

Propelling the Waka: Comments on Ian Evans "Steering by Matariki and the Southern Cross: Plotting Clinical Psychology's Course in New Zealand"

Robert G. Knight, *Psychology Department, University of Otago*

In a commentary on the article by Ian Evans appearing in this issue, the vision that he has of a psychology with a distinctive national identity is endorsed. Some of the forces that will mould the future of clinical psychology in Aotearoa/New Zealand are considered. These include work force numbers, the formulation of clinical competencies, and the pressures that come to bear on training programmes to conform to international practices. It is reported that over a decade period, starting with the intake class of 1993, the Otago University programme produced on average 7.5 qualified graduates per annum, of whom about five stayed to practice in this country. These figures lead to an estimate that New Zealand Universities are producing about 40 newly qualified clinical psychologists each year, who will practice in New Zealand. It is noted that the market place determines the kind of work that many clinicians turn to, and that we need strong leadership to ensure that we remain competitive.

It is a privilege to have the opportunity to make comment on Ian Evans' thoughtful and scholarly article, and a pleasure to be able to acknowledge his contribution to the profession of clinical psychology in New Zealand. Above all I respect Ian for his genuine embodiment of the scientist-practitioner model, and his steadfast commitment to research that is both important and innovative. Writing a commentary, however, runs the risk of distracting from what the author has said. To do so in this case is needless anyway, since his contribution stands alone, requiring no amplification or explanation from me. Nonetheless, since I have observed clinical psychology as it has grown up in Aotearoa/New Zealand for longer than I care to acknowledge, given this chance, it is impossible for me to resist saying something about its future.

The evolution of a distinctive clinical psychology is part of a larger discourse on the evolution of an inclusive national

identity. The late Godfrey Pohatu, a colleague at Otago, once used a different seafaring illustration when talking about the challenges New Zealanders face. He used the metaphor of a waka in which his people in the crew wanted to paddle, while mine preferred to use oars. Under such circumstances, it takes a lot of good will to steer anywhere, regardless of which constellation of stars is used for guidance. So in the clinical psychology of the future there will be challenges about *how* to go places, as well as which places to choose. My comments below are more about the "how"; I believe I can safely leave Ian to decide where to go.

Clinical psychology has been enormously successful in New Zealand. From a time in the early 1970s where there were a few scattered practitioners with a diversity of formal and informal qualifications, there are now hundreds of persons working as clinical psychologists, a Registration Board, formal University postgraduate

qualifications taught at eight campuses, and many of the trappings of a maturing profession. In achieving this we have been propelled forward by a restless and querulous (and often divisive) energy, and an instinctive commitment to evidence-based practice. Most psychologists are by training dissatisfied with only knowing *that* something happens; they need to know *why*. Although clinicians may not publish papers or collect data, the instincts of the scientist continue to exert their influence on their practice. Similarly, clinicians working as researchers may not treat patients, but they are impelled by a concern to conduct research that will feed into practice. The scientist-practitioner model has always stood us in good stead when it has been necessary to justify our presence in the workplace or to tiptoe carefully in the dark places. This perspective is often valued by others, as in the comment made by Lynley Hood (2001) in *A City Possessed* linking "science", "caution" and "psychology" when she talks about the qualities therapists needed for investigating fears of widespread sexual abuse ("Scientifically minded psychologists were usually too cautious to be suitable" p.57).

Clinical Psychology Work Force

Our metaphorical waka will go nowhere without a crew. The future of clinical psychology depends not only on higher level matters relating the syllabus, but also on more mundane decisions

about work force development. One such issue concerns the length and intensity of training. There is always a risk that the disparate voices of stakeholders will lead to the clinical psychology curriculum in Aotearoa/New Zealand becoming ever longer and increasingly cluttered. The more time it takes to train psychologists, the more expensive it is, particularly in terms of the opportunity costs for students. This has a deleterious effect on recruitment for training and consequent exclusivity. What happens when programmes get too long or excessively exclusive? History tells us that several things will happen: Alternative trainers will move into the education market; Universities will develop courses to train specialists in areas that are neglected by graduates (intellectual disability, rehabilitation), or where training can be shorter or more focused (cognitive behaviour therapists); and we will import graduates from overseas. Clinical psychologists gained ground in the market place in this country and elsewhere by having a constant supply of clever and generalist graduates, produced relatively cheaply, who moved into new settings with confidence in their effectiveness. We lose that competitive advantage at our peril.

