# Canadian Association for Psychodynamic Therapy

## Response to the

## Health Professions Regulatory Advisory Council's

## *Consultation Discussion Guide*

## *On Issues Relating to the Ministerial Referral on Psychotherapy and Psychotherapists*

**October 19, 2005**

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## Preliminary Remarks

The Canadian Association for Psychodynamic Therapy (CAPT) thanks the Health Professions Regulatory Advisory Council (HPRAC) for the opportunity to respond to the *Consultation Discussion Guide on Issues Relating to the Ministerial Referral on Psychotherapy and Psychotherapists*.

CAPT's brief will address the questions posed by HPRAC, but we would like to preface our comments with these preliminary remarks.

One of CAPT's primary concerns is that not enough time has been given to consult the public on the issue of the regulation of psychotherapy and/or psychotherapists, specifically those of the public who use the services of psychotherapy. How can there be an informed recommendation when patients and clients have not been thoroughly and systematically consulted on the issue? We wonder what research has been done on the client base to hear what clients are seeking in therapy, what they are benefiting from, and what they intelligently assess to be therapeutic. It will be important to know what kind of people they want to see and what therapy modalities they want to have available to them. **We must first be accountable to the person receiving the therapy.**

The government's attempt to involve and consult the public in order to solicit opinions from a broad range of users of psychotherapy has, so far, been ineffective. CAPT is aware that some attempt was made to alert the public–in the form of at least one news release, public notices in local newspapers, and one ad each in the *Globe and Mail* and the *Toronto Star* on one Saturday prior to the September 30 consultations; and that some local health care agencies were contacted. Regrettably, in most cases, less than two weeks advance notice was given, and in some cases only a few days. This is not nearly enough time for what was already not at all a sufficiently comprehensive effort to find out what the public has to say. The reason given for the paucity of outreach effort was budget constraints. In CAPT's opinion, this is not a valid justification on such an important issue that will so directly and seriously affect the public.

The extremely poor showing by the public at the hearings indicates that not nearly enough has been done to involve the public. Just how the government can appropriately and adequately conduct a thorough and comprehensive consultation is a complicated matter, certainly, because of the confidential and sensitive nature of therapy. But that fact does not obviate the clear imperative

that the public, the users of psychotherapy in the province, must be thoroughly, comprehensively, and conscientiously represented in any decision concerning regulation. Patients and clients must be consulted on their reasons for choosing a particular kind of therapy or a particular therapist, the benefits of their therapy, and the risk of harm as understood or experienced by them. **An informed recommendation to the Minister of Health and Long-Term Care cannot be made when only one part of the client/therapist dyad has been consulted.**

Given that there is so little evidence of a thorough consultation of the public, CAPT recommends that the government take more time to do a comprehensive consultation and evaluation of the profession, because the public will be so directly and immediately affected by any regulation that is enacted. Access to the therapies and therapists of their choice may be affected, as may fee structures, and so the public, as represented by the users of the service, must be consulted in an informed and serious manner.

**CAPT recommends that regulation be deferred until such time as that part of the consultation process is completed and evaluated. We urge HPRAC to make this recommendation to the Minister.**

In the meantime, CAPT wishes to broadly do two things:

- Demonstrate that many psychotherapists in the province, certainly a very large number of psychoanalytic and psychodynamic psychotherapists, are already largely voluntarily self-regulating in a responsible, professional manner; and
- Offer recommendations for regulating psychotherapy in the province under the Council model, should the Minister decide to proceed with regulation.

In the process, CAPT will address the questions posed by HPRAC.
(The HPRAC Panel questions to Dr Philip McKenna, President of CAPT, at the public consultations on September 30, 2005 are addressed in Appendix A.)

## I. INTRODUCTION

The Canadian Association for Psychodynamic Therapy (CAPT) is comprised of over 175 self-employed psychotherapists in private practice, as well as seven private institutes that provide training in the practice of psychotherapy. These institutes are the Adler Professional Schools, The Centre for Training in Psychotherapy, the Institute for the Advancement of Self Psychology, the Ontario

Association of Jungian Analysts, the Toronto Child Psychoanalytic Program, the Toronto Institute for Contemporary Psychoanalysis, and the Toronto Institute for Relational Psychotherapy.

The majority of the psychotherapists in CAPT do not have medical training and do not see themselves as part of the funded health care system but rather as supplementary to it. CAPT members have come to their training with educational achievements that range from high school through the PhD level. Some come to training as mature students with backgrounds in parenting, child care, the arts, education, administration, finance, public safety, law enforcement, health care and counselling. Their maturity and life experience provide them with a fertile base from which to begin their studies. Others enter training with post-graduate degrees, often in related fields. The CAPT Directory/Register, explained in Section III and found as Appendix C, provides full details of the training and education of CAPT members.

CAPT psychotherapists and training institutes are part of a long historical tradition (marked, however, by conflicting viewpoints) that stems from psychoanalysis. The ecumenical gathering of our institutes in one professional organization is unusual. It is a response to the marginalization of all depth psychotherapy in the present dominant medical mental health culture.

We are naturally apprehensive that the drive for regulation might be a hegemonic effort to exclude those who train and practice in the tradition where, historically, psychotherapy arose as a distinct new profession.

Many clients of CAPT psychotherapists have never had any contact with the funded mental health system. They have never been prescribed drugs for a psychological condition and they have never discussed their psychological state or emotional concerns with a doctor. They often find a therapist through speaking with a friend, looking through the Yellow Pages or searching the Internet. They are self-referred and have no diagnosis. Many explicitly wish to avoid medication. They come with concerns about patterns that they see emerging in their lives or feelings of unhappiness or dissatisfaction. Although some clients enter therapy to address problems, others come primarily to explore their inner life and to access their creativity. Some of these clients are highly functioning and very successful people, who appear happy and well-adjusted to those around them.

Some clients may have been prescribed medication for anxiety or depression by a family physician or psychiatrist or they may have a diagnosis of a psychiatric

nature. They may then have sought out psychodynamic therapy on their own, or the physician may have given them the name of a referral service or a psychotherapist. The client may tell the therapist of the diagnosis, if there is one, or the physician may provide a note stating the diagnosis. Often there is no contact between the referring physician and the psychotherapist. Regardless, we support the client's relationship with his/her physician or psychiatrist.

The client who comes to us begins a psychodynamic therapy. There are many forms of psychodynamic therapy, but all agree on two things especially:

- The agency of the client and the cooperative nature of the work are of prime importance.
- Both client and therapist pay attention to the depth dimension of human life, within and under what is consciously known and said or what is observable as a symptom.

Of course, all is not sweetness and light, and therapists must have the sturdiness, maturity and competence to "hold" the therapy for the benefit of the client when it may become conflictual or extremely upsetting.

A survey of CAPT members, both part-time and full-time therapists, found that they typically see an average of 20 clients once a week for an average of 40 weeks each year, to provide a total of 600 to 800 session hours per year. Their average fee is in the range of $65 per hour. For the most part, fees are paid by clients from their own disposable income.

CAPT has become aware that the group of therapists and clients that is represented by our organization is somewhat invisible both at the governmental and institutional level. We remain "under the radar," so to speak, a fact that became evident when the discussions around the question of regulation began. It was significant that no member of CAPT, institutional or individual, was invited to attend the HPRAC discussions in July 2005. **The psychotherapists and training institutes represented by CAPT form an important part of the network of professionals that provide services to the public of Ontario, and we are concerned that our perspective be heard in the present discussion of regulation.**

## II. DEFINITION

(This section responds to questions 1-2 of the *Consultation Discussion Guide*.)

(1) Is it necessary to define psychotherapy in order to regulate it? If so, is broad agreement on a definition necessary?
(2) Please comment on the working definition. Are there elements that should be included or deleted?

**CAPT's position is that psychotherapy escapes ordinary attempts at definition.**

The working definition provided by HPRAC is as follows:

> *Psychotherapy is the treatment of a person or persons (who have cognitive, emotional, behavioral or social dysfunctions) through psychological, psychosocial or interpersonal methods. The nature of psychotherapy is often probing and intensive, and a specific treatment plan guides the application of these procedures. The practice of psychotherapy can be distinguished from both counselling, where the focus is on the provision of information, advice-giving, encouragement and instruction, and from spiritual counselling, which is counselling based on religious or faith-based belief systems.*

This working definition excludes all psychodynamic psychotherapy, which has its roots in the psychoanalytic tradition begun by Sigmund Freud over 100 years ago. Psychodynamic psychotherapy includes psychoanalysis proper as well as its derivatives, psychotherapy that is rooted in psychoanalytic theory and methods of practice but often influenced by newer initiatives, such as intersubjective psychotherapy or self-psychology.

Some distinguishing features of psychodynamic psychotherapy include

- The exploration of the unconscious through the interpretation of dreams, phantasies and narrative
- Alertness to the enduring influences of childhood experiences
- The mutual and cooperative efforts of both client and psychotherapist
- The attention to the development and implications of both transference and countertransference in the therapeutic relationship

Psychotherapy can be considered to be the cooperative work of a client and therapist in alliance. It can also more restrictively name the therapist's part in this process: "I am training to do psychotherapy." The working definition is of this kind, but its choice of language that highlights a set of actions by the psychotherapist could obscure the richer primary meaning of psychotherapy.

Medical doctors are coming to see the practice of medicine as cooperation between doctor and patient for prevention of illness and as aid to the self-healing processes of the "patient." An older medical model where all the agency is on the side of the expert dies hard, however. We think we see its ghost behind the working definition.

**The medical model of treatment is not applicable to a multitude of psychotherapy disciplines. The working definition in the HPRAC *Consultation Discussion Guide* is not inclusive of the diversity within psychotherapy in the province.**

Use of the term "treatment" in the *Consultation Discussion Guide* could be understood to indicate a passive acceptance by the client of something that is being done by the psychotherapist. This does not characterize the process of psychodynamic psychotherapy, which has always been understood as a cooperative work by two people. We do not see psychodynamic psychotherapy as a "treatment" in the ordinary sense of the word, but rather as a process by which the client gains a greater awareness of himself or herself, specifically about those thoughts and feelings and beliefs that are unconscious or only partly understood, and which may cause suffering in the client and impede health and psychological/emotional well-being and growth.

