



The Canadian Association for Psychodynamic Therapy (CAPT) Comments on Protected Titles Under the *Psychotherapy Act, 2007*

Introduction

As Stakeholders, CAPT wishes to enter the conversation on the issues before the Transitional Council for the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario. In this paper we communicate some of our thoughts on the issue of title designation for Registered Psychotherapists and Registered Mental Health Therapists, in response to some of the ideas brought before the Transitional Council members in recent public meetings of the Council. CAPT neither expects nor anticipates a detailed response from the Council to our comments here. We simply respectfully submit them to you for your consideration as you reflect and deliberate on the many issues related to the regulation of psychotherapy in Ontario. Thank you.

CAPT's Recommendation

CAPT recommends that all practitioners registered in the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario be considered equal and be given the option of choosing either title under which to be registered.

It is our understanding that the Transitional Council has already decided that both titles should be equal and without hierarchical status, though some of the suggested criteria brought before the Council members in recent public meetings of the Council could be interpreted to have or possibly to lead to hierarchical categorization. CAPT wishes to emphasize that the two titles should be equal, and without imposition of the kind of assigned divisions of labour or specialization that have been suggested.

Presumably, those who wish to register with the college will want to do so because their work falls under the scope of practice in the *Psychotherapy Act, 2007*, and presumably all registered members will be expected to work within the scope as a condition of being

registered members of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario. Those members will be required to meet certain qualifications and accountability measures, regardless of which title is chosen.

Interpretations of the scope of practice and the controlled act will be required, with various possible terms, conditions and limitations imposed on a member's certificate of registration, once that criteria has been established, but it seems that these are issues separate from the issue of title designation. At this point, without a clear interpretation of the Controlled Act of Psychotherapy, we do not even know who will be granted permission to do the controlled act as a condition of their registration. It seems to us that assigning terms and conditions for each title is premature without clear direction on the terms and conditions for practicing the controlled act. And it is unnecessary. The Act makes clear that each individual member will have "terms and conditions" attached to his or her certificate of registration. Those details still need to be worked out and so will be separate from title designation.

There is another very important consideration concerning title designation that CAPT wishes to bring before the Council: the self-identity of practitioners under the *Psychotherapy Act*. The therapy field that falls under the Act is so diverse, with so many modalities and identities. Each member's title should reflect the identity of that practitioner. "Psychotherapist" indicates a specific identity attached to a specific profession. Their title should reflect their identity. "Registered Mental Health Therapist" is a title broad enough to include those many practitioners who have a different sense of identity in the field of mental health.

Many who work in the field of mental health but who are not, strictly speaking, psychotherapists, identify as mental health workers. Often, where access to services may be greatly restricted, such as in the north and in rural areas, the lines between those who formally practice psychotherapy and those who offer other mental health services are blurred.¹ But the same is true in general. In the psychotherapy/mental health field there is frequently a blurring of qualifications and practices. The attempt to closely define categories for each title and identify who will be called what cannot cover all possibilities; it is too gargantuan a job. Moreover, it runs the risk of missing potential members of the College. That could possibly lead to disruptions in service, especially in

¹ Shelley Martel speaking during Second Reading debate of *Bill 171 – Health System Improvements Act, 2006* on March 20, 2007: "...practitioners who work with a range of mental health organizations, who do a range of mental health counselling, whose patients rely on them, particularly because access to psychotherapy per se in northern Ontario and rural Ontario is pretty restricted."

the north and in rural areas, which could cause harm to individuals who need those services. And that does not take into account the disruption in relationships between clients and therapists, relationships that, as we point out below, are so crucial to all modalities of therapy.

It makes sense to CAPT that members registering in the College should choose the title with which they identify. Invite people to think about which title most applies to them, about which title they can most identify with. This would leave practitioners' places in the field undisturbed—they wouldn't have to become something different than they currently identify themselves as being.

The College will want as many as possible of those practitioners who are practicing within the scope of practice to register. Those practitioners would need to have a title they can relate to. Having the option to choose either title, Registered Psychotherapist or Registered Mental Health Therapist, would help potential members to see themselves as needing to belong to the College.

The personal and professional reasons for selecting either title, that of Registered Psychotherapist or Registered Mental Health Therapist, will be many and varied. Take, for example, the reported reason the Ontario Coalition of Mental Health Professionals requested that the title of Registered Mental Health Therapist be included in the *Psychotherapy Act, 2007*: that the Marriage and Family Therapists did not want the prefix "Psycho" in their title. That detail is important to their sense of identity as mental health professionals. This is just one example. That kind of choice should be respected for all members.

