

The Psychotherapists Board
of Aotearoa New Zealand

Te Poari o nga Kaihauumanu Hinengaro o Aotearoa

Psychotherapist Core Clinical Competencies

July 2019

These Core Clinical Competencies have been developed by the Psychotherapists Board of Aotearoa New Zealand under section 118(i) Health Practitioners Competence Assurance Act 2003.

Introduction

A. Core Clinical Competencies

- 1) Therapeutic relationship
- 2) Human development
- 3) Theory
- 4) Assessment
- 5) Intervention
- 6) Other areas

B. Cultural competence

C. Ethical and legal practice

D. Reflective practice and continuing professional development

Additional Core Clinical Competencies for Psychotherapists working with Children and Adolescents

E. Core Clinical Competencies

- 1) Theory
- 2) Clinical

F. Ethical and legal practice

Introduction

Under section 118(i) of the Health Practitioners Competence Assurance Act 2003 (HPCAA), the Board is required to set standards of clinical competence to be observed by all psychotherapists.

All psychotherapists need to be competent in performing the 'core' competencies outlined within this document. The Core Clinical Competencies are set at the minimum level required to protect public health and safety, and represent the Board's minimum expectations for the competent practice of psychotherapy.

While a broad range of psychotherapeutic styles are considered acceptable, the ability to articulate knowledge and understanding of the following clinical competencies is paramount.

All psychotherapists are required to demonstrate that they have maintained competence in order to obtain an annual practising certificate.

All psychotherapists working with children and/or adolescents must also refer to the Psychotherapist Core Clinical Competencies Guidelines for working with Children and Adolescents.

A. Core Clinical Competencies

1) Therapeutic relationship

All psychotherapists will be:

- a) able to establish and maintain a therapeutic alliance
- b) skilled in the safe and effective therapeutic use of the relationship between psychotherapist and client
- c) able to be emotionally present, attuned to self, client and context
- d) able to tolerate ambiguity, uncertainty and anxiety in relation to the psychotherapeutic process.

2) Human development

All psychotherapists will be:

- a) knowledgeable and have critical understanding of human development in the individual, group and social context: this includes family, whanau, iwi, group and political contexts over the human lifespan
- b) able to use this knowledge therapeutically to assist clients in their personal growth, including working with developmental delays and disruptions.

3) Theory

All psychotherapists will be:

- a) able to articulate a personal theoretical orientation to psychotherapy and apply this clinically with skill and creativity
- b) knowledgeable and have critical understanding of at least one psychotherapeutic model and, in less depth, a range of psychotherapeutic models
- c) able to assess which psychotherapeutic model is appropriate to a particular treatment situation
- d) aware of current theory and research and able to use sound clinical reasoning to inform best practice

- e) knowledgeable and skilled in determining when psychotherapy is and is not indicated
- f) able to integrate theory and practice.

4) Assessment

All psychotherapists will be:

- a) knowledgeable of a range of appropriate assessment processes, including mental status assessment, diagnosis, dynamic formulation and treatment planning and have the ability to use sound clinical reasoning when applying these processes
- b) able to manage issues related to risk assessment and risk management for clients
- c) knowledgeable and have informed understanding of psychiatric disorders as relevant to the client population the psychotherapist is treating
- d) knowledgeable and have critical understanding of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association) (or other accepted diagnostic systems) and able to use this information in order to know when to consult or refer.

5) Intervention

All psychotherapists will be:

- a) able to effectively use psychotherapeutic interventions suited to the different stages of treatment
- b) able to deepen and intensify the psychotherapeutic process as appropriate, keeping attuned to the level of intervention suited to the client and stage of treatment
- c) able to monitor therapeutic progress and modify treatment as appropriate
- d) able to manage the therapeutic setting including the boundaries of time and physical boundaries
- e) skilled, knowledgeable and understanding of multi-disciplinary treatment, in relationship to other professionals and non-professionals included in client care
- f) able to identify with the client(s) the end point of therapeutic intervention and conduct an appropriate ending process and in all circumstances work toward a respectful ending
- g) knowledgeable of the effects of prescribed medication and other drugs as relevant to the client population of the practitioner and able to work with clients who are using these (it is recognised that working with clients with severe drug issues is a specialist area).