Many of the clients seeking psychodynamic psychotherapy are not dysfunctional. To characterize all users of therapy as dysfunctional ignores a substantial proportion of our clientele. This population of clients remains largely invisible to those who maintain records of the users of mental health services.

There has not been, to date, a broad definition of psychotherapy on which all psychotherapists can agree. In addition to the working definition in the *Consultation Discussion Guide*, HPRAC provides an additional 12 definitions as Appendix F. Many other definitions can be found in various dictionaries, both professional (e.g., *Oxford Dictionary of Psychology*) and general.

The plethora of varying definitions shows that there is no single body of knowledge that every psychotherapist needs, for there are many modalities and there are serious controversies still unsettled between these modalities. If you further asked for the psychological theories behind these multiple forms, you would find vast areas of theoretical conflict about human psychology and appropriate forms of therapy. There is nothing in psychology like the scientific consensus in physical medicine. Some groups may claim to have the correct science, the correct approach, but there is no consensus, and no government would have the competence to judge the matter. If some version of psychology and therapy is imposed, it will only be because one group has seized the power.

**If as psychodynamic therapists we find ourselves excluded in a definition trying very hard to be inclusive, how many other forms are being missed here?**

Broad definitions tend to be so general that they are meaningless; more specific definitions may be exclusive of new methods or approaches. To regulate on the basis of either of these approaches to definition threatens to leave us with regulation that is unenforceable or so constrictive that it would impede the creative development of new techniques and approaches. Such development has been characteristic of this dynamic profession and brought about the breadth and depth of knowledge that give rise to the diversity that we see today.

What needs to be done for Ontario is an actual survey of the types of psychotherapy (self-described) practiced in the province. This would demonstrate, we believe, the impossibility of a single useful definition.

**If one wishes to regulate psychotherapy, even though it is impossible to define it in general, one could leave it undefined and define instead a set of professional standards that all must meet.**

One could regulate, for example, that anyone who is a psychotherapist must have so many hours of training (academic and practical), must subscribe to a code of ethics in their practice, must show evidence of ongoing professional education, and so on. This would allow the legislator to avoid deciding who is in and who is out by having to decide which psychology and which psychotherapy is the correct one. In other words, the legislator would not have to decide which psychology and which psychotherapy is “right,” or who is in and who is out.

## III. NEED FOR REGULATORY INTERVENTION

(This section responds to questions 3-5 of the *Consultation Discussion Guide*.)

(3) Does the practice of psychotherapy pose a risk of harm to the public? If so, how?
(4) Would regulatory intervention decrease the risk of harm to patients/clients? If so, how?
(5) Please identify any other factors that weigh for or against regulatory intervention.

### *RISK OF HARM*

All the documents we have so far seen tend to argue from the risk of harm in psychotherapy to the need for regulation, including a judicial process with teeth. This is much too swift. We need to know not only what harm **may be done** but what harm **is being done** in Ontario. A few spectacular media cases (usually about regulated professionals) might put pressure on politicians, but they are not an adequate argument for regulation.

CAPT nevertheless recognizes that the potential for harm exists in the practice of psychotherapy. As HPRAC so succinctly outlines, the patient's/client's vulnerability makes the client susceptible to harm, particularly harm from any kind of exploitation or breach of trust, and harm resulting from criminal acts. However, the specifically psychological harm that can be done in therapy is very hard to clearly define and identify. This was why it was not included in the *Regulated Health Professions Act* (RHPA) in 1991. The same reasons apply today. It is an uncomfortable truth that psychotherapy is the kind of work that is not easily measurable or judged in the way that physical disciplines are.

In the battles over the RHPA in the early nineties, there was an effort to have psychotherapy defined as a Controlled Act because of the possibility of emotional harm caused by the practice of psychotherapy. This foundered on the impossibility of defining "emotional harm" in any clear way that could be dealt with in a legal venue.

An analogy might be found in the laws protecting children from harm caused by parents. Parents sometimes cause grievous harm to their children of a kind that would be impossible to prove in law, not least because its effects often show up years later—something psychotherapists know all too well. So the law deals only with clear and judiciable harm: physical or sexual abuse, serious negligence in feeding and caring for children, and so on.

**The harm that can occur during psychotherapy could be of a gross, criminal kind, or it could be caused by the kinds of failures that can happen in any professional relationship. The harm, however, that would be peculiar to psychotherapy is often of a subtler kind that largely escapes judicial grasp and solution.**

Any attempt to adjudicate the quality of psychotherapy, as such, comes up against the essential lack of agreement about fundamental issues of psychology and theories of psychotherapy.

The harm that is specific to psychotherapy is best dealt with by **prevention**: good training, supervision and collegial practice.

An innovative way must be found to safeguard the public interest, which includes the public's right to choose the therapy modality that most suits their needs. A way must be found to accommodate the public's right to choose while protecting that same public from harm. **Though some have suggested that regulation is a means to avoid harm to those who come to psychotherapy, we must take care that the model of regulation created does not denature psychotherapy or cause harm itself.**

It is not at all clear that regulatory intervention would reduce the risk of harm to patients and clients. A graduate degree and/or affiliation under a College or Council offers no assurance that harm will be prevented–note as evidence the several cases that have come before the College of Physicians and Surgeons over the past few years. **A rigorous quality training specifically in psychotherapy, ongoing professional development, and regular, ongoing exchanges with other therapists within a collegial environment offer a much more promising assurance for reducing the risk of harm.**

We respectfully submit that there currently are practices in place that, if required of all who practice psychotherapy, would increase public safety and guard against harm.

**CAPT actively endorses efforts to reduce the risk of harm, insisting on the paramount importance of a comprehensive training in psychotherapy for anyone wishing to practice as a psychotherapist.**

## *VOLUNTARY SELF-REGULATING PRACTICES*

### *Rigorous Training*

There are a wide variety of paths by which practicing psychotherapists arrive at their competency. Training should include both academic and practical components, and be specific to the particular discipline of psychotherapy that the therapist intends to practice.

There has been much discussion about requiring certain academic credentials, such as a BA, MA, or PhD, as entry-to-practice requirements. What is not so often talked about outside psychodynamic therapy circles is **the requirement for personal therapy**. This has, from the earliest days of the psychoanalytic movement in the late 1800s, been the most essential component of a training to practice psychotherapy, until recently. It is still the essential component of training to practice psychoanalytic psychotherapy and many modalities of psychodynamic psychotherapy, and typically cannot be taught in a university setting. This experiential component is required of students who aim to practice most of the major psychoanalytic or psychodynamic therapies. A self-regulatory feature of the profession, personal therapy is considered by many psychodynamic modalities to be of fundamental importance in preparing the therapist to work with clients. The self-knowledge gained is invaluable. After training, many psychodynamic practitioners continue with personal therapy as a professional responsibility. It goes a very long way to reducing the risk of harm.

There are other important practical components of a thorough training:

- a practicum
- a supervised clinical practice (including supervision with senior therapists and group supervision)

All of these parts are important contributing components in the preparation to practice as a psychotherapist, though the mix of them may differ slightly from modality to modality. Certainly, a thorough training that includes supervision is the most essential of these components.

### *Supervision*

Many psychodynamic therapists (and others) continue with ongoing supervision under senior therapists and with peers after graduation from a training program and throughout their professional lives. Indeed, among members of CAPT, supervision is considered important for maintaining competency levels and continuing professional development.

### *Code of Ethics*

CAPT's Code of Ethics (see Appendix B) circumscribes the expectations of highly ethical, intelligent, and professional behaviour on the part of its members, insisting that the welfare of the psychotherapist's clients must be the primary concern. This means that confidentiality must be of the highest possible order, there must be no occasion for sexual, economic, or emotional exploitation of the client, the therapist must practice within the limits of his/her competence and must maintain and improve levels of competency by continuing educational and professional development**. In addition to rigorous training, these principles must be included among the most basic of requirements for practicing in the profession.**

### *Ongoing Educational and Professional Development*

CAPT's Code of Ethics requires that all its members continue their professional development in order to maintain and improve their level of competence.

*Collegial Practice*

The intrinsic value of working within a collegial milieu for the practice of psychotherapy cannot be too strongly stated. It is very important that therapists do not practice in isolation; the context of collegial support and professional standards must be affirmed. This offers another of the healthiest protections against poor practice. This collegial support may include the following, among other options:

- peer supervision
- supervision with senior therapists
- membership in professional associations
- participation in post-graduation conferences, seminars, and courses
- resource collective (explained below)

### *CAPT Resource Collective for Ongoing Professional Development*

CAPT has begun the development of an educational initiative, a resource collective, that is in the planning stages, with a proposed start date of September 2006.

The Toronto psychodynamic psychotherapy community has become impressive for its substance and breadth, and CAPT is actively working to establish a resource collective to make the continuing education opportunities more widely available to the entire CAPT membership. In this way CAPT members will have access to and come to expect a rich, ongoing, professional resource pool, one

that is local, predictable, practical, and financially viable. This collective will provide enhanced opportunities for meeting other psychotherapists and learning with them.

The resource will make available courses/workshops that are being offered within the CAPT institutions (at their discretion), as well as those offered by individual CAPT members, including reading seminars, peer supervision (possibly in combination with the study of clinical and other texts and/or films), and courses that may include movement, drama, art, and working with dreams.

This collective will supplement the current offerings that are already available to CAPT psychotherapists within their individual institutions and peer groups.

***Directory/Register***

The other current CAPT initiative is the establishment of a voluntary Directory/Register of all CAPT members, both institutional and individual. CAPT hopes that other professional psychotherapy associations will follow our lead. CAPT's Directory offers a description, similar to those appearing in university or college calendars, of the diverse forms of training in psychodynamic psychotherapy among the CAPT institutional members. The Register lists individual members by name and shows their training and collegial associations. The CAPT Code of Ethics will figure prominently in the Directory/Register.

An even more broadly based directory for *all* psychotherapies practiced in the province would go far in informing the public and other professional communities about how psychotherapy in the province is trained for and practiced. As well, information could be available in the Directory/Register indicating the process for a complaints and mediation procedure for each participating association and training school. The process and the contact information could be readily available to the public (via the Internet, blue pages, individual institutional voice messages and publications, etc.).

