

To: The Ontario Government Social Policy Committee

From: The Alliance of Psychotherapy Training Institutes (APTI)

April 23, 2007

Preface and Summary of Contents

This brief presents the collaborative work of 17 major training institutes in Ontario that form the Alliance of Psychotherapy Training Institutes (APTI).

The brief proposes to the Social Policy Committee and to the eventual Transitional Council high minimum entry to practice qualifications for psychotherapists in Ontario.

The APTI member institutes include:

- Adler School of Professional Studies
- Advanced Training Program in Psychoanalytic Psychotherapy
- Canadian Association for Pastoral Practice and Education
(Ontario)
- Canadian Association for Sandplay Therapy
- Centre for Training in Psychotherapy
- Espritedu Training of Psychotherapy Associates
- Hincks-Delcrest/Gail Appel Centre
- Gestalt Institute of Toronto
- Institute for the Advancement of Self Psychology
- Ontario Association of Jungian Analysts
- Southern Ontario Society for Bioenergetic Analysis
- Toronto Art Therapy Institute
- Toronto Child Psychoanalytic Program
- Toronto Centre for Psychodrama and Sociometry
- Toronto Institute for Relational Psychotherapy
- Toronto Institute of Psychoanalysis
- Transformational Arts College

The high minimum entry to practice qualifications represented herein are an unprecedented achievement: it has been impossible until now to draft a curriculum for training in psychotherapy that would be acceptable across the broad range of its modalities, traditions, and approaches.

APTI, as the membership list shows, does represent that breadth. It includes psychodynamic, cognitive-behavioural, strategic/systems, expressive and experiential orientations.

This unprecedented collaboration is in response to the intention of the Ministry of Health and Long-Term Care to regulate psychotherapy as a distinct profession, and to create a College of Psychotherapists.

We support the passage of Bill 171 Schedule Q and the thorough public consultation conducted by HPRAC that preceded it. This legislation will make possible the establishment of common training and competency standards. In so doing it will give identity to psychotherapy as a professional field. This is a move whose time is come.

Training before practice begins and throughout its duration is a core part of regulation. We in APTI wish to continue to play a key role in regulation by making our expertise available both to the Transitional Council and to the College of Psychotherapists.

Our credentials are impressive: In the preceding decades of non-regulated practice, the stand alone training institutes have been chiefly responsible for the experiential and clinical aspects of training and for the *specifically psychotherapeutic* theoretical coursework.

We represent traditions that began with psychotherapy itself in the late 19th century and continue up to contemporary developments. Our centres of

training here are actively affiliated with international associations. All this has helped to make Ontario a place of choice to train on this Continent.

Contents

The first section provides background on factors informing our process: a description of psychotherapy training and practice at the present; and a gathering of all texts from the Ministry of Health and Long-Term Care that provide guidelines on training.

The second section proposes the high minimum entry to practice curriculum agreed to by all APTI member institutions.

The third and final section discusses the regulatory tasks concerned with equivalencies, ongoing competency and professional supports. The entry to practice curriculum, which allows for optimal adaptability is shown to be a valuable frame of reference.

We in APTI intend to continue our spirit of collaboration with professional associations of psychotherapists and representatives from Colleges whose members practice psychotherapy. Many APTI members are also members of these other groups.

Finally, we respectfully request that the training institutes be solidly represented on the Transitional Council and in the College of Psychotherapists.

To: The Ontario Government Social Policy Committee
From: The Alliance of Psychotherapy Training Institutes (APTI)
April 23, 2007

A PROPOSED DRAFT ESTABLISHING ENTRY TO PRACTICE
QUALIFICATIONS IN PSYCHOTHERAPY IN ONTARIO AND
DISCUSSING "QUALITY ASSURANCE PROGRAMS THAT
PROMOTE THE CONTINUING COMPETENCE OF MEMBERS"

I. APTI is a working alliance of the following training institutions in Ontario:

Adler School of Professional Studies
Advanced Training Program in Psychoanalytic Psychotherapy
Canadian Association for Pastoral Practice and Education
(Ontario)
Canadian Association for Sandplay Therapy
Centre for Training in Psychotherapy
Espritedu Training of Psychotherapy Associates
Hincks-Delcrest/Gail Appel Centre
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Toronto Centre for Psychodrama and Sociometry
Toronto Institute for Relational Psychotherapy
Toronto Institute of Psychoanalysis
Transformational Arts College

The Alliance continues to welcome other psychotherapy training organizations to its membership and works cooperatively with professional associations.