For all these reasons, CAPT recommends that both titles for all members in the College be considered equal and that members be given the option of choosing either title under which to be registered.

Other Considerations

CAPT Responses to Specific Suggestions Recently Brought to the Transitional Council

Some of the suggestions brought forward in the public Transitional Council meetings to define and circumscribe the two titles as separate categories with different responsibilities raise concerns that CAPT would like to address by way of some selected examples for illustration.

The following suggested criteria are of course intimately interconnected, but we will consider them separately for the sake of clarity.

Intensity of the Psychotherapeutic Relationship

Suggestions that degree of intensity should be the guide as to whether someone with the title Registered Psychotherapist or Registered Mental Health Therapist works with a particular client seems not to recognize that the *therapist* does not decide on the intensity of the relationship or the intensity of the therapy, and that anyway that is something that often cannot be identified in advance—or perhaps even for years into the therapy. Some clients are able to hide the intensity of their feelings, even after years of therapy, while those feelings nonetheless exist. Neither can the *client* know in advance what feelings will be evoked or what the intensity of those feelings will be. To interrupt a therapy because intense feelings develop or become manifest with, for example, a Registered Mental Health Therapist that should be conducted under the purview of a Registered Psychotherapist instead could be extremely harmful to the client and could work against the intention of the Act to prevent harm. Years of work could be undone, and the client left feeling bereft, with feelings “confirmed” for the client, feelings perhaps all too familiar to the client, that he or she is “too much” for the therapist (or for anyone for that matter).

The probable intensity of a therapeutic relationship cannot always be determined in advance, and therefore CAPT recommends that this not be accepted as criteria for title assignment.

Transference and Countertransference

On the issue of transference and countertransference as possible criteria for deciding who will work with a particular client, that is, whether it should be a Registered Psychotherapist or Registered Mental Health Therapist if the likelihood of transference/countertransference issues developing exists, CAPT argues: 1) first, that the intensity of transference/countertransference that may develop often cannot be determined in advance; 2) and, second, that while psychotherapy may evoke strong transference/countertransference responses, transferences are central to all human relating and therefore are likely to manifest themselves in ANY therapeutic relationship, whether with a Registered Psychotherapist or a Registered Mental Health Therapist. Transferences frequently appear in relationships with anyone viewed as an authority, be that therapist, teacher, doctor, or other professional working with people, but indeed they appear in all human relationships, even where there is no obvious authority figure, even among friends, neighbours, siblings, and so on.

To use the possibility of intense transference/countertransference responses appearing in a therapy relationship as the criteria for determining whether a Registered Psychotherapist or Registered Mental Health Therapist should work with a particular client does not recognize the nature of transference in human relating. CAPT firmly maintains that this criteria should not be a factor in determining title assignment.

Treatment Plan

On the issue of the development of a “treatment plan” and the roles either a Registered Psychotherapist or Registered Mental Health Therapist should play in such a plan, CAPT also takes issue, for two reasons. 1) First, the notion of a treatment plan is based on the medical model in which a diagnosis is required—Diagnosis is a Controlled Act that registered members of the College have not been granted. The requirement for a formalized treatment plan where no diagnosis is possible is confusing, and possibly unworkable. 2) Second, it may be that some therapies, such as formalized, manualized cognitive behavioural therapy, could have a beginning, middle and end, but some other modalities, such as the psychoanalytic/psychodynamic modality, do not, because they work with the unconscious, which obviates such a deterministic plan.

Jonathan Shedler of the Department of Psychiatry in the University of Colorado Health Sciences Center, in his book *That Was Then, This is Now: Psychoanalytic Psychotherapy for the Rest of Us* (2006), writes about the unconscious and how we “do not fully know our own hearts and minds.” He says that in addition to a lack of awareness “there are things we seem not to want to know.... things that are threatening or dissonant or make us feel vulnerable in some way, so we tend to look away” (Chapter 2, p. 9). These unconscious things are often at the heart of the disturbance or suffering that has brought the client into therapy, but they are certainly often, perhaps usually, unknown to both the client and the therapist at the start of the therapy, and often for many years thereafter. With a psychodynamic therapy, to build an adequate, structured treatment plan with a beginning, middle, and end on such unknowns would be impossible. To attempt to do so would entirely miss the client, and would certainly hamper the therapy that works with such unconscious unknowns. Shedler also comments that “Psychoanalytic therapy is not something done *to* or practiced *on* another person. It is something done *with* another person.... [This] mean[s] that therapy is a collaborative, shared effort between two people who must struggle to make sense together” (Chapter 2, p.40). This approach makes a structured treatment plan not only an impossibility but thoroughly undesirable for a psychodynamic therapy.

