



Briefing to the Incoming Minister 2023

TO: Hon [Minister Name], Minister [Ministry Name]

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Section A - Introduction to New Zealand Association of Child & Adolescent Psychotherapists

Who We are and What We Do

The New Zealand Association of Child & Adolescent Psychotherapy (NZACAP) had its beginnings in Dunedin in 1975, when a small group of therapists who were working in child mental health saw a need for collegiate support. Currently, it is the professional association for this discipline. We represent 27 full, 17 student, 14 affiliate, and 3 life members. Our association aims to:

- foster and advance the theory and practice of Child & Adolescent Psychotherapy in New Zealand;
- promote and maintain the professional standards of practice and to uphold and enforce honourable and proper practice;
- promote and support a high standard of tertiary training;
- represent the views and act on behalf of its members on social policy and conditions of employment;
- publish journals and other relevant publications as seen fit; and
- promote the recognition of Child & Adolescent Psychotherapy as a respected discipline and build relationships with key community and governmental stakeholders.

As an association, we aim to build our relationship and offer our expertise to the incoming Ministers of the 54th Parliament.

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Child Psychotherapy Professional Registration and Qualifications

Currently, all Child & Adolescent Psychotherapists (child psychotherapists) must have an annual practising certificate and be registered with PBANZ (Psychotherapy Board of Aotearoa New Zealand) — the government appointed registration board, which upholds professional standards under the Health Practitioners Competence Act, 2003. ¹

Child Psychotherapists offer treatment options for children/tamariki, adolescents/rangatahi, and their family/whānau who are grappling with severe and persistent mental health issues, which do not shift with short-term or manualised treatment. Child psychotherapists employ an approach that delves beneath the surface of complex emotions, behaviours, and relationships, aiming to facilitate self-understanding for young individuals and their families. Through specialised training, therapists observe non-verbal cues in the family system, and the child's behaviour and play. Their extensive expertise enables them to navigate disturbing thoughts and build relationships, allowing children to articulate confusing or painful feelings in play or art, rather than words. This process facilitates a return to normal child development, reducing anxiety, enhancing learning, changing maladaptive behaviour, and improving the ability to sustain friendships.

To become registered, Child & Adolescent Psychotherapists must hold a post-graduate qualification in working with children/tamariki and their families/whānau from a psychodynamic and systems-focused therapeutic orientations; ² have completed 900 hours of supervised clinical child and adolescent therapeutic practice; and 120 hours of personal psychotherapy with a registered psychotherapist; and hold an annual practising certificate ³ (see **Appendix A** for PBANZ clinical competencies)

The current training in New Zealand ⁴ develops specialists in helping children/tamariki and families/whānau with moderate to severe mental health difficulties (at times displayed as challenging and/or anti-social behaviour). The clinical skills obtained during this training are:

¹ <https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>

² Midgley et al., 2021

³ <https://gazette.govt.nz/notice/id/2015-gs5648>

⁴ Masters of Psychotherapy in Child and Adolescent through Auckland University of Technology

- able to use a range of psychotherapy skills to assist children/tamariki and adolescents/rangatahi with psychological life issues and mental health issues
- familiar with the bicultural context of Aotearoa/New Zealand
- use developmentally appropriate methods of engagement and communication.
- an in-depth understanding of infant, child and adolescent development, and family and cultural dynamics.
- specifically able to use methods of communication appropriate to age level and are trained in understanding non-verbal and symbolic communication.
- able to assess, formulate, diagnose and deliver treatment plans for moderate to severe mental health problems in this age range.
- work with family systems, parents, caregivers and multidisciplinary teams to manage an age-appropriate wrap-around treatment plan for all tamariki.
- able to offer consultation, advice and clinical supervision to other psychotherapists and other professionals working with children and whānau in a variety of settings.