**This Directory/Register, as initiated by CAPT, offers a real measure of transparency to government and the public, particularly to prospective clients, and to the psychotherapeutic community as a whole.**

The CAPT Code of Ethics, the embryonic resource collective, and the training schools and their graduates represented in the Directory/Register indicate that, increasingly, psychodynamic psychotherapy in Ontario cannot be described as "unregulated" in the common sense of the word. It is non-statutory, of course, but

largely self-regulating. Ontario and the greater Toronto area in particular are among the most resourceful and progressive centres of psychotherapy practice and training in Canada. Moreover, the existing CAPT training institutions and new initiatives, among the wealth of other training institutions and educational forums in the city and province, demonstrate the kind of currently existing regulatory structures that are appropriate for psychotherapy.

## IV. WHAT TO REGULATE

(This section responds to questions 6-9 of the *Consultation Discussion Guide*.)

### *REGULATION OF PSYCHOTHERAPISTS*

(6) Would a significant public need be met by regulating psychotherapists?
(7) Should the title "psychotherapist" be restricted? If so, to whom?
(8) Should psychotherapists be regulated without regulating psychotherapy?
(9) Are there any other issues relating to the regulation of psychotherapists, as distinct from psychotherapy, you would like to comment on?

There is no evidence that a significant public need would be met by regulating psychotherapists. What the public needs is knowledge of and access to what is currently available in the way of thoroughly trained psychotherapists in all the diverse therapy modalities. With a voluntary, province-wide Directory/Register in place, an informed public and health care system could avail themselves of the information it offers and select a qualified therapist in the psychotherapy of their choice. As CAPT has already argued, a rigorous training and collegial support network go a long way to protecting the public from harm. A Directory/Register would be the basic resource to provide the public with access to those who meet the training requirements of a particular training institute. It would offer transparency. The public could then make an informed choice of therapist and therapy modality.

### *Inform the Public*

An effort would have to be made to inform the public and the health care system of the Directory/Register. Affordable fees for inclusion in the list (as institution or individual practitioner) would cover the costs of such a Directory/Register. All individual members would need to be affiliated with a Professional Association or training school, to ensure that they are members in good standing. Anyone who has previously been disbarred from a College or Professional Association of psychotherapists would not be eligible for the Register. In this way the integrity and diversity of the various psychotherapies would be retained, and **the public would be the effective regulators of psychotherapists in the province**. A

board of volunteers, including representation from all the institutional members, the public, and the government, could oversee the Directory/Register (such oversight could include dealing with complaints and mediation issues not resolvable at the association level). This model could work on a purely voluntary basis, or under a regulated Council (see section V. OPTIONS FOR REGULATION for proposed details).

***Title Protection***

If psychotherapy is statutorily regulated, it should not grant those who are regulated title protection because of the heterogeneity of psychotherapy, which entails that no one group has the right to define it exclusively. This will also demonstrate that regulation is not motivated by economic self-interest on the part of the regulated. If the Minister decides to regulate and a Council model is selected, and a province-wide Directory/Register put in place, the public will have a resource to guide them in the selection of a psychotherapist. Title protection would be unnecessary, in that case.

***REGULATION OF PSYCHOTHERAPY***

(This section responds to questions 10-12 of the *Consultation Discussion Guide.*)

(10) Would a significant public need be met by regulating psychotherapy?
(11) Can psychotherapy be regulated without regulating psychotherapists?
(12) Are there any other issues relating to the regulation of psychotherapy you would like to comment on?

Our responses to this set of questions are bound up in our responses to the earlier set of questions relating to the risk of harm, the issue of regulatory intervention, and the regulation of psychotherapists. CAPT's argument here is the same. Self-regulatory structures and practices are already in place for many psychotherapy modalities. If the Minister decides to regulate, we recommend a model whereby

- all the modalities of psychotherapy will be recognized
- the diversity of psychotherapy practice in the province will be preserved
- training to practice psychotherapy (in a therapy of choice) will be required
- a voluntary Directory/Register of psychotherapists indicating their training in psychotherapy will be maintained to provide the necessary transparency to both the public and government–and to provide an instrument whereby the public and health care providers can locate trained psychotherapists of a particular modality of their choice.

If chosen as the regulatory mechanism, a Council would build on the self-regulatory practices already in place in many modalities, including those represented by CAPT.

**To date, there is no evidence to support the notion that a significant public need would be met by regulating psychotherapy.**

On the issue of whether psychotherapy should be regulated without regulating psychotherapists, CAPT considers this a moot point because if psychotherapy were regulated therapists would have to meet the requirements of whatever Colleges were sanctioned to practice psychotherapy.

## V. OPTIONS FOR REGULATION

(This section responds to questions 13-18 of the *Consultation Discussion Guide.*)

If there is a decision to regulate psychotherapists and/or psychotherapy:

(13) Is the *RHPA* the most appropriate statutory framework to use to regulate psychotherapists and/or psychotherapy?
(14) Should psychotherapy be a Controlled Act under the *RHPA*? If so, what professions should be authorized to perform the Controlled Act of psychotherapy?
(15) Should psychotherapists be regulated as a new profession under the *RHPA*?
    a) Should psychotherapists be regulated as part of an existing health regulatory College or under a new, separate College?
    b) Should psychotherapists be regulated as a class within an existing College?
(16) Should another regulatory framework (using a new or existing statute) be used to address all matters relating to the issue of regulating psychotherapy and/or psychotherapists?
(17) Are there any other regulatory models that should be considered?
(18) If there is to be regulatory intervention, should exceptions be made? If so, for what professions and/or services?

The stated objectives of the *Regulated Health Professions Act, 1991* (RHPA) are to

- protect the public from harm
- promote high quality care
- make regulated health professions accountable to the public.

***THE RHPA IS NOT THE APPROPRIATE STATUTORY FRAMEWORK***

While CAPT agrees with these objectives, we feel that the RHPA is not the appropriate statutory framework for the regulation of psychotherapists or psychotherapy. The RHPA is set up for a medical model (with physical acts) with a distinct body of knowledge and procedures that are easily and succinctly defined, not for the diverse and wide-ranging set of practices and theories involved in psychotherapy. A Directory/Register of the kind we have been describing would offer transparency to the public, while preserving the diversity that offers the public choice.

***PSYCHOTHERAPY AS A CONTROLLED ACT***

CAPT opposes making psychotherapy a Controlled Act under the RHPA. Psychotherapy does not meet all of the criteria for a Controlled Act.

All the Controlled Acts must be clearly defined and empirically distinct. In the complex process of psychotherapy in any of its forms, it is impossible to isolate one or a set of acts that could be called “psychotherapy.” Hovering behind this question about psychotherapy as a Controlled Act is the medical model of treatment, which is not applicable to a multitude of psychotherapy disciplines. The working definition in the HPRAC *Consultation Discussion Guide* is not inclusive of the diversity within psychotherapy in the province. For example, as we have already indicated, CAPT members do not find themselves in the working definition, since it defines psychotherapy as certain acts done by the psychotherapist: “treatment of a person . . . through methods”; “a specific treatment plan guides the application of these procedures.”

Psychodynamic psychotherapy has many forms, but all of them emphasize the agency of the client and the cooperative nature of the work. We found only one mention in the *Consultation Discussion Guide* of therapy as what the client does: on page 15, therapy is said to be “self-revealing.” But this does not speak of the agency of the client, which is central to any psychodynamic therapy. The working definition is not inclusive.

**It is CAPT's position that psychotherapy cannot be adequately defined to include all forms of psychotherapy. Psychotherapy cannot be defined specifically enough to be a Controlled Act.**

Moreover, as we argued earlier, there is no definable body of knowledge in psychotherapy. The precision of the physical acts is not matched by a similar precision in psychotherapy.

**The criteria for adding a new Controlled Act includes the possibility of appropriate enforcement, that is, the restriction on the act must be enforceable. CAPT proposes that because neither psychotherapy nor the body of psychotherapeutic knowledge can be clearly defined psychotherapy cannot be appropriately enforced, and therefore ought not to be a Controlled Act.**

***Economic Impact***

As an additional but not insignificant note, the economic impact of a Controlled Act would be detrimental to the service available to the public, because access to psychotherapy would be restricted. If psychotherapy were to be made a Controlled Act the structure of the College would be set by law–and it would be extensive and very expensive to run. The fees of those in private practice would increase and become unaffordable to many psychotherapy clients. Moreover, more people would seek out OHIP-covered services. **The load on the public health care system would increase** as more and more clients would try to secure the services of psychiatrists and medical doctors for psychotherapy, increasing the burden on the funded health care system, **greatly increasing the already unacceptable wait times in the system for therapy**, and reducing the length of time a person could choose to stay in therapy. This development would be unacceptable for the health care system and the public, and would be detrimental to the emotional and psychological well-being of many of our clients, current and prospective. Moreover, it would greatly reduce the choices clients have to find the therapy modality that best suits their needs and their situations in life.

**CAPT urges HPRAC to recommend to the Minister that psychotherapy should <u>not</u> be a Controlled Act.**

***PSYCHOTHERAPISTS AS A NEW PROFESSION UNDER THE RHPA?***

For the same reasons given above, CAPT strongly argues that psychotherapists should not be regulated as a new profession under the RHPA, and certainly not

as part of an existing College or a new College. For example, the College of Psychologists would not be a suitable College for psychotherapists to be regulated under, for several reasons:

- Psychologists offer a specific type of therapy. They do not typically offer psychodynamic psychotherapy, or the host of other therapies currently available to the public.
- That limitation would reduce the choice available to the public.
- In their training, psychologists have not focused on all the various therapies, other than psychology. For example, psychologists typically do not undergo a lengthy personal therapy as part of their training, and their focus is not on a psychodynamic method of practicing. In most cases, a registered psychologist is unlikely to have the four to eight years of training specifically in psychodynamic theory and practice as is common among psychodynamic therapists. Psychodynamic therapy, as already indicated, unlike the practice of psychologists, is not a treatment, in the medical sense, that follows a diagnosis. Rather, psychodynamic therapy is a co-operative effort between the client and the therapist, in which both pay attention to the depth dimension in the client's life. **The thinking behind the approaches is markedly different.**
- If, for example, psychotherapists were regulated under the College of Psychologists, the College would be supervising practitioners who have considerably greater training and practice in a particular modality than does the supervising body. This does not make sense.

