



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

Information from

The Psychotherapists Board of Aotearoa New Zealand
Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa

Consultation on Psychotherapist Scopes of Practice AND Psychotherapist Clinical Supervision

Please clearly state who you are responding on behalf of:

Individual: I am responding on behalf of

Name:

Group/Association: I am responding on behalf of

Name:

The number of people I am responding on behalf of is

Number:

Please provide responses in Word format



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General Consultation Information

The Psychotherapists Board of Aotearoa New Zealand (the Board) is committed to open, transparent and consistent consultation when reviewing or developing standards, guidelines and related policies for dissemination to the public, profession and stakeholders. The Board will also consult to meet its common law obligations and obligations under section 14 of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

Consultation means that the Board will seek information and or advice and will consider it when making a decision. Consultation does not mean that the Board will abrogate its responsibility to make decisions consistent with its purpose and functions under the HPCAA.

a) Benefits of Consultation

The Board recognises that open consultation has many benefits, some of which are:

- Enables stakeholders to contribute to policy development
- Facilitates working dialogue with internal and external stakeholders
- Helps early identification of potential problems and issues with proposed standards, guidelines and related policies
- Assists to make the process of developing standards, guidelines and related policies accountable
- Increases public and stakeholder understanding of the role and functions of the Board.

b) How the Board will consult

The consultation will be undertaken for a period of 8 weeks allowing sufficient time for consideration by the profession and stakeholders.

- Consultation papers will be available for downloading from the Board's website on the 'News and Events' page.
- Consultation will be promoted to the Board's practitioner and stakeholder database as well as in the Board's newsletter and through the Board's website.
- Submissions received by practitioners or stakeholders will be acknowledged on receipt
- The Board will determine on a case-by-case basis, the appropriateness and desirability of public and stakeholder face to face consultation meetings.

c) The Board's decision-making

The Board in its decision-making process will consider, without limitation, the following:

- All feedback received during the consultation process
- Its primary purpose under the HPCAA i.e.... 'to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competence and fit to practise their professions'.



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

CONTENTS

- Consultation, Psychotherapist Scopes of Practice Page 4
- Consultation, Psychotherapist Clinical Supervision Page 10

Appendices

- Appendix One Psychotherapists Scopes of Practice as Gazetted in September 2008
- Appendix Two Psychotherapist Clinical Supervision requirements as approved after the 2010 consultation



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

This document is seeking the views of the profession and stakeholders with regard to:

1. Psychotherapist Scopes of Practice; **and**
2. Psychotherapist Clinical Supervision

The Board has allocated **8 weeks** for this consultation to allow individuals and groups time to arrange meetings. Please send your consultation responses to the Registrar on or before **Tuesday 28th August 2012**.

1. Psychotherapist Scopes of Practice

Background

In September 2008 the Board gazetted three psychotherapist scopes of practice (appendix one):

- Psychotherapist Scope of Practice
- Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism
- Interim Psychotherapist Scope of Practice

This review is necessary due to:

1. A restriction encountered relating to the **frequency of psychotherapy clinical supervision** for those registered in the Interim Scope of Practice. This restriction can prevent a practitioner registered in the Interim Psychotherapist Scope moving to the Psychotherapist Scope of Practice or the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.
2. Feedback regarding the **'note'** included in the scopes of practice. This note clarifies section 7 of the HPCAA and notifies practitioners of the other roles that practice may assume.

The Board is now seeking the view of the profession and stakeholders on the following:

1.1 Frequency of Psychotherapy Clinical Supervision

The inclusion of: '...weekly clinical supervision with a psychotherapist registered in the psychotherapist scope of practice for the first 24 months of practice and at least fortnightly supervision thereafter'.

It has come to the Board's attention that *some* practitioners registered in the Interim Psychotherapist Scope of Practice are unable to move into the Psychotherapist Scope of Practice as they do not meet the Board's scope requirement; 'weekly clinical supervision for the **first 24 months** of practice and at least fortnightly supervision thereafter'.

For example, a counsellor with experience in psychotherapy might apply for provisional membership of NZAP. Following the Board's previous supervision guidelines the Association's supervisors might allow the person provisional status with fortnightly supervision (taking into account the person's previous psychotherapy experience). The person then registers with the Board under the Interim Scope of Practice. They continue with fortnightly supervision. Once they take this step, they can never move to the



Psychotherapist Scope of Practice since they did not have weekly supervision in the first two years of their practice as a psychotherapist.

Because this specific requirement is gazetted, the Board is unable, at present, to make exceptions and consider applications on a case by case basis.

1.2 Rationale for this inclusion

When developing the scopes of practice Board members believed that practitioners registered in the Interim Psychotherapist Scope of Practice would require consistent and regular supervision equivalent to a newly graduated or less experienced psychotherapist. Therefore this requirement related directly to level of experience and training rather than the individual practitioner.