This aligns with the provision of evidence-based treatments which have been shown to have long-lasting positive outcomes for children/tamariki, young people/rangatahi, and their family/whānau system.⁵ Additionally, psychotherapy offers wholistic perspectives on humans which can align with indigenous approaches to achieving wellbeing.⁶

Points of difference to other professionals working as clinicians in ICAMHS teams and in other roles with NGOs or in private practice (Clinical psychologists, Counsellors, Social Workers, Psychiatrists, Play Therapists, Psychiatric Nurses, Occupational Therapists):

- Our current specialist master's level training⁷ focuses on the emotional and psychological development of children from birth to adulthood. This allows the child psychotherapist to develop individualised assessment, clinical formulation and treatment plans informed by in-depth knowledge of developmental stages; which can support and enable healthier developmental trajectories.
- Part of the training of Child & Adolescent Psychotherapists includes a two-year Parent - Infant Observation study— visiting and watching a baby and parent interact and grow in their

⁵ Midgley et al., 2021; Oehlman Forbes et al., 2021; Slead et al., 2022

⁶ Whisker, 2022

⁷ The Current training is through AUT <https://www.aut.ac.nz/study/study-options/health-sciences/courses/master-of-psychotherapy>

relationship from birth to 2 years old. This study gives child psychotherapists a practical and in-depth knowledge of the development of the *self* within the context of early relationships. During this study, the child psychotherapist learns about brain development and other important building blocks of mental wellness in the first 1000 days.⁸

- Child & Adolescent Psychotherapists accept that each human being has a unique combination of neurological, physiological, emotional, social, cultural, genetic and psychological factors, conscious and unconscious, which influence their relationships with people and events. Each child is seen and understood within the context of their family and their wider environment, and careful thought is given to the need for support for parents or carers, and other family members.
- Child & Adolescent Psychotherapists are trained to offer long, medium, and short-term therapy. They are trained to work with parents/carers, siblings and families as a whole when appropriate, in a way that is sensitive to their cultural and social environment. This is a specialist area which requires adequate training and supervision.

⁸Te Whatu Ora, n.d.

Section B – Current Themes and Recommendations

In this section, we discuss current themes and recommendations in three key areas:

- Importance of investing in the wellbeing of children/tamariki, adolescents/rangatahi, and their family/whānau;
- Importance of child psychotherapy within the mental health, education, and social services systems; and
- The need to address the urgent workforce shortage of Child & Adolescent Psychotherapists.

1) Importance in investing in the wellbeing of child/tamariki, adolescents/rangatahi, and their family/whānau

New Zealand continues to perform poorly when it comes to child wellbeing outcomes, as indicated in the latest UNICEF Report Card ⁹ of OECD nations. This is a complex issue to solve, as there are a range of determinants of health that contribute to these outcomes. A recent comparison of mental health services notes that New Zealand has the lowest spend on mental health per capita. ¹⁰ Complex issues require diverse and systemic responses. ¹¹ Overall, we note the importance for the 54th Government to continue to invest in children, their families/whānau wellbeing, and their social and emotional development. Current evidence suggests that investment in early childhood interventions provides a sound economic return on investment. ¹² Child Psychotherapists, with training in early infant-parent work, are uniquely positioned to offer specialist interventions for those who would benefit from it.

What has occurred within the mental health and social welfare ecosystem is the prioritisation of behavioural approaches (top-down), over relational approaches that focus on the drivers of the behaviour (bottom-up). Recent brain research is confirming the effectiveness of such relational approaches. ¹³ Evidence from a recent systemic review found areas where psychodynamic therapy is

⁹ UNICEF Innocenti (2020)

¹⁰ National Health Service (2019)

¹¹ Oakden et al. (2021)

¹² Jutte et al., 2021; Saitadze & Lalayants, 2021

¹³ Schore (2021)

as effective or more effective as other evidence-based therapies, like CBT.¹⁴ As an association, we advocate for continued investment in the early years, equitable funding for Māori, and the implementation of culturally responsive approaches.