For this reason CAPT strongly recommends that criteria involving who should or should not develop a treatment plan and who should or should not carry out parts of that plan NOT be used as criteria for determining title assignment.

Training and Supervision

CAPT strongly supports and advocates for high minimum training standards for all registered members of the College, and for adequate supervision, as the way to best work towards preventing harm to clients. CAPT had a role in helping to set up the Alliance of Psychotherapy Training Institutes (APTI), and recommends to the Transitional Council APTI's work on a common curriculum (including modules for the different modalities) as a signal example of high minimum standards and of interprofessional collaboration among the psychotherapy training institutes. CAPT recommends that the Transitional Council consult with the established psychotherapy training institutes on the issue of title designation.

High minimum entry-to-practice standards and grandparenting criteria will determine the required qualifications for members. To decide terms and conditions to be attached to either of the two protected titles before those standards and criteria have been established seems to be putting the cart before the horse, so to speak.

CAPT has consistently maintained that a therapist must have training in the modality in which the therapist practices (understanding that some therapies, such as psychodynamic psychotherapy, include other therapies such as cognitive behavioural therapy (CBT) as part of their approach—what Freud called “working through”). For example, personal therapy has traditionally been and should continue to be a requirement for those practicing psychodynamic psychotherapy; however, it may not be necessary for someone practicing a manualized CBT therapy.

CAPT recommends that supervision be part of the training for all modalities of therapy, whether for Registered Psychotherapists or Registered Mental Health Therapists. CAPT recommends that supervision be required as part of ongoing professional development, either peer supervision or supervision with a senior therapist or specially-trained supervisor. Amount of training and supervision may alter the terms and conditions of a member's certificate of registration, over time, and so title designation should not be tied to those conditions.

Requirements for practitioners will be determined by entry to practice requirements and grandparenting criteria for each modality; and by ongoing upgrading to qualifications. To tie title designation to such qualifications, especially as they may change over the course of a registered member's career, may prove confusing for both members and clients and

for the College itself. And it is unnecessary. **CAPT strongly recommends that training and supervision, whether for entry-to-practice or as part of ongoing professional development, be the determinants for terms, conditions, and limitations on a member's registration status, not title designation.**

Detailed Registry

CAPT has long considered that a detailed registry to include all members of the College could provide information that would be quite valuable to clients deciding to do therapy with a member of the College. Such a registry could list training, years of practice, the modality of therapy, registration certification status, and other relevant information. That would help the client to know what the prospective therapist offers. Then the client could choose with whom to work.

Client-Centred Therapy

This brings us to our final comment in this paper. CAPT wishes to underscore the importance of a client-centred therapy and a client-centred approach to all the standards and regulations developed for the College, including title designation. We know this is the Council's concern as well. Whatever decisions are made, it is a central concern of CAPT that we be careful not to leave the client out of any of the decisions concerning regulations or standards. Psychotherapy and all mental health work is especially complex and not easily separated out into categories. So much of what happens in a therapy depends on the role of the client in the therapy, of whatever modality.

Shedler points out in his *That Was Then, This is Now* book, "We know that psychotherapy works" (Ch 2, p.43). Many studies, to date (for example, see Shedler, "The Efficacy of Psychodynamic Psychotherapy," *American Psychology*, February-March 2010) have shown that all therapies work because of the quality of the relationship with the therapist. CAPT recommends that this important fact at the heart of all psychotherapies be taken into account in the development of all the regulations and standards. Title designation is not going to determine the path of a therapy. Let the practitioners decide which title to adopt. CAPT maintains that what is more important is that, despite all our expertise in all the various modalities of psychotherapy and mental health care, we recognize our clients as fellow suffering human beings, so that we come to them from that place and with a very clear sense of our responsibilities and limitations. **Given that there is a choice of two equal titles, CAPT advocates individual member choice be granted for all members of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario.**

Thank you very much for your consideration of our responses. Thank you for the hard work you are all doing for the clients and therapists of psychotherapy and mental health work in the province.

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