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Activities Influencing the Professional Development of New Zealand Counsellors Across Their Careers

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Abstract

New Zealand counsellors (n = 123) were surveyed as an extension of a multinational study of therapist development. Comparisons were made with samples of Canadian and US counsellors. New Zealand counsellors perceived themselves to have developed in skill and knowledge across their careers, and reported high levels of ongoing development at all stages of their careers. Involvement in supervision and training were notably high, exceeding that of the Canadian and US samples, and did not diminish with increasing time in practice. Involvement in personal therapy was also high, though slightly lower than the comparison samples. New Zealand counsellors regarded supervision, training, and personal therapy as having had a strong, positive influence on their professional development. Ratings of the influence of these activities exceeded the ratings of comparison samples.

Throughout their careers, counsellors are engaged in a process of professional development that includes growth in therapeutic skills, theoretical understanding, and confidence in the therapeutic role (Blair & Peake, 1995; Friedman & Kaslow, 1986; Grater, 1985; Kottler & Jones, 2003). Although the ultimate aim of this process is to achieve optimal effectiveness in their therapeutic practice, a sense of ongoing professional development may also be a source of satisfaction and sustenance for counsellors themselves, potentially helping to counteract the emotional drain that is common in mental health careers (Farber & Heifetz, 1981; Kramen-Kahn & Hansen, 1998; Norcross & Guy, 1989; Skovholt, Grier, & Hanson, 2001). The issue of professional development is also of interest to those involved in counsellor education and supervision,

who require an understanding of how best to promote such development with practitioners across different levels of experience (Worthington, 2006). While recognition of the importance of this topic has led to an increase in research on counsellors' professional development at an international level, studies within the New Zealand context remain sparse. Given that New Zealand practice conditions differ in many ways from those overseas (Paton, 1999), international findings on professional development may lack applicability to New Zealand counsellors.

Only two surveys that included data on the professional development of New Zealand counsellors were able to be located. The first was a national survey of members of the New Zealand Association of Counsellors (NZAC) working in private practice (Paton, 1999). Two hundred and sixty counsellors responded to the survey (response rate was not indicated), and a wide range of demographic and clinical practice variables were reported. Most of the sample reported receiving individual supervision, and 75% of respondents reported receiving supervision at least fortnightly, the minimum frequency recommended by NZAC.

The second relevant study was a survey of 212 school counsellors (55% response rate) (Manthei, 1999). In this study 92% of the sample reported receiving supervision, and this proportion was higher among less experienced counsellors ($\underline{r} = .34$). Those who received supervision at least fortnightly made up 53% of the sample. Although both of these surveys had large sample sizes, findings are unlikely to generalise to the wider population of New Zealand counsellors given the select groups sampled (school counsellors and NZAC members in private practice). Additionally, few variables relating to professional development were explored in either study; for example, neither study explored counsellors' perceptions of the *usefulness* of supervision or training, nor counsellors' use of personal therapy.

In order to expand the little that is known about the professional development of New Zealand counsellors, the present study represents the New Zealand extension of a multinational investigation of therapist development. The Society for Psychotherapy Research Collaborative Research Network (CRN) has surveyed close to 5,000 mental health practitioners since the inception of its study in 1989 (Orlinsky et al., 2005a, b). The CRN adopted a cross-sectional approach to assess development, sampling therapists at every stage in their professional careers. The Development of Psychotherapists Common Core Questionnaire (DPCCQ) was designed specifically for the study, and investigates a range of personal and practice characteristics in addition to professional development issues. Using this questionnaire, the present

study investigates the following three areas of professional development for a sample of New Zealand counsellors, comparing the New Zealand sample with available data from counsellors practising in the United States and Canada. Of course, any comparison with non-representative samples has inherent limitations, including a lack of comparability in terms of age, gender, experience, training, and requirements within different countries for a professional to identify as a counsellor. Readers are encouraged to keep these limitations in mind when reading this paper.

Perceptions of development across the career span

Although many studies have considered changes in counsellors' specific therapeutic skills and characteristics across the career span (Kivlighan, 2008; Kivlighan & Quigley, 1991; Mallinckrodt & Nelson, 1991; Martin, Slemon, Hiebert, & Hallberg, 1989; Tracey, Hays, Malone, & Herman, 1988), few have explored the wider concept of development as a multifaceted, complex process. The majority of empirical studies have also been limited by the use of therapists with little clinical experience, making it impossible to determine patterns of development across the full career span. This is a significant limitation, given that the journey from novice to expert is believed to span at least ten years (Skovholt, Rønnestad, & Jennings, 1997), with even the most senior therapists reporting continued professional development (Rønnestad & Skovholt, 2001).

