

Perspectives

Recommendations for Improving NZAC's Continuing Professional Development Process

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Abstract

NZAC's *Continuing Professional Development Record and Plan* (CPDR+P) is a member's annual listing of continuing professional development (CPD) activities and self-reflection on those activities, and a yearly plan that targets areas for further development. The focus of the process is a self-reflective practice of reviewing and reflecting on new learning. Surprisingly, demonstrating one's effectiveness with clients does not feature. Since research has shown that traditional CPD activities are not consistently related to improved client outcomes, a more meaningful process of CPDR+P should have as one of its major aims the counsellor's "...steady improvement over time to achieve superior performance on some meaningful [outcome] measure" (Goodyear et al., p. 54). This article suggests a rebalancing of the current self-reflection focus in NZAC's CPDR+P to include counsellors' collecting and analysing information about their client caseload and progress in counselling in order to answer three questions: (1) Who am I dealing with? (2) How well am I dealing with them? and (3) How effectively am I dealing with them? Recommended changes to the CPDR+P process are discussed.

Key words:

CPD, counsellor competence, counselling expertise, effectiveness, self-reflection

I recently read the New Zealand Association of Counsellor's (NZAC's) Continuing Professional Development Record and Plan (referred to as CPDR+P) (NZAC, 2020b, and NZAC, 2021). The CPDR+P procedures have been operating since 2017 and were placed online in 2020 (Flanagan et al., 2021). Together, the record and plan are the means by which members are meant to demonstrate their ongoing commitment to developing and improving their capacity to practise effectively and safely with their clients, and, importantly, to show "...how your practice has improved or been updated" (NZAC, 2021, p. 1).

The record part of the CPDR+P is a member's annual account of the professional development activities undertaken, their self-reflection on what they learned and the potential or actual application of that learning to their counselling practice. The accompanying plan requires counsellors to target areas for future development and further self-reflection, with the purpose being to maintain and broaden their clinical skills and competence (NZAC, 2021). As the CPDR+P guidelines are currently written, the emphasis of the process is "...less on the content but more on further development of self-reflective practice in reviewing and reflecting on the new learning, especially how the learning is or could be applied in practice to benefit your clients" (NZAC, 2021, p. 1). Surprisingly, demonstration of the impact of the counsellor's new learning on their work with clients does not feature.

CPD—in some form—is commonly mandated in the counselling and psychology professions as an ethical obligation, both in New Zealand (NZAC 2020a, Section 5.9.b; Flanagan et al., 2021, p. 29) and overseas (BACP, 2022; Counselling Tutor, 2022; Horn, et al., 2019; IACP, 2017). Regular reports from counsellors are required in most CPD schemes as a means of ensuring their clients' safety and to qualify for continuing professional accreditation. In addition, counsellors are typically required to develop an annual plan that identifies their professional and clinical learning needs and then to undergo relevant educational experiences to fulfil those needs—all in consultation with their supervisor. For members of the NZAC, this annual planning process is circumscribed by the requirement that they focus on two areas from a list of 10 broadly construed areas of competence (Pritchard, 2015). The list was initially developed in 2015 by the Co-ordinator of CPD for NZAC at the time, Rhonda Pritchard. Her original list still forms the basis of the current list of competencies, although they have been updated and altered slightly since then.

They now read as follows (NZAC, 2021):

1. Conceptual foundation, e.g. theories of human development, cultural concepts, personality, mental unwellness, psychological distress, process of change, therapeutic models
2. Puawānanga Kaitiakitanga, formerly called cultural supervision
3. Self-awareness and self-examination
4. Relationship building and maintaining a therapeutic alliance
5. Assessment and report writing. Assessment, risk assessment, report writing, referral process and professional written communication
6. Collaborative goal setting/negotiating contracts and evaluation of client processes and outcomes
7. Facilitation of change – interventions and change process
8. Ethical principles and practice
9. Areas of specialist knowledge, experience and practice, which may include diverse cultures
10. Other forms of professional practice e.g. supervision, group facilitation, education, training, teaching, management, research, service development, course design
11. Climate change, and te taiao, the natural environment. What climate change means for the counselling profession: impacts, effects and responses