How many graduates do the Universities produce, how long does it take, and how much does it cost? No one knows much about costs, but here is some workforce data that I found surprising. Recently I reviewed the data from the Otago programme (which offers a 3-year post Bachelors Masters/Diploma course and 4-year post Honours PhD/Diploma programme). In the decade 1993 to 2002, we had an intake of 100 students; by 2008, 76 had graduated, fully qualified. Of these 76 graduates (30 of whom completed PhDs) the average length of time they were enrolled in the programme (post Bachelors) was around 4.5 years. That means that students qualified to enter the workforce as independent practitioners on average around 7.5 years after starting University. Where have all the Otago graduates gone? Of the 76 graduates, 27 now live overseas; in the end, of the 100 students who entered the programme, about half live and work in New Zealand as qualified

clinical psychologists in full- or part-time practice.

My data show that at the moment, Otago University is producing about 5 clinical psychologists per annum who will work in this country. If all eight programmes produced the same number, we would have about 40 new graduates a year in the clinical psychology work force. In fact, that is not far off what is happening. By my count in 2007 there were 64 interns, which would mean an estimated output of 43 new graduates eventually living and working in New Zealand. Is this enough to staff new developments and replace an ageing work force? These numbers could also dip a little as the impact of moving some programmes to the doctoral level is felt over the next few years. Changing the length of courses or moving them to a post Bachelors intake increases the length of time it takes to produce graduates, and although theoretically this has no long-term impact on numbers of graduates, in practice it increases the likelihood of natural attrition from courses. Each year students leave programmes because of their personal circumstances, and the longer the programme, the more likely this is. In sum the more arduous and time consuming the training of the crew, the less likely there is to be new and well-qualified recruits, and the more likely it is that they will not finish, or else take their skills off shore, if the financial rewards are not attractive enough here.

What is a Competent Clinical Psychologist?

We have to be careful that our training for the crew is not so focused that they can only go in one direction and have no ability to adapt as time and tide may dictate. That is, we must be careful that the drive to stating competencies and accrediting training programmes does not lead to over-determination of the curriculum leaving little room for experimentation and diversity. Although I generally agree that reflecting on and formulating competencies is a good thing, let's not have too much of a good thing. Our development depends on academic freedom, and without that, we run the risk of a profession frozen in time and methods.

There is not a lot in the empirical literature about the attributes of a competent clinical psychologist; although there are a multitude of opinions. It would therefore be unwise to be too restrictive or prescriptive about the competencies that define the practice of clinical psychology. When it comes to incompetence, however, we can draw some conclusions from the disciplinary case reports from the Registration Board. These would suggest that personal behaviour and character flaws are the most common reason for complaint, and that incompetence often arises from this. To succeed in training and professional practice a clinical psychologist needs such personal characteristics as intelligence, conscientiousness, emotional stability and a tolerance for diversity. Without these attributes, a clinician may come to adopt processes of assessment and therapy that are ineffective or dangerous. To be frank, it is simply not true that any well-intentioned person can learn to be a professional psychologist; it is a difficult and demanding profession. The moral of this is that perhaps we can afford not to be desperately anxious about the precise formulation of competencies and training curriculum, provided we have the processes in place to ensure we are mostly training a range of the right people.

A Distinctive New Zealand Clinical Psychology?