The College structure that is required for a regulated profession under the RHPA is too restrictive to accommodate the variety of therapy modalities and trainings that exist among psychotherapists. College membership is based on standard levels of education that are easily defined for a profession. This is not the case with psychotherapy, which requires training in the mode in which a therapist intends to practice.

There is no distinct body of knowledge in psychotherapy in the way there is in medicine. The knowledge base within which a psychotherapist practices is specific to the particular modality of psychotherapy within which the therapist trained. **There is no discernable, clear and integrated body of knowledge accepted as such within the psychotherapy profession.**

On the issue of harm, we have already written extensively. Historically, efforts to define emotional harm failed because of the impossibility of defining it in any clear way that could be dealt with legally. CAPT argues that outside of those

gross harms that can already be dealt with in the courts, such as sexual abuse and fraud, **any harm that is specific to psychotherapy is best dealt with by good training, supervision, and collegial practice, which go far in preventing harm.** In CAPT's suggestion, below, for a complaints procedure and alternative disputes resolution under the Council model, we suggest that mediation under a Professional Association is the best approach to charges of inadequate psychotherapy, because it offers a venue for the client to be heard and re-directed to another therapist in good standing within the Professional Association. As well, it offers a forum in which the therapist can be strongly advised to seek ongoing supervision.

***ALTERNATIVE REGULATORY MECHANISM: THE COUNCIL MODEL***

If the Minister decides in favour of regulation, CAPT would support a Council of Psychotherapists as a regulatory model for psychotherapists. This model has been used in the UK since 1993 and allows for the diversity that exists in the profession of psychotherapy both in training and in practice.

Briefly, this model consists of an umbrella organization (the Council) to which Professional Associations apply for membership. The Council sets out minimum standards of training, entry requirements, a code of ethics, standards of practice and complaints and discipline procedures. Each association must meet or exceed these standards in order to be members of the Council. Individual members of the associations are, de facto, members of the Council and are eligible to be named on the Council Register of qualified psychotherapists.

CAPT has begun work on a Register of psychotherapists and a Directory of training institutes and programs that are offered as possible templates for a Council Register and Directory (see Appendix C).

Most psychotherapists are currently members of Professional Associations that have procedures in place for evaluating professional qualifications, codes of ethics binding on each member, standards of practice, and complaints and discipline procedures appropriate to their specific modality. These procedures would remain in place, requiring a less extensive structure for the Council.

According to the Council's model of affiliate membership, it must accept as members those who its Professional Associations and training schools alike regard as competent to practice. Not only is this the simplest policy for the new Council; it is also the only acceptable one. By respecting the specificity of trainings, this policy authentically mirrors the richness and diversity of

psychotherapy practice. This has always been its strength and the source of its remarkable creative expression—and the reason psychotherapy thrives in a cooperative ambience.

The Council model is still in development, and issues such as methods of ensuring public accountability in terms of Council governance or complaints and discipline procedures are yet to be determined. It is expected that members of the profession would develop these elements in conjunction with government officials and/or members of the public to ensure that concerns regarding accountability are fully met. In the meantime, CAPT has begun to articulate an approach for HPRAC's consideration. This proposal is set out below.

***Complaints Procedure and Alternate Dispute Resolution***

While CAPT supports the principle of accountability, the confidentiality and sensitive nature of psychotherapy raise special considerations for the development of a complaints and discipline procedure. Various professional bodies have contended with this delicate situation and have developed mediation procedures that attempt to preserve the integrity of the therapy while providing a forum for the client to be heard.

CAPT recommends that these formats be studied and that a complaints and discipline procedure be developed that would provide an appropriate balance between hearing the client and providing a resolution that enhances, rather than destroys, the therapeutic process.

*Some Ideas for Resolving Disputes*

For those employed in state institutions, complaints could presumably be handled by employers or supervisors. For those in private practice, a statutory judicial body would, in general, be much too onerous and excessive.

**CAPT recommends a dispute resolution through mediation.**

Some clients would prefer to have their complaints handled informally, as at present. Formal complaints should be heard expeditiously by the Professional Association, in a non-judicial setting. This mediation must not distort the confidentiality of psychotherapy.

Complaints might be of three kinds:

1. complaints about sexual abuse, fraud, or exploitation that are against the law

In response, the role of the Professional Association should be to advise the client to seek legal redress. The client should be helped to find another therapist if she/he so desires. The Professional Association should have a standing order to deregister any member convicted of a crime committed in their psychotherapy practice. The Professional Association should not embark on quasi-judicial procedures to determine guilt or innocence.

2. complaints about professional incompetence such as chronic unreliability, practicing under the influence of alcohol or drugs, and so on

In response the Professional Association should adopt a non-judicial mediation role (with the two parties together or separately). The client should be helped to find another therapist if she/he so desires. If the therapist accepts the allegation, she/he could be required to seek therapy and/or supervision as a condition of remaining a member of the Professional Association.

3. complaints about the quality of the psychotherapy, for example, lack of empathy, cruelty, mis-assessment, failure to refer on, and the like

Again, a mediation of the two together or separately should be offered. The Professional Association will make no determination of a scientific kind, but assist the client in finding a therapist she/he is happy with and advise a therapist to seek supervision in the modality she/he practices.

**The general principle implicit here is that a complaints and discipline body at the level of a Professional Association should not become a quasi-judicial body determining guilt or innocence and applying sanctions.**

*Additional Considerations*
More consideration needs to be given to how breaches of the code of ethics and other standards, that are less than criminal acts, could be handled and sanctioned, and CAPT would agree to enter into discussions with other Professional Associations and the government about appropriate procedures other than mediation which might be necessary.

***Advantage of the Council Model***
The advantages of the Council model are that it allows for the diversity of modalities that characterize the profession of psychotherapy, while providing a vehicle for transparency, access, and accountability at a cost that would be affordable to psychotherapists.

**CAPT urges HPRAC to recommend to the Minister, in the event of regulation, that serious consideration be given to further discussion and development of the Council model as a regulatory mechanism**.

## VI. TRANSITION

(This section responds to questions 19-22 of the *Consultation Discussion Guide*.)

If there is a decision to regulate psychotherapists or psychotherapy:

(19) Should there be a transition period during which all practitioners must qualify? If so, how long should it be?
(20) Should those currently practicing psychotherapy be permitted to continue to practice throughout the transition period without meeting certain requirements?
(21) Should some or all of those practicing psychotherapy be "grandparented"? Should those seeking "grandparenting" be required to meet a different, less onerous set of minimum qualifications and standards than those likely to be required in a new regulatory environment?
(22) How and by whom should minimum qualifications and standards be identified and set, including those for grandparenting?

A transition period should be allowed for all psychotherapists to qualify, should regulation take place. The transition period should not disadvantage longer training programs. Allowance should be made for any other requirements that may need to be met in order to qualify for practice, and sufficient time provided in the transition period to achieve those requirements.

Current practitioners with training and an established practice should be allowed to continue practicing. The question of how to evaluate their training to ensure that it is sufficient to qualify them to practice requires further consideration.

Training programs in psychodynamic psychotherapy typically include academic training in theory, personal therapy or analysis, and supervised clinical practice. Training programs in other modalities may include other elements, such as mastery of specific techniques, research protocols, and so on. Psychotherapists who wish to be considered for grandparenting would then be required to show that they have completed the elements that are appropriate for their specific modality.

Some therapists have obtained training in theory through a formal training program: this usually issues in a diploma or certificate. Others may have informally trained under a mentor (an experienced therapist), or trained through a selection of conferences, workshops, classes, and the like. These methods were more prevalent in the 1970s and early 1980s, when there were very few formal psychotherapy training programs available. Such psychotherapists should be grandparented, providing they can show that they have completed a certain number of hours of theory, clinical practice, and so on.

CAPT recommends that a survey of training programs be taken to determine a reasonable number of hours in the relevant areas of training that would equip a prospective therapist with sufficient background to be considered competent. This could then form a baseline for grandparenting that would ensure that psychotherapists could be relied upon to have a solid background in their chosen modality.

Minimum qualifications for practice should be set by members of the profession through their respective Professional Associations.

## VII. SOME QUESTIONS FOR HPRAC AND THE MINISTER

With great respect for the work HPRAC is doing, CAPT wishes to pose some questions on regulation, for the government's consideration:

- Will the government regulate all psychotherapists according to the professional standards of one modality of therapy?
- How can all the modalities of therapy be adequately represented by regulation, when a common definition that embraces all modalities of psychotherapy proves so elusive?
- Who is competent to determine regulatory standards for every modality of psychotherapy? Who has the depth of knowledge in every type of psychotherapy to claim the competency to provide comprehensive regulatory oversight for every modality?
- Does the government intend to regulate all modalities under the same standards? How will that be possible without eliminating or greatly reducing the diversity that is so important for clients?
- How will the government decide which therapy modalities to regulate?
- Does the government know what the public wants?
- Will the intelligent public's right to choose the therapy modality of their choice be restricted? On what grounds can that freedom be curtailed?

We ask these questions also with profound respect for our clients and for the difficult work they do in their own therapy.

## VIII. SUMMARY

CAPT recommends deferral of a decision to regulate either psychotherapists or psychotherapy until a demonstrably adequate consultation of the public, the users of psychotherapeutic services, can be done and evaluated**;** and until a way can be found to regulate so that each modality can set its own standards for practitioners of psychotherapy.

CAPT's basic opinion is that with some improvements in the self-regulation of psychotherapists throughout the province, such as the Directory/Register, code of ethics, and complaints and alternate dispute resolution system, there should be no regulation of psychotherapy or psychotherapists at this time.

**However, CAPT maintains that anyone wishing to practice psychotherapy in the province should be trained in the modality in which she/he intends to practice.** Each modality should establish the training standards for its practitioners. Adherence to a code of ethics based on the highest standards of the profession should be required of all psychotherapy practitioners.

