Professional development of New Zealand social workers who engage in psychotherapy: Perceptions and activities

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Abstract

Thirty-six New Zealand social workers were surveyed as an extension of a multinational study of therapist development. Comparisons were made with samples of Canadian and USA social workers. New Zealand social workers perceived themselves to have developed in skill and knowledge across the career, but perceptions of current development were low in comparison with Canadian and USA samples. However, New Zealand social workers reported the highest use of supervision, and a large proportion of the sample had also undergone specialist training. While the majority of the sample had undergone personal therapy at some point, use of personal therapy was lower than Canadian and USA social worker samples. In terms of the perceived utility of professional activities, supervision and training were regarded by New Zealand social workers as highly influential activities for professional development. Conversely, personal therapy was rated as minimally influential in professional development in contrast to the North American comparison samples.

Introduction

Of all the helping professions, social work is particularly influenced by the context in which it is practised (Payne, 2005). While some countries, such as the USA and Canada, have a tradition of social workers acting as psychotherapists, social workers in Aotearoa New Zealand have placed less emphasis on engaging in practices which encourage internal personal change for clients (Staniforth, 2007). Social workers who identify with this end of the change spectrum have traditionally been aligned with health or mental health, and little information is available regarding their professional development. This paper looks at the responses of 36 New Zealand social workers, who identified themselves as conducting therapy within mental health services, who were surveyed as part of a multinational study of therapist development. The study particularly focuses on the professional development activities of the social workers, including their perceived professional development, the use of supervision, training and personal therapy and finally the social workers' perception of the influence of these activities. The study then uses information from the Canadian and US samples of the study for comparison purposes.

Literature review

Social workers are engaged in a career-long process of professional development which encompasses growth in knowledge and skill, self awareness and understanding of clients, confidence and autonomy in practice, and development of professional identity (Garrett & Barretta-Herman, 1995b; Itzhaky, 2000). Ongoing professional development is now viewed as a lifelong mandate for the social work profession (Garrett & Barretta-Herman, 1995a; Social Workers Registration Board, 2007a). The New Zealand literature reveals a growing interest in professional development and supervision for social workers (Beddoe & Henrickson, 2005; Beddoe, 2006; O'Donoghue, Munford & Trlin, 2005, 2006). This concurs with the introduction of the Social Workers Registration Act 2003 and the requirement of evidence of ongoing education and supervision being provided for the Annual Practising Certificate (SWRB, 2007a, 2007b).

Research on the professional development of social workers is lacking in New Zealand. Data from research in other countries' findings may lack 'generalisability' to the New Zealand context given that the social work profession is strongly shaped by differences in the broader state welfare system and New Zealand's particular cultural context (Nash, 2003). To the best of our knowledge, only a small number of prior surveys have focused particularly on the professional development of New Zealand social workers. The first study was a small survey of social workers (N=8) conducted in 1971. Half of the social workers in the sample had received no formal training in psychotherapy (Parsonson & Priest, 1971). However, the small sample and age of the data raise serious concerns about the significance of the data for present day social work practice.

The second study surveyed 130 field educators, 80 pre-placement students and 78 post-placement students (Maidment, 2000). This study found that field educators perceived supervision to be a highly important method of education. Students also rated supervision as an educational activity that greatly assisted their training.

A third survey was conducted by Beddoe and Henrickson (2003, 2005) at the request of the Aotearoa New Zealand Association of Social Workers (ANZASW). In this survey a four page questionnaire was sent to all members (n 1834) of the Association in 2003. Data from 285 returned questionnaires were analysed by SPSS. In this study 90% of respondents indicated that they had done at least one day of Continuing Professional Education (CPE) in the previous year, while 65.3% indicated that they were currently undertaking some kind of CPE (2005, p80).

A recent study conducted by Staniforth in 2006 as part of a PhD dissertation asked 1,000 members of the ANZASW about their perceptions and practice of counselling within social work. Results from 404 respondents were analysed by SPSS. Two questions are of particular relevance to this study. Of the respondents, 75% indicated that they had undertaken additional training to their basic social work qualification in order to assist them in their 'counselling' role, and 67.9% of social workers indicated that they would be interested in pursuing additional training in the area of counselling (Staniforth, 2008).

The paucity of research on New Zealand social workers' professional development suggests that further research in this area is needed to assist in understanding the training

needs of the profession. The present study was designed as a preliminary investigation of the professional development of local social work practitioners who identified as engaging in the process of therapy with clients.