In NZAC's CPDR+P procedures "competence [not necessarily the same as expertise according to Goodyear et al., 2017] is defined as: awareness, knowledge, skills and application" (NZAC 2021, p. 2). All four terms clearly refer to the counsellor's state of being, not the client's mind-set or situation. In accordance with that definition of competence, the list of 11 areas and the instructions for completing the online record of CPD activities and learning focus almost exclusively on the counsellor's experiences and prioritise the counsellor's development of *self-reflective practice in reviewing and reflecting on the new learning, especially how the learning is or could be applied in practice to benefit your clients* (italics added are mine), (NZAC, 2021, p. 1). Again, I was surprised

to see that NZAC's CPDR+P process is practically devoid of any requirement for counsellors to assess or critique actual data related to their practice, their case load, or the outcomes of counselling for their clients. Notably, only two of the 11 areas of competence even mention *counselling outcome or research*: items 6 ("evaluation of client processes and outcomes") and 10 ("research"—which comes seventh in a list of nine "other" activities). Given this imbalance in the CPDR+P list of areas of competence, the purpose of this article is to suggest: (a) why this over-focus on self-reflection and self-assessment is inadequate as an indicator of a counsellor's effectiveness with clients, and (b) a way to introduce a greater focus on counselling outcomes into the current CPDR+P process.

The Limitations of Traditional Forms of Continuing Education

According to Horn et al., (2019), traditional forms of continuing education—typically activities based on single-session, classroom-based learning—are of limited use in ensuring that psychologists' knowledge and competence are current and up to date. I am sure the same would apply to other mental health workers, including counsellors. Thus, while practitioners usually report that such activities are valuable, there are few studies showing that such activities lead to actual changes in practice with clients (Horn et al., 2019, p. 121). In addition, there is little evidence that psychologists select learning experiences that contribute to the maintenance of their professional competence throughout their careers (Horn et al., 2019), and it seems likely that this would apply to counsellors, too.

Kahneman (2011) found over many years of cognitive psychology research that relying on casual self-observation of one's skills and knowledge is highly subject to distortion or self-delusion. This finding has been echoed by others in relation to counsellors' assessments about their own work. Relying on self-assessment within a largely self-reflection-based CPD process may be dubious given that counsellors have been found "... to be poor judges of how well their clients are doing in therapy" (Goodyear et al., 2017, p. 60). For example, counsellors failed to identify over 90% of their clients who left counselling reported they were 'worse' than when they began, and they hugely overestimated the percentage who achieved positive outcomes (estimating 91% of clients whereas only 40% of clients reported this) (Hannan et al., 2005); they failed to note client deterioration at the session in which it happened (Hatfield et al., 2010); and their diagnostic accuracy did not increase with experience, nor did it match the accuracy of

their clients' own self-ratings (Samuel, 2015). According to Duncan (2010, p.43), "... we [counsellors] are quite self-delusional about our effectiveness". In summarising a study by Sapyta, et al. (2005) in which 143 therapists were asked to rate their performance from A+ to F, Duncan reported that "two-thirds considered themselves A or better, and 90% considered themselves in the top 25%! Not one therapist rated him or herself as below average" (2010, p. 43).

These findings seriously challenge the NZAC's current system of CPDR+P, which relies predominantly on counsellor self-reflection to ensure client safety and enhance counsellor expertise. Duncan's assessment of the value of traditional continuing education for counsellors (2010, p. 43) was unambiguous: "As for continuing professional education there is not one solitary study to support that it improves effectiveness in any way."

In light of these findings—that counsellors who are (a) not particularly accurate when judging their own performance and yet are (b) required to focus almost exclusively on self-reflection and self-assessment of their skills and work while (c) using criteria that are largely irrelevant to actual expertise (namely, improved client outcomes)—can a more balanced suite of CPD activities be constructed to address these three criticisms?

Should CPD be Aiming for Counsellor Competence or Expertise?

Every now and then I come across an article that is so arresting that it causes me to immediately "sit up and take notice". Such was the Goodyear et al. (2017) article titled "Psychotherapy expertise should mean superior outcomes and demonstrable improvement over time"¹.