This belief has not fundamentally changed; however, hindsight has shown that this requirement is better suited to policy rather than being included in the Gazette notice. For example the Board can exercise discretion with policy which it cannot with gazetted documents; including this level of detail within the Gazetted scopes of practice means that those who do not meet this specific requirement are unable to move to the Psychotherapist Scope of Practice or the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

1.3 The Board's proposed change and rationale

The Board proposes to remove the inclusions related to the frequency of supervised clinical practice in gazetted scopes of practice. The Board agrees that this level of detail is better suited to policy. This will leave the scopes of practice broad and inclusive, which was always the Board's intention.

Therefore the suggested wording is:

Psychotherapists Scope of Practice:

'The completion of 900 hours of supervised clinical psychotherapy practice with clients over at least three years with clinical supervision provided by a psychotherapist registered in the Psychotherapist Scope of Practice. These hours can be completed during and following qualification'

Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism:

'The completion of 900 hours of supervised clinical child and adolescent therapeutic practice over at least three years with clinical supervision provided by a psychotherapist registered in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism. These hours can be completed during and following qualification'

2.1 The Scopes of Practice 'Note'

The inclusion of the Note: 'All psychotherapists who wish to practise psychotherapy as a psychotherapist, advertise, or hold themselves out to be a psychotherapist, must be registered with the Board. Practice is not confined to clinical practice and encompasses all roles that psychotherapy may assume such as client care, research, policy making, educating and consulting' in all three scopes of practice'.



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

The Board wishes to gauge the views of the profession and stakeholders with regard to the inclusion of this wording in any revised scope of practice.

2.2 Rationale for this inclusion

The rationale for including the note was twofold; to provide guidance to section 7 of the HPCAA **and** to those wanting to practise psychotherapy *as a registered psychotherapist* (i.e. those people wanting to practise psychotherapy and use the title 'psychotherapist') on the circumstances in which they should consider registration with the Board.

One of the Board's statutory functions is to describe the profession of psychotherapy. The 'note' was included in the scope of practice as a consequence of the Board's discussions after receiving and reviewing consultation feedback (in 2008). The 'note' was also developed with the Board's purpose in mind, that is 'to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions' (section 2 HPCAA).

The Board understands that its views on the extent of "practice" are consistent with those adopted by other registration authorities.

2.3 The Board's proposed change and rationale

After lengthy discussion the Board proposes to remove the first part of the note which refers to section 7 of the HPCAA. This is in the Act and does not need be repeated.

The Board proposes to retain the rest of the note (minus research and policy making) and incorporate the note into a sentence within the scope. Research and policy making have been removed as Board members believe that these roles may be undertaken by professionals not registered with the Board.

Consulting will be followed by the words 'including supervision' to clarify supervision expectations. The Board considers clinical practice, educating and consulting including clinical supervision to be clinically focussed and clinically informed roles.

The new sentence will read:

Practice includes all the roles that a psychotherapist may assume such as clinical practice, educating and consulting including clinical supervision.

Following you will find a draft Gazette notice with the proposed changes incorporated.

Notice of Scopes of Practice and Related Qualifications Prescribed by The Psychotherapists Board of Aotearoa New Zealand

Pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003 ("the Act"), the following notice is given.

Scopes of Practice for Psychotherapists as at [date]

1. Psychotherapist Scope of Practice

2. Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

3. Interim Psychotherapist Scope of Practice



1. Psychotherapist Scope of Practice

Psychotherapists shall be competent to use various methods of psychotherapy to assist clients in their personal growth, relationship development, psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand. Clients may include children, adolescents, adults, couples, families, whānau, groups, organisations and the public.

A key element of psychotherapy is the therapeutic use of the relationship between the psychotherapist and client. Psychotherapy may involve, but is not limited to: Exploring the origins; maintenance and change of life patterns; the assessment, formulation, diagnosis and treatment of mental health problems; and working with patterns of psychological life which may be outside of conscious awareness, including non-verbal and preverbal patterns. Various coherent theoretical models are used in psychotherapy.

In practising psychotherapy, the context of a person's life needs to be taken into account, including social, cultural and spiritual contexts.

Practice includes all the roles that a psychotherapist may assume such as clinical practice, educating and consulting including clinical supervision.

Psychotherapists shall practise within their area and level of expertise and with due regard to ethical, legal and board-prescribed standards.

Prescribed Qualifications for Psychotherapist Scope of Practice

An approved Master's level qualification in psychotherapy from a New Zealand university or a New Zealand training institution or an approved comparable qualification

OR

Satisfactory completion of an assessment accredited or set by the board

AND

'The completion of 900 hours of supervised clinical psychotherapy practice with clients over at least three years with clinical supervision provided by a psychotherapist registered in the Psychotherapist Scope of Practice. These hours can be completed during and/or following qualification'

AND

The completion of 120 hours of personal psychotherapy with a registered psychotherapist during and/or following qualification.

2. Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

Those working within this scope of practice are also able to work within the Psychotherapist Scope of Practice as long as they practise within their area and level of expertise and with due respect to the ethical, legal and board-prescribed standards.

Child and adolescent psychotherapists shall be competent to use various methods of psychotherapy to assist children and adolescents with their psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand.

A key dimension of psychotherapy with children and adolescents is the use of developmentally appropriate methods. Child and adolescent psychotherapists are expected to have in-depth understanding of infant, child and adolescent development; infancy, childhood and adolescent disorders; family and cultural dynamics; and interdisciplinary approaches to working with children. Child and adolescent psychotherapists are specifically expected to be able to use methods of communication that are consistent with the child's or adolescent's stage of development and comprehension and be able to understand a child's

non-verbal communication. Psychotherapy with children and adolescents may involve, but is not limited to: The assessment, formulation, diagnosis and treatment of emotional and psychological distress; severe mental health problems; and working with patterns of psychological life which may be outside of conscious awareness.



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

In practising psychotherapy, the context of a child or adolescent's life needs to be taken into account. Child and adolescent psychotherapists are expected to be able to work with parents/caregivers, and/or family groups as an adjunct to their work with children or adolescents.

Practice includes all the roles that a psychotherapist may assume such as clinical practice, educating and consulting including clinical supervision.

Child and adolescent psychotherapists shall practise within their area and level of expertise and with due regard to the ethical, legal, and board-prescribed standards.

Prescribed Qualifications for Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

An approved Masters level qualification in child psychotherapy from a New Zealand university or an approved comparable qualification

OR

Satisfactory completion of an assessment accredited or set by the board

AND

'The completion of 900 hours of supervised clinical child and adolescent therapeutic practice over at least three years with clinical supervision provided by a psychotherapist registered in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism. These hours can be completed during and/or following qualification'

AND

The completion of 120 hours of personal psychotherapy with a registered psychotherapist during and/or following qualification.

3. Interim Psychotherapist Scope of Practice

Psychotherapists shall be competent to use various methods of psychotherapy to assist clients in their personal growth, relationship development, psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand. Clients may include children, adolescents, adults, couples, families, whānau, groups, organisations and the public.

A key element of psychotherapy is the therapeutic use of the relationship between the psychotherapist and client. Psychotherapy may involve, but is not limited to: Exploring the origins, maintenance and change of life patterns; the assessment, formulation, diagnosis and treatment of mental health problems; and working with patterns of psychological life which may be outside of conscious awareness, including non-verbal and preverbal patterns. Various coherent theoretical models are used in psychotherapy.

In practising psychotherapy, the context of a person's life needs to be taken into account, including social, cultural and spiritual contexts.

Practice includes the roles that a psychotherapist may assume such as clinical practice, educating and consulting including clinical supervision.

Psychotherapists shall practise within their area and level of expertise and with due regard to ethical, legal and board-prescribed standards.

Prescribed Qualifications for Interim Psychotherapist Scope of Practice

An approved Master's level qualification in psychotherapy and/or child psychotherapy from a New Zealand university or a New Zealand training institution or an approved comparable qualification

OR

Satisfactory completion of an assessment accredited or set by the board

Note:



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

1. A practitioner with an Interim Psychotherapist Scope of Practice must meet the qualifications for the Interim Psychotherapist Scope of Practice. However, they may not have yet completed **900 hours of supervised clinical psychotherapy practice with clients over at least three years with clinical supervision provided by a psychotherapist registered in the Psychotherapist Scope of Practice. These hours can be completed during and/or following qualification**

AND

The completion of 120 hours of personal psychotherapy with a registered psychotherapist during and/or following qualification.

2. Acceptance in this scope must be for the purpose of achieving registration in either the Psychotherapist Scope of Practice or the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

Feedback

Please provide feedback on the proposed changes to the Psychotherapist Scope of Practice. The Board appreciates the time and energy individuals and groups put towards considered review and feedback.

The Board has allocated **8 weeks** for this consultation to allow individuals and groups time to arrange meetings. Please send your consultation responses on or before **Tuesday 28th August 2012.**

Please send any feedback via email to registrar@pbanz.org.nz (Please provide responses in Microsoft Word format) or posted to PO Box 10-787, The Terrace, Wellington, New Zealand.



2. Psychotherapist Clinical Supervision

Background

The Psychotherapists Board of Aotearoa New Zealand (the Board) has been developing its policy on the clinical supervision of psychotherapists. In 2010 the Board conducted a consultation which elicited a wide range of opinion within the profession. As a result of that consultation the Board developed a set of guidelines (attached as appendix 2). While these guidelines were widely accepted and seemed to have worked well there has been an issue with the section relating to: *A suitably qualified person, as agreed to by the Board.*

Supervisors will be:

1. A registered psychotherapist with a current APC; or
2. A suitably qualified person, as agreed to by the Board;

It is accepted that many professions have practitioners highly skilled in psychotherapy. A person deemed to be suitably qualified to provide psychotherapy supervision will be required to provide the Board with a CV outlining evidence of their competence in psychotherapy supervision either by qualification, professional development, skills and/or knowledge.