The Collaborative Research Network (CRN) study

Recognising that research on professional development is scant in the international literature, members of the Society for Psychotherapy Research in 1989 responded to a call for the institution of a programme of research on the professional development of mental health professionals. This group organised and designed a study which looked at the workers' development over the course of their professional careers. Therapists of all training backgrounds, theoretical orientations and countries were included. The CRN has a long-term agenda consisting of three phases (Orlinsky, Ambühl, et al., 1999). Phase I involved the design of an initial survey questionnaire to examine therapists' perspectives on development, initial data collection, data coding and construction of a database, and preliminary analysis. Phase II is currently underway and involves ongoing data collection to enlarge marginal groups in the initial database, extend data collection to new geographic and cultural areas, and publish initial analyses of development and related areas. Phase III is planned to expand and refine the database and research instruments, and most importantly, to assess therapist development and related variables in relation to treatment process and outcome.

Since the inception of the CRN study of professional development in 1989, close to 5,000 mental health practitioners from around the world have been surveyed (Orlinsky, Rønnestad, Aapro, et al., 2005; Orlinsky, Rønnestad, Gerin, et al., 2005). Results from Korea, Germany, Switzerland, Belgium and Portugal have now been published (Bae, Joo, & Orlinsky, 2003; Botermans, 1996; Willutzki & Botermans, 1997).

The present study represents the New Zealand extension of this multinational study, exploring the process of professional development for New Zealand social workers and comparing them with samples of social workers in Canada and the United States. These countries were selected primarily because their social work practice environments are likely to be the most closely comparable with those experienced by New Zealand social workers.

The CRN study aims to empirically assess therapists' broad perceptions of their professional development. The study has developed a standardised questionnaire that includes two scales to assess these perceptions, an Overall Development Scale, and a Current Development Scale. These scales allow separate assessment of therapists' perceptions of their development since the beginning of their career, and their current sense of development. The present study gathered data on New Zealand social workers' perceptions of their current and overall development and aimed to investigate how these perceptions compare to those of Canadian and USA samples.

Use of professional development activities

Although all mental health practitioners' professional development is undoubtedly influenced by multiple activities, formal training in therapeutic techniques and theories, supervision of casework and personal therapy have been viewed as particularly important. Freud proposed a 'tripartite' model of training incorporating these three activities

(Lasky, 2005; Matthews & Treacher, 2004; Strupp, Butler & Rosser, 1988). The tripartite model remains the basic framework used for therapy training worldwide, although some orientations (e.g., cognitive and behavioural) place greater emphasis on research training and less on personal therapy (Botermans, 1996). Of the three components, supervision may be the most widely used professional development strategy among social workers, and is often considered the most effective (Garrett & Barretta-Herman, 1995b). Supervision provides a collaborative method for the transmission and development of professional knowledge, values and skills in social work (Austin, 1981; Garrett & Barretta-Herman, 1995b; O'Donoghue, 2003). Supervision was found to be a significant predictor of job satisfaction in a survey of school social workers (Staudt, 1997) and many social workers perceive supervision to have played a profound role in forming the basis of their professional competence and identity (Fortune, McCarthy & Abramson, 2001). Although few surveys have been conducted on levels of supervision received by social workers, one such study (Garrett & Barretta-Herman, 1995a) found only 25% of school social workers (N=87) were receiving social work supervision that covered client-centred issues (e.g. dynamics of client situations, assessment and intervention strategies). More recently, an in-depth national survey of social work members (N = 209) of the ANZASW was conducted in relation to social work supervision practices (O'Donoghue, Munford & Trlin, 2005, 2006). This national survey revealed that 94.9% of respondents indicated that they engaged in clinical/professional supervision, with 49.7% indicating a high level of participation in this area.

The second education method in the tripartite model is didactic training, which involves both initial formal education and ongoing training in specific therapies and techniques. Formal training provides theoretical foundations for practice and helps promote awareness of developments constantly occurring in the field (Stein & Lambert, 1995; Vitulano & Copeland, 1980). The goal of formal training in social work is competent performance in the professional role (Mitchell, 2001), to ensure that social workers deliver services that effectively meet clients' needs (Fortune, et al., 2001).

The final component of the tripartite model, personal therapy, is thought to deepen one's understanding of personal dynamics and therapeutic techniques, leading to enhanced empathy, therapeutic skill and self-awareness (Greenberg & Staller, 1981; Mackey & Mackey, 1994; Macran & Shapiro, 1998; Macran, Stiles, & Smith, 1999; Norman & Rosvall, 1994). A survey of 148 social work faculty and 139 MSW students in North America found 60% of faculty and 85% of students believed personal therapy was either important or essential to social work students' education (Strozier & Stacey, 2001). Seventy percent of the students surveyed had received personal therapy at some point, and 85% of those who had received therapy felt it was helpful with regard to their role as a social worker.

