



CANADIAN ASSOCIATION FOR PSYCHODYNAMIC THERAPY

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**To: Standing Committee on Social Policy,
Ontario Government**

From: Canadian Association for Psychodynamic Psychotherapy (CAPT)

Re: Bill 171, Schedule Q, the *Psychotherapy Act, 2007*

Psychodynamic psychotherapy is the source and still most visible example of psychotherapy as a profession independent of both Psychiatry and Psychology.

CAPT is a national professional association for psychodynamic psychotherapists. Its aim is to promote psychodynamic therapy by cooperation, study and research. It includes six free-standing Ontario training institutes as institutional members (some of these have national and international affiliations).

CAPT vigorously participated in the public consultations that led to Bill 171Q and promoted the recognition of psychotherapy as an independent profession.

1) Psychotherapy as an Independent Profession

The establishment of a College of Psychotherapists sets Ontario clearly ahead of those other jurisdictions in Canada and around the world who have neglected psychotherapy by subsuming parts of it within other professions without giving it its own appropriate independence. **We thank the Government for its courage and clear-sightedness in recognizing psychotherapy as an independent profession.**

2) Psychotherapy Essentially Relational

CAPT commends the recognition in the scope of practice that psychotherapy is essentially relational. It requires the active alliance of therapist and client for the good of the client.

Because therapy is relational it is implicit that the public must be free to choose both the therapeutic modality in which they wish to work and their particular therapist.

3) Regulation of All Psychotherapy

CAPT, which has been active in self-regulation of psychodynamic therapy, welcomes the College as regulating the whole field of psychotherapy. The establishment of training and educational standards is implicit in the Bill. Accountability is explicit. In recognizing that all psychotherapists will be regulated **the Bill ensures continued access for citizens to affordable psychotherapy in its diverse modalities, including the psychodynamic.**

The Bill clearly remedies, at least in principle, a long-standing effort to restrict the diversity and affordable access to psychotherapy in Ontario. Psychotherapists have frequently been characterized as untrained practitioners or rendered invisible in our work and our institutions.

The generality of the law means, in effect, that all the detailed regulation will be done by the Transitional Council. All of us who are bringing you briefs are speaking with some anxiety to the yet unformed Transitional Council.

RECOMMENDATIONS

4) Solving the Problem of Counsellors

The scope of practice rightly interpreted solves the associated issue of counsellors and counselling. Some counsellors certainly practice as psychotherapists and some certainly touch on matters of emotional disturbance.

Those trained in psychotherapy could simply be welcomed into the College as psychotherapists. Those counsellors not trained as psychotherapists would be free to continue to touch on emotional disturbance within their contextualized counselling practice “by counselling means.” The scope of practice delineates psychotherapy as a contextualized practice that uses “psychotherapeutic means.”

In other words, counselling as such is outside the proposed legislation completely.

Counselling is more heterogeneous than psychotherapy. A process to regulate counselling would take many years. This Bill has the merit of regulating psychotherapy without impacting in any way the continued and varied work of counselling in the province.

5) Title Protection

The proposed *Psychotherapy Act* protects two titles, “Psychotherapist” and “Registered Mental Health Therapist.”

The protection of “Psychotherapist” and its cognates or abbreviations, for example, “Therapist,” makes obvious sense. There is regulatory room to approve titles such as “Marriage and Family Therapist,” “Art Therapist,” “Music Therapist,” and so on, all within the general frame of psychotherapy and fitting easily within the scope of practice.

But what is the purpose of the title “Registered Mental Health Therapist”? The term is unknown in common parlance, undefined in the Bill, and might well cause alarm to a public seeking professional help with life issues—because of associations with the word “mental.” **The public deserves to be protected from the confusion likely to follow from this new term, “Registered Mental Health Therapist”.**

“Maybe they’re not really psychotherapists.”

“Maybe they’re the only *registered* ones.”

“Maybe they’re the ones who deal with *mental* patients.”

If the title “Registered Mental Health Therapist” is designed to get counsellors into the College it is now wholly unnecessary, as was explained above. Either counsellors are trained as psychotherapists or they are not. If they are not trained they fall outside the scope of practice.

If the term was introduced in order to set up a two-tier system as was done in the College of Psychologists (Psychologist, Psychological Associate) we should resist it. There, it has resulted in public confusion about what a Psychological Associate is and does.

The College of Psychotherapists is to have members, all of whom are specifically trained to a common standard to do psychotherapy. If the designation “Registered Mental Health Therapist” has been used to introduce a hierarchy of titles on the basis of academic degrees, this becomes an absurdity because almost all specific training for psychotherapy happens outside the universities (HPRAC *New Directions*, Ch.7, 3.5).

