisor and supervisee are to ensure that they have access to privacy (both in terms of sound and/or interruptions), and a reliable internet or cell phone coverage.
- Back up plans in the event of an internet or phone coverage outage are made to ensure good continuity of the supervision session.
- The choice of platform is chosen to best ensure confidentiality. Research may be required as the reputations of various video conferencing options varies and changes over time.
- When sharing client tapes/videos or transcripts, use password protection for documents if possible. Be familiar with and use good practice when storing sound and/or video material from client sessions, as well as deletion of material when no longer needed.
- Both supervisor and supervisee need to ensure their computer/laptop has a good level of virus protection.
- Both supervisor and supervisee are to familiarise themselves with the Privacy Act (2020) and the Health Information Privacy Code 2020 (in particular Factsheet 5: Storage, security, retention and disposal of health information).

## **GUIDELINES FOR SUPERVISORS AND CANDIDATES AROUND HEALTH AND SAFETY**



- Supervisors will be familiar with the Health and Safety at Work Act 2015 and be able to support candidates to think through requirements pertinent to the candidate's individual practice situation.
- Health and safety will be a topic of discussion in supervision, in particular how to provide a safe setting for psychotherapy. Examples include: thinking together about the setting; privacy, confidentiality, and physical accessibility. In the initial supervision agreement between supervisor and candidate there is documented a commitment that these issues will be discussed.
- Supervision will also be a place where the health and safety of the candidate is also thought about; covering such matters as caseload numbers and complexity, leave provisions, and personal support systems.
- The candidate will familiarize themselves with the Health and Safety at Work Act 2015 and consider their responsibilities under the Act as a PCBU (person conducting a business or undertaking) if in private practice, or as a member of a team if in an agency setting.
- The candidate will ensure the provision of a suitable place for psychotherapy to occur for their clients. They will liaise with building owners as needed regarding hazards or lack of accessibility. Candidates will also attend to careful storage of written notes and electronic communication to ensure confidentiality.
- In the Work Practice Description presented as part of the final assessment, the health and safety of candidate and client must be demonstrated. Many of the items in the Work Practice Description reflect health and safety concerns, in particular:
  - Item 1: the management of the therapeutic setting
  - Item 2: managing electronic communications, digital records and confidentiality
  - Item 8: client confidentiality
  - Item 9: client dangerousness to self or others
  - Item 10: therapist self-care
  - Item 14: legislation relevant to client care and practice of psychotherapy



## ACP COMPLAINTS PROCEDURE GUIDELINES



This document supersedes all others and is a comprehensive outline of APANZ ACP Committee's Complaints process for any formal complaints made by ACP Training candidates in regard to their ACP training.

### INTRODUCTION

The existence of a complaint procedure demonstrates one aspect of the ACP Committee's concern for the provision of quality psychotherapy training and the maintenance of high professional standards. All ACP Training Supervisors and the ACP Committee accept that they are accountable for their actions and demonstrate their commitment to those principles through meeting their continuing supervisory and training requirements.

The professional relationship between the individual responding to a complaint and the ACP Committee itself provides the background to the process of investigating and determining all complaints.

The APANZ ACP Committee, via the APANZ Ethics and Professional Standards Committee, must decide, in the first instance, whether the behaviour complained about, if proved, could amount to a breach of the ACP Pathway's Training standards or APANZ Code of Ethics or Constitution. If the Committee chooses to investigate the complaint, the complainant is asked to provide sufficient information to assess the issue.

The ACP Committee values external perspectives on professional matters, and consequently persons outside the membership of the ACP Committee may be included in deciding and assessing complaints.

Complaint procedures have been developed to assist the ACP Committee in dealing with complaints made against committee members, assessors, and supervisors of the ACP Pathway. Our purpose is to have a process that is effective, fair, subject to external scrutiny and capable of providing timely resolution of complaints. Our intention is to provide consistency in dealing with complaints and seeks to incorporate the principles of natural justice. The process is one which is investigative and supervisory in nature as befits a training pathway.