Although conceptual studies have adopted a broader perspective on development, they have typically focused on the supervision or training of counsellors in their pre- or early post-qualification stages (e.g., Friedman & Kaslow, 1986; Grater, 1985; Hogan, 1964; King, 2007; Stoltenberg, 1981). One exception is a study in which 100 practitioners of all experience levels were interviewed to develop a career-span stage model of professional development (Skovholt & Rønnestad, 1992a). Respondents described becoming more confident and autonomous in their professional roles, deepening their level of insight and self-awareness, and increasing their repertoire of skills and approaches (Rønnestad & Skovholt, 2003). However, it is difficult to determine the extent to which these experiences and perceptions are likely to be representative of New Zealand counsellors, given that the sample was relatively small and drawn solely from North America. Taking into account the limitations of prior research and the lack of New Zealand-relevant studies, the first aim of the current study was to explore New Zealand counsellors' perceptions of their professional development, investigating how these perceptions compared with those of Canadian and North American samples and how they changed over practitioners' careers.

Use of professional development activities across the career span

Multiple activities undoubtedly contribute to counsellors' professional development, but three have been viewed as particularly important following their introduction by Freud as a "tripartite" model of training (Botermans, 1996; Strupp, Butler, & Rosser, 1988). Freud's three major methods of educating trainee therapists were didactic teaching, supervision, and personal analysis (Lasky, 2005; Matthews & Treacher, 2004), activities which continue to be used to support counsellors and improve their therapeutic work (Gabbay, Kiemle, & Maguire, 1999; Hill, Charles, & Reed, 1981; Lucock, Hall, & Noble, 2006; Strupp et al., 1988). Supervision remains a cornerstone of counsellor education (Grant & Schofield, 2007; Wheeler & Richards, 2007), and is viewed as essential to the development of counsellors' clinical competence and professional identity (Guest & Beutler, 1988; Lambert & Hawkins, 2001; Rosenbaum & Ronen, 1998; Stinchfield, Hill, & Kleist, 2007). Formal training provides the theoretical foundations of counselling practice, and continuing professional development helps therapists to remain up to date with the developments that are continually occurring (Stein & Lambert, 1995; Vitulano & Copeland, 1980). Personal therapy is thought to enhance therapeutic skill, empathy, and self-awareness through a more interpersonal, experiential process (Geller, Norcross, & Orlinsky, 2005; Greenberg & Staller, 1981; Macran & Shapiro, 1998; Macran, Stiles, & Smith, 1999; Rizq & Target, 2008).

Prior data on New Zealand counsellors' use of supervision and training are very limited and represent only subsections of the counsellor population (namely, school counsellors and NZAC members in private practice). No studies examining New Zealand counsellors' use of personal therapy could be located, and indeed, Paton (1999) specifically recommended that future studies explore this area for New Zealand counsellors. Additionally, on an international level, little research has investigated how counsellors' use of supervision, training, and personal therapy changes over their careers. The second broad aim of the present study is thus to explore New Zealand counsellors' use of supervision, training, and personal therapy, making comparisons with Canadian and US samples and exploring how use changes with experience level.

Perceived influences on professional development

The extent to which counsellors use supervision, training, and personal therapy is not necessarily indicative of the helpfulness of these activities; this must be investigated directly. In past surveys, therapists have tended to rate experiential and interpersonal activities as contributing most strongly to their professional development, particularly their work with clients (Henry, Sims, & Spray, 1971; Morrow-Bradley & Elliott, 1986;

Orlinsky, Botermans, & Rønnestad, 2001; Orlinsky & Rønnestad, 2005c; Rachelson & Clance, 1980; Skovholt & Rønnestad, 1992b). Work with clients is not considered a professional development activity in the current study, as it is the focus of the therapist's job, but clearly this activity represents the key opportunity for therapists to apply and develop their skills and knowledge. Following work with clients, the two activities typically rated as most important are supervision and personal therapy, while ratings of training are more variable (e.g., Orlinsky et al., 2001; Rachelson & Clance, 1980).

Many previous studies have sampled only therapists trained and practising in the United States, and few have assessed changes in therapists' perceptions of the importance of supervision, training and personal therapy across their careers. One study that did so found changes in perceptions. For example, the perceived importance of supervision peaked early in their careers while the perceived importance of personal therapy increased throughout their careers (Orlinsky et al., 2001). Given that no study has assessed New Zealand counsellors' perceptions of the importance of supervision, training, or personal therapy for their professional development, this forms the third broad aim of the current study. Perceptions will be compared with those of Canadian and US counsellors, and changes across the career span will also be investigated.