The legislation as written restricts the title “Psychotherapist” to members of the new College of Psychotherapists. However, five other colleges (six if Social Work is included) are given the controlled act of Psychotherapy. One way of handling this would be to allow the members of these colleges to use the title in conjunction with their home profession: so, for example, “GP Psychotherapist,” “Psychologist Psychotherapist,” “Nurse Psychotherapist.”

6) Bringing Clarity to the Authorized Act (Bill 171Q, Section 4)

A new controlled act should meet the standard of clarity clearly present in the other 13 controlled acts. The only other controlled act to which a fair comparison may be drawn—diagnosis—was made empirically clear and judicious by making the controlled act “*communicating a diagnosis*” (*Regulated Health Professions Act, 1991, C. 18, S. 27*).

As it stands, the description of treating a “...serious disorder...that may seriously impair...” lacks this simple clarity and easy determinability. We could anchor it empirically by adding:

“The ‘serious disorder’ is understood to be such as requires custodial care of the individual.”

It would then follow that the controlled act of Psychotherapy would always occur within an institution. This has the added advantage for harm reduction in that the Psychotherapist within a custodial environment would always be functioning as a member of a team.

We cannot hang the controlled act merely on a formal diagnosis:

- 1) Because of the disappointing degree of unreliability in diagnostic practice (PDM Task Force [2006]. *Psychodynamic Diagnostic Manual*. Silver Spring, MD: Alliance of Psychoanalytic Organisations, p.3).
- 2) Because diagnosis is even more unreliable as a predictor of *future* impairment.
- 3) Because after the pharmacological intervention, for example, the individual may well be able to engage in psychotherapy in an ordinary way.

We would understand the grounds for custodial care to be one of the following:

- 1) Enduring and manifest danger of self-harm
- 2) Enduring and manifest danger of harm to others
- 3) Enduring and manifest psychological inability to care for the self.

This would require amendments to all the complementary amendments (Sections 14-19)

7) Grandparenting

“The purpose of regulation is not to exclude currently unregulated practitioners. It is intended to bring them into a regulatory framework to support safe, effective and accountable practice in the public interest” (HPRAC, *New Directions*, 10.3, p.224).

The grandparenting of currently practicing psychotherapists is crucial to the smooth transitioning from an unregulated profession to a regulated profession of psychotherapists in Ontario. Present affordable access and the right of the public to choose their psychotherapist are values to be cherished and maintained. Moreover, it is vital that existing therapeutic relationships be permitted to continue.

As we move forward under the aegis of the new *Psychotherapy Act, 2007*, a clear distinction is required between criteria for grandparenting and the high minimum qualifications for entry to practice. The focus here is primarily on grandparenting criteria.

In the proposed *Psychotherapy Act, 2007*, no provisions for grandparenting have yet been included, and we assume that the Transitional Council will determine the criteria to be applied. CAPT recommends that there be a breadth of options enabling the grandparenting of currently practicing psychotherapists into the proposed College of Psychotherapists of Ontario:

- a) Grandparenting criteria should be inclusive of therapists currently practicing so as to ensure access and diversity for the public.
- b) Established psychotherapists should be included in grandparenting provisions so as not to disrupt current therapeutic relationships, which, as the Scope of Practice (Bill 171Q, Section 3) points out, are central to the practice of psychotherapy; **the reliability of those therapeutic relationships is crucial to the prevention of harm that is the objective of the legislation.** Clinically, a severing of the therapeutic relationship may undo years of painstaking psychotherapeutic work. **Provision for grandparenting must be broad enough to protect the rights of clients who are currently involved in an ongoing “therapeutic relationship.”**

Training

As a matter of firm principle, CAPT maintains that anyone practicing psychotherapy must be trained in the modality in which he/she practices. So, for example, those practicing psychodynamic psychotherapy must be trained in that modality, and those practicing cognitive-behavioural therapy must be trained in that modality. However, given that formal training institutes were generally not established when many therapists began practicing in the '70s and early '80s, “training” for grandparenting purposes must be looked at broadly, but with qualifications.

Grandparenting Criteria

Starting from these two premises, CAPT recommends that those who are currently practicing psychotherapists should be given the opportunity for grandparenting into the College of Psychotherapists, providing they meet certain criteria. Those who do

not meet the criteria should be offered the opportunity to meet it within a set timeframe.

Two Categories for Grandparenting

There should be two broad categories for admission by way of grandparenting into the College of Psychotherapists:

1. Those who are graduates of established professional training schools, like those now within CAPT, should automatically be grandparented into the College of Psychotherapists of Ontario;
2. Those who do not have direct specialty training but who have other informal training and years of apprenticeship and working experience as psychotherapists should be grandparented into the College of Psychotherapists of Ontario.

Category 1

Graduate status from an established professional training school can easily be verified.