Using this section of the policy the Board accepted as clinical supervisors a range of people. Unfortunately this has given rise to difficulties, these difficulties arise from the Board being unable to ensure that supervisors not covered by the HPCAA, are, like their supervisees, competent and fit to practice.

While some professional and membership associations have rigorous codes of ethics and a variety of monitoring systems, these do not cover the range of conditions for which a registration Board has responsibility.

Following legal advice the Board's clinical supervision policy has been under review and recently changed to:

Clinical supervision is to be provided by an experienced practitioner either:

1. A registered psychotherapist with a current Annual Practising Certificate; or
2. A health practitioner registered under the HPCAA with a current APC, approved by the Board as having sufficient psychotherapy knowledge and skills.

The Board has been in communication with the small number of practitioners who have been affected by this change and this consultation now seeks the feedback and comment of the profession and stakeholders as a whole.

2.1 Rationale for the change in policy

Current Policy

'Clinical supervision is to be provided by an experienced practitioner either a registered psychotherapist with a current APC or a health practitioner registered under the HPCAA with a current APC, approved by the Board as having sufficient psychotherapy knowledge and skills.'

The Board requires that a psychotherapist's supervisor attests to a psychotherapist's competence and fitness to practice in the annual process of renewing a practising certificate. The Board acknowledges that this process of attestation to a regulatory



authority involves supervisors being in a role that may be considered to go beyond the role of clinical supervision per se. However, in the process of attestation in relation to the HPCA Act supervisors are acting as agents of the Board, and as such supervisors themselves need to be registered health practitioners under the HPCAA; either as psychotherapists or, other registered health practitioners with suitable knowledge and skills in psychotherapy. This ensures that supervisors of psychotherapists have themselves been attested as being competent and fit to practice under the HPCAA.

The new Psychotherapist Clinical Supervision Policy is included following for review and comment

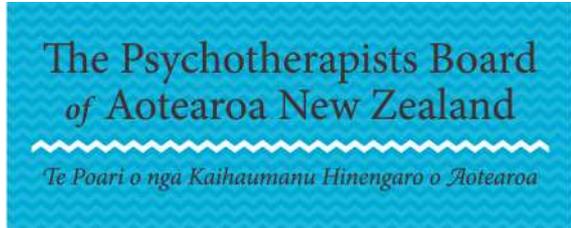
Policy Statement on Psychotherapist Clinical Supervision	
Purpose	To state the Psychotherapists Board of Aotearoa New Zealand's requirements and recommendations for clinical supervision of psychotherapists.
Policy Statement	<p>All Psychotherapists will undertake regular clinical psychotherapy supervision. Supervision, such as work-place, cultural and other specialist supervision may be undertaken in addition to clinical supervision.</p> <p>Psychotherapist clinical supervision contributes to improved competence in clinical practice and professional development. For further information and guidelines refer to Psychotherapist Core Clinical Competencies: "Reflective Practice and Continuing Professional Development."</p> <p>In this policy the term 'clinical supervision' takes the meaning understood in the profession of psychotherapy, rather than the meaning attached to the term "supervision" in the HPCAA¹. That is, a psychotherapist is expected to consult regularly with a person skilled in psychotherapy for the purpose of professional support and assistance and for professional development.</p>
Supervisors	<p>Clinical supervision is to be provided by an experienced practitioner either:</p> <ol style="list-style-type: none"> 1. A registered psychotherapist with a current APC; or 2. A health practitioner registered under the HPCAA with a current APC, approved by the Board as having sufficient psychotherapy knowledge and skills. <p><i>Note: those registered in the Interim Psychotherapist Scope of Practice must have a supervisor from category 1 above.</i></p> <p>It is expected that clinical supervisors will be actively engaged in clinical supervision of their supervisory practice. In order to ensure that all clinical</p>

¹ In the HPCAA (2003) supervision (Part 1, S5(1)) is defined as 'the monitoring of, and reporting on, the performance of health practitioner by a professional peer'. In the context of this policy clinical supervision is regarded as more akin to consultation.