In the article, the authors state that competence as a counsellor involves "...ratings of beauty or aesthetics as judged by particular groups of 'experts'" (p. 58), and in counselling there is no consensus about which standards of beauty across all of the modalities should be adopted. In addition, the "beauty of the performance" (i.e., rated competence) is poorly related to counselling outcomes.

Instead, they argued that "...the most meaningful definition of [counsellor] expertise must involve steady improvement over time to achieve superior performance on some meaningful measure, which typically is client outcome" (Goodyear et al. 2017, p. 54). They rejected, as inadequate and unsupported

by evidence, all other definitions of expertise that are based on things such as performance, experience as a counsellor, counsellor self-assessment, competence ratings, personal therapy, and supervision (Goodyear et al., 2017; see also Duncan, 2010 and Horn et al., 2019). Similarly, Miller et al. (2015) cited research showing there was little evidence that undertaking supervision, continuing education, or personal therapy helped counsellors to be better (more effective) therapists. Thus, apart from a lack of evidence that consistently and convincingly relates any of the above factors to improved client outcomes, if any one or some of them are used as an indicator of counsellor expertise, it would mean that nearly all counsellors would be able to claim expertise based on one criterion or another (Goodyear et al., 2017). This would be highly unrealistic.

Horn et al.'s solution (2019, p. 124) was to broaden continuing education to encompass more than new learning. Their list of proposed continuing professional development activities was differentiated from traditional CE by including things such as

...regular attendance at professional conferences, engagement in professional activities like peer supervision or regularly scheduled peer consultation groups, practice outcome monitoring [my emphasis; variously called “feedback informed treatment”, “routine outcome monitoring”, “measurement-based care”, or “progress feedback” (Better Outcomes Now, 2022)], externally validated self-directed learning, taking or teaching academic courses, writing scholarly publications, and pursuing advanced training.

Most NZAC counsellors engage in some of these activities as part of their CPDR+P already. However, gathering session-by-session feedback from clients on their progress, which can aid the counsellor in evaluating and improving client outcomes (and counsellor practice) by altering treatment as necessary (see, for example, Miller et al., 2015; Better Outcomes Now, 2022), is not commonly done. Nor is it required.

There is strong research evidence that shows that some counsellors are more effective than others (Castonquay, 2013; Duncan, 2010; Saxonet al., 2017; Miller et al, 2015; Wompold, 2015). Commentators assert “Some therapists appear to be unusually effective, while others may not even help the majority of patients who seek their services” (Lambert & Ogles, 2004; p. 181). Similarly, even when counsellors are using similar skills within similar models some “...will do so more skilfully and therefore achieve better outcomes than other therapists delivering the same treatment.” (Wompold, 2015, p. 274). These “therapist effects” (i.e., the partial dependence of a client’s progress on which counsellor they see [Better Outcomes Now, 2022]) “...dwarf the contribution [to client outcome] made by the perennially popular treatment models and techniques, accounting for 59 times more variance in outcome” (Wampold & Imel, 2015). Miller et al. (2013, p. 452) identified three essential activities contributing to superior performance: (a) determining a baseline level of effectiveness; (b) obtaining systematic, ongoing feedback; and (c) engaging in deliberate practice. The first two of these activities could readily be made a part of a more balanced NZCA CPDR+P process.

Including Evidence of “Expertise” (Success with Clients) into the CPDR+P Process

I am not suggesting that the entire CPDR+P process—as it stands—should be scrapped. Self-reflection is so integral to most counsellor education courses and post-education supervision, and counsellors are encouraged—almost required—to engage in self-reflection and self-assessment during their initial education and thereafter, that it would be unnecessary and counter-productive to abandon it entirely. However, I think it needs to be balanced by the gathering and analysis of counsellor-generated data related to their casework and to client progress and outcomes. This will be difficult for at least two reasons. First, since the current strongly self-assessment focused CPDR+P process is constrained and reinforced by the three exemplars of “acceptable” CPDR+P reports that supplement the guidelines in *Continuing Professional Development Information and Guidelines* (NZAC, 2021). By not presenting, discussing, or analysing actual data from the counsellors’ work with their clients, the exemplars effectively serve as roadmaps to what counts as a “passing” CPDR+P report. I suspect that for most members, exemplars that highlight educational CPD activities written in an acceptable style and format have served to constrain and channel their CPRR+Ps into a safe, “easiest-pathway” approach. Second, some counsellors may be reluctant to use

client feedback data in their work. Their reasons could include practical matters (e.g., cost, time, lack of training, or client turnover) and philosophical objections (e.g., clinical validity, relevance, or professional and ethical concerns) (Hatfield & Ogles, 2004; Boswell et al., 2015).