### GENERAL PRINCIPLES

#### 1. Receiving complaints

1.1 The Committee may receive complaints from any ACP training candidate, except that:

- No action will be taken on anonymous complaints.
- No action will be taken on any complaint regarding behaviour which occurred more than seven years ago.

1.2 Should a respondent make a counter complaint against a complainant it will be at the discretion of the Complaints Convenor (CC) (who will be the current APANZ Ethics Chair (see below)) whether it is dealt with sequentially or concurrently with the original complaint.

1.3 Complaints shall be made in writing and addressed to the ACP registrar I the first instance. Any complaint received by the ACP Registrar will be forwarded to the CC, after the ACP Registrar has notified the ACP Chair of the complaint.

1.4 In view of the ACP Committee's legal obligations, complainants will be made aware that the Registration Board now has the oversight regarding complaints against psychotherapists that relate to their fitness to practice, whether through health or competence. They will also be made aware that the Health and Disability Commissioner has jurisdiction for complaints that relate to consumers of health services. Note: a complaint will be forwarded to the Registration Board only if they are related to a training practitioner's impairment. Complaints in regard to ACP training, which do not involve concerns regarding a trainers "Fitness to Practice" will be dealt with according to this ACP complaints process.

## **2. The criteria for accepting a complaint**

2.1 It shall be in writing and addressed to the ACP Registrar.

2.2 It shall name current or retired training supervisors, assessors or members of the ACP committee of the ACP Pathway as the respondent(s).

2.3 It shall describe the behaviour deemed to be offensive, incompetent or unethical.

2.4 It shall state the dates and times where the behaviour described took place.

2.5 It shall identify any witness to the behaviour described.

2.6 It shall clearly contain the full name and contact details of the person making the complaint.

2.7. It will be submitted in writing and signed, and shall be in hard copy, not electronically.

## **3. Assessing complaints**

3.1 Complaints received by the ACP Committee will be referred to by the Complaints Assessment Committee (CAC) which is appointed by the CC for the purpose of investigating complaints.

3.2 Membership of the CAC will consist of 2 Association members and one external person.

3.3 The CAC will consider whether there is sufficient information to decide if the alleged conduct, as described and if proven, would constitute a breach of the ACP Committee's Code of Ethics or *training standards*

3.4. The CAC will then assess whether there is sufficient evidence to merit further investigation.

3.5. The CAC will initiate further investigation as required. It may not take disciplinary action against a respondent if this is deemed appropriate.

#### **4. Powers to initiate or to continue complaint procedures**

4.1 The ACP Committee delegates responsibility to the CAC to initiate an investigation when an ACP training supervisor, assessor, or committee member appears to have breached the Code of Ethics or training standards, by having engaged in conduct that might adversely affect the standard of training, the safety of those training within the ACP Pathway, or the profession as a whole. Any person subject to such investigation shall be informed of the existence of the investigation and the background to it.

4.2 If a complaint is withdrawn by the complainant, the CAC may proceed with the matter on its own initiative.

#### **5. Declaration of interest**

In appointing a Committee under these procedures the CAC Convenor will enquire as to whether prospective members have any special knowledge or interest in the case, and ask them to declare this and make themselves unavailable for inclusion in the CAC. Should such a conflict of interest arise during the investigation of a complaint the person involved will inform the CAC Convenor and withdraw from further involvement in the investigation.

### **PROCEDURES**

#### **6. Action on receipt of complaints**

Complaints are received by the CC. On receipt of the complaint the CC shall:

6.1. Determine whether the respondent is a current member of the Association.

6.2 If the respondent is not a member, advise the complainant accordingly and suggest alternative actions, including the provision of contact details of responsible bodies.

6.3 If the respondent is a member of the Association subject to the assessment and disciplinary procedures, the CC shall check the complaint material against the criteria required for accepting a complaint for investigation.

6.4 If the criteria are not met, the CC shall acknowledge the receipt of the complaint in writing, direct the complainant to the APANZ website to see the Code of Ethics and the ACP Handbook for ACP training standards and advise them of the criteria for complaints, and the process involved in making a complaint.