Over the last 20 years,¹⁵ relational approaches have become marginalised, alongside the role of psychotherapists in general, and more specifically of Child Psychotherapists. Another trend occurring is the increase of allied professionals, such as social workers and mental health nurses, who are offering therapy to this age group. We advocate for the specialist nature of therapy for this population group to be respected. The impact of these trends is the range of treatments and expertise available to our communities has significantly diminished over time. Our discipline provides unique specialisation, which needs to be included in the planning of the mental health workforce across education, health, and social welfare systems.

Recommendations

- 1.1 For Aotearoa New Zealand to recognise and respect the unique developmental needs of infants/mokopuna, children/tamariki, and young people/rangatahi. Within this, there is the acknowledgement that their development and emotional wellbeing depend on the wellbeing of our communities.
- 1.2 Work must address related historic and current Crown breaches of Te Tiriti o Waitangi by investing in and resourcing Tangata Whenua to design Kaupapa Māori pathways for prevention, healing, and restoration.
- 1.3 For the 54th Government to continue the work of the *Child and Youth Wellbeing Strategy*.¹⁶
- 1.4 Continued investment in the first 1000 days of the life of every child in Aotearoa New Zealand.

¹⁴ Midgley et al. (2021)

¹⁵ Whisker, 2022

¹⁶ <https://www.childyouthwellbeing.govt.nz/resources/child-and-youth-wellbeing-strategy>

2) Importance of Child & Adolescent Psychotherapy within the Mental Health, Education, and Social Services Systems

Internationally, it is considered good practice for the workforce, responding to the mental health and wellbeing needs of children/tamariki, adolescents/rangatahi, and family/whānau, to be composed of diverse disciplines including psychiatrists, a range of psychologists, psychotherapists, social workers, mental health nurses, culturally informed kaimahi, and support workers. In many OECD countries, child psychotherapy is a core profession and an important component of this workforce.¹⁷

As mentioned above, there is a shift towards manualised and behavioural-based treatment programmes. While these can be effective, for some clients and their family/whānau these approaches may not be suitable, as they do not address the unique combination of neurological, physiological, emotional, social, cultural, genetic and psychological, conscious and unconscious factors. Hence, we strongly advocate that an effective workforce is a diverse workforce.

In this section, a brief overview of the role child psychotherapists do and can fulfill in different systems in Aotearoa New Zealand.

Health Systems

Within the health system Child & Adolescent Psychotherapists can, and do in a limited capacity, offer specialist psychodynamic therapeutic options for clients accessing Infant, Child & Adolescent Mental Health Teams (ICAMHS), as well as those experiencing medical trauma.

Mental Health Settings - ICAMHS Teams

Historically, Child Psychotherapists held a range of specialist positions within ICAMHS teams. Until 10 years ago, the Mental Health Guidelines recommended that each service have two Child

¹⁷ National Health Service, 2018, 2019

Psychotherapists and specialised therapy rooms ¹⁸ for each ICAMHS team in New Zealand. Due to limited training and a shift towards a more behavioural approach to mental health treatment practices, these recommendations and clinical placements are no longer in place.

The impact of this is limiting communities' access to a diverse range of evidence-based treatment options, ¹⁹ as well as the limited or absent input of psychodynamic-relational thinking in service design, practice guidelines, and government strategy.

Therapeutic care for children experiencing medical trauma

Starship Hospital offers child specialist psychodynamic therapy for those children who experience invasive and intensive medical treatment. Child psychotherapy offers support to the child as well as the parents, and this can have positive impacts on recovery, family dynamics, and opportunities for early emotional support.

According to research conducted with data in 2021, **only 3 Te Whatu Ora locations** offer this important therapeutic service **employing only 14 child psychotherapists** across the country (see **Appendix B**).

Education Systems

In our post-COVID-19 world, we are seeing an increase in students' behavioural, emotional, and learning needs. ²⁰ The Government does not currently provide a comprehensive strategy that outlines the provision of mental health support and services for children and young people within schools. Currently, the provision of pastoral care is regulated by the Education Act 1989 Part 18A, ²¹ not by the New

¹⁸ To work effectively with children and young people, it is important for the physical environment to reflect their developmental needs. Rooms with play material, including arts and crafts is recommended.