What is needed, I think, is a re-balancing of the current CPDR+P process so that counsellors spend as much time and effort on presenting and analysing actual data gathered from their counselling work as they do reflecting on learnings, readings, new experiences, techniques, and self-care. Although I do not have access to all of the CPDR+P reports that have accumulated since 2017, I would guess that there have been almost none that have reported and analysed clients' systematic progress in counselling or profiles of client caseloads and how those profiles might have evolved over time. My assumption might be wrong, of course, but unless counsellors are required to focus on caseload trends and counselling outcomes in their CPD/R+Ps at least as frequently as they do other educational activities, there is the risk, according to Duncan (2010, p. 42), that the process will be a waste of time in terms of increasing counsellors' effectiveness. Re-balancing the process would involve NZAC rewriting the list of areas of competence by differentiating the *requisite* CPDR+P activities that focus on a counsellor's actual work with clients from additional *optional* educational activities. The annual plan would then be expected to address the counsellor's identified needs and gaps in both areas.

Mandatory Information for Counsellors to Record and Analyse

I suggest that counsellors collect information about their work that can be used to answer three questions:

1. Who am I dealing with?
2. How well am I dealing with them?
3. How effectively am I dealing with them?

To answer these questions, there are three types of counselling practice information that counsellors could collect and analyse in their CPDR+P reports. They are: (a) counts of various counselling activities; (b) results of a clinical audit of counselling structures and processes; and (c) records of client progress based on a standardised outcome measure. Some types of information can be compared with standards that represent "best practice", such as note taking

and record storage. A standard is simply a statement of what good counselling practice looks like, an agreed level of optimum practice (Thomas, 1996). For other types of information, best practice standards may not exist. Nevertheless, counsellors might still usefully compare their activity data with similar results reported in research studies. There are several articles in the *New Zealand Journal of Counselling*² containing information that will enable many such comparisons. These include (a) agency data (Manthei, 2016, 2017, and 2021; Manthei & Nourse, 2012), (b) private practice data (Paton, 1999 and 2005; Manthei, 2017 and 2021), and (c) school data (Hughes et al., 2019; Manthei 1999 and 2021; Manthei et al., 2020).

I will discuss each information category and provide examples of what data could be gathered.

A. Monitoring Counselling Activity

Although monitoring activity is not the same as having a clinical audit, simply recording aspects of counselling can provide counsellors with insights into their work. This is done by counting the number of times something occurs or a particular type of client is seen. If such information is displayed in a spreadsheet format for several consecutive years, the aggregated results can generate a year-to-year profile of a counsellor's clientele and indicate trends, changes, or excesses, all of which will allow counsellors to consider why those results have occurred and what the trends might mean. In addition, simple summary statistics such as averages and percentages for specific groups of clients can be calculated and graphs drawn to further clarify the data. Typical information in this category can include:

- client genders, ages, and ethnicities
- types of counselling: individual, couple, family, or group
- referral sources, presenting problems, and severity of presenting problems
- the total number of clients seen in a year
- the total number of sessions delivered in a year
- fees received (if appropriate)
- the number of appointments made and the number kept
- the frequency of supervision
- for school counsellors: time spent counselling versus other guidance work, year level of clients, and other school-specific variables