6.5 If the criteria are met, the CC shall acknowledge the receipt of the complaint in writing and ask the complainant to complete and return the Formal Consent Form, waiving the respondent's duty of confidentiality to the complainant.

6.6 On receipt of the formal consent form, the CC shall convene a Complaints Assessment Committee (CAC). The CAC will be composed of three members – two senior APANZ members and an external person.

6.7 The CC shall inform the respondent that a complaint has been received and provide brief details of the complaint, stating that the complaint is in the first stage of the process and

that no response is required until requested. The CC will let the respondent know the names of the people who have been asked to form the CAC. The respondent may object to the involvement of any of these people on the grounds of overlapping or conflicted roles (as in #5: Reasons for declaration of interest) within 10 days of notification. These objections and the reasons for them will be passed on to the CAC and the member or members concerned will be required to withdraw from assessing the complaint and replaced.

6.8 The function of the CAC with the oversight of the CC is to:

- Assess the complaint received.
- Determine the point of entry of the complaint into the complaint process.
- Assess the information against the sections of the APANZ Code of Ethics, and Constitution that may have been breached.
- Compose a letter summarizing their findings. It is important that this letter acknowledges this is based on information from the complainant's perspective only and material from the respondent needs to be taken into consideration before reaching conclusions.
- Send a draft of this letter to the CC. Further discussion may be required about the wording. The final draft is sent by the CC to the respondent.

## **7. First response from the Complaints Assessment Committee**

7.1. The CAC will consider the information contained in the initial statement of complaint, and such further information as it may require will be requested through the CC.

7.2 The CAC may request information about any and all previous steps taken to remedy the situation (including complaints lodged with other professional bodies).

## **8. Action if further information is not received or is withheld**

If, after 14 days, no reply is received from the complainant to the Association's request for additional information the CAC, together with the CC, shall decide: either that the complaint should be closed; or that there is sufficient information for the Association to proceed with the matter on its own initiative.

## **9. Information sent to the respondent by the Complaints Convenor**

If the CAC decides to proceed with the investigation the respondent will then be sent the following information by letter:

9.1 A full copy of the complaint and details of any other information which may be presented in support of the complaint.

9.2 A copy of the complainant's formal, signed, consent to waive the respondent's duty of confidentiality.

9.3 The respondent is directed to the APANZ website for a copy of the Code of Ethics, Constitution, ACP Handbook, and these Complaint Guidelines.

9.4 A letter from the CAC Convenor which outlines the reasons for proceeding with the investigation, including a statement about the sections of the Code of Ethics or Training Standards or Constitution that they consider may have been breached.

9.5 Advice that any information (verbal or written) provided by the respondent will become part of the documentation of the case.

9.6 A recommendation by the CC that the respondent discuss the matter of the complaint with their current supervisor, and that they consider how the supervisor may contribute to the process of clarifying and resolving the complaint;

9.7 A statement that the CAC requires that the respondent submit their response within 30 days.

## **10. Action required of the respondent**

10.1 The respondent is required to reply in writing to a request by the CAC to provide information relevant to the complaint. This information must be supplied to the CAC, through the CC, within 30 days of the date of registration of the letter advising of the complaint.

10.2 If the respondent believes there is a conflict between responsibilities to clients and the request for information, or he/she holds information which may incriminate the complainant, advice should be sought from the CAC, through the CC, in order to help resolve this conflict.

10.3 The respondent is required to reply personally, in writing, but is free to seek their own legal advice at any time and should consider whether they need to inform their indemnity insurer, if any, of the complaint.

10.4 Failure to respond, unwarranted delay in responding, or lack of co-operation in the investigation, shall not prevent continuation of the procedures in dealing with the complaint and may, of themselves, constitute a breach of the Code of Ethics.

## **11. Information from other sources**

Information relevant to the complaint may be sought from other sources, provided that any such information obtained shall be disclosed to the respondent and the respondent given opportunity to comment upon it. As documentation from the respondent may contain material that is not about the complainant, only information relating to the complainant may be sent to the complainant if requested.