Other surveys also indicate that the majority of social workers have undergone personal therapy. Norcross, Strausser and Faltus (1988) found 72% of social workers (N=237) had undergone personal therapy, compared with 75% of psychologists and 67% of psychiatrists, while Fortune et al. (2001) found 56% of social workers (N=288) had undergone personal therapy, compared with 67% of psychologists. Given the importance and wide-spread usage of supervision, personal therapy and training, the present study explored New Zealand social workers' use of these activities.

Perceived influence of professional development activities

In addition to exploring social workers' perceptions of professional development and their use of three professional development activities, the present study also sought to explore perceptions as to which activities contribute most strongly to the process of professional development. Several surveys have asked counsellors, psychologists and psychiatrists to rate the extent to which various activities have contributed to their professional development (Foulkes, 2003; Henry, Sims & Spray, 1971; Morrow-Bradley & Elliott, 1986; Orlinsky, Botermans, & Rønnestad, 2001; Orlinsky & Rønnestad, 2005c; Rachelson & Clance, 1980; Skovholt & Rønnestad, 1992), but focused research on social workers is less common.

Prior analyses of the CRN dataset have found differences among countries in terms of development perceptions (Orlinsky & Rønnestad, 2005a) and beliefs about what influences development (Orlinsky, et al., 2001). This indicates the possibility that unique factors associated with social workers' countries may indeed influence professional development, and therefore prior findings (including previously published CRN findings) may not generalise to New Zealand samples.

The present study aims to explore social workers' perceptions of their professional development, participation in professional development activities, and beliefs about the influence of supervision, training and personal therapy.

Method

Sample

The present study analyses data for the 36 respondents who identified themselves as social workers. The New Zealand sample is compared with other CRN samples of social workers from Canada (N=20) and the United States (N=176). Basic demographic characteristics for the three samples are displayed in Table 1.

Table 1. Demographic details.

	NZ (n = 36)		Canada (n = 20)		USA (n = 176)	
Characteristic	**M**	**SD**	**M**	**SD**	**M**	**SD**
Age	43.2	11.5	51.0	11.2	37.8	13.5
Years in practice	10.2	5.3	19.5	9.3	6.8	10.7
Gender (% female)	70%		58%		40%	
Theoretical orientation[a]						
Analytic/psychodynamic	2.0	1.6	3.0	1.7	3.4	1.5
Behavioural	2.8	1.4	2.3	1.7	1.8	1.4
Cognitive	3.2	1.4	3.3	1.3	2.0	1.4
Humanistic	2.7	1.6	3.7	1.6	2.0	1.6
Systemic	3.3	1.3	4.2	1.1	3.1	1.5

Note. N's in analyses vary slightly due to missing data.
[a]Ratings on a 0-5 scale of influence on therapeutic practice; multiple ratings allowed.

Seventy-seven percent of the New Zealand sample were female (n = 27), and 23% percent were male (n = 8). One respondent did not specify gender. The gender distribution was similar in all three samples. The Canadian sample included 14 females (74%), and the USA sample included 141 females (80%). The New Zealand sample had a mean age of 43.2 (range = 23 to 81 years), lower than that of Canada (M = 51.0 years), but higher than the USA (M = 37.8 years).

Practice duration followed a similar trend: the New Zealand sample had spent 10.2 years in practice on average (range = 1 to 20 years), lower than the Canadian mean (19.5 years) but higher than the USA mean (6.8 years). Theoretical orientation was assessed by asking 'How much is your current therapeutic practice guided by each of the following theoretical frameworks?'. Respondents rated analytic/psychodynamic, behavioural, cognitive, humanistic and systems theory from 0 (not at all) to 5 (very greatly). Compared to the Canadian and USA samples, the New Zealand sample showed less emphasis on the analytic/psychodynamic orientation, and more on the behavioural orientation. New Zealand social workers rated the systemic and cognitive orientations as having the greatest influence on their practice.

The New Zealand sample reported working an average of 35.7 hours in various mental health settings per week (SD = 9.4; range = 8 - 50), of which an average of 16.9 hours was spent conducting therapy (SD = 9.2, range = 0 - 40). The most common work setting was public outpatient practice, in which 47% of the sample spent some time conducting therapy, followed by independent private practice (25%), then public inpatient and school settings (11% each). The sample reported a mean caseload of 24.4 clients (SD = 21.2; range = 3 - 122).