B. Carrying Out a Clinical Audit of Your Counselling Structures and Processes

A clinical audit of counselling structures and processes is a method of ensuring that counsellors are delivering standards of care that are deemed appropriate in the profession, whether they work in agencies, schools, or private practice (Esposito & Dal Canton, 2014; Thomas, 1996). Such audits are a systematic way of (a) checking that the structures and processes being followed are of a high professional standard (Thomas, 1996), and (b) highlighting discrepancies between actual practice and accepted practice (Esposito & Dal Canton, 2014). In effect, an audit encourages counsellors to ask “Am I doing what research says is best?”, or “Am I delivering the best service I can given current knowledge?” (Thomas, 1996). It does not necessarily monitor or analyse client progress, which is listed as a separate category of information in point C, below. Activities that could be included in counsellors' self-audits include structures and processes:

1. Structures, or the conditions under which counselling is delivered:
 - accessibility of the service, including wait-list time
 - safety provisions for vulnerable clients, e.g., suicidal clients
 - the counselling space/room
 - pre-counselling information, such as the counsellor's qualifications and areas of expertise, policy regarding confidentiality and its limits, client records and their security (see Thomas, 1996, for more detail), cost of counselling, and the missed sessions policy
2. Processes:
 - appropriateness of referrals
 - appropriateness of therapy types
 - counselling session notes and how they are documented
 - counselling plans for each client
 - the volume of work compared to others in the same field of work

C. Recording Client Progress Using a Standardised Outcome Measure

The most important estimate of counselling effectiveness and, therefore, of counsellor expertise, is by regularly measuring counselling outcome using a suitable outcome measure, a process called *routine outcome measuring* (ROM). Gathering and analysing this sort of data is a more direct and effective means of

advancing the counselling profession than any amount of mandatory counsellor self-reflection and continuing education. According to Duncan and Miller (2008, p. 66), “Collecting data on standardized measures and using what we call ‘practice based evidence’ can improve your effectiveness substantially”, and this can accelerate counsellors’ development (Duncan, 2010).

There are several ROM systems that provide client self-report data, are relatively brief, and have adequate reliability and validity, for example: the Clinical Outcomes in Routine Evaluation (CORE) system (Barkham et al., 2015); the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) (Duncan, 2010); and the *outcome questionnaire* system (Lambert, 2015). Using an outcome monitoring system is by now quite pervasive (Wompold, 2015) and is helping counsellors to answer the question “Are we any good?”. According to Wompold (2015, p. 461), “the potential to improve the quality of mental health services, as well as be accountable for the services we provide, is the exciting (and necessary) aspect of this [ROM] movement.”

The recently announced agreement between Te Roopu Kaiwhiriwhiri o Aotearoa (NZAC) and Health New Zealand that accredited counsellors could now apply for contracts or employment funded by Te Whatu Ora (Counselling Today/Nga Korero Awhina, 2022) provides another compelling reason for New Zealand counsellors to adopt a system of monitoring outcomes with their clients. The data from such a process would provide further evidence of their suitability and effectiveness and would surely bolster their applications for providing counselling in health settings. I suspect every funding agency would want such evidence if it were available.

The ROM system I would recommend at this time is the ORS (the SRS, which measures the quality of the counselling relationship, can also be used with the ORS) (see Duncan, 2010). The measures were co-developed by Duncan and Scott D. Miller³ and contrary to what many counsellors might think, outcome measures do not have to be intrusive, judgemental, lengthy or complex:

...these measures [the ORS and SRS] ...involve clients collaboratively in monitoring progress toward their goals and the fit of the services they are receiving, and amplify their voices in any decisions about their care... finding out who is and isn’t responding to therapy need not be cumbersome. In fact, it only takes a minute. (Duncan & Miller, 2008, p. 66)

Using data gained in this way enables counsellors to estimate their effectiveness and, over time, track their development. ORS information that could be easily recorded in a spreadsheet file like Excel includes:

- intake ORS scores for each client
- average intake scores for all clients
- final session scores for each client
- average final session scores for all clients and various groups of clients (e.g., by sex, age, ethnicity, etc)
- number of sessions for each client
- average number of sessions for all clients and groups of clients
- dropout rate for all clients and client groups
- appointments scheduled or missed for each client and groups of clients
- change scores for each client (the difference between intake scores and final session scores)
- average change scores for all clients and groups of clients

How Might NZAC Incorporate This Information in a Re-balanced CPDR+P Process?