If the Minister decides to regulate the profession as a means to avoid harm to those who come to psychotherapy, CAPT urges care that the model of regulation created does not denature psychotherapy or cause harm itself. CAPT favours a non-exclusionary Council model, a grouping of Professional Associations and training programs and institutions into a Council that would publish

- a Register of Psychotherapists, noting their training, form of therapy, and other credentials, together with
- a Directory of Programs and Institutes, described in adequate detail.

These together would provide a central and transparent core of information for the public and the government. A code of ethics and a complaints and alternate dispute resolution system for mediating disputes would also feature prominently in such a model.

The difficulty of regulating a profession with so many different modalities is no doubt very apparent to HPRAC. CAPT thanks HPRAC for its reflective consideration of our responses and recommendations.

## APPENDIX A

## HPRAC Panel Questions to Dr Philip McKenna at the Public Consultations on September 30, 2005

We would like to address directly some questions the HPRAC panel put to Philip McKenna after the CAPT oral presentation on September 30, 2005

**1.** Philip had said CAPT therapists did not see themselves as part of the health care system but as supplementary to it.

**Q**. **The panelist said, "Surely you are part of the health care system!"**

**A.** Of course in a very general sense we are, but:

1) We are not part of the publicly funded health care system.
2) Our records are not part of a person's health care records.
3) The language of "mental health—mental illness" is not our preferred or dominant discourse.

**2.** Philip had said regulation might exclude some well-trained therapists in private practice.

**Q. The panelist asked whether we could develop some standards that would satisfactorily include them.**

**A.** Regulation as a College requires determination of an agreed body of knowledge all practitioners must have. Such a body of knowledge is impossible for any group to determine with respect to psychotherapy. However, if psychotherapy were left broadly self-described, some standards (apart from an agreed body of knowledge) could be found. These would be of a modal kind, such as so many hours of theoretical study and so many hours of practical or clinical preparation in any particular psychotherapy modality. Add to this that to be registered one would have to commit to a code of ethics, ongoing professional education, and a complaints process.

**3. Q. The panel asked how we might distinguish psychotherapy from counselling and faith-based counselling.**

**A.** There are differences at the extremes. A psychotherapist might say to his client, "We won't be doing counselling," and a counsellor might say, "We won't be doing psychotherapy." Yet they are on a continuum. Ordinary people in psychotherapy often call it counselling; and they often bring to

counsellors their deep and intense experiences, thereby engaging a counsellor in what is psychotherapy.

Separating off faith-based psychotherapy (or counselling) or aboriginal forms of psychotherapy (or counselling) gives the appearance of protecting diversity and access. But diversity and access are challenged if all the other modalities are brought under a regulatory system that supposes a common body of knowledge, for many will find themselves oppressively excluded.

4. **Q. The panel raised some limit examples: past-life regression therapy and psychotherapy within a cult. Implicitly the question was "Don't we need to draw a line? How should we do it?"**

   **A.** CAPT argues that no modalities can be excluded as such unless the psychotherapy itself constitutes a breach of the law. Again, as to a body of knowledge required for a College, no one has the right to draw the line. Hence a College is spectacularly inappropriate for psychotherapy and counselling. We heard an example at the hearing of a member of the College of Psychologists hoping that the body of knowledge the psychologists think they have should become the regulatory standard for all psychotherapy.

## APPENDIX B

## Canadian Association for Psychodynamic Therapy (CAPT)

## CODE OF ETHICS

CAPT members will already have a code of conduct or a training in professional ethics from their home institutions. For public assurance and to make transparent our common spirit, we have also agreed to a general common code.

1. The primary concern of each CAPT member is the welfare of his/her clients, and CAPT members will strive to ensure that all interactions with their clients reflect this commitment.

2. CAPT members will clearly explain the nature and parameters of their service at the beginning of the psychotherapy.

3. Confidentiality should be of the highest possible order. Confidential information can be shared only when the law demands it or with the client's consent, as appropriate.

4. With their clients, CAPT members must avoid business dealings, sexual engagement, or any other relationship that exploits the client.

5. CAPT members must practice within the limits of their competence. They should refer clients to competent professionals when the client's requirements exceed the limits of the therapist's expertise.

6. CAPT members, in their professional conduct, are expected to take responsibility for their own emotional, mental, and physical health.

7. CAPT members are expected to continue their education and professional development in order to maintain and improve their level of competence.

8. Without limiting any of the preceding principles, CAPT members accept the guiding light of the UN Declaration of Human Rights, the Canadian Charter of Rights and Freedoms, and any human rights code in the province where they work.

# APPENDIX C

## CAPT Directory/Register

**(Please note that the Directory/Register is still a work in process. There are some gaps in information that we are still collecting. However, the project is sufficiently underway to demonstrate our objective.)**

# CAPT DIRECTORY OF PROGRAMS AND INSTITUTES

**Information provided by:**

**Adler Professional Schools**
**The Centre for Training in Psychotherapy**
**Institute for the Advancement of Self Psychology**
**Ontario Association of Jungian Analysts**
**The Toronto Child Psychoanalytic Program**
**Toronto Institute for Contemporary Psychoanalysis**
**The Toronto Institute for Relational Psychotherapy**

**Adler Professional Schools**

180 Bloor Street West, Toronto, ON  M5S 2V6

Contact person: Linda Page
Telephone 416-923-4419
Email address: ljpage@adler.ca
Web site address: www.adlerontario.com

Information pending

**The Centre for Training in Psychotherapy (CTP**)

316 Dupont Street, Toronto, ON  M5R 1V9

Contact: Judy Dales
Telephone 416-964-7919
Email address: j.dales@sympatico.ca
Web site address: www.ctp.net

Total Number of Training Hours: 1700

**SUMMARY**

The Centre for Training in Psychotherapy (CTP) was established in 1986. It offers a six-year training program in psychodynamic psychotherapy. The program offers both academic studies and experiential learning. Psychodynamic theory is studied through in-depth lectures, seminars and reading concentrations. Experiential learning is accomplished through practicum seminars, individual and group case supervision and participation in training psychotherapy groups. Participation in psychotherapy groups along side academic studies emphasizes the belief that the deepest knowledge is accomplished through both the intellect and the emotions.

**The Program**

CTP training concentrates on the psychodynamic traditions of psychotherapy as historically defined in Henry Ellenberger's classical *Discovery of the Unconscious,* which identifies Sigmund Freud, Pierre Janet, Carl Jung and Alfred Adler as its chief pioneers. The core of CTP training is the psychoanalytic tradition, although other psychodynamic currents, such as Jungian Analysis and Daseins Analysis are also taught. In addition, other sources of information relevant to practising psychotherapy, such as neurobiology and cognitive psychology, are presented to the students.

The **Foundation Phase** consists of lectures, seminars and a training psychotherapy group. The lectures and seminars concentrate on theory, while the training group provides students with a richly textured, personal psychotherapeutic experience. This phase is completed in a minimum of two years.  Theories studied during the Foundation Phase include those of the following authors: Freud, Janet, James, Jung, Ferenczi, Klein, Horney, Winnicott, Guntrip, Bowlby, Sullivan, Mahler, Heidegger, Stern, Kohut, Stolorow, Mitchell, Beebe and Lachman.

The **Formation Phase** has two elements: general training and the beginning practice of psychotherapy under supervision. During this phase the students are

required to continue in the training group for two more years. Students also participate in a practicum seminar and two concentrations which consists of in-depth study of selected psychodynamic theory. Three other seminars are required: a seminar on the history of ideas in psychotherapy, a dream analysis seminar and an elective seminar which may include authentic movement, meditation, naturally altered states of consciousness, somatic aspects of psychotherapy, transference/countertransference or psychoanalytic understanding of character disorders. Two day-long seminars, one on the use of the Diagnostic and Statistical Manual and the other on sexual abuse are also required. The culminating part of the Formation Phase consists of working with clients under supervision. Both individual supervision and group supervision seminars are required.

**Entry Requirements**

Applicants for entrance into the program must have a minimum of 80 hours of individual psychodynamic psychotherapy including at least 40 hours with the same psychotherapist. Before application is made to CTP an initial interview is conducted by a faculty member to assess the individual's suitability for application to the program. The applicant then submits a written application form accompanied by an autobiography and 2 personal reference letters. The applicant is then interviewed by a committee of three members of the CTP faculty. The committee brings its recommendations to the faculty who then determine acceptance into the program.

The application process is rigorous and considerable time and effort is dedicated to assessing an applicant's suitability to the program. Applicants accepted into the program must be at least 25 years of age, and be considered to have a well developed psychological sense of themselves. They are also expected to be able to do academic work at a graduate level.

The CTP program is based on this assumption: that all students are engaged in a lengthy and consistent therapeutic process. Such an extended process is at the core of any training for psychotherapy. Without the self-knowledge acquired in this process, students will be unable to absorb the material studied during the Foundation and Formation Phases and to practice the quality of psychotherapy that the faculty expects from candidates in the Supervision phase of the program.

It is estimated that 24% of the applicants accepted into the program have no university degree, 45% hold Bachelor degrees, 25% hold Master degrees and 6% hold PhD degrees.

**Summary of the Requirements of the Program**

- Ongoing personal psychotherapy throughout the program.

- Completion of a minimum of four years of training psychotherapy group during the Foundation and Formation Phases (total of 440 hrs)

**Foundation Phase**

- Completion of all lecture courses of the Foundation Phase over a two year period (total of 170 hrs)
- Completion of the lecture seminars of the Foundation Phase over a two year period (total of 60 hrs)
- One oral exam on Freud is compulsory. Three written papers (2500 words each) or an additional oral exam and two written papers are also required. Work is evaluated by the faculty member who teaches the relevant material.

**Formation Phase Part A.**

- One year of Practicum (60 hrs)
- One semester of the Dream Analysis Seminar
- Two years of in-depth psychodynamic theory in Concentrations (total of 60 hrs)
- One Elective Seminar (30hrs)
- Approximately four written papers and four seminar presentations are required. The number may vary according to the requirements of the concentration and seminar instructors.

**Formation Phase Part B.**

Psychotherapists Working under Supervision:

- Two years of Supervision Seminars (total 120 hrs)
- Individual Supervision (80 hrs)
- One semester of the Seminar on the History of Ideas in Psychotherapy (30hrs)
- 300 client hours with a minimum of 5 clients.
- Two written case reports.

