



## **CAPT Responses to HPRAC's Recommendations in *New Directions* (2006) Concerning Psychotherapy**

The Minister of Health and Long-Term Care asked the Health Professions Regulatory Advisory Council (HPRAC), in February 2005, "for advice on a number of issues respecting the regulation of health professionals under the authority of the *Regulated Health Professions Act, 1991* (RHPA)," among other issues. CAPT participated in the subsequent public consultations in September 2005, and submitted a written brief in October 2005, in response to the Minister's specific questions about the regulation of psychotherapy. In April 2006, HPRAC submitted its report, *Regulation of Health Professions in Ontario: New Directions*, to the Minister of Health and Long-Term Care. Stakeholders were invited to respond by June 30, 2006 to the recommendations in *New Directions*. CAPT's responses to five of the recommendations in *New Directions* (331-333) concerning psychotherapy follow:

### **HPRAC Recommendation 3 (*New Directions*, 2006, "Psychotherapy," 331)**

3. That an enforceable scope of practice of psychotherapy should be defined in the Act, and that the scope of practice should restrict the practice of psychotherapy to certain regulated professionals, and that an exemption for certain activities should be included as follows:
  - (1) Psychotherapy is the provision of a psychological intervention or interventions, delivered through a therapeutic relationship, for the treatment of cognitive, emotional or behavioural disturbances.
  - (2) No person other than a member in good standing of the College, the College of Psychologists of Ontario, the College of Physicians and Surgeons of Ontario, the Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario who has met the qualifications specific to the practice of psychotherapy as established by their College shall engage at any time in any of the activities as set out in (1).
  - (3) The Act does not apply to counsellors providing information, encouragement advice or instruction about emotional, social, educational or spiritual matters.
  - (4) Notwithstanding (3), treatment that goes beyond the bounds of counseling should not be exempted.

### **CAPT Feedback/Concern on Recommendation 3**

CAPT is of the opinion that the enforceable scope of practice (ESOP) is a step backwards and really not necessary. Though we are not members of the Coalition of Mental Health Professionals, we agree with them on this matter. We think TITLE PROTECTION, HIGH MINIMUM TRAINING STANDARDS, A PUBLIC REGISTRY AND ACCOUNTABILITY PROCESSES give the requisite public protection. For example, the case often mentioned in the public discussions of an MD suspended from medical practice being able to set up business as a psychotherapist would be adequately handled by these four regulating structures.

Controlled Acts were previously introduced partly because scopes of practice led to a legal mess. Psychotherapy can't possibly be a controlled act, as New Directions well argues. But we surely don't want the legal wrangling that happened formerly about scopes of practice. Besides, the proposed ESOP is already manifestly unclear and confused.

Note that eliminating the ESOP leaves untouched all the gains from statutory regulation listed in Chapter 7, 5 (p.215): Entry-to-practice, Quality assurance, Improved accountability, and Enforcement.

**Level of Concern to Your Organization** [*On a scale of 1 -10, a 10 represents a recommendation/issue that is a high degree of concern*]

This recommendation is a 10.

### **Proposed Solution/Alternative**

The enforceable scope of practice would be replaced by a general description of psychotherapy. These, for example, are given informally in Chapter 7, #3.2, p. 208: "Psychotherapy is most often characterized . . ."; and in 3.5. p. 210: "Elements common to all . . ."

### **How does your solution favour the public interest?**

The ESOP is an unnecessary complexity and one that will affect psychotherapy services. The public interest is safely served by the other elements of statutory regulation.

### **HPRAC Recommendation 5 (*New Directions*, 2006, "Psychotherapy," 332)**

5. That the Council of the College should establish an Advisory Committee to include representatives of the College of Psychologists of Ontario, College of Physicians and Surgeons of Ontario, Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario.

### **CAPT Feedback/Concern on Recommendation 5**

The concern is that representatives of the Colleges are not specified as being themselves trained and practicing psychotherapists. We think that it makes more sense that any College representatives on the Transitional Council should be so trained and practicing.

We think also that the Colleges should more appropriately have only one representative each for a total of 4.

### **Level of Concern to Your Organization**

# 7.

### **Proposed Solution/Alternative**

The representatives of the Colleges on the TC should be trained and practicing psychotherapists.

Each College should be represented by only one member.