	<p>supervisors are themselves fit to practice, the Board requires that all clinical supervisors are registered health practitioners² holding a current Annual Practising Certificate.</p> <p>Supervisors will be expected to sign the supervisee's Annual Practising Certificate renewal form each year. Supervisors and supervisees should take into account the requirements³ for signing off the Annual Practising Certificate throughout the clinical supervision year. Supervisors must therefore be sufficiently conversant with their supervisee's practice to be able to attest to that practitioner's competence and fitness to practice in their Annual Practising Certificate application.</p>
Frequency of Psychotherapy Clinical Supervision	<p>Psychotherapists registered in the Psychotherapist Scope of Practice or Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism are expected to undertake clinical supervision of a frequency and duration commensurate with the psychotherapist's experience, case load and intensity of clinical work.</p> <p>It is generally accepted that clinical supervision should occur at a minimum fortnightly.</p>
Psychotherapists registered in the Interim Psychotherapists Scope of Practice	<p>Psychotherapists registered in the Interim Psychotherapists Scope of Practice are expected to undertake clinical supervision which will normally be at least one hour every two weeks, regardless of caseload since it has a partial training function. New practitioners are expected to participate in weekly clinical supervision for the first two years of practice.</p> <p>Psychotherapists registered in the Interim Psychotherapists Scope of Practice wanting to be registered in the Psychotherapist Scope of Practice must have clinical supervision from a psychotherapist registered in the <u>Psychotherapist Scope of Practice</u>.</p> <p>Psychotherapists registered in the Interim Psychotherapists Scope of Practice wanting to be registered in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism must have clinical supervision from a psychotherapist registered in the <u>Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism</u>.</p>
Peer Clinical Supervision (2 or more people)	<p>It is expected that practitioners engaging in peer clinical supervision will be senior psychotherapists. Note: Peer clinical supervision is not adequate for those in the Interim Psychotherapist Scope of Practice.</p>
Group Supervision	<p>Where clinical supervision is in a group with a supervisor, care must be taken to provide time equivalent to at least 30 minutes per person, per fortnight.</p>
Mode of clinical supervision	<p>Where possible clinical supervision should be conducted face to face and participants should be physically present. When this is not possible other methods may be used with preference to spoken methods (such as phone or Skype). Use of just phone clinical supervision with no face to face</p>

² Health practitioner or practitioner means a person who is or is deemed to be, registered with an authority as a practitioner of a particular health profession (under the HPCAA).

³ Refer to the Board's website for requirements



	meetings is a concern and is not encouraged. <i>Due consideration must be given to confidentiality (see note on electronic means below*).</i>
Cultural Supervision	In many situations specific cultural supervision may be needed. Refer to the Board's Cultural Competencies requirements.
Additional Supervision	The Board acknowledges that some psychotherapists receive <u>additional</u> clinical supervision from: <ul style="list-style-type: none"> • practitioners overseas; and • Practitioners in New Zealand who do not meet the Board's criteria for clinical supervision. <p>The Board does not wish to limit such supervision. In such cases the practitioners <i>must also</i> have sufficient clinical supervision from a person who meets the Board's criteria so that this person can attest to that practitioner's competence and fitness to practice in their Annual Practising Certificate application.</p>
Clinical Supervision Contracts	A clinical supervision contract, indicating the session length and frequency of clinical supervision agreed to by the supervisor and supervisee should be completed, signed and held by both the supervisor and supervisee. Other issues may be addressed in this contract. This contract must be presented to the Board if requested.

(i)Note on email security: Quote from Health Information Privacy Code (1994) (Amended). Rule 5 Commentary (p. 33) <http://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-2008-revised-edition.pdf>

Electronic means

Electronic means including email pose special problems in privacy. Use of email to transmit health information may result in the information being stored on several hard drives, not all of which may be secure from unauthorised access. There is also a risk of interception during the transmission as email commonly passes through a number of computers on the way to its final destination. Some agencies may, for such reasons, entirely avoid its use. Others may use it only for less sensitive purposes, such as arranging appointments.

An email security policy for a health agency might include:

- establishing guidelines on the nature of information which may be transmitted by email;
- encryption and virtual private networks;
- enforcing security of access;
- using addresses received electronically where possible to minimise the risk of key-entry errors where information is sent to the wrong person;
- using addresses based upon roles rather than people's names;
- producing and distributing an official and regularly updated list of email addresses (with a clear expiry date for each edition) to ensure that the addresses are current and accurate; and
- discouraging the inclusion of lengthy 'chains' of responses in emails, as sensitive information may be unwittingly included in an early response."



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

Points clarified within this policy include:

- Practitioners registered in the Interim Psychotherapists Scope of Practice must have a supervisor who is either registered in the Psychotherapist Scope of Practice or Psychotherapists Scope of Practice with Child and Adolescent Psychotherapist Specialism with a current APC.
- The Board has encountered confusion over a practitioner's ability to obtain additional supervision. The Board wishes to state, that provided a practitioner receives sufficient supervision from a New Zealand based registered psychotherapist with a current APC or another health practitioner registered under the HPCAA with a current APC (approved by the Board as having sufficient psychotherapy knowledge and skills) then the practitioner can seek any further additional supervision that they deem appropriate. Note: Those registered in the Interim Psychotherapist Scope of Practice must refer to the point above.
- Psychotherapist APC renewal form must be signed by a supervisor that meets Board policy.