Keeping our waka afloat requires balance; creating a clinical psychology for Aotearoa/New Zealand similarly requires the balancing of internal and external forces. The challenge for the future is to absorb international developments while leaving room for experimentation and points of difference. There are powerful national and international pressures that encourage uniformity and work against distinctiveness. We need to be aware of this. Just as geographical isolation has not spared us Halloween and McDonalds, so are we open to the best and worst of psychological practice and science from around the globe. Waves of overseas experts conduct workshops up and down the country, we can all attend international conferences more readily than ever before, our teaching

is tied to international models so that qualifications can be portable, and the internet makes the diffusion of ideas, good and bad, more rapid than ever before.

Just as international comparisons promote conformity with the rest of the world, so too could comparisons within New Zealand promote uniformity of curriculum. Interns approaching the clinical psychology final examination manage to amplify each other's concerns to the point of panic by the simple expedient of telling each other what they have revised and what they know. Since this is usually subtly different from what every one else knows, fear of ignorance-exposed intensifies fear and leads to excessive revision. In the same way the Universities are not immune to the anxiety generated by hearing what other programmes are doing and how they are responding to the expectations of accreditation and stakeholders' expectations. It is no bad thing for programmes to learn from the best practice of others, as long as programmes can resist uniformity and curriculum clutter. The American Psychological Association (APA) guidelines on accreditation criteria begin with a statement that I applaud: "The accreditation process involves judging the degree to which a program has achieved the goals and objectives of its stated training model" (p.4). The APA affirms a series of guiding principles for the evaluation of clinical programmes, but flexibility in precise educational goals; I see that as the path to balancing uniformity with diversity.

Although there are pressures that drive individual New Zealand clinical programmes towards sameness, there are also infusions of knowledge and experience from local scientists and practitioners that counter this. Ian Evans has given us powerful examples of this from his research experience; clinicians are likewise sensitive to cultural and personal differences because they encounter them with every client they meet. This work gives new perspectives that gradually diffuse into all areas of the domain of clinical psychology. Personally, I like to see the different clinical programmes doing different things, and for there to be recognition that psychologists can learn from each

other across their working lives. Rather than harbouring the core belief that there is only one true path to enlightenment as a clinical psychologist (the one that we and our classmates followed), perhaps we could learn to tolerate diversity in how qualifications are structured and taught. Let's be cautious about setting rigid prescriptions around accreditation and competencies.

A Final Word and Market Forces

In the future I see a clinical psychology profession in Aotearoa/New Zealand that has its own distinctive accents and concerns, shaped by a greater participation from minority groups and our ability to respond to market forces. The face of clinical psychology in the future will be fashioned not only by the aspirations we profess, but also by the market place. To return to my laboured metaphor about the waka, the crew are likely to bend their backs with greater enthusiasm if they believe the stars are taking them in the direction of personal prosperity and security. I always have to bear in mind whenever I indulge in visions of the future that I am doing so from the position of secure core funding and a nice warm office. Interns and new graduates do not have this luxury. Much of their future, and the realisation of Ian Evans' vision, depends on the success of social and political advocacy; not something they necessarily signed on for. Our professional organisations and representatives need to be as strong as they can be, and we need to recognise that talented and committed leaders are hard to find. With the separation of the College and the Institute, clinical psychologists no longer have a common place to meet, and while I understand the reasons for the divorce, perhaps that is not the way it always needs to be.

Clinical psychology has been successful in the past because of our effectiveness, high-quality graduates, and a commitment to a blend of science and practice. There are all sorts of new worlds for a young profession to conquer. We have to balance quality assurance processes with the freedom to try new things. Some novel ideas will prove to be useless, but our past is littered with bright ideas that proved to be of no lasting value. That has not

mattered. A distinctive New Zealand clinical psychology can (and I believe will) emerge gradually in response to demonstrations of effectiveness, and that is the message I take from Ian Evans' paper. He is showing us by his example that our future can be shaped by doing things in the real world that matter to all New Zealanders.

References

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Address for correspondence:

Robert G Knight
Department of Psychology
University of Otago
Box 56
Dunedin, New Zealand
Fax: 64 (03) 479 8335
Telephone: 64 (03) 479 7644
Email: rknight@psy.otago.ac.nz