The Alliance of Psychotherapy Training Institutes supports the
passage of Bill 171 as legislating the regulation of psychotherapy

within a College of Psychotherapy and the setting up of a Transitional Council to that end.

Schedule Q: Psychotherapy Act, 2007 proposes a new regulated health profession, the profession of psychotherapy. Its new College of Psychotherapists of Ontario will serve the public interest by “*setting registration requirements for entry to practice into the profession.*”

Entry to practice qualifications are only the first part of a continuing training, that of “*developing and maintaining quality assurance programs that promote the continuing competence of members.*” (Compendium, p.51)

APTI members wish to participate in the regulating of psychotherapy, particularly in formulating requirements for training and professional development.

In light of this proposed legislation, the Alliance of Psychotherapy Institutes brings the following to the work of the Transitional Council and eventually to the College of Psychotherapy:

- 1) Altogether, the training programs of APTI represent more than a century of experience in educating both presently regulated and unregulated professionals, inside and outside academia, and drawing from a wide range of theoretical orientations.
- 2) We are also active members and affiliates of international organizations that are among the most developed and respected in the field.
- 3) APTI has made sure that its members represent the widest range of empirically-supported psychotherapy, from psychodynamic to experiential to expressive to cognitive-behavioural to solution focused.
- 4) Members of APTI have participated in the deliberations reported in HPRAC’s *New Directions* and in subsequent submissions to the Ministry of Health and Long-Term Care.

One of the first tasks APTI set itself at its inception in June of 2006 has been to draw up a curriculum of training requirements for entry to the practice of psychotherapy in Ontario.

The proposal that we submit in Section II below is the result of that collaborative process.

The formulation of entry to practice or high minimum standard qualifications has been carried out while keeping in view the second mandate of Bill171Q: namely, to provide for continuing education in competence and quality. Clearly, entry level and continuing competency training will form an interrelated whole. We include comments and suggestions regarding continuing professional development in Section III below

When training is broadly conceived in this way, it is much easier to make wise and creative decisions about “grandparenting” requirements. We make some suggestions about this transitional matter of qualifications in Section III.

High Minimum Standards—Background

The objective of high minimum standards for entry to practice psychotherapy takes some effort to grasp. These requirements are intended to satisfy and protect a complex interplay of factors and to keep them in working balance. Essentially they include the values of quality and accountability on the one hand and on the other, emphatic protection of continued public access to the robust, diverse, experienced and affordable field of practice that already exists in the province

These factors are described in the following pages. All of the texts in which they are described in Bill 171 Schedule Q and the recommendations of HPRAC are assembled. They were our guidelines in establishing the proposed curriculum

Up to this point in Ontario, psychotherapy has been a practice or rather a set of practices without a clear professional identity, sometimes subsumed under other professions such as psychology, medicine, nursing, social work, and pastoral

ministries, and sometimes practiced as a profession under its own general name or variants thereof.

We wish to express our gratitude for Bill 171's recognition of psychotherapy as a profession in its own right.

We are also grateful that the rich heterogeneity of psychotherapy practice has been acknowledged, and that in accordance with that diversity, appropriate and specific training for the practice of psychotherapy will be required of all its practitioners without exception.

Meeting these training standards for the field of psychotherapy presents us with a task that has never been previously attempted.

Clear standards of training specifically for psychotherapy have long existed in the various training institutions.

However, some professional associations of psychotherapists from diverse modalities have found it difficult to establish what the didactic training for psychotherapy required for membership ought to include. While clinical supervision has been clearly indicated, certifying bodies of professional associations have often resorted to requiring academic degrees in related fields.

A similar omission regarding training requirements specifically for psychotherapy has occurred in regulated professions. Sometimes, psychotherapy has been regarded as "a component," with the real competence and even title to practice deriving from the regulated profession (for example, medicine).

The proposed legislation that follows HPRAC's extensive public consultation not only strikes at weaknesses and abuses in the practice of psychotherapy; it creates a new professional field that can work cooperatively at its ethics, competencies and evolution.

We see this vision of psychotherapy as bringing about no less than a revolution in the field. In our view, its implementation will place Ontario in a leading role that provides an invaluable service throughout Canada and internationally.