Position Statement:

The Board has been asked to state its position on supervisors who are critical of regulation. The Board wishes to notify practitioners that in evaluating an application form of a health practitioner seeking approval from the Board to be considered suitable to supervise a psychotherapist, the Board confirms that it **will not** be influenced by any opinions held or expressed by that practitioner on registration. The Board will be guided by that practitioner's knowledge, expertise and experience in applied psychotherapy along with confirmation of their registration status under the HPCAA.

Feedback

Please provide feedback on the changes to the Psychotherapist Clinical Supervision Policy. The Board appreciates the time and energy individuals and groups put towards considered review and feedback.

The Board has allocated **8 weeks** for this consultation to allow individuals and groups time to arrange meetings. Please send your consultation responses on or before **Tuesday 28th August 2012**.

Please send any feedback via email to registrar@pbanz.org.nz (Please provide responses in Microsoft Word format) or posted to PO Box 10-787, The Terrace, Wellington, New Zealand.



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Appendices

Appendix One:

Extract from *New Zealand Gazette*, 4/9/2008, No. 136, p. 3647

Notice of Scopes of Practice and Related Qualifications Prescribed by The Psychotherapists Board of Aotearoa New Zealand

Pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003 ("the Act"), the following notice is given.

Scopes of Practice for Psychotherapists as at 4 September 2008

1. Psychotherapist Scope of Practice

2. Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

3. Interim Psychotherapist Scope of Practice

1. Psychotherapist Scope of Practice

Psychotherapists shall be competent to use various methods of psychotherapy to assist clients in their personal growth, relationship development, psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand. Clients may include children, adolescents, adults, couples, families, whānau, groups, organisations and the public.

A key element of psychotherapy is the therapeutic use of the relationship between the psychotherapist and client. Psychotherapy may involve, but is not limited to: Exploring the origins; maintenance and change of life patterns; the assessment, formulation, diagnosis and treatment of mental health problems; and working with patterns of psychological life which may be outside of conscious awareness, including non-verbal and preverbal patterns. Various coherent theoretical models are used in psychotherapy.

It is noted that in practising psychotherapy, the context of a person's life needs to be taken into account, including social, cultural and spiritual contexts.

Psychotherapists shall practise within their area and level of expertise and with due regard to ethical, legal and board-prescribed standards.

Note: All psychotherapists who wish to practise psychotherapy as a psychotherapist, advertise, or hold themselves out to be a psychotherapist, must be registered with the board. Practice is not confined to clinical practice and encompasses all roles that a psychotherapist may assume such as client care, research, policy making, educating and consulting.

Prescribed Qualifications for Psychotherapist Scope of Practice

An approved master's level qualification in psychotherapy from a New Zealand university or a New Zealand training institution or an approved comparable qualification

OR

Satisfactory completion of an assessment accredited or set by the board

AND

The completion of 900 hours of supervised clinical psychotherapy practice to clients over at least three years with weekly clinical supervision with a psychotherapist registered in the Psychotherapist Scope of Practice for the first 24 months of practice and at least fortnightly supervision thereafter. These hours can be completed during and/or following qualification

AND

The completion of 120 hours of personal psychotherapy with a registered psychotherapist during and/or following qualification.

2. Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

Those working within this scope of practice are also able to work within the Psychotherapist Scope of Practice as long as they practise within their area and level of expertise and with due respect to the ethical, legal and board-prescribed standards.

Child and adolescent psychotherapists shall be competent to use various methods of psychotherapy to assist children and adolescents with their psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand.

A key dimension of psychotherapy with children and adolescents is the use of developmentally appropriate methods. Child and adolescent psychotherapists are expected to have in-depth understanding of infant, child and adolescent development; infancy, childhood and adolescent disorders; family and cultural dynamics; and interdisciplinary approaches to working with children. Child and adolescent psychotherapists are specifically expected to be able to use methods of communication that are consistent with the child's or adolescent's stage of development and comprehension and be able to understand a child's

non-verbal communication. Psychotherapy with children and adolescents may involve, but is not limited to: The assessment, formulation, diagnosis and treatment of emotional and psychological distress; severe mental health problems; and working with patterns of psychological life which may be outside of conscious awareness.

It is noted that in practising psychotherapy, the context of a child or adolescent's life needs to be taken into account. Child and adolescent psychotherapists are expected to be able to work with parents/caregivers, and/or family groups as an adjunct to their work with children or adolescents.

Child and adolescent psychotherapists shall practise within their area and level of expertise and with due regard to the ethical, legal, and board-prescribed standards.