## **12. Action to be taken by the CAC on receipt of information**

On receipt of the respondent's submission, and any other information, if any, the CAC shall formally assess the complaint with reference to the Association's Code of Ethics, ACP Training Standards, and Constitution.

## **13. CAC recommendations**

When the CAC has completed its assessment of the statement received from the complainant, and any statements requested from the respondent or from other sources, it shall make appropriate recommendations to the CC regarding any further stages of the complaints procedure. This may include, but is not limited by, the following:

13.1 That the complaint should be dealt with other than by way of formal further investigation. The CAC is directed to make recommendations to the CC regarding the ways that this might be done.

13.2 If the complaint is deemed to require further formal investigation this shall be designed and conducted by the CAC in coordination with the CC. Its function may include but is not limited to:

- Conduct a process into professional practice matters raised by the complainant and highlighted by the CAC as needing further investigation;
- Write to the respondent with information about the CAC's findings;
- Meet with the respondent and assess their practice;
- Report the outcome of any meeting to the CC and thereby to Council.

Recommend a Formal Complaints Hearing (see point 14 below, Complaints Hearing Committee details below)

13.3 That the complaint should be referred to a Complaints Hearing Committee, adding to be conducted by the CAC.

13.4 That the complaint should be referred by the CC to other professional bodies. The CC may also advise the complainant to consider such action, regardless of whether the Association's investigation continues or ceases.

13.5 That the complaint action should be discontinued and the case closed.

13.6 If the CAC recommends suspension of the respondent as an APANZ member, pending determination of the complaint, the CC will refer this matter to Council.

13.7 The CC shall inform the respondent and the initiator of the complaint of the outcome of the complaint investigation process to date. At the outset of the process the CC shall establish with the complainant their preferred level of information about the process of the complaint at various stages, or whether just the outcome is sufficient.

13.8 If, at any stage of the proceedings, a complaint is disallowed, or is considered inappropriate on the basis that, if proven, it would not constitute a breach of the Code of Ethics or the ACP Training Standards or the Constitution, the CC will advise both parties of this, offer any appropriate guidance, and may close the current complaint.

#### **14. Complaints Hearing Committee**

14.1 The Association, via the CC, shall appoint a Complaints Hearing Committee (CHC) comprised of the CAC members described above. The CHC will,

- Consider all material supplied;
- Meet to consider any further submissions – written or oral – which may have been advised or requested from the respondent, the initiator of the complaint, or any other person;

- Decide whether the alleged conduct constitutes a breach of the Association’s Code of Ethics, or ACP Training Standards, or the Constitution;
- State in their report to Council the matters considered by the Committee and the reasons for their findings.

14.2 The Association shall appoint a lawyer to prosecute the complaint and will set a date, time and place for the hearing.

14.3 The Complaint Hearing Committee shall not take any direct action itself in terms of the outcome of such a hearing, but will restrict its actions to hearing the matter and reporting its findings and recommendations to Council.

14.4 The respondent may appear before the Complaints Hearing Committee, and may present further submissions, providing that written notice of the intention to do so is received by the Chair or Convenor within 14 days of the date of the letter from Council notifying the details of the hearing, together with the membership of the Committee.

14.3 The respondent may object in writing, within 14 days of the date of the letter notifying the details of the hearing, to the involvement of any such member, giving reasons in each case. These objections and the reasons for them will be considered by the Convenor, and the member or members concerned may be required to withdraw from hearing the complaint. The decision of the Convenor shall be final.

14.4 The respondent may choose to be represented by a solicitor, or they may be accompanied by a support person who may not participate directly in the hearing.

14.5 Failure to respond or unwarranted delay in responding on the part of the respondent shall not prevent continuation of the procedures in dealing with the complaint and of themselves constitute a violation of the Code of Ethics.