The body of research on therapist professional development is small to date, and many previous findings may lack generalisability to New Zealand counsellors, given that samples have frequently been drawn solely from the United States (Orlinsky et al., 2005b). The CRN appears to be the first group to collect substantial data on the professional development of therapists for a large international sample. As yet, the CRN has published data on the use of supervision, training, and personal therapy only in limited forms (e.g., Bae, Joo, & Orlinsky, 2003; Botermans, 1996; Willutzki & Botermans, 1997), and generally not in relation to counsellors as a group separate from other mental health professionals. One CRN study has investigated the use of personal therapy among counsellors (Wiseman & Egozi, 2006). However, this study included school counsellors only.

CRN analyses have typically grouped all professional affiliations (psychologists, psychiatrists, counsellors, social workers, etc.) together, in view of the aim of prior investigations to explore elements of professional development common across professional groups. This limits the extent to which the findings generalise to counsellors, given that professional groups differ in numerous ways such as training, practices, salient theoretical orientations, and work environments. Not surprisingly, the few analyses of CRN data that *have* compared professional groups have found

notable differences in their perceptions of development (Orlinsky & Rønnestad, 2005a), and perceptions of the activities that influence development (Orlinsky et al., 2001). Likewise, prior analyses of CRN data have found differences among countries in terms of professional development variables (Orlinsky et al., 2001; Orlinsky & Rønnestad, 2005a), suggesting that unique country-related factors may indeed influence professional development.

The present study aimed to address gaps in the literature relating to the professional development of New Zealand counsellors, and to make comparisons with available data from counsellors working in the United States and Canada. Only very small sections of the New Zealand CRN data have been analysed to date, and no analyses had focused on New Zealand counsellors. In line with the career-length perspective adopted by the CRN, the present study also sought to investigate the influence of New Zealand counsellors' experience level on the professional development variables being explored. All aims were investigated in an exploratory fashion as opposed to forming and testing explicit hypotheses, given the small amount of directly relevant research and the preliminary nature of the present study.

Method

Sample

The present study analysed data for the 123 respondents who identified themselves as counsellors. For the New Zealand sample, this included respondents who identified themselves as both counsellors and psychotherapists, counsellors and ministers, and counsellors and "other" (these "other" professional identifications were examined and did not appear to be significantly different from the rest of the sample). The Canadian and US samples did not include those who jointly identified as psychotherapists, because psychotherapists are likely to have undergone different training in those countries. However, the term psychotherapist was not controlled in New Zealand at the time of data collection (between 1998 and 2000) and in practice, was often used synonymously with counsellor. The New Zealand sample is compared with other CRN samples of counsellors from Canada ($\underline{n}$ = 24) and the United States ($\underline{n}$ = 33). Table 1 displays the basic demographic characteristics for the three samples.

Only 13% of the New Zealand sample were male ($\underline{n}$ = 15); 87% were female ($\underline{n}$ = 99); 9 respondents did not specify gender. By contrast, current data held by the NZAC on full members ($\underline{n}$ = 2,047) shows that 66% are female (P. Marshall, NZAC, personal communication, December 19, 2008), indicating that female counsellors were over-

Table 1: Demographic details for all samples

Characteristic	NZ (n = 123)		Canada (n = 24)		US (n = 33)	
	M	SD	M	SD	M	SD
Age	49.6	8.7	50.3	12.0	45.5	12.2
Years in practice	9.3	5.4	10.9	7.1	11.6	10.0
Gender (% female)	87%		75%		79%	
Theoretical orientation[a]						
Analytic/psychodynamic	2.7	1.6	2.5	1.9	2.4	1.5
Behavioural	2.4	1.4	2.7	1.4	2.3	1.6
Cognitive	2.7	1.4	3.1	1.4	2.9	1.7
Humanistic	3.2	1.5	2.8	1.8	3.4	1.7
Systemic	2.4	1.6	3.2	1.9	2.9	1.7

Notes: n figures in analyses vary slightly due to missing data.
[a] Ratings on a 0–5 scale of influence on therapeutic practice; multiple ratings allowed.

represented in the present survey. The proportion of male counsellors was also low in the Canadian and US samples: the Canadian sample included 6 males (25%), and the US sample included 7 males (21%). The New Zealand sample had a mean age of 49.6 (range = 25–86), similar to that of Canada (M = 50.3) and the US (M = 45.5). The mean age of the New Zealand sample was similar to that found in a survey of 260 NZAC members working in private practice (Paton, 1999), in which the mean age bracket was 45–49 years. The mean age of current NZAC members is 49.6 (P. Marshall, NZAC, personal communication, February 14, 2006). All three samples had also spent similar years in practice on average; for New Zealand, the sample had spent an average of 9.3 years in practice (range = 1–26) compared with Canada (M = 10.9) and the US (M = 11.6).