Note: All psychotherapists who wish to practise psychotherapy as a psychotherapist, advertise, or hold themselves out to be a psychotherapist, must be registered with the board. Practice is not confined to clinical practice and encompasses all roles that a psychotherapist may assume such as client care, research, policy making, educating and consulting.

Prescribed Qualifications for Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

An approved masters level qualification in child psychotherapy from a New Zealand university

OR

Satisfactory completion of an assessment accredited or set by the board

AND

The completion of 900 hours of supervised child and adolescent therapeutic practice over at least three years with weekly clinical supervision with a psychotherapist registered in the Psychotherapists Scope of Practice with Child and Adolescent Psychotherapist Specialism for the first 24 months of practice and at least fortnightly supervision thereafter. These hours can be completed during and/or following qualification.

AND

The completion of 120 hours of personal psychotherapy with a registered psychotherapist during and/or following qualification.

3. Interim Psychotherapist Scope of Practice

Psychotherapists shall be competent to use various methods of psychotherapy to assist clients in their personal growth, relationship development, psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand. Clients may include children, adolescents, adults, couples, families, whānau, groups, organisations and the public.

A key element of psychotherapy is the therapeutic use of the relationship between the psychotherapist and client. Psychotherapy may involve, but is not limited to: Exploring the origins, maintenance and change of life patterns; the assessment, formulation, diagnosis



Psychotherapist Scopes of Practice and Psychotherapist Clinical Supervision Consultation Document July 2012

and treatment of mental health problems; and working with patterns of psychological life which may be outside of conscious awareness, including non-verbal and preverbal patterns. Various coherent theoretical models are used in psychotherapy.

It is noted that in practising psychotherapy, the context of a person's life needs to be taken into account, including social, cultural and spiritual contexts.

Psychotherapists shall practise within their area and level of expertise and with due regard to ethical, legal and board-prescribed standards.

Note: All psychotherapists who wish to practise psychotherapy as a psychotherapist, advertise, or hold themselves out to be a psychotherapist, must be registered with the board. Practice is not confined to clinical practice and encompasses all roles that a psychotherapist may assume such as client care, research, policy making, educating and consulting.

Prescribed Qualifications for Interim Psychotherapist Scope of Practice

An approved master's level qualification in psychotherapy and/or child psychotherapy from a New Zealand university or a New Zealand training institution or an approved comparable qualification

OR

Satisfactory completion of an assessment accredited or set by the board

Note:

1. A practitioner with an Interim Psychotherapist Scope of Practice must meet the qualifications for the Interim Psychotherapist Scope of Practice. However, they may not have yet completed 900 hours of supervised clinical or therapeutic psychotherapy practice, and/or completed 120 hours of personal therapy. Hours can be completed during and/or following qualification.

2. Acceptance in this scope must be for the purpose of achieving registration in either the Psychotherapist Scope of Practice or the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

Dated at Wellington this 2nd day of September 2008.

JACQUELYN MANLEY, Registrar, The Psychotherapists Board of Aotearoa New Zealand.

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Appendix Two

Policy Statement on Psychotherapist Supervision	
Purpose	To state the Psychotherapists Board of Aotearoa New Zealand's requirements and recommendations for supervision of psychotherapists.
Policy Statement	<p>Psychotherapist supervision contributes to improved competence in clinical practice and professional development⁴. For further information and guidelines refer to Psychotherapist Core Clinical Competencies: "Reflective Practice and Continuing Professional Development."</p> <p>All Psychotherapists will undertake regular clinical psychotherapy supervision. Other supervision, such as work-place, cultural and specialist supervision may be undertaken in addition to clinical supervision.</p> <p>This policy is not intended to prohibit or unduly restrict practitioners and as such accepts that there may need to be flexibility within the parameters set out below.</p>
Supervisors of Clinical Psychotherapy Practice.	<p>Supervisors will be:</p> <ol style="list-style-type: none"> 2. A registered psychotherapist with a current APC or 2. A suitably qualified person, as agreed to by the Board; <p>It is accepted that many professions have practitioners highly skilled in psychotherapy. A person deemed to be suitably qualified to provide psychotherapy supervision will be required to provide the Board with a CV outlining evidence of their competence in psychotherapy supervision either by qualification, professional development, skills and/or knowledge. <i>See appendix one for further information on Board approved supervisors.</i></p> <p>It is expected that all clinical supervisors will be actively engaged in supervision of their supervision practice.</p> <p>Supervisors will be expected to sign the supervisee's Annual Practising Certificate renewal form each year. Supervisors and supervisees should take into account the requirements for this sign off throughout the supervision year.</p> <p>Mode of supervision</p> <p>Where possible clinical supervision should be conducted face to face and participants should be physically present. When this is not</p>

⁴ In the HPCAA (2003) supervision (Part 1, S5 (1)) is defined as "the monitoring of, and reporting on, the performance of a health practitioner by a professional peer". In the context of this policy supervision is regarded as more akin to consultation.



