CANADIAN ASSOCIATION FOR PSYCHODYNAMIC THERAPY ("CAPT")

SUBMISSION TO THE TRANSITIONAL COUNCIL (the "COUNCIL") OF THE COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO (the "COLLEGE"):

ENTRY-TO-PRACTICE COMPETENCY PROFILE FOR REGISTERED PSYCHOTHERAPISTS

I. INTRODUCTION

CAPT welcomes the opportunity to provide feedback on the Competency Profile for Registered Psychotherapists provided by the Transitional Council.

We would like to commend the Council, first of all, for the wide latitude of interpretation and application provided by the "Principles Behind the Competency Profile". We are especially pleased to see the phrase "...in a manner relevant to the therapist's orientation, modality and practice", as this honors the diversity of origins and training within our profession, and provides flexibility and discretion in the interpretation of the specific competencies.

II. COMMENTS ON COMPETENCIES

1.1 Integrate a theory of human psychological functioning.

While CAPT fully supports the concept that knowledge of psychological functioning is a central foundation for psychotherapeutic practice, the word "integrate" in this context is not clear; we suggest changing it to "demonstrate an integrated understanding of psychological functioning". Theory must be integrated with practice and it is the integration of the understanding that is essential, not merely integration.

1.2 Work within a framework based on established psychotherapeutic theory.

CAPT more generally would like a clarification of the distinction made between the RP and RMHT competency list and the use of the word "integrate" for the former and "apply" for the latter in the context of the understanding of

psychological theories.

1.3 Integrate knowledge of comparative psychotherapy relevant to practice.
d. Recognize the major diagnostic categories in current use.
e. Recognize the major classes of psychoactive drugs and their effects

While a general familiarity with psychiatric diagnostic categories and psychiatric drugs should be an aim for on-going professional development, CAPT suggests that such knowledge should not be seen as an entry-to-practice competency. The priority of this particular knowledge, in the context of psychotherapy training, is lower than such things as the safe and effective use of self, etc. and can be learned once the therapist is in practice, as part of their professional development.

1.4 Integrate awareness of self in relation to professional role
b. Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.
d. Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.

CAPT appreciates Competency "d" which implies a therapist's thorough knowledge of themselves and their origins and how that can influence the therapeutic process – especially with clients from a different culture than that of the therapist. CAPT would like greater clarity with respect to the provisions of Competency "b" as it is unclear what is being referred to.

1.5 Integrate knowledge of human and cultural diversity
e. Identify culturally-relevant resources.

CAPT supports the inclusion of this competency for professions, including psychotherapy. We suggest that in "e" the wording read: "be prepared to familiarize oneself with culturally-relevant resources" rather than "identify", as the range of cultural diversity makes it impossible for a clinician to be prepared in advance.

2.1 Use effective professional communication.
f. Differentiate fact from opinion.
g. Recognize and respond appropriately to non-verbal communication.

While we understand the need for clear and professional communication in collegial and interprofessional relationships, we were confused by "f" and "g". There does not seem to be a context for these two particular competencies within the more general and neutral communication requirements of the other competencies in this section. To try to make more sense of this, we explored the earlier versions of the competencies from British Columbia in 2005 and discovered "f" and "g" within a longer list of professional communication competencies, which included awareness

of voice tone and use of conflict resolution skills, etc.

We are grateful that those particular competencies which seem to anticipate an adversarial collegial experience have not been included; but “f” and “g” which made sense in the earlier B.C. version of the competencies seem to have become orphaned from their original home “f” and “g” are incongruent with the remaining more general and neutral skills described in section 2.1.

2.3 Contribute to a collaborative and productive atmosphere.

In light of what is stated in the “Principles”, this competency should state “where applicable or relevant” as, depending on the context, psychodynamic psychotherapists typically do not engage in “collaboration” beyond such activities as peer supervision, professional development forums, joint papers, etc.

3.1 Comply with legal and professional obligations.
a. Comply with relevant federal and provincial legislation.

CAPT believes that in this competency, replacing the word “relevant” with the word “applicable” would be more precise in the context of federal and provincial legislation.