6) Other areas

All psychotherapists will be:

- a) knowledgeable about the role and influence of social networks and be able to work with issues related to the client's social network with understanding and sensitivity
- b) aware of and able to work with patterns of psychological life which may be outside of conscious awareness, including non-verbal and preverbal patterns and clinical processes of defence mechanisms, resistance, transference and counter-transference (it is understood that this language is part of a specific model and that some psychotherapists may have other language to describe these concepts / processes)
- c) able to demonstrate competence in the micro skills of psychotherapy including good communication skills both verbal and non-verbal, and will be competent in using interviewing skills to inform clinical practice

- d) able to articulate, and provide a substantive rationale for, their own professional opinion through verbal and written communications in clear, concise and accurate form, for example, in report writing and client records
- e) aware of and have a sufficient understanding of the effects of abuse, trauma and neglect. Abuse and trauma may be sexual, physical psychological or cultural
- f) able to engage with a client's spiritual life
- g) able to work with body/mind issues including the spectrum of human sexuality, recognising that homosexuality and bisexuality are valid expressions of human sexuality and not indicative of mental illness.

B. Cultural competence

Please refer to the Standards of Cultural Competence.

C. Ethical and legal practice

Please refer to the Standards of Ethical Conduct.

D. Reflective practice and continuing professional development

All psychotherapists will be able to:

- a) apply reflective practice towards ensuring continuing competence in all areas of practice
- b) access resources such as professional literature to ensure currency of psychotherapy knowledge and skills
- c) use clinical supervision for personal and professional development, and constructively use feedback
- d) use the supervisory relationship in such a way that it provides a place where difficulties, doubts, shame and uncertainties can be shared, discussed, thought about and worked through such that the supervisory relationship provides a safety net for clients and therapist
- e) identify their own professional abilities, attitudes, strengths and developmental needs and articulate professional development plans
- f) practise good self care and assess when further personal therapy may be indicated
- g) knowledgeable and skilled in working with the influence of personal qualities and style on practice
- h) monitor and develop own communication skills
- i) knowledgeable of, and able to identify, potential risk factors in psychotherapy practice
- j) contribute to the development of the psychotherapy profession by, among other things, identifying and developing new knowledge and perspectives, sharing knowledge with others both formally and informally, and giving feedback and support to colleagues
- k) regularly update and review knowledge and skills concerning psychotherapy theories, techniques and outcomes , including evaluating relevant research for practice development.

Additional Core Clinical Competencies for Psychotherapists working with Children and Adolescents

Competencies without an asterisk (*) must be met by all practitioners working with children and adolescents.

Competencies identified with an asterisk (*) must be met by all practitioners registered in the Psychotherapists Scope of Practice with Child & Adolescent Psychotherapist Specialism.

E. Core Clinical Competencies

1) Theory

All psychotherapists working with children and adolescents will be:

- a) (*) proficient in, and work from, a knowledge base of psychoanalytic theory, psychodynamic theory and object relations theory to inform their psychotherapeutic practice
- b) (*) knowledgeable and have critical understanding of attachment theory and of child – parent/caregiver relationships
- c) (*) understanding of the psychodynamic nature of the use of creative materials which will inform their clinical work with the child/adolescent and their family
- d) knowledgeable and have critical understanding of infant, child and adolescent development, including maturational, cognitive, social and psychological development
- e) knowledgeable and have critical understanding of family dynamics and systems theory
- f) knowledgeable and have critical understanding of play as a therapeutic medium
- g) knowledgeable of legal and statutory requirements with regard to children, adolescents and families.

2) Clinical

All psychotherapists working with children and adolescents will be:

- a) able to conduct a thorough child/adolescent psychotherapeutic assessment, including taking a developmental history and family history
- b) (*) able to compile a mental status report and develop a psychodynamic treatment formulation and appropriate treatment plan
- c) (*) able to understand and work with the transference and countertransference dynamics operating between the therapist and the child/adolescent; the therapist and the parents/caregivers; the therapist and the child's/adolescent's wider social environment
- d) able to form effective working therapeutic relationships with the child's/adolescent's wider social system, including parents/caregivers, that informs and influences the therapeutic work with the child/adolescent
- e) able to work with parents/caregivers to support the child's/adolescent's therapeutic process, and to promote, enhance and facilitate a positive child/adolescent – parent/caregiver relationship
- f) able to understand play as a medium of communication; to facilitate, engage in and interpret the symbolism of play, artwork and creative processes

- g) able to recognise and work effectively with the child/adolescent's non-verbal communication, including how the child interacts with the therapist and the therapeutic environment
- h) able to appropriately contain children/adolescents during the therapeutic work
- i) able to manage the complex boundaries of confidentiality and safety with regard to the child/adolescent they are working with, including in the provision of feedback with parents
- j) able to write comprehensive therapeutic reports, including, as appropriate, statutory reports.

F. Ethical and legal practice

All psychotherapists working with children and adolescents will be:

- a) knowledgeable of child protection procedures, statutory requirements and family court procedures, and skilled in their application of relevant procedures
- b) knowledgeable of and sensitive to the vulnerability of children and adolescents with regard to power dynamics and able to apply this knowledge to their practice with children, adolescents and families.