	<p>possible other methods may be used with preference to spoken methods (such as phone or Skype). Use of just phone supervision with no face to face meetings is a concern and is not encouraged.</p> <p><i>Due consideration must be given to confidentiality (see note on emails below*).</i></p> <p>Peer Supervision It is expected that practitioners engaging in peer supervision will be senior psychotherapists.</p> <p>Note: Peer supervision is not seen as adequate for those in the Interim Psychotherapist Scope of Practice.</p> <p>Supervision Contracts A supervision contract, indicating the session length and frequency of supervision agreed to by the supervisor and supervisee should be completed, signed and held by both the supervisor and supervisee. Other issues may be addressed in this contract. This contract must be presented to the Board if requested. See appendix two for a possible template.</p> <p>Cultural Supervision In line with the Policy Statement in consideration of the Treaty of Waitangi in carrying out the Board’s regulatory functions under the Health Practitioners Competency Assurance Act 2003, cultural supervision of work with Maori as Tangata Whenua is a priority. This will be further elaborated on in the Board’s development of cultural competencies.</p> <p>All psychotherapists working with culturally diverse individuals or groups should consider cultural supervision arrangements. In many situations specific cultural supervision may be needed if the practitioner is not familiar with the culture of the client. Cultural supervision may or may not also be clinical supervision.</p>
<p>Frequency of Psychotherapy Clinical Supervision</p>	<p>Psychotherapists registered in the Psychotherapist Scope of Practice or Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism are expected to undertake supervision of a frequency and duration commensurate with the psychotherapist’s experience, case load and intensity of clinical work.</p> <p>It is generally accepted that supervision should occur at a minimum fortnightly.</p>
<p>Psychotherapists registered in the Interim Psychotherapist Scope of Practice</p>	<p>Psychotherapists registered in the Interim Psychotherapists Scope of Practice are expected to undertake supervision which will normally be at least one hour every two weeks, regardless of caseload since it has a partial training function.</p>



Psychotherapists registered in the Interim Psychotherapists Scope of Practice wanting to be registered in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism would normally seek supervision from a psychotherapist qualified to supervise in that scope of practice.

Where supervision is in a group with a supervisor, care must be taken to provide time equivalent to at least 30 minutes per person, per fortnight.

Approved: January 2011

To be reviewed: tbc

(i) Note on email security: Quote from Health Information Privacy Code (1994) (Amended). Rule 5 Commentary (p. 33) <http://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-2008-revised-edition.pdf>

Email

Email poses special problems in privacy. Use of email to transmit health information may result in the information being stored on several hard drives, not all of which may be secure from unauthorised access. There is also a risk of interception during the transmission as email commonly passes through a number of computers on the way to its final destination. Some agencies may, for such reasons, entirely avoid its use. Others may use it only for less sensitive purposes, such as arranging appointments.

An email security policy for a health agency might include:

- establishing guidelines on the nature of information which may be transmitted by email;
- encryption and virtual private networks;
- enforcing security of access;
- using addresses received electronically where possible to minimise the risk of key-entry errors where information is sent to the wrong person;
- using addresses based upon roles rather than people's names;
- producing and distributing an official and regularly updated list of email addresses (with a clear expiry date for each edition) to ensure that the addresses are current and accurate; and
- discouraging the inclusion of lengthy 'chains' of responses in emails, as sensitive information may be unwittingly included in an early response."



Board approved supervisors: A suitably qualified person, as agreed to by the Board

The Board's preference is that supervision will be provided by suitably experienced psychotherapists. For the avoidance of any doubt, a psychotherapist who provides supervision to another psychotherapist must hold a current annual practising certificate issued by the Board.

However, it is accepted that many professions have practitioners highly skilled in psychotherapy (e.g. psychologists and psychiatrists) who may be suitable to provide supervision to a psychotherapist.

Any person who wishes to be approved by the Board to supervise a psychotherapist must provide the Board with a CV outlining evidence of their competence in psychotherapy supervision either by experience, qualification, professional development, skills and/or knowledge.

While each case will be considered on its own merits, the following guidelines are offered:

- Health practitioners who are registered under the HPCAA in a health profession other than psychotherapy must hold a current annual practising certificate issued by their profession's regulatory authority.
- Any person who is not registered under the HPCAA (for example, a counsellor or social worker) will be considered on a case-by-case basis. The Board will have regard to, among other things, the matters set out above.
- A person may not receive Board approval if the Board considers that the person may be holding themselves out as a psychotherapist by:
 - using the title psychotherapist
 - being employed or working in a position with the title psychotherapist
 - being employed or working in a position where they are likely to be perceived by others to be a psychotherapist
 - using (or intending to use), whether in advertising, promotion, or by any other means, names, words, titles, initials, abbreviations, or descriptions that state or imply that they are a psychotherapist.