NZAC would need to commission a committee consisting of a small number of counsellors and counsellor educators to review the current policy. The committee's goal would be to create a new set of guidelines that focused at least as much on the presentation and analysis of *actual client and counselling outcome data* as it currently does on *self-reflection and educational activities*. The result would be a more balanced set of guidelines that would better serve counsellors, clients, the profession, and the public.

An example of what a new set of requirements could look like follows:

1. Briefer CPD reports and plans overall.

The current exemplars seem to encourage lengthier self-analysis and description than is necessary. Since supervision is a requisite part of the CPDR+P process, in-depth discussion and self-analysis could take place in that setting and be “signed off” by supervisors. The current exemplars could be replaced with more focussed and shorter ones, each simply listing the information required and how it might be presented. One exemplar should be a sample spreadsheet of how client data might

be displayed. The actual analysis and explanation of that information should be left to each counsellor to present in the way they think is most useful.

2. Two areas of competence targeted per year.

The choice of areas would be guided by the counsellor's previous year's CPDR+P and client data. The areas chosen should be different each year to ensure coverage of all areas over a period of, say, 5–7 years.

3. A partial audit of the counsellor's work procedures and processes each year.

Roughly half of the items in Section B, above, should be audited each year.

4. A spreadsheet of client data each year.

Such information is listed in Section A, above. Spreadsheets could include any additional information an individual counsellor might be interested in collecting from their own practice, and each year's information should be added to previous data so that over-time trends can be revealed and commented on.

5. Counselling outcome data for all clients each year.

This may be the most problematic and contested part of a new CPD scheme. Although it cannot be assumed that all counsellors will be capable of gathering and analysing this data, nevertheless, it is widely accepted by now that counsellors have a professional and ethical obligation to demonstrate their effectiveness and to work to improve their performance over time. Requiring them to gather outcome data may change the way in which some counselling education courses are structured, for example, to take account of current research on effectiveness and methods of measuring outcomes. Workshops and conference presentations on this topic may need to be offered to those who might need help in making decisions and getting started.

6. Targeted plans for addressing gaps in a counsellor's practice.

Annual CPDR+P Plans are meant to do this already. The only change would be that each plan would also need to address development needs identified in each counsellor's accumulating (and trending) client profile and outcome results from year to year. In this way, performance benchmarks can be established, and improvement activities can be more focused and relevant for each counsellor.

Final Comments

This article presents a challenge to the NZAC and counsellors. Altering the current CPDR+P process would require careful thought, debate, planning, and ongoing education for most of the profession and some counsellor educators. For example, some may be philosophically opposed to assessing effectiveness, full stop, no matter what system of ROM is suggested. However, in order for counsellors to improve—and that is one of the primary aims of any CPD scheme—they need to know how they are doing, and that involves gathering outcome data and then using that information to guide their efforts. Although not all of the suggestions in this article need to be implemented at once, it does seem clear to me that based on the current evidence indicating the general irrelevance of most professional development activities, it is incumbent on the NZAC to shift away from a “self-reflection”-centred CPDR+P process to one that requires its members to present actual data that profiles their own clients and how those clients progress in counselling.

Endnotes

- 1 It is not necessary for readers to have access to a library-funded database to access it. Anyone can download it free from Google:
https://clinica.ispa.pt/ficheiros/areas_utilizador/user11/19_-_goodyear2017.pdf.
- 2 freely accessible at NZAC's website: <https://nzac.org.nz>
- 3 see Duncan's website: <https://betteroutcomesnow.com/>, and Miller's website: <https://centerforclinicalexcellence.com/> for details and research on the two scales