Ontario is regarded as one of the major centres for training in psychotherapy on the Continent. In its psychotherapy training institutions and its colleges and universities, it offers a high level of training in all of the classic and contemporary approaches to psychotherapy and has done so for many years.

Further, the multicultural diversity of the Province has a radical and creative impact on psychotherapy practice.

The members of APTI are dedicated to enhancing the present quality of psychotherapy in Ontario, and to safeguarding it from measures that would diminish it in any way.

Apart from requiring twofold training (entry to practice and continuing education), Bill 171Q offers very little detail on what it should include. We have looked for this in HPRAC's *New Directions* where recommendations are spelled out much more fully.

We are aware that Bill 171Q went beyond some of *New Direction's* recommendations---most strikingly by introducing a new controlled act of psychotherapy and by including "Registered Mental Health Therapist" along with "Psychotherapist" as titles restricted to members of the College. In this brief, the term "psychotherapist" is intended to apply to both titles of "Psychotherapist" and "Registered Mental Health Therapist.

Nevertheless, the integration of HPRAC's work is unmistakable throughout Schedule Q. Texts from *New Directions* appear quoted or paraphrased, as we see above in the training mandates. The scope of practice of psychotherapy described in Bill 171 Schedule Q echoes *New Directions*:

the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication" (p. 51).

The Fact Sheet issued by the Ministry of Health and Long-Term Care on December 12, 2006 likewise endorses *New Directions*' acknowledgement of broad diversity in stating that::

Psychotherapy is conducted with individuals, groups, couples and families. There are different forms or methods of psychotherapy, including psychodynamic, cognitive-behavioural and experiential. They are all ways of helping people to overcome traumatic life events, emotional problems, relationship problems or troublesome habits.

Moreover, none of *New Directions*' recommendations about training for psychotherapy are contravened or revised in Bill 171 Schedule Q.

We are therefore confident in looking to *New Directions* for guidelines in framing the entry to practice requirements mandated by both *New Directions* and Bill 171Q.

We also draw confidence in the credentials of this source: HPRAC's public consultation on the regulation of psychotherapy is the most extensive public consultation and processing that has ever been carried out in Ontario. The participation in it was also the broadest and most informed, as was the considerable organization of its findings. All of this can be accessed online. There is simply no better source for integrating the input of stakeholder and public into the matter of formulating a common training for a heterogeneous profession.

In preparing the Entry to Practice qualifications, we have reviewed all relevant passages in *New Directions*, Bill 171 Q and the Compendium. These texts are brought forward below and discussed. There are various phrasings, all of them useful.

Bill 171Q reiterates the two-fold task described in *New Directions*:
A major task of the Transitional Council would be to establish the foundational qualifications and the educational equivalencies for entry to practice as a

psychotherapist, and provide for continuing competence of members.

(10.2 Entry to Practice Requirements, p.224)

In *New Directions*, the work of the Transitional Council is detailed. The first three items bear on the task of setting entry to practice requirements:

- (1) Identify a core body of knowledge common to all psychotherapy practice, with an emphasis on common foundational elements.*
- (2) Develop educational and experience qualifications and equivalencies for registration.*
- (3) Identify educational and training programs to enable educational institutions to develop and tailor curricula.*

The next two will also be involved but more incidentally:

- (4) Enable practitioners to acquire additional training if required.*
- (5) Collaborate with existing Colleges whose members practice psychotherapy with regard to standards.*

(10 Transition to Regulation, p. 223)

New Directions, in its lengthy and valuable background review of psychotherapy (section 3, pp. 207-211) identifies its basic orientations:

psychodynamic
cognitive/behavioural
strategic/systems
experiential

It also notes modalities within these and sometimes ranging across them.

It is important to appreciate the place of the entry to practice qualifications within the whole discussion of training and competency:

On the one hand, these qualifications are introductory or foundational, and as such only part of a training conceived of as ongoing:

. *Admission to practice should not be unduly restricted by unnecessarily onerous or narrow training criteria.*

(4.8 Access to Service, p. 214)

On the other hand, these standards are what they say: entry to practice qualifications to practice psychotherapy in Ontario. They will determine access not only to the profession; they will also affect public access to psychotherapy services.

Protection of public access is emphasized in this context:

It should be noted that the majority of respondents said that regulation should protect the public interest by supporting continued access to psychotherapy services while requiring appropriate high minimum qualifications, standards of practice and public accountability for practitioners.