## **15. Report from the Complaints Hearing Committee**

15.1 When the Complaints Hearing Committee has completed hearing the matter, it shall decide whether there has been any breach of the Association’s Code of Ethics, ACP Training Standards, or Constitution and make recommendations, which will be conveyed to the respondent in writing, and, if appropriate, verbally; and send a report signed by its members to the CAC Convenor, reporting its findings on the matters referred to it and the outcome recommendations. These recommendations may include, but are not limited to:

- The respondent is required to undertake reflective or educative processes and report back to the CAC;
- The respondent is required to discontinue the conduct which is the subject of the complaint;
- The respondent is censured or reprimanded;
- The respondent is required to undertake specified education and or supervision;
- The respondent is required to enter into a period of probation, which is that the CAC will actively and systematically monitor for a specified length of time the respondent’s compliance with the specific requirements imposed by the CAC;
- The respondent is required to resign from the Association and/or from being an ACP Training Supervisor and may re-apply under conditions specified by the Council and/or ACP committee;

- The respondent's membership of the Association may be terminated should this be recommended by the CAC and agreed to by the APANZ Council.

15.2 The Psychotherapy Board of Aotearoa New Zealand may be informed of the findings and the outcome recommendations and actions.

15.3 The Chairperson of the Ethics and Professional Standards Committee (the CC) will report to Council on the outcome of the Hearing and Council will be asked to ratify any outcome which affects the respondent's membership status.

## **16. Respondent's rights to review**

The respondent shall be entitled to seek a review of the decisions made by the CAC. Such reviews shall be conducted by an independent arbitrator, the appointment of whom shall be made by the CC. Any such request for review must be made within 10 days of the date of the couriered letter informing the respondent and complainant of the Association's decision. The reasons for seeking a review must be clearly stated.

16.1 The CC shall acknowledge receipt of the respondent's request, and if such a review is agreed to, shall name the intended arbitrator.

16.2 The respondent may request, giving reasons, within 10 days of the date of the letter from the CC, that the intended arbitrator not be appointed. The decision of the Council on any such request shall be final.

16.3 The Arbitrator's decision shall be final and binding on all parties.

## **17. Acceptance of decision by respondent**

17. In situations where the outcome of the complaint does not change the respondent's membership status the respondent shall be required to confirm receipt of the ACP Committee and/or Association's decisions within 30 days and to provide satisfactory evidence of compliance within a time scale to be determined by the CC. If the requirements are not met, the CC shall determine what appropriate action is to be taken, which may involve reconvening the CAC, or reporting to Council.

## **18. Costs**

18.1 Council in collaboration with the Chair of the ACP Committee shall have the power to make such order as it thinks fit in relation to the costs incurred in investigating and dealing with a complaint. Specifically – if a complaint is either admitted by the respondent, or found proved, Council in collaboration with the ACP Chair may make such order as it thinks fit requiring the respondent to make a contribution to all or part of the costs which have been incurred by the Association.

18.2 If Council in collaboration with the ACP Chair finds that a complaint is frivolous, vexatious or made in bad faith, Council in collaboration with the ACP Chair may make such order as it thinks fit requiring the complainant to make a contribution to all or part of the costs which have been incurred by the Association in the investigation and dealing with the complaint.



18.3 If the CC, on advice from a Complaints Hearing Committee, decides that sufficient harm has been done to the complainant by the actions of the respondent it may refer the matter to the Health and Disability Commissioner, or the Psychotherapists Board of Aotearoa New Zealand who have the authority to refer it to a Health Practitioners Disciplinary Tribunal.

## **APPOINTMENTS AND COMMITTEES**

**The Complaints Assessment Committee** is composed of three members – two senior members who are experienced supervisors (add) and an external person.

Together with the Complaints Convenor the function of this Committee is to:

- assess all complaints received;
- determine the point of entry of complaints into the complaints process;
- initiate and oversee the complaints process throughout;
- co-ordinate according to ACP committee guidance;
- inform mediators, arbitrators and hearing committee members as indicated.