References

- BACP. (2022). *Working to professional standards resources: Ethical framework for the counselling professions*. <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/working-to-professional-standards>
- Barkham, M., Mellor-Clark, J., & Stiles, W. B. (2015). A CORE approach to progress monitoring and feedback: Enhancing evidence and improving practice. *Psychotherapy*, 52(4), 402–411. <http://dx.doi.org/10.1037/pst0000030>
- Better Outcomes Now. (2022). *Closing the gap between more and less effective therapists*. <https://blog.betteroutcomesnow.com/closing-the-gap-between-more-and-less-effective-therapists>
- Boswell, J. F., Kraus, D. R., Miller, S. D., & Lambert, M. J. (2015). Implementing routine outcome monitoring in clinical practice: Benefits, challenges, and solutions. *Psychotherapy Research*, 25(1), 6–19. <https://doi.org/10.1080/10503307.2013.817696>
- Castonguay, L. G. (2013). Psychotherapy outcome: An issue worth re-revisiting 50 years later. *Psychotherapy*, 50(1), 52–67 <https://doi.org/10.1037/a0030898>
- Counselling Tutor (2022). Continuing professional development. <https://counsellingtutor.com/continuing-professional-development/>
- Duncan, B. L. (2010). On becoming a better therapist. *Psychotherapy in Australia*, 16(4), 42–51. <https://doi.org/10.1037/12080-000>
- Duncan, B., & Miller, S. (2008). “When I’m good, I’m very good, but when I’m bad I’m better”: A new mantra for psychotherapists. *Psychotherapy in Australia*, 15(1), 60–69. <https://search.informit.org/doi/10.3316/informit.543921731802271>
- Esposito, P., Dal Canton, A. (2014). Clinical audit, a valuable tool to improve quality of care: General methodology and applications in nephrology. *World Journal of Nephrology*, 3(4), 249–255. <https://doi.org/10.5527/wjn.v3.i4.249>

- Flanagan, P., Gee, S., Holden, L., McGoran, M., Meyenberg, L. A., Pringle, G., & Townend, H. (2021). Supervision and continuing professional development: Supervisors' hopes for meaningful, supervision-supported CPD. *New Zealand Journal of Counselling, 41*(1), 21–44.
- Goodyear, R. K., Wampold, B. E., Tracey, T. J. G., & Lichtenberg, J. W. (2017). Psychotherapy expertise should mean superior outcomes and demonstrable improvement over time. *The Counseling Psychologist, 45*(1) 54–65. <https://doi.org/10.1177/0011000016652691>
- Hannan, C., Lambert, M. J., Harmon, C., Nielsen, S. L., Smart, D., Shimokawa, K. W., & Sutton, S. W. (2005). A lab test and algorithms for identifying clients at risk for treatment failure. *Journal of Clinical Psychology: In Session, 61*, 155–163. <https://doi.org/10.1002/jclp.20108>
- Hatfield, D., McCullough, L., Frantz, S. H., & Krieger, K. (2010). Do we know when our clients get worse? An investigation of therapists' ability to detect negative client change. *Clinical Psychology & Psychotherapy, 17*, 25–32. <https://doi.org/10.1002/cpp.656>
- Hatfield, D. R., & Ogles, B. M. (2004). The use of outcome measures by psychologists in clinical practice. *Professional Psychology Research and Practice, 35*(5), 485–491. <https://doi.org/10.1037/0735-7028.35.5.485>
- Horn, J., DeMers, S. T., Lightfoot, S., & Webb, C. (2019). Using continuing professional development to improve maintenance of professional competence: A call for change in licensure renewal requirements. *Professional Psychology: Research and Practice, 50*(2), 120–128. <http://dx.doi.org/10.1037/pro0000233>
- Hughes, C., Barr, A., & Graham, J. (2019). Who comes to the school counsellor and what do they talk about? *New Zealand Journal of Counselling, 39*(1), 40–70.
- Irish Association for *Counselling and Psychotherapy*. (n.d.). *Continuing professional development (CPD) framework*. <https://www.iacp.ie/Continuing-Professional-Development-Framework>
- Kahneman, D. (2011). *Thinking, fast and slow*. Farrar, Straus & Giroux.
- Lambert, M. J. (2015). *Progress feedback and the QR-System: The past and the future*. *Psychotherapy, 52*(4), 381–390. <http://dx.doi.org/10.1037/pst0000027>

- Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 139–193). Wiley.
- Manthei, R. J. (1999). School counselling in New Zealand. Part I: A profile of school counsellors and their work. Part II: Student problems and counsellor's use of outside agencies. *New Zealand Journal of Counselling*, 20(1), 24–46.
- Manthei, R. (2016). Revealing counselling: Things counselling agencies should know about their services. *New Zealand Journal of Counselling*, 36(1), 47–70.
- Manthei, R. (2017). A portrait of counselling: A comparison of private practice with agencies. *New Zealand Journal of Counselling*, 37(2), 20–36.
- Manthei, R. (2021). How common is brief counselling in New Zealand? *New Zealand Journal of Counselling*, 41(1), 5–19.
- Manthei, R., & Nourse, R. (2012). Evaluation of a counselling service for the elderly. *New Zealand Journal of Counselling*, 32(2), 29–53.
- Manthei, R., Tuck, B., Agee, M., Crocket, A., & Gardiner, B. (2020). The case for increasing the number of counsellors in secondary schools: Ratios, research, and recommendations. *New Zealand Journal of Counselling*, 20(1), 24–46.
- Miller, S. D., Hubble, M. A., Chow, D. L., & Seidel, J. A. (2013). The outcome of psychotherapy: Yesterday, today, and tomorrow. *Psychotherapy*, 50, 88–97. <http://dx.doi.org/10.1037/a0031097>
- Miller, S. D., Hubble, M. A., Chow, D., & Seidel, J. (2015). Beyond measures and monitoring: Realizing the potential of feedback-informed treatment. *Psychotherapy*, 52(4), 449–457. <http://dx.doi.org/10.1037/pst0000031>
- New Zealand Association of Counsellors. (2020a). *Code of ethics: A framework for ethical practice 2002* (revised 2020). NZAC. <https://nzac.org.nz/document/6629/NZAC-Code-of-Ethics-2002-Revised-2020.pdf>
- New Zealand Association of Counsellors. (2020b). CPD record and plan information 2020. Retrieved Oct.3, 2021. <https://nzac.org.nz/assets/Uploads/CPD-Record-and-Plan-Information-2020.pdf>
- New Zealand Association of Counsellors. (2021). Continuing professional development information and guidelines 2021. Retrieved April 13, 2021. <https://nzac.org.nz/assets/Uploads/CPD-Information-and-guidelines-2021.pdf>
- New Zealand Association of Counsellors. (2022). *Te Whatu Ora Accreditation: What is it?* <https://nzac.org.nz/site/membership/applications/accreditation>.

- Paton, I. (1999). The nature and experience of private practice counselling in New Zealand. *New Zealand Journal of Counselling*, 20 (1), 1–23.
- Paton, I. E. M. (2005). How to have your cake and eat it too: Counselling in private practice from home. *New Zealand Journal of Counselling*, 26(2), 55–69.
- Pritchard, R. (2015). Continuing professional development: Proposed changes next year for the Annual Certificate of Practice. *Counselling Today Nga Korero Awhina*, 1–4.
- Samuel, D. B. (2015). A review of the agreement between clinicians' personality disorder diagnoses and those from other methods and sources. *Clinical Psychology: Science and Practice*, 22, 1–19.
<https://doi.org/10.1111/cpsp.12088>
- Sapyta, J., Riemer, M., & Bickman, L. (2005). Feedback to clinicians: Theory, research, and practice. *Journal of Clinical Psychology*, 61(2), 145–153.
<https://doi.org/10.1002/jclp.20107>.
- Saxon, D., Firth, N., & Barkham, M. (2017). The relationship between therapist effects and therapy delivery factors: Therapy modality, dosage, and non-completion. *Administration and Policy in Mental Health*, 44(5), 705–715.
<https://doi.org/10.1007/s10488-016-0750-5>
- Te Whatu Ora: Health New Zealand/NZAC (2022). *Statement of practice for counselling in health settings*. <https://nzac.org.nz/document/7268/Statement-of-Practice-for-Counselling-in-Health-Settings-2022>.
- Thomas, A. (1996). Clinical audit: Setting professional standards for counselling services. *Counselling Psychology Quarterly*, 9(1), 25–36.
<https://doi.org/10.1080/09515079608256350>
- Wampold, B. E. (2015). Routine Outcome Monitoring: Coming of age—with the usual developmental challenges. *Psychotherapy*, 52(4), 458–462.
<http://dx.doi.org/10.1037/pst0000037>
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. Routledge.