(4.8 Access to Service, p. 214)

Following its own principles, *New Directions* does not specify academic degrees in its high minimum requirements for entry to practice psychotherapy.

We have already noted that these degrees (notwithstanding their inherent worth) often are in fields tangential to psychotherapy and have ended up as default solutions when a common body of knowledge for training in psychotherapy could not be agreed upon.

New Directions has done the newly regulated field great service in insisting that psychotherapy training proper be the first and defining principle in establishing requirements, and all other components be determined accordingly.

The value of post-secondary academic study in broadening the formation of psychotherapists in all modalities is unquestioned. Cross-fertilization between communities of psychotherapy training and academic centres of research and study has characterized this profession from its beginning.

There are no post-secondary degrees in psychotherapy at the present time. Nor are there degrees in other disciplines that can be said to be essential to training in psychotherapy. “Unlike social work and psychology, for example, there are no schools of psychotherapy affiliated with any university” (*New Directions*, 3.5 Education and Training, p. 209).

Existing post-secondary degrees cannot therefore be justified as part of entry to practice requirements. Even less can they be justified as prerequisites for admission to an entry to practice training.

New Directions is emphatic about the need for public access to the present range of psychotherapy services.

Where the prerequisite for academic degrees (as distinct from course work) to practice psychotherapy has existed, it has excluded gifted and promising candidates. Typically these candidates compare in status to “mature students” at the university and college level. Often in transition from family responsibilities or from earlier professions, they bring intellectual capacity and life experience to their studies.

Unregulated psychotherapists of this kind have been key providers of psychotherapy to the public, typically at lower fees and at a cost to the public purse that is either reduced or nil. In keeping with the goal to avoid restricting public access to psychotherapy, APTI’s proposed curriculum maintains standards that are as high or higher than typical degree programs yet allows for various routes to qualification as a psychotherapist.

To this point, we have been considering academic degrees with respect to whether they ought to be required as a part of entry to practice qualifications for future psychotherapists.

The value of academic coursework and degrees to the broad and continuing training in psychotherapy is obvious and not in

question here. So too is their place, along with life experience, in determining equivalencies.

The following passages in *New Directions* give needed definition to the entry to practice requirements:

In 10.2 Entry to Practice Requirements, it is cited as “a major task of the Transitional Council...to establish the foundational qualifications and the educational equivalencies for entry to practice as a psychotherapist, and provide for continuing competence of members.

“This would include the identification of common principles from the various approaches to psychotherapy training in Ontario. These principles could then serve as minimum training standards, that along with operational evaluation criteria, would designate those eligible for entry to practice. To that end, there are two categories of training experiences that should be included in the Transitional Council’s evaluations—those that are formative and sufficient and those that are professionally supportive but insufficient.

- 1. *Formative Professional Development:***
The essential educational experiences that comprise psychotherapy training are a combination of didactic coursework and supervision of clinical cases. This is intended to impart the knowledge, skills, attitudes and values that promote psychotherapeutic competence. Each modality of psychotherapy has a theoretical body of knowledge that must be mastered and its application in clinical treatment by therapists in-training must be supervised. A duration of two years of this type of training would be a minimum training period required.

2. Continuing Professional Development:

Attending a brief training workshop or participating in a longitudinal seminar without case supervision would not contribute to the formative qualification for a psychotherapist, but would support continuing education once the professional designation had been attained.

(p. 224)

And finally, in Section 12, Recommendations:

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

(a) A list of currently unregulated psychotherapists including the names of persons who practice psychotherapy, their education and training, billing practices, as well as the form of psychotherapy that each registrant practices.

(b) High minimum qualifications for the practice of psychotherapy.

(c) Standards of practice for psychotherapy.

(d) Quality assurance programs for psychotherapy.

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

(p. 228)

To summarize:

The phrase ‘high minimum qualifications’ is another way of referring to “the entry to practice” requirements. As a criterion it is

uniquely suited for “the identification of common principles from the various approaches to psychotherapy training in Ontario.” Or, for imparting ‘the essential educational experiences that comprise psychotherapy training.’”

The training required must be of a high standard in that it should include the basic knowledge and experience anyone practicing psychotherapy should learn, no matter what their mode and orientation.

The requirements should also state a minimum because the range and richness of psychotherapy must be respected. What one approach might consider essential may not be so for another.