**Note:** all therapists in supervision have Professional Liability Insurance either through the Canadian Association for Psychodynamic Therapy (CAPT) or the Ontario Society of Psychotherapists (OSP).

**Special Topics for the Formation Phase**

- DSM IV (6 hrs)
- Sexual Abuse (6hrs)
- In addition, each year the students, graduates and faculty participate in an all day workshop entitled: What is Psychotherapy?

**Institute for the Advancement of Self Psychology (IASP)**

42 Brookmount Road, Toronto, ON  M4L 3N2

Contact person: Rosemary Adams
Telephone 416-690-3722
Email address: rosemary.adams@sympatico.ca
Web site address: www.selfpsychology.com

**Training Program**
The Institute for the Advancement of Self Psychology offers a training program in Psychoanalytic Psychotherapy and Psychoanalysis.
The program offers three levels of training:

- 2 year psychoanalytic psychotherapy training
- 4 year advanced psychoanalytic psychotherapy
- 4 year training program in psychoanalysis

Each level has three components:

- Personal psychoanalytic psychotherapy or psychoanalysis
- Supervised psychotherapy/psychoanalysis
- Weekly seminars (Thursday evenings)

The two year seminar program and the clinical supervision emphasize contemporary models of psychoanalytic theory and practice. Details of the curriculum are available upon request.
Candidates who complete the two year program may choose to continue on to more advanced training through the third and fourth year of seminars and further clinical supervision in psychoanalytic psychotherapy or psychoanalysis.

**Who May Apply?**
The training program is designed for mental health professionals with experience in the practice of individual psychotherapy and who are interested in developing their knowledge and skill in contemporary psychoanalytic psychotherapy and/or psychoanalysis.

**Curriculum**
The program consists of seminars, to be held one half-day a week on Friday afternoons, treatment of supervised cases, and a clinical and/or research paper. Supervision in the first year will be of the candidate's existing caseload. Clinically, the Institute's focus is on the fields of subjective and intersubjective experience. Cases are approached with an attitude of sustained empathic enquiry, paying attention to the state of the self, to the transference and to countertransference. The recognition and management of empathic failures and intersubjective disjunction is part of this process.

The core curriculum includes the study of Kohut's writings, intersubjectivity, the contributions of other self psychologists, historical background, contemporary psychoanalytic thinking, the issue of gender bias and other schools of thought. Theory is taught from an empathic perspective; the emphasis will be on understanding writers from within their own frame of reference.
On graduation, students become Associates of the Institute for the Advancement of Self Psychology.

**Objectives of Training**
Through their training, candidates will become able to:

- Appreciate the need to maintain an appropriate therapeutic ambience
- Recognize and respond optimally to the manifestations of selfobject transferences
- Recognize and understand their own countertransferences
- Understand the evolution of the self from a developmental perspective
- Place the ideas of self psychology within the context of other schools of thought; - psychoanalytic, historical and social
- Understand research principles
- Develop their own independent thinking

**Historical Background**
Self psychology is the psychoanalytic school of thought founded by the late Dr. Heinz Kohut. Kohut's contributions include both metapsychological formulations and modifications of clinical technique. His ideas may be summarized as follows:

- Psychoanalysis, as a field of enquiry, is defined by its introspective-empathic approach
- The self-selfobject configuration is of central psychological significance, not the drives
- "Selfobject" refers to the experience of a person, idea, group or activity in terms of functions needed for the integrity and harmonious operation of the self
- Selfobject needs persist throughout life
- Psychological health includes the capacity to meet these needs, as well as the capacity for fulfillment in at least one area of the self
- In psychoanalytic treatment, selfobject needs are activated and selfobject transferences formed
- Treatment is a two-step process of first understanding and, later, explaining
- "Explaining" refers to the reconstruction of those selfobject interactions of the past which are repeated in the transference
- Symptom relief is brought about by the development in the area of the self. Kohut considered this development to accrue gradually through a process of "transmuting internalization"

**Ontario Association of Jungian Analysts**

223 St. Clair Ave. West, Toronto, ON  M4V 1R3

Contact person: Catherine Johnson
Telephone 416-961-9767
Email address: info@cgjungontario.com
Web site address: www.cgjungontario.com

**ANALYST TRAINING PROGRAM**
The ONTARIO ASSOCIATION OF JUNGIAN ANALYSTS (OAJA) is a non-profit corporation devoted to furthering an understanding of analytical psychology as developed by C.G. Jung. OAJA was admitted to group membership in the International Association for Analytical Psychology (IAAP) at the Eleventh International Congress of the IAAP in 1989. Group membership authorizes OAJA to train acceptable candidates to become Jungian analysts, who subsequently are accredited by the IAAP.

The length of the OAJA training programme is a minimum of eight semesters, in two stages. Stage One (minimum four semesters) will offer instruction designed to prepare candidates for examinations prior to advancing to Stage Two. Stage Two will provide for continuing instruction, case supervision, and case colloquia. Upon successful completion of the programme, a Diploma in Analytical Psychology will be awarded, certifying that the recipient is deemed capable of working as a Jungian analyst.
*Membership in the International Association for Analytical Psychology is conferred at the same time.*

Overall, the training programme will be comprised of three major components:
1. On-going personal analysis, the indispensable core of training, which supports the candidate's maturation and facilitates the individual's relationship with the psyche;
2. The acquisition of a comprehensive body of theoretical and academic subject matter which is necessary to work effectively as a Jungian analyst;
3. Supervision of the candidate's analytic and therapeutic work with clients.

**APPLICATION PROCEDURE**
Since only well-qualified applicants can be considered for admission, a careful screening and selection process is necessary. This will put particular emphasis on life-experience and personal qualities.  **Pre-requisites for application**:
1. Analysis: At least 100 hours of personal Jungian analysis with an IAAP member by January 1, 2006, minimum 25 hours in the past year (exceptions considered, but first contact the Registrar for further information).

2. Education: A graduate degree or equivalent.
3. Age: 35 minimum (exceptional cases considered, contact the Registrar for further information).
Applicants must send the following (with documents in triplicate) to the Registrar:
1. Verification of analytic hours.
2. Transcripts of education (1 original, 2 copies).
3. Three sealed letters of reference (not from personal analyst or member of OAJA).
4. A statement of life history, including applicant's interest in analytical psychology (max. 10 pages, double-spaced).
5. Completed Application Form (see below, or available from OAJA office).
6. Application fee of $250 (non-refundable).

**Note**: Applicants accepted as candidates will be required to have 150 hours of face-to-face analysis during Stage One before acceptance to Stage Two. All 150 hours must be with a member of OAJA, except in cases where credit is given for 50 hours of previous analysis with an IAAP member (on application to the Director of Training after the first two semesters of candidacy).

**REVIEW AND INTERVIEW PROCESS**
Subsequent to an initial screening, applicants deemed suitable for consideration as candidates will be contacted and directed to arrange interviews with a Selection Committee composed of three OAJA analysts. Usually, each applicant will be interviewed twice by each of the three analysts ($80 (plus GST) per interview, payable to the analyst). Unanimous approval by Selection Committee analysts is required for acceptance as a training candidate. The interview process will focus on the personal development and maturity of the individual, previous experience and/or evidence of special aptitude in the realm of psychological relationships and the potential for becoming a Jungian analyst. Professional experience/certification in a clinical/psychotherapeutic field may be considered an asset; however, the demonstrated capacity and potential for depth psychological understanding, and the personal self-awareness and sensitivity necessary for psychological consciousness in an analytic encounter, will be of primary importance.

**TUITION FEES**
Tuition for the first year of training is $8,500, payable in two installments: 50% by May 1, 2006, the balance by September 1, 2006. Successful applicants who withdraw from the programme between acceptance and December 31, 2006, will forfeit 50% of tuition fees paid.

**OVERALL STRUCTURE OF THE PROGRAMME**
The programme year consists of two semesters: from September to November or

December, and from January to May (at least 8 months). Instruction will be provided in the form of lectures, seminars, and workshops, led by local and out-of-town Jungian analysts and other authorities in their field. These will be scheduled once per month over a long weekend (typically Thursday and Friday evenings, all day Saturday and Sunday).

**General Curriculum**
The course of study will examine areas such as:
Fundamentals of Analytical Psychology
Word Association Experiment
Psychopathology
Theory of Dream Interpretation
Comparative Study of Other Therapies
Symbolic and Archetypal Material
Comparative Religion
Cultural Anthropology

**Analytic Work**
Candidates are encouraged to work with both a male and female analyst during their training.

**- TRAINING PROGRAMME REGULATIONS -**
**PROGRAMME STRUCTURE: STAGE ONE**
*The first stage of training, leading to the Propadeuticum exams, will last a minimum of four semesters, during which candidates must have completed 150 hours of face-to-face analysis. All 150 hours must be with a member of OAJA, except in cases where credit is given for 50 hours of previous analysis with an IAAP member (on application to the Director of Training after the first two semesters of candidacy).*

**Instruction and Examinations**
In general, lectures, seminars and workshops will be offered by Jungian analysts and others once per month over a long weekend (Thursday to Sunday), during two semesters: September to November/December, and January to May. Such instruction will not be tied to specific examination subjects (see below) but rather will be designed to provide an overall appreciation of the scope, theory and application of analytical psychology. Recommended reading lists are provided for each exam subject. Exams will be scheduled in November - December and May - June. Since the acknowledged major component of training is a candidate's personal analysis, attendance at monthly events is not compulsory, but regular participation is strongly encouraged. One paper on the interpretation of symbolic material will be required.

**Practicum**
Candidates must have completed a minimum of 400 hours supervised experience in a mental health facility before taking the Final Exams. At least 100 hours must be completed before taking the Propadeuticum exams. This practicum must be arranged by the candidate. The nature of the work (past or present) must be approved by the Director of Training.

The purpose of this internship is to give candidates a chance to observe patients who suffer from severe psychiatric illnesses. It is expected that the internship will be arranged to allow for some degree of continuous contact with the patients, and that discussion with the supervisors and resident clinicians will help students deepen their own set of diagnostic skills. Once complete, the candidate should arrange for the clinical supervisor to send a letter confirming a brief outline of the practicum to the Director of Training.