3.3 Maintain self-care and level of health necessary for responsible therapy
c. Maintain personal hygiene and appropriate professional presentation.

CAPT suggests that “c” be removed from the list of competencies as the issues of personal hygiene and “appropriate professional presentation” are both highly subjective.

3.4 Evaluate and enhance professional practice
h. Participate in relevant professional development activities.

In “h”, CAPT suggests that the word “relevant” be removed, as its definition is both subjective and difficult to define, depending on the modality and subjectivity of the therapist.

3.5 Obtain clinical supervision or consultation
b. Articulate parameters of supervision or consultation.

CAPT emphatically supports this competency; however, the meaning of “b” is unclear.

3.8 Assist client with needs for advocacy and support
b. Support client to overcome barriers.

CAPT is not sure what is included in “barriers”, and would appreciate more specifics in this regard.

3.9 Provide reports to third parties.
a. Provide clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipients.
b. Recognize ethical and legal implications when preparing third party reports.

In addition to these reports being appropriate to the needs of the *recipients*, CAPT understands that the reports must also be appropriate to the needs of the *client*. We would reiterate our concerns laid out in our previous submission on the Professional Misconduct regulations in this regard, especially with respect to the primacy of confidentiality—psychotherapists must always put confidentiality first.

In addition, CAPT does not expect that those at an entry-to-practice level would be able to recognize all ethical and legal implications when preparing reports. As long as these implications are limited to those clearly laid out in the regulations and any "best practice" guidelines issued by the College, then it is reasonable to expect a fair knowledge of these issues.

4. Therapeutic Process
4.2 (b) Establish Rapport.

CAPT submits that there are many instances where rapport, as it is normally understood, cannot be established with certain clients. Therefore, the requirement is better stated as "Attempt to establish rapport".

4.2 g. Foster client autonomy.

CAPT suggests that "when appropriate" be added here. There are periods during therapy, again according to the modality involved, where the client must be allowed to be in a state of dependence, as part of the therapy.

4.2 j. Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.

CAPT suggests replacing "work" with "sessions". We understand that the intention here is to maintain a safe environment during the periods of time that therapist and client share the same space.

4.3 Ensure safe and effective use of self in the therapeutic relationship.

CAPT applauds the Council for so skillfully outlining the important criteria listed in this section.

4.4 Conduct an appropriate risk assessment.
d. Report to authorities as required by law.

CAPT comments that this requirement is not as clear as may be anticipated by the Council, and assumes that any such legal obligations will be clearly outlined by the College.

4.5 Structure and facilitate the therapeutic process.
c. Respond non-reactively to anger, hostility and criticism from the client.
f. Recognize a variety of assessment approaches.
g. Formulate an assessment.
h. Develop individualized goals and objectives with the client.
i. Formulate a direction for treatment or therapy.
k. Focus and guide sessions.
t. Recognize when to discontinue or conclude therapy.

CAPT would refer back to the guiding principles set out for the use and understanding of these competencies, and state that many of the competencies listed are not relevant to some modalities of psychotherapy. In particular, "f" to "i", and "k" imply that the therapist decides how the therapy is to unfold, as opposed to following the client's lead in this regard. Not all psychotherapists "focus and guide" sessions. Perhaps this could be revised to "recognize when to focus and guide sessions, as appropriate".

Also, with respect to "c", CAPT suggests that "non-reactively" be changed to "appropriately", as there may be instances where a "reaction" by the therapist is precisely what the client needs at that moment to advance the therapy.

With respect to "t", CAPT suggests this be revised to read "Recognize when to have a discussion about termination of the therapy". In some modalities, the therapist typically does not make the decision about the termination of the therapy—the client does.

5. Professional Literature and Applied Research

CAPT submits that this section outlines competencies that are not appropriate for the entry-to-practice level, and should be included in the quality assurance process.

CONCLUSION

CAPT is grateful for the opportunity to provide comments and suggestions, and we offer our thanks to the Council for their hard work and diligence in the development of these proposed competencies.