Thus ‘high minimum’ means:

- * commonly required of all
- * less than some training programs may require
- * flexible for adaptation throughout the range of trainings.

It is to be viewed as the first, and necessary, part of ongoing professional development to be required in the new College.

Psychotherapy education is adult professional education.

APTI members respect and uphold basic academic principles of recognizing the source of intellectual contributions and submitting ideas to the scrutiny of colleagues. In addition, principles of adult education apply to the preparation for professional practice:

- Self-direction. Adult learners prefer to take active responsibility for their learning. The learning process becomes a partnership between a learner and facilitator.
- Prior Experience. The most effective professional education takes account of and builds on what the learner already knows.

- Relevancy. Adults are more committed to learning when they believe that what they are learning will be relevant to their future professional activities. Thus, experiential learning is particularly effective for psychotherapists.
- Goal orientation: Engaging in defining and setting their own learning goals both motivates and increases retention of skills and knowledge.
- Feedback and Reinforcement: Frequent feedback, especially in a nonjudgmental context, allows the learner to actively adjust his or her progress and eventually to “learn how to learn.” This higher-level skill prepares a psychotherapist to be a lifelong learner who continually engages in professional development activities.

Most training institutes/programs have developed selection procedures for candidates who apply for their program of training. These procedures typically include interviews and letters of reference and are considered partly as an assessment of the learning needs of the applicant.

There are qualities particularly essential to this profession whose services are “*delivered through a therapeutic relationship based primarily on verbal or non-verbal communication*” (Bill 171 Q, p.51).

The more experience candidates have acquired in negotiating their own life transitions, the broader, more mature and ethically nuanced will be their presence with clients.

That experience may include higher education, child rearing, cultural diversity, work in community and in the arts, and professional acumen of many kinds. These become an essential part of the training process and eventually of their practice.

II. ENTRY TO PRACTICE QUALIFICATIONS IN PSYCHOTHERAPY

PROPOSED HIGH MINIMUM STANDARDS

The training balances two overlapping features:

1) There is education in a common body of knowledge which all candidates are to learn. This is an unprecedented step which will gradually instill in all practitioners a sense of the field of psychotherapy as a whole and their interrelated places within it.

2) All training in psychotherapy is training within a particular modality, approach or orientation. Its clinical and theoretical components will therefore be learned within that approach.

HPRAC recommended a two-year training for entry to practice. We have translated this figure into hours:

1) to allow for ease of adaptability among the training approaches

2) to facilitate customized pacing by students where desired.

3) to facilitate determining “educational and experience qualifications and equivalencies for registration” of “currently unregulated practitioners.” (New Directions, pp.223, 228)

Elements common to all types of formal psychotherapy training include the ability to: listen and understand clients and patients and attend to nonverbal communication, develop and maintain a therapeutic alliance with patients and clients, understand the impact of the therapist's own feelings and behaviour so they do not interfere with treatment, and recognize and maintain appropriate therapeutic boundaries.

(New Directions, 3.5 Education and Training, p. 209)

DIDACTIC COURSE WORK

Training candidates will be expected to have knowledge of the following themes and issues presented in a variety of courses in which students are held in some way accountable for the content.

Since this is professional training in which learning by doing is an essential feature, “didactic” will be understood as including both theoretical and experiential teaching styles.

The requirements outlined below may be adapted to competency requirements by specifying which courses or portions of courses yield which competencies.

Part I “*identifies a core body of knowledge common to all psychotherapy practice, with an emphasis on foundational elements*” and “*common principles from its various approaches*” (New Directions, pp.223-234).

Care must be taken in all adaptations to ensure that newer courses on the common body of knowledge are included. These ought to reflect the new reality of a professional field into which each candidate will enter and therefore lead to a broader identity for all its practitioners.

Part II describes didactic training according to the particular modality chosen by the candidate. “*Each modality of psychotherapy has a theoretical body of knowledge that must be mastered*” (New Directions, p. 224). Part II details elements that should be learned, recognizing that adaptation of categories and terms will be required.

Part I should comprise 200 hours. Hours required for Part II have been left to the particular modality/orientation to specify.

Part A. Common and foundational components of didactic curriculum

1. Key concepts common to all psychotherapy practice as it is described in the introductory quotation above.

Some examples are transference and counter-transference and the place of self awareness in the therapist.