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). The New Zealand sample rated the humanistic orientation as having the greatest influence on their therapeutic work, and indicated a lower emphasis on the systems theory orientation compared with the US and Canadian samples.

The New Zealand sample reported working an average of 28.5 hours per week in various mental health settings (SD = 12.9; range = 3–70), of which an average of 16.6 hours was spent conducting therapy (SD = 8.8; range = 0–40). Independent private practice was the most common work setting, with 46% of the sample spending at least some time conducting therapy in this setting. This was followed by school settings (19%), then public outpatient settings (15%). Only four respondents (3.3%) spent any time conducting therapy in inpatient settings. The sample's work settings were similar to those reported by NZAC members (P. Marshall, NZAC, personal communication, December, 2008), with 46% of the NZAC respondents working primarily in private practice, and 14% in school settings (the public outpatient setting was not included in the NZAC survey). The average caseload reported by the sample was 21.8 clients (SD = 14.5; range = 1–80).

Questionnaire

The instrument designed by the CRN for its study of therapist development is a self-report questionnaire named the Development of Psychotherapists Common Core Questionnaire (DPCCQ). The DPCCQ was designed as a broad composite measure encompassing personal and professional background, training, work settings, and experience in clinical practice (Botermans, 1996). This lengthy questionnaire, comprising 392 items, was selected for the present study on the basis of its wide use in prior research (Bae et al., 2003; Botermans, 1996; Orlinsky et al., 1999b, 2001; Orlinsky & Rønnestad, 2005e; Willutzki & Botermans, 1997).

The first aim of the present study (exploring development perceptions) involved using two scales on the DPCCQ: Current Development, which assessed therapists' sense of current growth in their professional work, and Overall Development, which assessed perceptions of development from the first clinical case during training to the therapist's most recent clinical work (Orlinsky & Rønnestad, 2005b). The Overall Development Scale is further divided into three subscales: Retrospected Career Development, Felt Therapeutic Mastery, and Skill Change. Formation of these scales was supported by factor analysis, and all scales were found to have adequate internal consistency, with alpha coefficients of .77, .85 and .86 respectively (Orlinsky & Rønnestad, 2005b). Retrospected Career Development consists of three items that ask therapists to directly assess their cumulative development since they began working as a therapist (e.g., how much they have changed overall, and how much they have succeeded in overcoming past limitations). Items are rated 0 (not at all) to 5 (very much). Felt Therapeutic Mastery consists of five items (also rated 0–5) assessing therapists' current

therapeutic proficiency, including mastery of techniques and understanding of the therapeutic process. A therapist's current mastery level is assumed to reflect the culmination of development across the career. The third scale, 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 measure that potentially ranges 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 (e.g., effectively communicating concern to patients) and technical skills (e.g., understanding the moment-by-moment therapy process, mastery of techniques).

The second aim of the present study (exploring counsellors' use of supervision, training, and personal therapy) used a range of items on the DPCCQ that assessed therapists' use of these processes.

Supervision: (a) "How much formal case supervision have you received for your therapeutic work (regular individual or group supervisory sessions)?" (b) "Are you currently receiving regular supervision for any of your psychotherapy cases?"

Training: (a) "How much formal didactic training have you received in therapeutic theory and technique (courses, lectures, or seminars)? Include both initial and subsequent therapeutic training." (b) "In the past, have you undergone training in any specific type of psychotherapy?" (c) "Are you currently undergoing training in a specific form of therapy?"

Personal therapy: (a) "Have you previously been in personal therapy, analysis, or counselling?" (b) "Estimate the total amount of time you have devoted to personal therapy/analysis." (c) "Are you currently in personal therapy, analysis, or counselling?"

For the third aim (exploring therapists' perceptions of the influence of supervision, training and personal therapy on their development), a scale was used in which therapists 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 assign both a negative and a positive rating. The present study analyses only positive ratings, given the aim of determining the *positive* contribution of supervision, training, and personal therapy. Along with ratings of supervision, training, and personal therapy, ratings of seven other relevant activities are also presented in this study to allow comparisons with the activities of interest.

The predictor variable included in the present study, experience level, was assessed by asking "Overall, how long is it since you first began to practise psychotherapy?" Respondents specified their practice duration in years and months.