Questionnaire

The Development of Psychotherapists Common Core Questionnaire (DPCCQ) is a self-report questionnaire designed by the CRN for their study of professional development. This lengthy questionnaire takes 1-2 hours to complete and contains 392 items exploring personal and professional characteristics as well as perceptions of professional development (Orlinsky, Rønnestad, Gerin, et al., 2005).

The present study explored perceived professional development. Two scales on the DPCCQ were used to evaluate perceived development – (a) Current Development and (b) Overall Development.

The Current Development subscale is a 6-item factor analytically derived scale used to assess therapists' sense of current growth in their professional work. Examples of items include: 'In your recent psychotherapeutic work, how much… (1) Do you feel you are overcoming past limitations as a therapist? (2) Do you feel you are becoming more skilful in practising therapy? (3) Do you feel you are deepening your understanding of therapy?

The Overall Development subscale is a 30-item measure designed to assess perceptions of development from the first clinical case during training, through to the therapist's most recent clinical work (Orlinsky & Rønnestad, 2005b). The Overall Development Scale consists of three subscales

The first subscale, Retrospected Career Development, consists of three items that ask therapists to directly assess their cumulative development since they began working as a

therapist and are rated on a scale ranging from 0 (not at all) to 5 (very much). The second subscale, Felt Therapeutic Mastery, consists of five items assessing therapists' current therapeutic proficiency, including mastery of techniques and understanding of the therapeutic process. The third subscale, Skill Change, requires that therapists rate themselves on 11 skills, firstly estimating their current skill level and secondly estimating their skill level at the beginning of their career. Ratings of initial skill are then subtracted from ratings of present skill, yielding a score ranging from -5 (substantial decline in skill over the career) to +5 (substantial increase in skill, with a minimal skill level at the beginning of the career). Skill Change items incorporate both relational skills and technical skills.

The second aim of the present study was to assess social workers' use of supervision, training and personal therapy. This was assessed using the following items. Supervision: 'How much formal case supervision have you received for your therapeutic work (regular individual or group supervisory sessions)?' and 'Are you currently receiving regular supervision for any of your psychotherapy cases?'; Training: 'How much formal didactic training have you received in therapeutic theory and technique (courses, lectures or seminars)? Include both initial and subsequent therapeutic training,' 'In the past, have you undergone training in any specific type of psychotherapy?' and 'Are you currently undergoing training in a specific form of therapy?'; Personal therapy: 'Have you previously been in personal therapy, analysis or counselling?', 'Estimate the total amount of time you have devoted to personal therapy/analysis,' and 'Are you currently in personal therapy, analysis or counselling?'

The third aim of the present study was to explore social workers' perceptions of the influence of supervision, training and personal therapy on their development. Social workers rated the influence of 14 professional activities and work-related variables on their overall professional development. Activities were rated on a scale of -3 (very negative influence) to +3 (very positive influence), and respondents could circle both a negative and a positive rating. The present study aimed to determine the positive contribution of supervision, training and personal therapy so only positive ratings were used for present analyses. Together with ratings of supervision, training and personal therapy, ratings of seven other activities on the DPCCQ were also presented in the present study to allow comparisons with a broad range of professional development activities. As reported in previous analyses of CRN data (Orlinsky, Botermans & Rønnestad, 2001), mean ratings of activities are also converted to rankings in the results section of this study. (For further supporting information regarding psychometric properties of scales used, refer to Orlinsky & Ronnestad, 2005b).

Procedure

Both the New Zealand and international data for this study were collected as part of the CRN study of mental health professionals' professional development. The CRN has conducted surveys of mental health practitioners as part of this ongoing project in over 20 countries within Europe, Asia, the Middle East, North America, South America and the South Pacific (Bae, et al., 2003). New Zealand data was collected by the senior author (NK) between 1998 and 2000. Representative sampling was not considered viable for two reasons. First, certain bodies of mental health professionals are not clearly defined. Without clear definition, social workers may be members of other professional associations (e.g. counsellors, psychologists). Second, there are no professional bodies to which all social workers within certain countries must belong (Orlinsky, Rønnestad, Gerin, et al., 2005). Additional data collection strategies

were adopted to maximise the opportunity to recruit participants, including sampling of regional and national professional associations, and convenience sampling of mental health practitioners (e.g., soliciting participants of mental health conferences and trainees of social work programmes). Some 1,350 flyers were inserted into newsletters of the Aotearoa New Zealand Association of Social Workers. Flyers were also inserted into the newsletters of other relevant professional bodies, such as the Alcohol Advisory Council of New Zealand, Compulsive Gambling Society, New Zealand Association of Counsellors, New Zealand Association of Psychotherapists, New Zealand Psychological Society and the Salvation Army. Flyers were pre-addressed and postage paid, and those who responded were sent a copy of the questionnaire along with a cover letter and prepaid return envelope.