Category 2

The government should recognize the extra-institutional training of many long-practicing psychotherapists. For example, if somebody has been successfully practicing for a number of years without judicable complaints, it means that many people have chosen that person as a therapist and benefited by the services provided. There is then a fair presumption of basic competence. Forms of apprenticeship, quite typical before the '80s, can fairly easily be seen as equivalent to more formal institutional supervision.

Personal Therapy

The Canadian Association for Psychodynamic Therapy (CAPT), representing the psychodynamic modality of psychotherapy, understands very well that a personal psychotherapy cannot be made a mandatory component within the high minimum qualifications for entry to practice under the new College. Other traditions do not require this.

However, in evaluating current practitioners in the psychodynamic modality it is appropriate to give full weight to this aspect of their formation. It has been an essential aspect of training in the psychodynamic tradition since the earliest days.

All psychotherapists wishing to qualify for grandparenting into the College of Psychotherapists who are not graduates of an established training school should show evidence of professional development, over a minimum of three years or 1500 client hours, that would include a selection from among the following:

- Personal therapy
- Clinical supervision/mentoring with a senior therapist
- Peer supervision
- Attendance at related professional conferences
- Participation in seminars and workshops
- Completion of individual courses offered by established training schools
- Completion of courses offered by established therapists
- Completion of courses offered through CAPT and other professional psychotherapy associations.

Therapists in Category 2 applying to be grandparented into the new College should be evaluated on a case-by-case basis.

Continuing Education

Going forward, all psychotherapists practicing in all modalities should be expected to continue their education and professional development in order to maintain and improve their level of competence.

Set Time to Meet Required Criteria

We recommend a five-year timeframe to allow currently practicing therapists to meet criteria set by the Transitional Council. For instance, if some current psychotherapists are unable to describe equivalencies in their professional development, as outlined in the two categories, they should not be disqualified. Many will be engaged in important psychotherapeutic relationships and they should be allowed to continue.

CAPT Members

It is CAPT's express wish that all of its current members be grandparented into the College of Psychotherapists.

CAPT members are expected to adhere to the CAPT Code of Ethics. To emphasize the importance of this, beginning in 2008, as a condition of membership every CAPT member will be required to sign a commitment to adhere to the CAPT Code of Ethics.

Summary of Grandparenting Recommendations

CAPT recommends that the criteria established for grandparenting include provisions for bringing all currently practicing psychotherapists into the College of Psychotherapists. The grandparenting standard must ensure that there is no interruption of service to current clients—and recognize the fine, professional work conducted by the many caring, hardworking, and competent psychotherapists in Ontario.

8) Training for Psychotherapy

Once the independence of the profession of psychotherapy is clearly affirmed, it is immediately clear that there is a specific training to be a psychotherapist. Furthermore, the varied modalities of psychotherapy require a training specific to the modality a psychotherapist practices.

This has often been obscured where psychotherapy was seen as one skill within a wider ranging profession (medicine, psychology, social work, nursing, etc.). And the degrees in those professions often acted as an implicit warrant to practice psychotherapy.

All that will now change. CAPT supports the effort to set entry to practice qualifications that stand independently of academic degrees as such. This is not to preclude that in the future professional degrees in psychotherapy may be developed within universities.

However, in the meantime we feel it is important for the Transitional Council to recognize the reality in Ontario that specific training in the psychotherapeutic modalities, including the psychodynamic, typically occurs in stand-alone institutes (*New Directions*, Ch 7, 3.5, p.209).

A further point: psychotherapy is in a fertile period of new developments. CAPT recommends that the Transitional Council carefully set standards that do not shut the door to the creation of new forms of psychotherapy. This too is in the public interest.

9) The Transitional Council

CAPT notes the lack of specificity in Bill 171Q. All but the most central of the matters that have been argued throughout the period of public consultations are left to the determination of the Transitional Council. The composition of the Transitional Council itself is not specified. Every member will be appointed.

CAPT is very concerned that those appointed to the Transitional Council be truly knowledgeable about this complex profession and responsive to the values expressed by CAPT. We understand that members on the Transitional Council do not represent sectors of the profession, but are independent protectors of the public interest. **However, deep knowledge of the profession in its actual existence in Ontario is an absolute prerequisite for protecting the public's access to varied, accountable and affordable psychotherapy.**

It is in this spirit that we ask that some members of the Transitional Council be fully knowledgeable about psychodynamic psychotherapy in this province.

The Transitional Council's task will be extremely difficult. May we respectfully recommend that those who have consistently and publicly attacked the independence of the profession of psychotherapy *not* be included on the Council. They would render a difficult task almost impossible.

CAPT recommends that the Transitional Council consist of those supportive of psychotherapy as an independent profession and include representatives of all the modalities cited in the Ministry of Health and Long-Term Care Fact Sheet (December 12, 2006): psychodynamic, cognitive-behavioural and experiential.

We express our thanks to the Standing Committee on Social Policy, the Government of Ontario and the future Transitional Council for their consideration of CAPT's recommendations.

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