Procedure

Both the New Zealand and international data were collected as part of a collaborative study of the professional development of psychotherapists, initiated by the Collaborative Research Network (CRN). Independent surveys of mental health practitioners have been conducted 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). Representative sampling was not considered viable, firstly because therapists as a group are not clearly defined, and secondly because there are no professional bodies to which all therapists within a certain nation must belong (Orlinsky et al., 2005c). Thus, the CRN used two main strategies for collecting data. The first method involved representative sampling of a wide range of regional and national professional associations (e.g., the American Academy of Psychotherapists), and the second involved collecting data from a broad range of mental health practitioners within each country (e.g., soliciting attendees of mental health conferences and trainees of counselling schools), with the aim of gathering a diverse, heterogeneous database which could then be disaggregated into meaningful subgroups (Orlinsky et al., 2005c). Data collection methods of the CRN have been described in more detail previously, in Orlinsky et al. (1999a, 2005c).

New Zealand data were collected by Dr Kazantzis, and followed the general approach employed by the CRN in sampling other countries. Thus, the data collection was aimed primarily at obtaining a large, diverse sample of mental health practitioners (Bae et al., 2003; Orlinsky et al., 1999a). Participation was solicited among the members of academic departments responsible for the training of mental health practitioners and at professional conferences, with the support of organisers. Additionally, 2,350 flyers were inserted into NZAC newsletters. Flyers were also inserted into the newsletters of other professional bodies, including the Alcoholic Liquor Advisory Council of New Zealand, the Compulsive Gambling Society, the New Zealand Association of Psychotherapists, the 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. Two

hundred and thirteen counsellors returned flyers, and of these, 123 returned completed questionnaires. Although this represents a 58% response rate, comparable with the 55% response rate of a survey of New Zealand school counsellors (Manthei, 1999), the actual response rate may have been much lower, as the number of questionnaires distributed at conferences etc. is unknown.

Data analysis

Given the exploratory nature of the present study, the majority of variables required only the calculation of means and standard deviations (for continuous variables), or frequencies and percentages (for discrete variables). Pearson's correlation was used to assess the relationship between experience level and professional development variables for the New Zealand sample. Correlations where $\underline{p} < .05$ are considered statistically significant. In order to make cross-national comparisons, the standardised mean difference effect size ($\underline{d}$) was calculated; $\underline{d}$ was calculated separately for data from the Canadian and United States samples, with the New Zealand sample as the comparison group, using the following formula (Lipsey & Wilson, 2001):

$$\underline{d} = \frac{\text{Mean (group 1)} - \text{Mean (group 2)}}{\text{Pooled Standard Deviation}}$$

The New Zealand mean was entered first (as group 1), so that a positive $\underline{d}$ always indicates a higher score for New Zealand, and a negative $\underline{d}$ 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.

Results

Perceptions of development across the career span

Table 2 presents perceptions of Current Development and Overall Development for the three samples. Mean ratings of Current Development, Overall Development, Retrospected Career Development, and Felt Therapeutic Mastery were all above the mid-point (2.5) for all samples, indicating that counsellors tended to perceive themselves both as having developed considerably since the beginning of their career, and as experiencing development currently. Mean ratings of the New Zealand sample exceeded the Canadian and US samples, with these differences representing small to medium effects (effect sizes ranged from 0.26, comparing New Zealand with Canada on Current Development, to 0.55, comparing New Zealand to the US sample on Skill

Table 2: Current and overall development: Cross-national comparison

	NZ (n = 123)		Canada (n = 24)		US (n = 33)	
	M	SD	M	SD	M	SD
Current Development (total)	3.85	.62	**3.68**	0.8	3.79	.78
Overall Development (total)	3.09	.45	3.02	0.56	**2.86**	.77
Retrospected Career Development	4.11	.57	4.13	0.65	**3.85**	1.16
Felt Therapeutic Mastery	3.72	.59	3.71	0.74	**3.52**	.9
Skill Change	1.46	.68	**1.1**	0.77	**1.08**	.75

Notes: n figures in analyses vary slightly due to missing data. Means presented in bold are those that meet criteria for a "small" standard mean difference to the New Zealand subsample (i.e., d less than or equal to 0.2). Means presented in bold and underlined indicate medium-sized differences (d greater than 0.5). All scales except Skill Change range 0–5; Skill Change potentially ranges from -5 to +5.

Table 3: Correlations of current and overall development with experience level: New Zealand sample only

Measure	n	r	p
Current Development (total)	118	.12	.21
Overall Development (total)	115	.41	.00
Retrospected Career Development	118	.25	.01
Felt Therapeutic Mastery	120	.51	.00
Skill Change	118	.12	.20

Change). As shown in Table 3, both Current and Overall Development show positive relationships with experience level for the New Zealand sample, although only Overall Development, Retrospected Career Development, and Felt Therapeutic Mastery showed statistically significant correlations with experience level. Changes in specific skills (Skill Change) showed a weak, non-significant correlation with experience level, as did Current Development.

