

# A study exploring the impact of Continuing Professional Development (CPD) activity on the practice of Higher Education (HE) based therapists.

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## **Aim:**

A small-scale qualitative study exploring therapists experience of CPD in HE-settings (Turner, Goss, & Caleb, 2017) provided impetus for the current study which sought to better understand the current practice-development gap. The UK HE context of increasing research awareness and activity lies alongside a climate in which services are noting rising demand for counselling by students presenting with heightened mental health complexity & risk.

All accredited therapists are required to undertake regular CPD activity to maintain and develop their knowledge, skills and personal qualities for ethical, safe and effective practice (BACP, 2018) in line with the clinical population need.

However, there seems to be limited research evidence that CPD reliably improves clinical practice and, more importantly, a growing concern that a widening gap between practice and research persists across the counselling and allied professions



## **Design & Methodology:**

Following a literature review that explored the salient themes in the field, a pluralist mixed methods approach utilised quantitative (mainly descriptive) analyses and qualitative thematic analysis (Braun & Clarke, 2006) of data extracted from a self-designed online survey. The survey covered a broad range of questions (closed, multiple choice and open text comments) relating to the perceived impact of CPD on student counselling practice. A purposeful sampling strategy was used (via various professional networks) and a total of 90 practitioners completed the survey.

## **Findings:**

The findings highlighted therapists (n= 90, 74% female, 23% male, & 3% other) strong motivation for learning-demonstrating commitment to CPD activity consistent with the extant literature (Castonguay et al, 2013; Fender, 2015; 2017; McLeod, 2016). CPD is perceived to be 'Essential' (94%), 'Ethical', (91.2%), and 'Professional' (94%) to good practice. The dominant motivator in CPD choice was 'interest' (n=73) rather than recommended 'planning' (n=18) in line with identified practice gaps. Whilst learning from 'experience' (n=55) was preferable to other learning forums such as 'research' (n=16) deemed least preferred.

Thematic concerns were generated from the data about the generalisability and accessibility of CPD to HE settings, particularly given the rise in student complexity and need, met within a time limited context (4-6 sessions). A wish for better guidance on relevant CPD, informed by sector-specific knowledge and practice-based research, was frequently voiced.

### Conclusion:

Analysis from a pluralist mixed methods perspective suggests practitioners working in individual clinical settings may benefit from more widely available provision of sector-specific CPD.

The development of CPD 'products', backed up with sound, practice-based research could make a difference to professionals utilising existing expertise and engaging more frequently in new emerging research knowledge within their clinical setting and generally.

Professional recommendations for a sector-specific CPD framework to encourage a research informed practice in line with university & college sector competencies.

### Implications:

Implications for future research considers the question, could sector-specific CPD (research explicitly related to working with student populations) improve clinical practice by engaging therapists in knowledge specific to their clinical setting?

Furthermore, could a HE practice-research network (PRN) be a useful framework for knowledge development/production and dissemination to begin to bridge the practice development gap (Bager-Charleson, et al, 2018; Henton, 2012)?

### Limitations:

The survey sample size (n=90) was relatively small and self-selective, so it may not be representative of the whole HE therapist population.

Furthermore, the research was conducted by a Doctoral researcher who is also a HE therapist and supervisor and therefore the potential for bias from prior beliefs about quality CPD and best practice is self-evident. However, the findings are intended to be informative and transferable within therapeutic settings and provide a platform for participants to feedback their experiences in a practice-based research context.

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