¹⁹ Midgley et al., 2021; Sled et al., 2022

²⁰ Every-Palmer et al. (2020)

²¹ <https://legislation.govt.nz/act/public/1989/0080/latest/DLM185907.html>

Zealand Public Health and Disability Act 2000.²² This significantly impacts the rights of consumers within the school system.

The majority of delivery of service is offered by school counsellors, who are either teachers with some additional training or trained counsellors. The delivery of mental health support in schools is complex, as the support of the client is occurring within the intersecting systems of the family/whānau and school. We consider this to require additional training and specialisation. Child & Adolescent Psychotherapists, in their Graduate Diploma, conduct a 6-month observational study of children within the school system. This allows us to identify multiple factors that might be influencing the issues being presented by the client. We are also training to work alongside other professionals, like teachers, who can support the development of strategies that offer long-lasting systemic changes.

Community Services Systems

Within Aotearoa New Zealand, a range of community services and NGOs offer support to children/tamariki, young people/rangatahi and their families/whānau. As a national membership organisation, we note the discrepancies in access to services across the country. We advocate for access to early access to specialist support for parents with children and young people. We also note that, due to our unique specialisation, we have an important role to play in the service delivery of early mental health support.

Child Protection, Youth Justice, ACC ISSC Systems

Child Psychotherapy is seen as an important specialisation in working with the impact of Adverse Childhood Experiences (ACEs).²³

- The ACC ISSC system, which offers long-term therapy for those impacted by sexual violence, does place value on the specialist role of Child Psychotherapists in the delivery of treatment. This is the system where a significant number of our members are currently working.

²² <https://www.legislation.govt.nz/act/public/2000/0091/latest/DLM80051.html>

²³ Midgley et al., 2021; Sleed et al., 2022

- Within the child protection system, Oranga Tamariki, there are currently a limited number of Child Psychotherapists employed across the country. Within this system, thanks to our specialisation in understanding early developmental trauma, we can offer a therapeutic approach that aims to repair early caregiving and environmental shortcomings. Child Psychotherapists have specialist skills in understanding the non-verbal and symbolic communications of children of all ages. This means we are able to make highly specialised assessments of a child's emotions and relationships, regardless of the child's ability or willingness to engage verbally. This approach, based on observing the relational pattern of the child/youth with the therapist, is particularly useful when there is little information about the child's early years.
- Within the Youth Justice and Forensic system, child psychotherapy is internationally recognised as an essential professional role.²⁴ The way we work with families/whānau, wider professional networks, and youth can help make real change and prevent youth from behaving in ways that are anti-social or engaging in criminal activity. Through our training, we learn to rely less on child/tamariki and young people/rangatahi talking to us, which allows for some form of engagement with the most defiant youth.

Recommendations

- 2.1 We recommend that child psychodynamic psychotherapy be considered an important therapeutic service that communities should have access to in a range of settings.
- 2.2 Ensure that Te Whatu Ora returns to having two child psychotherapists per ICAMHS service and specialised therapy rooms.
- 2.3 NZACAP is seen as an important partner to the 54th Government when it comes to developing policies regarding child/tamariki, youth/rangatahi mental health across all systems.

²⁴ National Health Service, 2018, 2019

3) The Need to Address the Urgent Workforce Shortage of Child & Adolescent Psychotherapists

Aotearoa New Zealand currently has 64 registered Child & Adolescent Psychotherapist, which if taking into consideration the 1.6 million under 25-year-olds, accounts for 1 Child Psychotherapist for 25,000 children/tamariki and young people/rangatahi. We consider this a significant shortfall which must be urgently addressed.

Previously, there were three training programmes based in Auckland, Wellington, and Dunedin, now the only training programme is based at Auckland University of Technology. This programme was temporarily shut down between 2010 and 2017. Since 2008 only 17 Child & Adolescent Psychotherapists have registered with PBANZ (see **Appendix C**).