Participation in the study was entirely voluntary and anonymous. Ninety-one social workers returned flyers, and of these, 36 returned completed questionnaires. This represents a 40% response rate, although the actual response rate may have been much lower, as the number of questionnaires distributed to social workers through other means (e.g., at conferences) is unknown. The low response rate may have been partially due to the length of the questionnaire, which many practitioners may have found off-putting.

Data analysis

As the present study was exploratory, the majority of variables required only the calculation of means and standard deviations (for continuous variables), or frequencies and percentages (for discrete variables). In order to make cross-national comparisons, the standardised mean difference effect size index (d) was calculated. Effect size d was calculated separately for data from the Canadian and United States samples, with the New Zealand sample as the comparison group, using the formula from Lipsey and Wilson (2001). A positive d always indicates a higher score for New Zealand, and a negative d indicates a higher score for the comparison country (Canada or the United States). Cohen's (1988) conventions are used to guide interpretation of effect sizes, whereby an effect size of 0.2 is considered small, 0.5 is considered medium and 0.8 is considered large.

For the third aim, to explore perceptions of the influence of supervision, training and personal therapy, therapists' ratings of the influence of 14 professional activities and work-related variables were converted to ranks. The activity which received the highest mean rating was assigned a ranking of '1' and so forth. Where two activities received equal mean ratings, they were both assigned a mid-point ranking (e.g., if 'supervision' and 'personal therapy' both received the highest mean rating, they would both be assigned a ranking of 1.5, the mid-point between 1 and 2).

Results

Perceptions of development across the career

Table 2 presents perceptions of Current Development and Overall Development for the New Zealand, Canadian and USA samples.

Mean ratings of Current Development, Overall Development, Retrospected Career Development and Felt Therapeutic Mastery were all above the mid-point for the New Zealand sample, indicating that social workers perceived themselves to be experiencing development

currently and to have developed considerably since the beginning of their careers. Ratings of New Zealand social workers tended to be lower than their Canadian counterparts. This effect was particularly large for Retrospected Career Development (d = -1.36). USA ratings tended to be lower than the New Zealand sample however, with a 'large' effect size on Felt Therapeutic Mastery (d = 0.99) and medium effects on Overall Development (d = 0.79) and Skill Change (d = 0.53).

Table two. Current and overall development.

	NZ (n = 35)		Canada (n = 19)		USA (n = 173)	
	M	**SD**	**M**	**SD**	**M**	**SD**
Current development (total)	3.56	.80	**3.88**	.84	3.63	1.14
Overall development (total)	3.01	.49	**3.19**	.54	**2.34**	.90
Retrospected career development	3.40	.63	**4.23**	.57	3.47	1.29
Felt therapeutic mastery	3.79	.55	3.86	.67	**2.66**	1.23
Skill change	1.29	.67	**1.46**	.76	**0.87**	.82

Note. N's in analyses vary slightly due to missing data. Bold type represents 'small' effect sizes (d > 0.2). Bold, underlined type indicates medium effects (d > 0.5). Bold, double underline type indicates large effects (d > 0.8). Effect sizes represent comparisons with New Zealand. All scales except Skill Change range 0-5; Skill Change potentially ranges -5 to +5.

Use of supervision, training and personal therapy

Table 3 shows respondents' reported use of supervision, training and personal therapy.

Table three. Use of supervision, training and personal therapy.

	NZ (n = 28)		Canada (n = 17)		USA (n = 173)	
Professional development activity	**M**	**SD**	**M**	**SD**	**M**	**SD**
Supervision						
Years of supervision	8.74	5.41	8.96	7.35	3.84	6.22
Currently in supervision	91%		63%		76%	
Training						
Years of formal training	3.57	2.09	5.24	5.77	2.93	3.90
Previous specialised training	80%		94%		47%	
Current specialised training	27%		20%		29%	
Personal therapy						
Years in personal therapy[a]	2.45	1.68	3.39	3.27	4.41	5.36
Previous personal therapy	79%		89%		82%	
Current personal therapy	9%		16%		35%	

Note. N's vary slightly for different analyses due to missing data.
[a]Computed for those reporting having had therapy.