**The Complaints Hearing Committee** will be made up of the CAC members described above. The function of this Committee is to:

- consider all material generated by the CAC;
- meet to consider any further submissions – written or oral – which may have been advised or requested from the respondent, the initiator of the complaint or any other person;
- reach a decision as to whether the alleged conduct constitutes a breach of the Association’s Code of Ethics, ACP training standards, or the Constitution;
- state in their report to Council the matters considered by the Committee, and the reasons for their findings.

**The Professional Clinical Matters Committee** is composed of the above described CAC members. The function of this Committee is to:

- conduct a process other than a formal hearing into professional practice matters raised by the complainant and highlighted by the CAC as needing further investigation;
- write to the respondent with information about the Professional Clinical Matters Committee’s process;
- meet with the respondent and assess their practice;
- report the outcome of the meeting to the Chair of the Ethics and Professional Standards Committee and thereby to Council.

## TE AO MĀORI AND PSYCHOTHERAPY READINGS



**Tiana Pēwhairangi Trego-Hall and Lily Kay Matariki O’Neill in conversation with Anna Hinehou Fleming and Verity Armstrong: Rangatahi from Te Ipu Taiao – Climate Crucible, NZAP Conference 2021**  
Tiana Pēwhairangi Trego-Hall , Lily Kay Matariki O’Neill, Anna Fleming, Verity Armstrong  
<https://ojs.aut.ac.nz/ata/article/view/257/231>

**On knowing who you are and who you are from: Some reflections on culture, biculturalism and identity**  
Emma Green  
<https://ojs.aut.ac.nz/ata/article/view/185/162>

**Psychosynthesis and Culture**  
Helen Palmer  
<https://ojs.aut.ac.nz/ata/article/view/158/148>

**Standing at the Waharoa**  
John O'Connor  
<https://ojs.aut.ac.nz/ata/article/view/159/149>

**Staying Upright: Anna Fleming’s Commentary on “Standing at the Waharoa” by John O’Connor**  
Anna Hinehou Fleming  
<https://ojs.aut.ac.nz/ata/article/view/160/150>

**Waka Oranga: The Development of an Indigenous Professional Organisation within a Psychotherapeutic Discourse in Aotearoa New Zealand**  
Alayne Mikahere-Hall, Margaret Poutu Morice, Cherry Pye  
<https://ojs.aut.ac.nz/ata/article/view/164/136>

**Waka Oranga: Personal Reflections**  
Margaret Poutu Morice, Alayne Mikahere-Hall, Wiremu Woodard, Cherry Pye, Anna Hinehou Fleming, Verity Armstrong, Anna Poutu Fay, Zoe Poutu Fay  
<https://ojs.aut.ac.nz/ata/article/view/165/137>

**Tūhono Māori: Promoting Secure Attachments for Indigenous Māori Children. A Conceptual Paper**  
Alayne Mikahere-Hall  
<https://ojs.aut.ac.nz/ata/article/view/166/138>

## TE AO MĀORI AND PSYCHOTHERAPY READINGS



### **Tūhono Māori: A Research Study of Attachment from an Indigenous Māori Perspective**

Alayne Mikahere-Hall

<https://ojs.aut.ac.nz/ata/article/view/167/139>

### **Reaching Across Worlds: Kanohi ki te Kanohi. A conversation between Anna Hinehou Fleming and John O'Connor**

Anna Fleming, John O'Connor

<https://ojs.aut.ac.nz/ata/article/view/168/140>

### **Entering the Void: Exploring the Relationship Between the Experience of Colonisation and the Experience of Self for Indigenous Peoples of Aotearoa, and the Implications for Psychotherapeutic Clinical P**