**Programme Extension**
A candidate may apply to the Director of Training to take a Programme Extension after two semesters. The cost would be $600 per semester. It would allow the candidate to retain the following privileges:
- free admission to the public lectures
- ongoing credit for hours of analysis
- credit for hours worked with analysands as well as hours of supervision during the second part of the programme
- all work undertaken towards the requirement of the practicum
- use of the OAJA library

**Propadeuticum Exams**
Candidates may take the Propadeuticum after successful completion of the above requirements. They will be examined orally by an examiner in the presence of an observer. The examiner for each subject may be chosen by the candidate from a list provided by the Director of Training, who will appoint a member of OAJA as observer. Evaluation will be based on:
1) theoretical knowledge
2) the ability to relate to and work with psychic material
3) the capacity to handle the examination encounter.
Candidates will be examined in the following subjects:
Fundamentals of Analytical Psychology (typology, complex theory, etc.) – 45 minutes
Dreams - 30 minutes
Fairy tales and Mythology - 30 minutes
Cultural Anthropology - 30 minutes
Comparative Religion - 30 minutes
Psychopathology - 30 minutes
Neurosis - 30 minutes

Successful completion of Propadeuticum exams in all subjects will be required before the candidate may apply to advance to Stage Two. Candidates who fail three or more exams will have to apply to their Selection Committee for permission to re-take them. Acceptance to Stage Two will depend on the recommendation of the candidate's Selection Committee following three individual interviews.

**PROGRAMME STRUCTURE: STAGE TWO**

The second stage of training, which leads to the Diploma exams, will last a minimum of four semesters, during which an additional 150 hours of face-to-face analysis with an IAAP member (not necessarily an OAJA analyst) is required. Again, 50 hours of previous analysis may be credited at the discretion of the Director of Training.

**Association Experiment**

Candidates will be required to perform an association experiment on a subject-person of their choice. A written paper on the results must be submitted to the Director of Training for approval.

**Instruction**

Ancillary lectures, seminars, and workshops will be offered as for candidates in Stage One, in a similar time frame. Again, one paper on the interpretation of symbolic material will be required.

**Client Hours**

Before graduation, candidates must accumulate a minimum of 300 hours with clients of their own, involving at least five analysands: one case of 80 hours minimum, one case of 50 hours minimum, and three cases of 20 hours minimum each. Written reports on each case must be submitted to the supervising analyst for approval.

**Supervision**

Candidates must complete a minimum of 100 hours of supervision with an IAAP analyst with at least 5 years' experience since graduation. At least 50 supervision hours must be with a member of OAJA. The choice of a non-OAJA supervisor will require the approval of the Director of Training. It is strongly recommended that candidates work with both male and female analysts in supervision. Fees for supervision will be the responsibility of the candidate.

**Case Colloquia**

Candidates will be required to participate in at least 90 hours of group discussions of cases before graduation. Presentations by candidates of their own case material will be required.

**Thesis**
Before graduation, candidates must submit a substantial thesis demonstrating their understanding of the theory and application of analytical psychology. Thesis topics must be approved by the Director of Training. Candidates will choose an advisor and two readers, all to be members of OAJA.

**Diploma Exams**
Candidates will be permitted to take the Diploma exams only after successful completion of the Practicum and the above requirements, and with the approval of their Selection Committee after three individual interviews. There is a Diploma Exams Application Fee of $500. Candidates will be examined orally in all subjects, with the exception of Fairy Tales and Mythology, or Dreams, one of which must be written: Fairy tales and Mythology - 45 minutes (OR 6-hour written); one examiner, one observer (or reader) Dreams - 45 minutes (OR 6-hour written); one examiner, one observer (or reader) Case Studies - 90 minutes; three examiners Psychiatry - 45 minutes; one examiner, one observer The Process of Individuation - 45 minutes; one examiner, one observer *Expressive Arts in the Analytic Process - 45 minutes; one examiner, one observer Thesis discussion - 60 minutes; advisor and two readers*
In general, for the above, examiners will be members of OAJA chosen by the candidate, except for: 1) Psychiatry, where the examiner and observer will be appointed by the Director of Training, and 2) Case Studies, where examiners must be other than the candidate's personal or supervisory analysts. All examiners must be approved by the Director of Training,

**Programme Extension Plus**
Extension Plus is available to Stage 2 candidates who have completed all the required semesters. Extension Plus allows a candidate to attend one additional Colloquium (in addition to the one allowed on Extension) and ongoing seminars. The fee is $400 in addition to the Programme Extension Fee. Application for Extension Plus is made by the standard deadline for Extension.

**Graduation**
Successful completion of Diploma exams and thesis will result in the conferring of a Diploma in Analytical Psychology and membership in the International Association for Analytical Psychology.

**The Toronto Child Psychoanalytic Program**

42 Brookmount Road, Toronto, ON  M4L 3N2

Contact: Sharon Dembo, President
Telephone: 416 288-8689
Email address: rosemary.adams@sympatico.ca
Web site address: http://tcpp-capct.ca

The TCPP offers both a four-year and a two -year training.  Both programs involve a curriculum of academic seminars, infant and toddler observations, and supervised clinical work. Candidates must demonstrate  personal and professional judgment, maturity, and a capacity for self reflection, and are required, as part of their training, to undergo a personal psychoanalysis or psychoanalytic therapy. The four year program requires 160 hours of supervision for the treatment of three children from preschool to adolescence (80+ 40+ 40). Fifteen (15) additional hours of supervision are required for the assessment of three children in order to focus on specific questions related to assessment.  The two -year program requires 100 hours of case supervision with 10-12  further hours of assessment supervision.  The candidates in the two year program complete 165 hours of supervised practice and candidates in the four year program complete 440 hours of supervised practice in order to graduate.

The Toronto Child Psychoanalytic Program (TCPP) is a post-graduate training in the theory and technique of psychoanalytic child therapy for professionals working with children.  Our applicants must have a university degree in the humanities, social sciences or medicine, as well as work experience in the care and treatment of children. Established in 1975 the TCPP has in that time graduated over fifty psychoanalytic child psychotherapists.  Our graduates include psychiatrists, psychologists, social workers, psychiatric nurses, educational counselors and clinicians from the expressive arts therapies.

**Toronto Institute for Contemporary Psychoanalysis**

31 Avis Crescent, Toronto, ON  M4B 1B8

Contact person: Donna Woodhouse
Telephone 416-288-8060
Email address: dwoodhouse@sympatico.ca
Web site address: www.ticp.on.ca

The ***Toronto Institute for Contemporary Psychoanalysis*** (TICP) offers a four-year training programme in psychoanalysis that aims to strike a balance between professional and scholarly education. The programme examines, contrasts, and, where possible, integrates the thought and methods of major points of view in contemporary psychoanalysis. In addition to our formal training programme, we also bring leading psychoanalytic scholars from around the world to present their work. These presentations are open to members of the professional and scholarly communities interested in expanding their knowledge of psychoanalysis.
Entrance requirements include a doctoral degree in psychology or social work, or completion of residency training in psychiatry. Candidates should be experienced in clinical work with patients manifesting a broad range of psychological disorders. The TICP reserves the right to admit exceptional candidates who do not meet some of the usual formal requirements. Applicants will have at least two interviews resulting in separate reports to the admissions committee.

**Academic Work**
The TICP is a four-year academic program. All classes are held on Monday evenings, from 7:00 to 10:00 p.m., at OISE (Bloor St W). Seminars run from September to June, 30 weeks per year (a total of 90 hours per annum). In addition, there are three two-day workshops each year with visiting faculty (amounting to an additional 30 hours per annum).

**Clinical Work**
After the first academic year, the Candidate Progress Committee will determine which candidates are ready to begin their first supervised psychoanalytic case. Supervision must be face-to-face, with a supervisor approved by the TICP (i.e., a psychoanalyst who is a member in good standing with an established psychoanalytic society). Supervision sessions must be held at least once a week, one hour per session. Cost of, and payments for supervision are arranged privately between the candidate and supervisor, and are not part of the annual tuition fee. Evaluation reports are completed by the candidate and by the supervisor with respect to the supervisory experiences.

In total, three cases are required. Case one requires a minimum of 80 hours of supervision; cases two and three require at least 40 hours each of supervision. Training cases must be seen in psychoanalytic treatment at least three times weekly (four times a week is preferred) and must include both genders.

**About the Curriculum**

The Institute is committed to a comparative-integrative approach to the study and practice of psychoanalysis. The focus of the curriculum is to help the candidates develop a critical view of theory especially as it pertains to the understanding of clinical phenomena. In addition, candidates will be trained to develop the capacity to evaluate concepts within the historical context in which they evolved, and to understand and appreciate the contributions made by the different theorists.

The curriculum, which was revised in 2002, aims to provide in the first year a grounding in the major theoretical models, and their applications to clinical material.

The second and third year are divided into modules in which important psychoanalytic concepts are addressed from different theoretical perspectives.

The fourth year consists of special topics and electives. Case presentations and seminars on technique which focus on the practical aspects of psychoanalytic practice are offered throughout the programme, illustrating and illuminating the different theoretical perspectives.

Over the course of an academic year there are 90 hours of classroom instruction in a 30 week period. Three workshops are arranged each year with visiting faculty amounting to an additional 30 hours. Attendance at the workshops is a mandatory part of the training program.

**The Toronto Institute for Relational Psychotherapy**

1352 Bathurst Street, Toronto, ON  M5R 3H7

Contact person: Pat De Young
Telephone 416-465-2392
Email address: registrar@tirp.ca
Web site address: www.tirp.ca

Total Number of Hours of Training:  520 hours (minimum)

## PROGRAM REQUIREMENTS

To complete the TIRP training program, a student will have successfully completed:

- 180 hours of Core Group (3 academic years)
- 100 hours of theory seminars (three academic years)
- 90 hours of supervision
- 150 hours of personal psychotherapy, during TIRP phases I-III, weekly personal psychotherapy is required, relational psychotherapy is recommended

## ADMISSION REQUIREMENTS

The Toronto Institute for Relational Psychotherapy invites applications from professionals who have experience and current responsibilities in areas such as social work, pastoral counselling, crisis intervention, addictions counselling, marriage and family therapy, and other therapy modalities. Persons exploring career change and retraining are also encouraged to apply.