The New Zealand sample had been in regular supervision for an average of 8.7 years, slightly lower than the Canadian sample (9.0 years), but substantially higher than the USA

sample (3.8 years). These differences may partly reflect differences in mean practice duration between the samples. However, it appears that the New Zealand sample had been in supervision for the greatest proportion of their time in practice. This is also suggested by the greater proportion currently receiving regular supervision in the New Zealand sample (91%) compared with Canada (63%) or the USA (76%).

The New Zealand sample reported a lesser mean length of formal training (3.6 years) compared with Canada (5.2 years), as well as a smaller proportion who had undergone specialist training in a specific psychotherapy (80% of New Zealand sample, 94% of Canadian sample).

The USA sample reported the lowest mean time spent in formal therapy (2.9 years) and the lowest proportion of those who had undergone specialist training (47%), but the highest percentage currently undergoing specialist training (29%), probably attributable to their younger, less experienced sample. The New Zealand sample reported the lowest use of personal therapy on all indicators. Although the majority of the New Zealand sample (79%) had undergone personal therapy at some point, this was lower than the proportions reported by the Canadian sample (89%) and the USA sample (82%). The New Zealand sample had spent the least total time in therapy (M = 2.4 years; SD = 1.7), and just 9% were currently engaged in therapy. USA social workers had spent the most time in therapy (M = 4.4 years; SD = 5.4), and had the greatest proportion currently engaged in personal therapy (35%).

Perceived influences of supervision, training and personal therapy

Table 4 presents mean ratings (and their corresponding rankings) of the perceived influence of supervision, training and personal therapy on professional development. A range of other activities are included for comparison.

New Zealand social workers rated supervision as having had the greatest influence on their professional development. This was rated even more highly than their ‘on the job’ experience with clients. Canadian and USA social workers also rated the influence of supervision highly, but less highly than experience with clients.

New Zealand social workers rated the influence of didactic training (courses and seminars) more highly than Canadian and USA social workers. Comparisons between New Zealand and USA social workers on this variable produced an effect size greater than the criterion for a small effect (i. e., d = 0.41).

Personal therapy received the third highest mean rating among Canadian and USA social workers, but ranked ninth (of the 10 activities) in the New Zealand sample. A comparison between New Zealand and Canadian social workers on this variable produced a negative effect size greater than the criterion for a medium effect (d = -0.76). Among the New Zealand sample, activities such as informal case discussions with colleagues, reading books and journals and working with co-therapists were perceived to contribute more to professional development than personal therapy, possibly because such activities play a more day-to-day role in therapists’ work. While the influence of doing research was ranked the lowest of all variables, New Zealand social workers perceived this activity to be much more influential than the USA sample (d = 1.12).

Table four. Perceived influence of sources of professional development.

Source of influence on development	NZ (n = 35)	Canada (n = 20)	USA (n = 173)
Getting supervision	2.46 [1]	2.40 [2]	2.42 [2]
Taking courses or seminars	2.31 [3]	2.25 [4]	**1.97** [5]
Getting personal therapy[a]	1.58 [9]	**<u>2.38</u>** [3]	2.24 [3]
Experience working with patients	2.34 [2]	**2.65** [1]	2.54 [1]
Informal case discussion	2.09 [4.5]	2.00 [5.5]	2.17 [4]
Reading books or journals	1.92 [6]	1.90 [7]	**1.72** [6]
Working with co-therapists	2.09 [4.5]	--	**1.60** [8]
Giving supervision[b]	1.80 [8]	**2.00** [5.5]	1.66 [7]
Observing other therapists	1.83 [7]	1.65 [8]	**1.50** [9]
Doing research	1.50 [10]	-- --	**<u>0.53</u>** [10]

Note. Table shows mean ratings, which range from 0 (no influence) to 3 (very positive influence). Rankings are presented in square brackets. Bold type represents 'small' effect sizes (d > 0.2). Bold, underlined type indicates medium effects (d > 0.5). Bold, double underline type indicates large effects (d > 0.8). Effect sizes represent comparisons with New Zealand. Ratings of two items are missing for the Canadian sample due to slight differences in the Canadian version of the DPCCQ.
[a]Computed for those reporting having had personal therapy.
[b]Computed for those reporting having given supervision.