Use of supervision, training, and personal therapy

Table 4 presents respondents' involvement in supervision, training, and personal therapy. Almost the entire New Zealand sample (94%) were currently involved in

Table 4: Use of supervision, training and personal therapy: Cross-national comparison

Professional development activity	NZ (n = 115)		Canada (n = 25)		US (n = 32)	
	M	SD	M	SD	M	SD
Supervision						
Years of supervision	8.56	5.11	5.90	4.15	5.15	5.33
Currently in supervision	94%		72%		55%	
Training						
Years of formal training	5.27	3.94	4.98	3.68	5.05	3.49
Previous specialised training	85%		81%		76%	
Current specialised training	26%		25%		25%	
Personal therapy						
Years in personal therapy[a]	3.29	2.70	4.69	3.98	3.89	3.99
Previous personal therapy	87%		92%		88%	
Current personal therapy	25%		33%		31%	

Notes: n figures vary slightly for different analyses due to missing data.
[a] Computed for those who reported having had therapy.

Table 5: Correlations of use of supervision, training and personal therapy with experience level: New Zealand sample only

Professional development activity	n	r	p
Supervision			
Years in supervision	109	.82	.00
Currently in supervision	117	.09	.31
Training			
Years of formal training	113	.41	.00
Previous specialised training	112	.12	.19
Current specialised training	114	-.11	.23
Personal therapy			
Time in personal therapy (years)[a]	106	.15	.12
Previous personal therapy	119	-.07	.42
Current personal therapy	119	-.08	.39

[a] Computed for those who reported having had therapy.

regular supervision, compared with 72% of the Canadian sample and just 55% of the US sample. Despite having had the fewest average years of clinical experience, the New Zealand sample also reported having spent the greatest amount of time in supervision. New Zealand counsellors reported receiving regular supervision for an average of 8.6 years (only slightly less than their mean practice duration of 9.3 years), compared with 5.9 years for the Canadian sample, and 5.2 years for the US sample.

The New Zealand sample had also spent the greatest time in formal training, an average of 5.3 years compared with 5.0 years for the Canadian sample and 5.1 years for the US sample. Eighty-five percent of the New Zealand sample had undergone specialised training in a specific psychotherapy at some point, and 26% of the sample were currently undergoing such training. Again, these values were slightly greater than those of the other samples.

The majority of all three samples had experienced personal therapy: 87% of the New Zealand sample, 92% of the Canadian sample, and 88% of the US sample. The New Zealand sample had spent the least total time in therapy ($\underline{M}$ = 3.29 years), and just 25% were currently engaged in therapy, compared with 33% of the Canadian sample and 31% of the US sample.

The influence of experience level on counsellors' length of time in supervision, training, and personal therapy is shown in Table 5. The significant positive relationship between years in supervision and experience level ($\underline{r}$ = .82) is clearly intuitive. Total years spent in training also showed a significant relationship with experience level ($\underline{r}$ = .41), while time spent in personal therapy did not. The relationships between experience level and current involvement in supervision, training, and personal therapy were all non-significant.

Perceived influences of supervision, training, and personal therapy

Table 6 presents counsellors' ratings of the influence of supervision, training, and personal therapy on their development, amidst a range of other activities and variables that have been included for comparison. While experience with clients received the highest mean rating in the Canadian and US samples, in the New Zealand sample this was ranked as the second most valuable source of professional development, following supervision. Indeed, the mean New Zealand ratings of the influence of supervision were substantially higher than the other samples ($\underline{d}$ = 0.79 for the Canadian comparison, $\underline{d}$ = 0.81 for the US comparison), for whom supervision was ranked fourth on average.

The New Zealand sample also perceived didactic training (courses and seminars) to

Table 6: Perceived influence of sources of professional development: Cross-national comparison

Source of influence on professional development	NZ (n = 121)	Canada (n = 25)	US (n = 32)
Getting supervision	2.60	2.04	2.03
	[1]	[4]	[4]
Taking courses or seminars	2.44	1.72	2.22
	[3]	[7]	[2]
Getting personal therapy[a]	2.36	2.27	2.17
	[4]	[2]	[3]
Experience working with patients	2.52	2.32	2.55
	[2]	[1]	[1]
Informal case discussion	2.05	2.16	1.97
	[6]	[3]	[6]
Reading books or journals	2.13	1.80	1.84
	[5]	[6]	[8]
Working with co-therapists	1.74	—	1.88
	[9]	—	[7]
Giving supervision[b]	1.91	1.83	2.00
	[7]	[5]	[5]
Observing other therapists	1.83	1.28	1.69
	[8]	[8]	[9]
Doing research	1.05	—	0.81
	[10]		[10]

Note: Table shows mean ratings, which range from 0 (no influence) to 3 (very positive influence). Rankings are presented in square brackets. Means presented in bold are those that meet criteria for a "small" standard mean difference to the New Zealand subsample (i.e., d less than or equal to 0.2). Means presented in bold and underlined indicate medium-sized differences (d greater than 0.5). 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 who reported having had personal therapy.