The training programme requires a significant financial commitment, as students are required to complete 3 years of (full-time) post-graduate studies, attend and fund personal therapy, conduct a 2-year infant-parent observational study, and complete 2 years of unfunded student placements. The lack of scholarships and funding impacts and limits who can complete this qualification. Child & Adolescent Psychotherapy students, from the first year of the Master's programme, are offering psychodynamic therapy to clients. Because they stay in the same placement for two years, organisations are able to rely on an increase in the capacity of service delivery during this time. The structure of the programme lends itself well to an apprenticeship mode of training delivery.

Ultimately, we advocate for more Child & Adolescent Psychotherapists to be trained and for an international recruitment drive to occur to address some of the current shortage of 30 child psychotherapists to ensure each ICAMH team has adequate staffing. We also note the need for Kaupapa Māori training pathways, as well as the need for other cultural groups to explore their training needs.

Recommendations

- 3.1 For the 54th Government relevant Ministers to meet with NZACAP to discuss this urgent shortfall and explore options to increase the number of Child & Adolescent Psychotherapists in Aotearoa New Zealand.
- 3.2 Ensure all currently available Pacific and Māori health workforce include the Child & Adolescent Psychotherapy programme.
- 3.3 For the 54th Government relevant Ministers to meet with NZACAP and AUT to discuss apprenticeship mode of training delivery.
- 3.4 To address the immediate shortage, we recommend that Child & Adolescent Psychotherapy be added to the Skilled Migrant Category Resident Visa.²⁵

²⁵ <https://www.immigration.govt.nz/new-zealand-visas/visas/visa/skilled-migrant-category-resident-visa>

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Section D – Appendix

Appendix A - Additional Core Clinical Competencies for Psychotherapists working with Children and Adolescents 26

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

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

A. Core Clinical Competencies

1) Theory

All psychotherapists working with children and adolescents will be:

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

2) Clinical

All psychotherapists working with children and adolescents will be:

- a) able to conduct a thorough child/adolescent psychotherapeutic assessment, including taking a developmental history and family history

- b) (*) able to compile a mental status report and develop a psychodynamic treatment formulation and appropriate treatment plan
- c) (*) able to understand and work with the transference and countertransference dynamics operating between the therapist and the child/adolescent; the therapist and the parents/caregivers; the therapist and the child's/adolescent's wider social environment
 - d) able to form effective working therapeutic relationships with the child's/adolescent's wider social system, including parents/caregivers, that informs and influences the therapeutic work with the child/adolescent
 - e) able to work with parents/caregivers to support the child's/adolescent's therapeutic process, and to promote, enhance and facilitate a positive child/adolescent – parent/caregiver relationship
 - f) able to understand play as a medium of communication; to facilitate, engage in and interpret the symbolism of play, artwork and creative processes
 - g) able to recognise and work effectively with the child/adolescent's non-verbal communication, including how the child interacts with the therapist and the therapeutic environment
 - h) able to appropriately contain children/adolescents during the therapeutic work
 - i) able to manage the complex boundaries of confidentiality and safety with regard to the child/adolescent they are working with, including in the provision of feedback with parents
- j) able to write comprehensive therapeutic reports, including, as appropriate, statutory reports.

B. Ethical and legal practice

All psychotherapists working with children and adolescents will be:

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

Appendix B - Number of Registered Psychotherapist Child & Adolescent in all DHBs in Aotearoa

This data is taken from the research conducted with data from 2021 by Craig Whisker, psychotherapy professional leader at Te Whatu Ora, Te Toka Tumai, Auckland, ²⁷ and the data relates to 2021.