Discussion

The overall aim of the present study was to explore the professional development of New Zealand social workers who identified as therapists, a topic that had received little previous research attention. Specifically, aims were to describe social workers' perceptions of development and their use and perceived utility of supervision, training and personal therapy.

The study had several limitations that should be acknowledged. The sample size was not as large as we would have preferred, and is unlikely to be truly representative of the entire population of social workers engaged in psychotherapy practice. Although the anonymity of the survey is likely to reduce social-desirability effects, participants may represent a subset of the practitioner population interested in professional development or research. In addition, the reliance on social worker/therapist self-report also introduces potential inaccuracies due to memory and judgment errors. The present lack of agreement on what constitutes 'essential factors' of therapist development (Orlinsky & Rønnestad, 2005d) limits development of more objective measures. Nevertheless, social workers' personal, subjective experiences of development are both interesting and important in and of themselves.

Perceptions of development

If the present data are accepted, they suggest that New Zealand social workers who practise psychotherapy share some commonality with social workers practising in Canada and the USA. The data also suggest that New Zealand social workers can also be distinguished in terms of their professional development. New Zealand social workers' perceptions of development appeared to be fairly high on average, indicating a general sense of positive change, attainment of therapeutic mastery and increase in skill across the career, as well as an ongoing sense of current development. These perceptions were similar to findings of previous CRN analyses (Orlinsky & Rønnestad, 2005b). The fact that New Zealand ratings of Overall Development were substantially lower than those of the Canadian sample may be attributed to their lower level of experience.

On average, the Canadian sample had spent an extra 10 years in practice, which would be expected to allow a greater sense of development across the career and a greater change in skill levels from the beginning of the career. This may explain the lower mean ratings of the USA sample, which had the lowest mean practice duration. While Skill Change ratings appeared low for all three samples in the current study, these were similar to those reported in other studies (Orlinsky & Rønnestad, 2005b). This may simply reflect the large number of items on this scale that measure change in relational skills, which therapists tend to feel they already possessed at the beginning of their career, and consequently rate little change (Orlinsky & Rønnestad, 2005b).

One surprising finding was the low perceived current development among the New Zealand sample. The New Zealand ratings were the lowest of the three samples. The large difference between New Zealand and Canada cannot be attributed to differences in experience level, given that current development has generally shown no association with experience level (Orlinsky et al., 2001). This may be indicative of fewer training options being available to this group who form a subset of social work and may also reflect a fairly new emphasis on the importance of ongoing professional development (in a profession which currently continues to place emphasis on the development of upskilling its workforce to a basic social work qualification). If a sense of ongoing professional development is indeed an important source of sustenance for social workers or mental health practitioners, to help prevent burnout and stagnation (Farber & Heifetz, 1981; Norcross & Guy, 1989; Skovholt, Grier, & Hanson, 2001), then lower experiences of current development among New Zealand social workers may warrant further attention. However, given the small size of the current sample, and the fact that perceptions of current development were not markedly low, conclusions cannot be drawn without further research.

Use of professional development activities

One notable finding of the present study was the high involvement of New Zealand social workers in the traditional professional development activities of the tripartite model. Involvement in supervision was particularly common among the present sample. Although demonstration of regular supervision is required for both social work competency through the ANZASW and for registration under the Social Workers Registration Act 2003, ongoing supervision is not mandated in New Zealand. The vast majority (91%) of the sample were currently receiving regular supervision, a substantially greater proportion than found in the Canadian and USA

samples. New Zealand social workers also reported having been in regular supervision for a mean of 8.7 years, close to their mean practice duration, indicating that the majority of the sample received supervision throughout their careers. This length of time in supervision was only slightly less than the mean length reported by the Canadian sample, despite the New Zealand sample having spent far less time in practice on average.

New Zealand social workers had spent an average of 3.6 years in training, lower than the mean time reported by the Canadian sample, but greater than that of the USA sample. The majority of the New Zealand sample had undergone further training in a specific type of psychotherapy at some point in their careers, and this proportion was substantially higher than that of the USA sample. This may be reflective of the lack of psychotherapy training provided within the basic-level social work training in New Zealand. The proportion of New Zealand social workers who had undergone personal therapy at some point (79%) was only marginally lower than that of the Canadian and USA samples, and higher than reported in previous surveys. For example, rates of personal therapy were 70% in a sample of 139 social work students (Strozier & Stacey, 2001), 72% in a sample of 237 social workers (Norcross et al., 1988), and 56% in a sample of 288 social workers (Fortune, et al., 2001). However, the proportion of the New Zealand sample currently undergoing therapy and the mean length of time spent in therapy was low in comparison to the Canadian and USA samples. This may reflect the stronger analytic/psychodynamic influence reported by the comparison groups, given that these orientations place a greater emphasis on personal therapy, and that length of time in therapy within these models is usually greater (Botermans, 1996). As support and skills training can form part of clinical supervision, it is also possible, given the high percentage of New Zealand social workers engaged in supervision, that the perceived need for therapy may not be as strong as in the other samples. Another factor impacting on this area may be the fact that while many organisations will pay for their employees to have external supervision or training, there is no tradition in New Zealand for employers to pay for employees to have ongoing counselling or psychotherapy outside of very limited employee assistance programmes.