[b] Computed for those who reported having given supervision.

have had a greater influence on their development, compared with the other samples. Didactic training received the third highest ratings among the New Zealand sample, compared with the sixth highest in the Canadian and US samples (d = 0.97 for the Canada comparison, d = 0.28 for the US comparison). The influence of personal therapy was also rated highly by the New Zealand sample, ranking fourth among the set

Table 7: Correlation of perceived influence on development with experience level: New Zealand sample only

Source of influence on development	n	r	p
Getting supervision or consultation	119	.10	.30
Taking courses or seminars (training)	119	.01	.88
Getting personal therapy[a]	105	.19	.05
Experience with patients	117	-.04	.63
Informal case discussion	117	-.00	.10
Reading books or journals	119	-.03	.72
Working with co-therapists	111	-.08	.38
Giving supervision[b]	80	.21	.06
Observing therapists	118	.00	.99
Doing research	96	-.25	.01

[a] Computed for those who reported having had personal therapy.
[b] Computed for those who reported having given supervision.

of ten activities. Other differences between New Zealand and the other samples included higher ratings of reading books or journals ($\underline{d} = 0.40$ compared with Canada, 0.37 with the US) and working with other therapists ($\underline{d} = 0.60$ compared with Canada).

Experience level was not significantly related to the perceived importance of supervision or training for the New Zealand sample (see Table 7). The perceived influence of personal therapy showed a significant (but weak) positive correlation with experience level ($\underline{r} = .19$). The only other activity significantly related to practice duration was doing research; counsellors' rating of the influence of this activity on professional development tended to decrease with increasing time in practice ($\underline{r} = -.25$).

Discussion

The overall aim of the present study was to explore New Zealand counsellors' professional development, a topic that had received very little previous attention. Specifically, aims were to describe counsellors' perceptions of development and their use of, and perceptions of the influence of, supervision, training, and personal therapy. The impact of experience level on these activities and perceptions was also explored. Before discussing key findings, a number of limitations of the study must be acknowledged.

Firstly, the generalisability of the findings is limited by the non-representative sampling method used. The methods employed do not allow for a finer level analysis of counsellors who were NZAC members and those who were members of other organisations, such as the New Zealand Psychological Society, and the New Zealand Association of Psychotherapists, each requiring different training for membership and accreditation. However, the sample's demographic details appeared to be reasonably similar to those of a prior sample of New Zealand counsellors (Paton, 1999) and to those of current NZAC members. The small sample sizes of the Canadian and US samples greatly limits the generalisability of findings to the populations from which they were drawn, and consequently, data from these samples provide only rough comparisons with the New Zealand sample.

Secondly, the reliance on therapist self-reporting introduces potential inaccuracies due to memory and judgement errors, and social-desirability bias, although the anonymity of the survey is likely to reduce the social-desirability effects. At present, the lack of agreement on what constitutes "essential factors" of therapist development (Orlinsky & Rønnestad, 2005d) limits the construction of more objective measures. Nevertheless, counsellors' personal, subjective experiences of development are both interesting and important in their own right.

Finally, the cross-sectional approach adopted in the present study makes it impossible to determine whether differences associated with experience level reflect transitions across practitioners' careers or cohort differences. While a longitudinal approach would be ideal in the study of development across the career span, such an approach would require significant time and funding. Despite the confounding effect of cohort differences, the information discovered in the present study is still valuable in that it indicates differences between less and more experienced counsellors at the time the study was conducted.

New Zealand counsellors' perceptions of development were fairly high on average, and typically higher than the perceptions of the Canadian and US samples. This indicates a general sense of positive change, attainment of therapeutic mastery and increase in skill across their careers, as well as an ongoing sense of current development. Equally encouraging was the finding that Current Development was positively associated with experience level.