2. Comparative psychotherapy

This may include history of psychotherapy; systems of psychotherapy and personality; psychotherapy in other cultures and traditions; diversity studies.

Each of these approaches is responsible for its own boundaries. It is part of ethical principles that psychotherapists do not practice outside the limits of their own training

An essential objective is also to inform students about the kinds of psychotherapy practiced in Ontario: where it is taught and practiced in concrete detail, in order to convey a sense of the field as a whole, as well as ways to make contacts within it that are essential to informed practice.

3. Human change and development

This may include child and adult attachment, brain research, cognitive-affective theories, motivation, maturational theory.

4. Psychopathology and psychiatry for the psychotherapy practitioner

This may include an introduction to diagnostic terminology and to psychopharmacology that is used by other health professionals, in order to enhance inter-professional communication, whether or not the practitioner is granted the controlled act of diagnosis. The training should include clear guidelines as to when to refer.

5. Contemporary ideas in psychotherapy

This may include critical thinking about and methods of research in the broadest sense—single cases, qualitative, quantitative, action, participatory. It may also include changing emphases and development that affect how psychotherapy is conceptualized and practiced—for example, trauma, the place of meditation and mindfulness.

6. Psychotherapeutic assessment and analysis

This may include interviewing and any instruments the practitioner is qualified to administer—clearly excluding the controlled act of making and communicating a diagnosis unless the practitioner in question has qualified for that act.

- . 7. Ethics in professional psychotherapy practice, including an introduction to any legal requirements associated with practice as a regulated health professional, and covering both rule-governed and context-based ethics.

Part B: Didactic course components in the psychotherapy modality /approach chosen by the candidate.

1. The history of the psychotherapy approach, including the major contributors, the context of its development and practice, the main focuses studied in the approach, its therapeutic and cultural significance, its extensions into other domains.

2. The theory of the structure and functioning of the mind/psyche/spirit in the approach. What are the components and what is their relation to reports of experience, to observed behaviours and to styles of relating or personality. What is their relation to the physical body and to culture.

3. The theory in the approach of the longitudinal development of the mind/psyche/spirit, the varieties of presentations at birth and the influences of physical or mental illness, trauma, family and culture on the evolution of the style of relating/personality.

4. The description in the approach of the varieties of personalities or styles of relating of a presenting person or family or group.

5. The process of assessing and the system of describing problems in the structure or function of a presenting person's psyche, personality or behaviour, or that of a couple or family, including the relation of these problems to development .

6. The theory of change of the individual person, family, group proposed by the approach and knowledge of the setting and techniques for bringing this about.
7. The nature of the relationship between the therapist and the client/patient, the ongoing effects of each on the other and the related techniques for sustaining the therapeutic project. This includes the ethics of practice.
8. The specific and overall goals of the treatment or interventions proposed, assessment of ongoing progress and the indications and techniques for ending the therapeutic endeavour.
9. Purposes and methods of keeping records of the work.
10. Areas of controversy within the approach, indications for the use of the approach, limitations of the approach and variations of the approach according to the contingencies of client/patient presentation and therapy resources.

Part C: Clinical Supervision and Course Work

275 hours

Each modality of psychotherapy has a theoretical body of knowledge that must be mastered and its application in clinical treatment by therapists-in-training must be supervised

Along with didactic courses, these operational evaluation criteria would designate those eligible for entry to practice. (New Directions, p.224).

Many institutes require many more hours than indicated here, with various mixes of client contact, supervision, and therapy/therapist development.

The overall intention is to instill and integrate the skills, knowledge, values, and attitudes required for ethically sound, high quality provision of psychotherapy services.

1. A minimum of 150 supervised client contact hours as a psychotherapist in training, in a setting suitable for the appropriate modality of psychotherapy.

2. A minimum of 75 hours of supervision, some of which may be in a group setting, by supervisors trained in the psychotherapy approach used by the student. Some schools require live and/or audio- or video-taped supervision.

3. A minimum of 50 hours that is either individual psychotherapy in the approach chosen by the student; professional development in an experiential group setting; or structured live supervision.

The goal is to address and unpack the pulls and effects of psychotherapy work on the student, revealing professional-personal development issues referred to in some traditions as counter-transference, in a direct observation setting that is less open to interpretation and distortion than a third-party report.

Clinical training is invaluable for introducing candidates to the collegial skills that are essential to good practice and to ongoing competency.