Wiremu Woodard, John O'Connor

<https://ojs.aut.ac.nz/ata/article/view/169/141>

### **The Politics of Toheroa Soup: A Pūkōrero About Whānau and Me**

Tiana Pewhairangi Trego-Hall, Lucy Te Awhitu, Alayne Mikahere-Hall

<https://ojs.aut.ac.nz/ata/article/view/170/142>

### **Master's and PhD Research Undertaken by Māori Psychotherapy University Graduates**

John O'Connor, Verity Armstrong

<https://ojs.aut.ac.nz/ata/article/view/171/143>

### **Measured Decades**

Haare Williams

<https://ojs.aut.ac.nz/ata/article/view/70/51>

### **Ngā Tāpiritanga: Secure Attachments from a Māori Perspective**

Anna Hinehou Fleming

<https://ojs.aut.ac.nz/ata/article/view/71/52>

### **Matariki: The Star of the Year: by Rangī Matamua**

Karen Begg

<https://ojs.aut.ac.nz/ata/article/view/76/56>

### **Therapist and Coloniser: Pākehā Approaches to Māori Historical Trauma**

Garrick Rigby

<https://ojs.aut.ac.nz/ata/article/view/26/20>

### **The Taonga of the New Zealand Association of Psychotherapists**

Burke Hunter

<https://ojs.aut.ac.nz/ata/article/view/36/23>

## TE AO MĀORI AND PSYCHOTHERAPY READINGS



### **Psychoanalytic Reflections on Wairua and Trauma:**

*Spiritual Holding at a Māori Mental Health Service in New Zealand*

Ingo Lambrecht

<https://ojs.aut.ac.nz/ata/article/view/52/36>

### **An Indigenous Approach to Māori Healing with Papatūānuku**

Charlotte Mildon

<https://ojs.aut.ac.nz/ata/article/view/59/43>

### **Korero Rakau**

Wiremu Woodard

<https://ojs.aut.ac.nz/ata/article/view/61/45>

### **Mind Body Spirit in the Groups at the 2016 NZAP Conference**

Margot Solomon, Virginia Edmond, Amanda Garland, Lynne Holdem, Burke Hunter, Crea Land, Fay Lilian, Jules Morgaine, Claire Virtue

<https://ojs.aut.ac.nz/ata/article/view/63/47>

### **Tutu Te Puehu and the Tears of Joseph: A Biblical and Indigenous Paradigm for Recovery From Trauma**

Simon Moetara

<https://ojs.aut.ac.nz/ata/article/view/64/48>

### **Shifting Ground in Aotearoa New Zealand: A Psychoanalyst's View**

M Fakhry Davids

<https://ojs.aut.ac.nz/ata/article/view/78/60>

### **Shifting Ground: Reflecting on a Journey of Bicultural Partnership**

Alayne Hall, Margaret Poutu Morice

<https://ojs.aut.ac.nz/ata/article/view/79/61>

### **Supervision as Cultural Partnership: Contributions to Dialogue**

Kathie Crocket

<https://ojs.aut.ac.nz/ata/article/view/89/71>

### **Ko Rangitoto, ko Waitematā: Cultural Landmarks for the Integration of a Māori Indigenous Psychotherapy in Aotearoa**

Alayne Hall

<https://ojs.aut.ac.nz/ata/article/view/110/91>

### **The Struggle to Live and Let Live: The Psychology, Ethics and Politics of Tolerance, or, Why Discrimination is Preferable to Tolerance**