While the significant positive relationship between experience level and Overall Development is intuitive, in that those who have been practising for longer have had a greater time to develop professionally, the positive (although non-significant)

relationship with Current Development is less intuitive. Given the steep learning curve faced by new practitioners, it might be expected that counsellors' sense of current development would begin high and then diminish across their careers. This trend was not observed among the New Zealand sample, despite the wide range of practice durations represented (1–26 years). If a sense of ongoing professional development is indeed an important source of sustenance for therapists, to help prevent burnout and stagnation (Farber & Heifetz, 1981; Norcross & Guy, 1989; Skovholt et al., 2001), then the sense of ongoing (and perhaps even increasing) development among New Zealand counsellors who have been in practice for some time is clearly a positive finding.

Another positive finding was the higher mean Skill Change ratings for the New Zealand sample, compared with the Canadian and US samples, despite the shorter practice duration of the New Zealand sample. Mean ratings of Skill Change, while appearing low across all samples, were in fact very similar to those reported in other studies (Orlinsky & Rønnestad, 2005b). The low mean scores on this scale are likely to reflect the large number of items measuring change in relational skills, which therapists tend to feel they already possessed at the beginning of their careers (Orlinsky & Rønnestad, 2005b).

One notable finding of the present study was the high involvement of New Zealand counsellors in the traditional professional development activities of the tripartite model, particularly supervision. Indeed, it is possible that the high perceptions of development across the career span among the New Zealand sample are partially attributable to their high involvement in professional development activities. Ninety-four percent of the sample were currently receiving regular supervision, a finding that was very similar to the rate reported in a New Zealand survey of 212 school counsellors (92%) (Manthei, 1999). The mean time the New Zealand sample had spent in supervision was higher than that of the comparison samples, despite their similarities in mean experience level. Compared to the survey of school counsellors (Manthei, 1999), in which more experienced counsellors were less likely to receive supervision, New Zealand counsellors in the present study did not show this trend. The non-significant relationship between experience level and currently receiving supervision suggests that more experienced counsellors were no less likely to receive regular supervision than new graduates. This finding may well reflect the fact that supervision is mandated for all members of NZAC and NZAP, regardless of experience level.

The New Zealand sample had also spent the greatest average time in training of all three samples, and had the greatest involvement in specialised psychotherapy training.

The percentage of New Zealand counsellors who had undergone personal therapy (87%) was also very high, although slightly lower than that of the Canadian and US samples. The non-significant correlation between experience level and current engagement in personal therapy within the New Zealand sample indicates that New Zealand counsellors are equally likely to undergo therapy at any stage during their careers.

New Zealand counsellors strongly perceived the three activities of the tripartite model as having been major influences on their development. Of all the activities listed in the DPCCQ, supervision was given the highest mean influence rating by New Zealand counsellors, followed by work with clients, then didactic training and personal therapy. The most significant difference between New Zealand and the comparison countries related to their perceptions of the strong positive influence of supervision. Given respondents' high involvement in supervision, it is not surprising that this activity was perceived to have greatly influenced their professional development. The positive perceptions indicate that counsellors are not simply engaging in supervision to fulfil responsible obligations, but genuinely view this activity as a worthwhile, high-quality source of professional development. Ratings of the importance of training and personal therapy were also higher among the New Zealand sample than the Canadian and US samples, potentially indicating satisfaction with the quality of these sources of professional development also.

It thus appears that the "professional development triad" of supervision, training, and personal therapy may represent a widely accepted and useful basis for counsellor development in New Zealand, as it is internationally (Botermans, 1996). Thus, 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, 1992b) were only partially confirmed in the present study. While the two sources of development that were rated most highly (work with clients and supervision) are both interpersonal in nature, didactic activities, such as reading books and journals, were also highly rated by New Zealand counsellors. In the same way as New Zealand counsellors' *use* of supervision, training, and personal therapy did not diminish across their career span, their perceptions of the influence of these activities also showed no sign of decreasing. This suggests that counsellors of all career levels in New Zealand perceive supervision, training, and personal therapy as playing an important role in their professional development. Indeed, ratings of the influence of personal therapy increased across the career span, as has been noted in a previous study (Orlinsky et al., 2001).

Despite its limitations, this study represents the first attempt to identify the effects of certain professional activities on the professional development of New Zealand counsellors. Findings of the survey depict New Zealand counsellors as a group who highly utilise supervision, training, and personal therapy, who experience these activities as exerting a strongly positive influence on their professional development, and who (perhaps due to these positive influences) perceive themselves as having developed greatly in the course of their careers and as continuing to develop in their current practice. These positive findings should be encouraging to those involved in the training and supervision of counsellors in New Zealand, as well as to counsellors themselves, for whom ongoing development across the duration of their careers is clearly very possible. Future research might usefully explore the ways in which activities such as supervision, training, and personal therapy can have maximum impact on professional development, at all career levels.

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