Perceived influence of professional development activities

The New Zealand sample differed notably from the Canadian and USA samples in their perceptions of the influence of supervision, training and personal therapy on professional development. The New Zealand sample viewed supervision and training as having had a greater influence, while personal therapy was viewed as having had a far lesser influence. The fairly consistent findings of past research that interpersonal sources are perceived to contribute most strongly to therapists' professional development (Henry et al., 1971; Morrow-Bradley & Elliott, 1986; Rachelson & Clance, 1980; Skovholt & Rønnestad, 1992) were partially replicated in the present study. Despite the fact that there are no exclusively clinical MSW or PhD programmes in social work in New Zealand, didactic training was also perceived to be very important among the New Zealand sample.

Perceptions that supervision had exerted the greatest influence on professional development are not surprising given the extremely high involvement in supervision reported by the New Zealand sample. This finding is consistent with literature suggesting that supervision is a widely-used professional development strategy among social workers, and may be the most effective strategy (Garrett & Barretta-Herman, 1995b, O'Donoghue, et al., 2005, 2006).

Perceptions that personal therapy had a lower influence on professional development may reflect the controversy surrounding this activity (Strozier & Stacey, 2001). These low ratings may be both a result and cause of the low amount of time spent in therapy, relative to the Canadian and USA samples. This may also be partially due to the fact that postgraduate training in social work in New Zealand does not tend towards a clinical orientation while many MSW programmes in Canada and the USA often encourage students to engage in personal therapy as part of their clinical training (Strozier & Stacey, 2001). Social work in New Zealand also demonstrates a commitment to practice within a bicultural framework, and personal therapy, which comes out of more Western traditions, may not be seen to be as relevant or helpful to practice.

Taken altogether, it appears that while the 'professional development triad' of supervision, training and personal therapy may be recognised and accepted internationally, this view is not shared by the majority of New Zealand social workers. Personal therapy does not appear to have the same level of recognition, possibly due to the lower influence of the psychoanalytic/dynamic orientation, the lack of clinical programmes within social work postgraduate programmes, the tradition of psychotherapy perhaps being less strong generally in New Zealand, and social work's commitment to a bicultural framework of practice. Instead, supervision and training appear to be viewed as centrally important activities for development. More informal activities such as case discussion with colleagues and working with co-therapists were also regarded as highly useful for development.

Conclusion and considerations

Despite its limitations, this study represents the most comprehensive exploration of the professional development of New Zealand social workers who identify as therapists to date and there are several relevant and important points raised for social work practice in Aotearoa. While respondents perceived themselves to have developed in skill, knowledge, and confidence across the career span, perceptions of current development were low compared to Canadian and USA samples. This is a worrying trend as poor ongoing development likely leads to burnt-out social workers who are less likely to be able to provide the best evidence-based and current practice for their clients. This demonstrates the need for further research into what is required for this group and has implications for training institutions, agencies, and the ANZASW.

Supervision and ongoing training appeared to be common methods used for ongoing professional development, and both were regarded as highly influential sources of development. This research points to the importance of 'ring-fencing' funding for these activities within agencies who may look to the reduction of supervision and training as a first line of cost cutting in difficult financial times. Although most New Zealand social workers reported experiencing at least one episode of personal therapy, this activity was perceived to have only a modest positive influence, in strong contrast with the views of Canadian and USA social workers. It would be desirable for future research to examine the scope and influence of activities such as supervision, training and personal therapy on both current and overall professional development, with the ultimate aim of determining how to maximise their impact for social workers in Aotearoa.

Finally, this study presents an opportunity to re-open some of the debates in regards to whether or not social workers in New Zealand should be engaged in psychotherapy. Given

that some social workers are clearly engaged in this practice, however, it seems timely to start looking at how they, and their clients, can best be supported.

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