An advanced academic or professional degree in a related field is recommended. TIRP will consider life experience and other educational backgrounds for equivalent entry status, but applicants should note that full membership in a professional organization, such as the Ontario Society of Psychotherapists, usually requires a master's degree or equivalent.

## PROGRAM

The Toronto Institute for Relational Psychotherapy (TIRP) offers a comprehensive training program in the theory and practice of relational psychotherapy. Training takes place in Tuesday evening interactive learning groups, September - April, and in two residential weekends per year. Each year's group moves through three years of intensive training together.

**Components of training**

- group process that emphasizes authenticity and empathy
- theory readings, with connections made to students' personal and professional experience
- supervised peer counselling
- supervised work with clients starting in year two
- case presentations among supportive peers and faculty starting in year three

All aspects of training aim to help students develop their own best personal integration of self, theory, and practice.

**STUDENTS**

Students come to TIRP from across Ontario and from diverse social, cultural, educational, and professional backgrounds. Many have experience in education, social work, nursing, or other helping professions. Others use TIRP as part of a major change in career direction. TIRP students bring with them self-awareness they have gained in their personal therapy, and a willingness to continue to explore their relational patterns in group process and individual therapy. Students who prosper at TIRP enjoy experiential learning, self-directed study, and lively, authentic engagement with peers and faculty.

**FACULTY**

All Institute faculty are members of professional organizations such as the Ontario Society of Psychotherapists and the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists.

**John Kotur**, B.S.W., Dip. T.C.P.P., R.S.W., is a psychotherapist in private practice with 18 years experience working with children, adolescents, adults, couples and families. A graduate of both the Toronto Child Psychoanalytic Program and the Advanced Training Program in Psychoanalytic Psychotherapy for adults, John uses an inter-subjective and relational approach in his clinical work. In addition, John teaches, supervises and consults to local agencies and colleges, and has an interest in applying psychoanalytic concepts to literature, film and the arts.

**Rozanne Grimard**, R.N., M.Ed., is a psychodynamic psychotherapist and clinical supervisor in private practice. Rozanne works with individuals and groups from a feminist, intersubjective and relational perspective. She brings a holistic approach to her work, attending to the integration of body, mind, spirit and social aspects of persons.

**Pat De Young**, M.S.W., Ph. D., is a relational therapist and supervisor in private practice, and the author of *Relational Psychotherapy: A Primer*. She holds

graduate degrees in literature, clinical social work, and philosophy of education, and has fifteen years of experience training therapists in psychodynamic, relational modes of therapy.

**Louise Gamble**, B.A., B.S.W., has been involved in the field of counseling and psychotherapy for over the past 25 years. She has had experience both in agencies and in private practice. She works from a systemic, relational perspective with individuals, children and families. She is particularly interested in the ways in which our social and emotional cultures influence our well-being.

## OVERVIEW

Becoming a relational psychotherapist is a demanding process involving many kinds and levels of learning. The TIRP program is designed to offer the necessary learning components. Our ultimate goal is the integration of these components in each student's professional sense of self.

### The core group

Through the experience of group process in Phases I and II, students learn about the dynamics and patterns of relational interaction. They experience the power of empathic attunement and the challenge of being with another deeply without losing oneself. As they learn a therapeutic use of self, students deepen their self-awareness, which includes the capacity to work with a wide range of emotional states in themselves and others.

### Theory

In each phase, theory seminars are presented on topics fundamental to relational psychotherapy. In Phases II and III, students participate in theory presentations, and in all phases students write integrative papers in response to theory they have read and discussed.

### Practice therapy

Practice therapy sessions with peers are introduced in Phase I, and practice therapy remains an important part of training in Phases II and III. In a practice therapy session, a student therapist works respectfully with a peer's real issues, and then the student therapist receives immediate, constructive feedback from peers and faculty who have observed the session.

### Supervised work with clients

Unless students have clients when they begin training (in which case they will have individual clinical supervision all along), students begin direct work with clients and regular supervision of that work midway through Phase II.

**Personal psychotherapy**
To integrate personal and professional growth, students are engaged in their own personal therapy, on a weekly basis, while they are in training.

**PHASES**

**Phase I**
Time: 3 hours weekly, September to April, two weekends (Friday evening to Sunday afternoon), 4-8 hours as a client in practice counselling with a Phase II student; readings and papers.

**Primary focus**
An introduction to relational therapy through group experience, theory, and practice counselling. Experience in the intensive group process is a ground for learning the dynamics of relational patterns and responses. Theory seminars encourage dialogue with current relational theory concepts. Students begin practice therapy sessions in the second semester.

**Content**
Students are introduced to basic concepts of relational psychodynamic theory: self psychology, intersubjectivity, self-in-relation theory, developmental theory, and feminist therapy perspectives on diversity and trauma.

**Requirements**
- attendance at weekly classes (absent from no more than three classes) and mandatory attendance at two scheduled weekend intensives
- weekly reading assignments
- integrative papers
- being a client for 4-8 hours with a student from Phase II
- Students should note that (student) membership in a professional organization such as the Ontario Society of Psychotherapists is required by the end of Phase I; by the time they enter Phase II, they must have contracted for professional liability insurance through that professional organization.

**Evaluation**
At the end of the year students will be evaluated by their peers, faculty and supervisor, and will provide a self evaluation. Readiness to proceed to Phase II will be based on an assessment of:
- capacity to be in relationship
- a sense of self cohesion
- ability to engage in group process
- comprehension of theory presentations and reading assignment

- ability to be self-reflective, to work with the patterns of relationship within the group, and to make use of the concepts being taught in the course.

Phase II

Time: 3 hours weekly, September to April, two weekends (Friday evening to Sunday afternoon), weekly readings, seminar and paper preparation; 4-8 hours as a therapist in practice counselling with a Phase I student; at least 20 hours of client work and 15 hours of supervision by the September of commencing Phase III.

**Primary focus**

Development of the therapist's self through integrating theory and practice; continued learning through the dynamics of group process with an emphasis on using group experience to enhance self understanding within a practical and theoretical framework.

**Content**

Theory is expanded from the previous year with a focus on moving theory into practice. Increased attention is paid to empathic attunement, forming a therapeutic alliance, understanding transference and co-transference, and the use of the intersubjective field, all in preparation for work with clients. Students continue in practice counselling, do practice therapy with Phase I students, and begin work with clients under supervision.

Requirements

- Attendance at weekly classes (absent from no more than three classes); mandatory attendance at two scheduled weekend intensives
- Weekly reading assignments and preparation for seminar presentations and discussions
- Integrative papers
- 4-8 hours of practice counselling as therapist with a student from Phase I. An hour of supervision is required prior to sessions, during each set of 4 sessions and for a concluding evaluation session.
- Students will begin to work with clients by March. Biweekly supervision is mandatory. Weekly supervision is required with 4 weekly client hours or more.
- At least 20 hours of direct work with clients is required before commencing course work for Phase III.

**Evaluation**

Students will be evaluated by their peers, faculty and supervisors and will provide a self-evaluation. After the supervised practice counselling sessions with a Phase I student, readiness to see clients under supervision will be based on a student's self-evaluation and evaluations by his/her supervisor and group leader.

Readiness to proceed to Phase III will be based on an assessment of:

- a growing capacity to be in relationship
- comprehension of theory presentations and reading assignments
- supervision of 20 hours of direct clinical work with clients
- deepening self awareness and empathy as a therapist; increased understanding of the intersubjective dynamics of the therapy relationship.

**Phase III**
Time: 3 hours weekly, September to April; two weekends (Friday evening to Sunday afternoon); preparation time for theory and case presentations; client-work and at least bi-weekly supervision.

**Primary focus**
Further development of the student's professional self; integration of theory and practice; supervision of clinical work.

**Content**
Students present brief seminars dealing with the practical application of relational dynamics in therapy, e. g., co-transference, intersubjective context, and optimal responsiveness. In the group context, students continue with practice counselling and make case presentations.

**Requirements**
- attendance at weekly course meetings (absent from no more than three classes) and mandatory attendance at two scheduled weekend intensives
- reading assignments and theory presentations
- integrative papers
- maintaining a practice of at least 2 clients with at least bi-weekly supervision
- case presentations to the core group

**Evaluation**
Students will be evaluated by their peers, faculty and supervisors, and will provide a self-evaluation. Completion of the course work will be assessed on the basis of:
- capacity to integrate theory and practice
- ability to sustain a therapeutic alliance and to provide effective therapy
- demonstration of a sound working knowledge and clinical ability in central aspects of relational psychotherapy.

**TEXTS**
In each phase, students are assigned a series of readings drawn from various relational texts, both books and articles. These are a few of the texts recently used as resources in Phase I:

Michael Kahn, *Between Therapist and Client: The New Relationship*
Judith Jordan *et al*., *Women's Growth in Connection: Writings from the Stone Center*
Laura Brown, *Subversive Dialogues: Theory in Feminist Therapy*
Judith Herman, *Trauma and Recovery*
Pat Deyoung, *Relational Psychotherapy: a primer*

Texts that have been recently used as resources in Phases II and III include:

Robert Karen, *Becoming Attached: First Relationships and How They Shape Our Capacity to Love*
Daniel Stern, *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*
Howard Bacal, *Optimal Responsiveness: How Therapists Heal their Patients*
Donna Orange, *Emotional Understanding: Studies in Psychoanalytic Epistemology*
Robert Stolorow, Bernard Brandchaft and George Atwood, *Psychoanalytic Treatment: An Intersubjective Approach*
Robert Stolorow and George Atwood, *Contexts of Being: The IntersubjectiveFoundations of Psychological Life*
Stephen Mitchell, *Influence and Autonomy in Psychoanalysis*
Lewis Aron, *A Meeting of Minds: Mutuality in Psychoanalysis*
Jean Baker Miller and Irene Pierce Stiver, *The Healing Connection: How Women Form Relationships in Therapy and in Life*

## CAPT Register

**INTENTIONALLY DELETED**

**IN MARCH 2008**

**BECAUSE SOME OF THE PERSONAL INFORMATION**

**WAS OUT OF DATE**