FTE (with number of Registered Psychotherapist Child and Adolescent [RPCA]) in all DHBs in Aotearoa New Zealand

DHB	FTE (Number of RPCAs)	
Waitematā	4.1	5 (RPCA)
Auckland	3.8	6 (RPCA)
Capital & Coast, Hutt Valley, & Wairarapa	1.6	3 (RPCA)
Canterbury	0	
Bay of Plenty	0	
Counties Manukau	0	
Hawkes Bay	0	
Lakes	0	
Nelson-Marlborough	0	
Mid-Central	0	
Northland	0	
Tairāwhiti	0	
Taranaki	0	
South Canterbury	0	
Southern	0	
Waikato	0	
West Coast	0	
Whanganui	0	

²⁷ Whisker (2022)

Appendix C- Broad Categorization of Qualification Pathways for PBAMZ Registration 2008–2021^{28 29}

This table is retrieved from the research conducted by Whisker.³⁰ The yellow highlight indicates the only training pathway for Child and Adolescent Psychotherapy. The AUT training pathway is the only one available in the country, and it was closed between 2010 and 2017. This has contributed to a significant shortfall of child psychotherapists.

Qualifications	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Totals
PBANz	38	93	17	6	5	9	7	8	4	11	4	4	6	5	217
AIT/AUT Dip	36	73	9	-	1	-	-	-	-	-	1	-	-	-	120
ANZAP Dip	13	10	2	1	-	-	4	1	-	-	-	-	1	-	32
Ashburn Clinic	3	1	1	-	-	-	-	-	-	-	-	-	-	-	5
AUT MHS/MP AP	17	36	9	4	12	9	9	9	13	12	12	13	13	14	182
AUT MHS/MP CAP	2	-	-	1	-	-	-	1	-	-	-	2	6	5	17
Bioenergetics	1	2	1	-	-	1	-	-	-	2	-	-	1	1	9
Gestalt	9	23	5	4	3	1	4	5	1	2	-	2	1	1	61
Jungian	1	4	-	-	-	-	-	-	-	-	-	-	-	-	5
NZAP ACP	29	35	1	-	1	-	-	-	-	-	-	-	2	1	69
Psychoanalytic	1	3	1	-	-	-	-	-	-	-	-	-	-	-	5
Psychodrama	2	8	1	1	-	1	2	-	-	-	2	2	-	-	19
Psycho-synthesis	6	20	4	2	1	1	2	3	2	1	3	10	1	-	56
TA	17	19	1	-	-	2	1	2	1	4	1	3	6	3	60
UO PGDip CAP	10	8	3	-	-	-	-	-	-	-	-	-	-	-	21
UA PGC ICAMH	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Totals	185	335	56	19	23	24	29	29	21	32	23	36	37	30	879

²⁸ Excludes supervised clinical practice and personal psychotherapy experience requirements.

²⁹ Abbreviations: PBANZ — Final assessment accredited or set by PBANZ 2008-2010 and comparable overseas qualification assessments; AIT/AUT Dip — Auckland Technical Institute/Auckland University of Technology, Graduate Diploma of Psychotherapy; ANZAP Dip — Australia and New Zealand Association of Psychotherapy, Diploma of Adult Psychotherapy; Ashburn Clinic — Ashburn Clinic Certificate of Completion; AUT MHS/MP AP and AUT MHS/MP CAP — Auckland University of Technology, Master of Health Science (now Master of Psychotherapy), with Adult, and Child and Adolescent pathways respectively; Bioenergetics — Certified Bioenergetic Therapist; Gestalt — Diploma of Gestalt Psychotherapy; Jungian Accredited Jungian Analyst with ANZSJA and/or IAAP; NZAP ACP — New Zealand Association of Psychotherapists, Advanced Clinical Practice; Psychoanalytic — Membership of the New Zealand Institute of Psychoanalytic Psychotherapy; Psychodrama — Australian and Aotearoa New Zealand Psychodrama Association, Certified Psychodramatist; Psychosynthesis — Diploma in Psychosynthesis Psychotherapy; TA Certified Transactional Analyst; UO PGDip CAP — University of Otago, Postgraduate Diploma in Child and Adolescent Psychotherapy; UA PGC ICAMH — University of Auckland, Postgraduate Certificate in Health Sciences in Infant, Child and Adolescent Mental Health.

³⁰ Whisker (2022, p. 49)