Farhad Dalal

<https://ojs.aut.ac.nz/ata/article/view/111/92>

## TE AO MĀORI AND PSYCHOTHERAPY READINGS



### **“The Struggle to Live and Let Live ...” A Review**

Jonathan Fay

<https://ojs.aut.ac.nz/ata/article/view/112/93>

### **Āta: Growing respectful relationships**

Taina Whakaatere Pohatu

<https://ojs.aut.ac.nz/ata/article/view/121/101>

### **Cultural supervision and cultural competence in the practice of psychotherapy and applied psychology**

Margaret Poutu Morice, Jonathan Fay

<https://ojs.aut.ac.nz/ata/article/view/126/106>

### **The face at the end of the road: Exploring Māori identities**

Tess Moeke-Maxwell

<https://ojs.aut.ac.nz/ata/article/view/133/112>

### **On open tents, beaches and cultural divides: A panel discussion**

Jo Stuthridge, Tess Moeke-Maxwell, Donna Orange, Wiremu Woodard,

Jeremy Younger

<https://ojs.aut.ac.nz/ata/article/view/135/114>

### **The meeting of two tides: Journeys of mixed heritage Māori-Pākehā towards identity strength**

Hēni Collins

<https://ojs.aut.ac.nz/ata/article/view/137/116>

### **Parihaka**

Tommy Benefield

<https://ojs.aut.ac.nz/ata/article/view/138/117>

### **Poroporoaki: In this room**

Tess Moeke-Maxwell

<https://ojs.aut.ac.nz/ata/article/view/139/118>

### **Kāinga: Healing home with indigenous knowledge**

Alayne Hall

<https://ojs.aut.ac.nz/ata/article/view/145/124>

### **“Not home” is sometimes where we start**

Toni Shepherd, Wiremu Woodard

<https://ojs.aut.ac.nz/ata/article/view/148/127>

## ACP FORMATIVE ASSESSMENT OUTLINE



(To be submitted to the Registrar of the ACP by email within 12 months of commencement of candidates' primary training case)

This formative assessment is intended to provide candidates with an opportunity to receive feedback on a preliminary writeup of some aspects of their initial work regarding their primary training case. This is intended to provide candidates with feedback and guidance that will assist them with the development of their final written summative submissions.

Note: The formative assessment will be read by members of the ACP committee who will provide the candidate with feedback on this formative submission. The formative submission is not marked pass/fail, but rather is an opportunity to receive feedback intended to assist candidates in their clinical development.

**This formative assessment will comprise of the following components (3000 word limit):**

1. Initial client presentation.
2. Client history.
3. Preliminary Dynamic formulation.
4. Rationale for choosing client as therapeutic training case.
5. Reflection on clinical work thus far (with an emphasis on reflection upon unconscious process).
6. Statement of word count.

Please send this submission to ACP Registrar: Catriona Cairns: [catrionajcairns@gmail.com](mailto:catrionajcairns@gmail.com)

## **ADVANCED CLINICAL PRACTICE (ACP) SCHEDULE OF FEES**



The costs of ACP supervision (minimum weekly throughout the candidate's time in the ACP training pathway) with an ACP Training Supervisor, and the costs of weekly (minimum) personal psychotherapy in the first three years for candidates in the ACP training pathway (and a minimum fortnightly personal psychotherapy thereafter until completion of the ACP) are the primary costs involved in undertaking the ACP training pathway.

The costs of ACP training supervision, and of personal psychotherapy vary depending on the charging rates of individual practitioners. The costs of ACP training supervision and of personal psychotherapy are likely to be somewhere between \$100 and \$200 per session, depending on the practitioner.

In addition to weekly psychotherapy and supervision costs covered by the ACP candidate, the following fees for the ACP Pathway apply:

### **Application Fee**

To be paid on submission of application : **\$100**

### **Initial Panel Interview Fee**

To be paid before initial panel interview : **\$150**

### **Written Work**

A non-refundable administration fee, set at half the marking fee (\$100), must be paid to the Administrator at the time that notice is given to present written work, with the balance of the fee (\$100) to be paid at the time of the submission of work for marking.

**Total: \$200**

### **Assessment Interviews**

A non-refundable fee of **\$300** must be paid to the Administrator at the time that notice is given to present for an assessment interview.

## **GUIDELINES FOR ACP CANDIDATES REGARDING ETHICAL CONCERNS**



If a candidate has an ethical concern, the following are the processes that trainees are guided to follow:

1. The candidate explores the ethical concern in supervision. If the ethical concern is in relation to this supervision, or in relation to an aspect of their experience of the training, that is not appropriate to bring to supervision, the candidate may:
2. Contact the Chair of the ACP committee, either in writing or verbally, and discuss that concern with the ACP Chair. If the concern is not satisfactorily addressed following this communication, the candidate may be referred to:
3. The Ethics and Professional Standards Committee of APANZ, whom the candidate may contact directly, or the ACP committee may contact on behalf of the candidate.