III. EQUIVALENCIES, ONGOING COMPETENCY AND PROFESSIONAL SUPPORTS

The Entry to Practice or High Minimum Qualifications Curriculum that is described here will be of immediate use in other tasks facing the Transitional Council. These are to:

(2) Develop educational and experience qualifications and equivalencies for registration.

(4) Enable practitioners to acquire additional training if required.

(5) Collaborate with existing Colleges whose members practice psychotherapy with regard to standards.

(New Directions, 10. Transition to Regulation, p. 223)

The task of determining equivalencies--educational and experiential-- will be a very important one, demanding broad and experienced judgment. In some cases it will mean requiring additional training and helping to facilitate it.

For the transitional period ahead there is the task of “grandparenting” currently practicing psychotherapists. There will also be an ongoing need to register out-of-province practitioners in Ontario.

In both of these endeavours, the proposed set of Entry to Practice Qualifications offers a frame of reference:

1. that is grounded in experience
2. that is not onerous.
3. that consists of clearly separable components which will facilitate evaluation.

The Entry to Practice courses offer a valuable introduction to the newly regulated order of things, which will be an asset to these psychotherapists.

In the same passage quoted above, *New Directions* says the Transitional Council must

(3) Identify educational and training programs to enable educational institutions to develop and tailor curricula.

The Alliance of Psychotherapy Training Institutes was formed in order to play an active role in the transition to regulation.

Its member organizations will be involved in tailoring their respective programs to the new reality of an entry to practice curriculum and mandated ongoing professional development within a College of Psychotherapists.

The Entry to Practice curriculum that APTI proposes to the Transitional Council therefore does not replicate any program now offered by its member institutes.

The proposed curriculum does draw on long and collective experience in training and close familiarity with people who are seeking psychotherapy.

APTI also looks forward to “*collaborat[ing] with existing Colleges whose members practice psychotherapy with regard to standards.*”

We will be building on long established mutual relations. However, we will be on new ground in the matter of arriving through cross consultation at entry to practice qualifications and ongoing competency models. For all of us this shall be a New Initiative. APTI and other educational bodies have proposed convening a meeting of independent institutions, university-based counselling programs, and educational sites for existing Colleges whose members practice psychotherapy as a means of working through and agreeing upon educational standards for all psychotherapists in Ontario, whatever their (other) professional designation. APTI stands ready to play its part in such an Ontario Convention of Psychotherapists, hopefully to be held within the year following passage of Bill 171Q and the formation of the Transitional Council.

APTI intends to continue working cooperatively to establish a strong resource base for ongoing professional development of psychotherapists.

This will require collaboration among training institutes and existing Colleges, as well as with professional associations.

Some of these associations, such as the Canadian Association for Psychodynamic Therapy and the Ontario Society for Psychotherapy have already turned their attention to the ongoing competency of their members.

APTI recognizes the essential role of collegiality at all levels in this profession. A collegial environment transforms practice: It provides the ambience for ongoing learning; it facilitates the constant mutual consultation that must attend a practice that must not be carried out in isolation. Collegial environments enrich and enliven the field. They are the strongest preventative measure against bad practice

When more detailed proposals regarding professional development arise for submission to the Transition Council, APTI hopes to continue to play a cooperative role.

In the decades of non-regulated practice of psychotherapy in Ontario, a major role in self-regulating has been played by the training institutes and professional associations.

Partly this has been due to the schools' chief responsibility for the experiential and clinical aspects of training and for the specifically psychotherapeutic theoretical courses. In addition, they are the original matrix for collegial practice.

It is our view that a healthy psychotherapy ambience will be one that regulates itself in the time honoured ways it has developed.

We wish to express our hope that the new College of Psychotherapists will see fit to entrust us to continue with our traditional role, as it assumes its new regulatory duties.

In conclusion, we, the member institutes of APTI, respectfully request that some members appointed to the Transitional Council be experienced in both practicing and educating in psychotherapy.

We ask also that some members selected for the Council be familiar with the work of established training institutions, and that they be distinguished for their ability to think broadly and cooperatively.

Prepared in ongoing conversations with the members of APTI by Sharon MacIsaac McKenna, Ph.D, psychotherapist and faculty member of the Centre for Training in Psychotherapy, at 316 Dupont St., Toronto, ON M5R 1V9
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