### **How does your solution favour the public interest?**

With respect to the first recommendation: Such representatives are more likely to have direct experience with the public seeking psychotherapy.

With respect to the second recommendation: No College should have larger influence on this task of creating a new regulated profession.

### **HPRAC Recommendation 10 (*New Directions*, 2006, “Psychotherapy,” 332)**

10. That the Lieutenant-Governor-in-Council, on recommendation of the Minister, should appoint, for a period of three years, a Transitional Council, Chair and Vice-Chair.

### **CAPT Feedback/Concern on Recommendation 10**

CAPT thinks three years is an impossibly short time to fulfill the proposed mandate of the Transitional Council (Chapter 7, 10, p.223).

On the other hand, a swift transition to the College is desirable in order to establish full self government by the profession. So we recommend that the Transitional Council’s mandate be restricted to the priorities mentioned in rec. #14, p. 333. Specifically, we recommend that the development of “complaints and disciplines programs and processes” be hived off and left to the new College itself. The Legislative Framework (Chapter 2) makes clear that this aspect of the regulation will take enormous energy and expertise to develop, and would distract the Council from its most important tasks of public registration and determination of standards of training.

## **Level of Concern to Your Organization**

# 8.

### **Proposed Solution/Alternative**

Either extend the Transitional Council to 5 years or leave it at 3 years and leave to the College itself the work of setting up complaints and disciplines procedures.

### **How does your solution favour the public interest?**

It will allow the College to be fully functioning in its role of protecting the public interest in the shortest possible time—and yet not compromise the central structuring of the profession which the Transitional Council is charged with.

### **HPRAC Recommendation 14e (*New Directions*, 2006, “Psychotherapy,” 333)**

14. That upon appointment of its members, the Transitional Council should move immediately to develop:

- (e) The educational qualifications and equivalency standards to address the registration of currently unregulated practitioners.

### **CAPT Feedback/Concern on Recommendation 14e**

CAPT recommends that in pursuit of the avowed intent in *New Directions* not to restrict access to psychotherapy in Ontario, that the Transitional Council be generous in its acceptance of those currently practicing.

Training institutions are fairly recent in Ontario (approximately 25 years), so many psychotherapists were trained through mentors, workshops, or membership in special psychotherapy groupings (all of which *New Directions* rightly describes as not good enough now).

## **Level of Concern to Your Organization**

# 10

### **Proposed Solution/Alternative**

CAPT recommends that all those who have practiced psychotherapy for 5 years (full time or part time) without legal taint should be grandfathered into the Registry. Once registered, they will of course be required to meet the same standards of continuing professional development as all other psychotherapists.

### **How does your solution favour the public interest?**

Such a measure would protect the continuity of access and service for the public currently working with unregulated psychotherapists. It prevents possible grave disruption of access.

**HPRAC Recommendation 17, 2<sup>nd</sup> bullet (*New Directions*, 2006, “Psychotherapy,” 333)**

17. That subject to the approval of the Lieutenant-Governor-in-Council, and with prior review of the Minister, the Council of the College of Psychotherapy of Ontario should be authorized to make regulations

- Prescribing and governing the therapies involving the practice of the profession and prohibiting other therapies

**CAPT Feedback/Concern on Recommendation 17, 2<sup>nd</sup> bullet**

Given the openness of *New Directions* to the genuine diversity of psychotherapy in Ontario, this recommendation strikes a jarring and ominous note, as if written by another hand. It is one thing to say to a group that what you are doing is psychotherapy (for example, psychosynthesis, psychodrama) and that you must meet the College standards. Though even this should never invade the religious realm.

It is quite another thing for the College to say something is not psychotherapy when there is no agreed view about the limits of our profession. Further, there is no need to prohibit any therapies. The proposed Act would require only that the therapists meet the requirements of the College.

**Level of Concern to Your Organization**

# 10.

**Proposed Solution/Alternative**

That the second bullet of rec. #17 be changed to “prescribing and governing the therapies involving the practice of the profession and allowing new forms of psychotherapy legal room to meet the requirements of the College.” So we are suggesting the deletion of the phrase “and prohibiting other therapies.”

**How does your solution favour the public interest?**

It protects the rights of citizens to have access and leaves room for creative developments in psychotherapy. *New Directions* had already recommended that.