

To: The Social Policy Committee of the Ontario Government
Re: Bill 171 Schedule Q, the Psychotherapy Act, 2007
From: The Centre for Training in Psychotherapy (CTP)

April 21, 2007

Summary of the Brief

- 1) The Centre for Training in Psychotherapy supports Bill 171 Schedule Q, especially in its recognition of psychotherapy as an independent profession.

- 2) Psychotherapy requires a specific training and each modality requires a specific training.

- 3) We commend the inclusive intention of this Bill to regulate all the psychotherapists of Ontario, ensuring continued affordable access and choice of modality for the citizens of Ontario.

- 4) Counsellors as such are not included in this regulation. Nor are they negatively impacted in their range of work by the scope of practice for psychotherapists.

- 5) “Registered Mental Health Therapist” should either be deleted or expressly said to be equivalent to “psychotherapist”. No two-tier system should be established in the College of Psychotherapists.

- 6) The Authorized Act must be rendered empirical and unequivocally determinable.
This could be done by interpreting “serious disorder” which may “seriously impair” to be: such as requires custodial care for the individual.

7) CTP is signatory to the brief from the Alliance of Psychotherapy Training Institutes which outlines a high minimum standard curriculum for psychotherapy.

8) CTP expects all of its graduates will be accepted into the new College.

9) CTP favours a broad grandparenting of currently practicing psychotherapists so that access to affordable therapy in a variety of modalities remains unbroken, and so that no damage is done to ongoing therapeutic relationships. Those who need extra training should be given a generous time frame.

10) CTP hopes that only those committed to psychotherapy as an independent profession be on the Transitional Council.

Further, we hope that members who are chosen are experienced in the psychodynamic modality and that some will have experience in the stand alone training institutions.

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The Centre for Training in Psychotherapy is a stand alone institute for training mature men and women to become psychodynamic psychotherapists. The training is academic, experiential and clinical.

Founded in 1986, we now have about 100 graduates most of whom are in private practice.

We took part in the long public exploration of psychotherapy that preceded Bill 171Q. We are proud to find some of the basic principles we argued for at the HPRAC consultation affirmed in this Bill.

Commendations

1) We support the recognition of psychotherapy as an independent profession with its own College. When the HPRAC consultations began, the stand alone teaching institutions were not invited to the table. Those professions which included psychotherapy as one skill in their “larger” profession were all there. Our witness helped to change this, as is clear from HPRAC’s *New Directions* and from this Bill. We commend the courage and clear sightedness of the Government of Ontario for giving us a College of Psychotherapists.

2) We support the principle that psychotherapy requires a full specific training and that one should practice the modality one is trained for. If psychotherapy is only one thing of many that MDs or Psychologists do, it is one thing they must be fully and specifically trained to do. The general profession and its academic degrees will no longer give competency coverage of themselves.

3) We support the generous intention to bring into the College the unregulated psychotherapists, recognizing their variety and confirming for Ontarians access to affordable psychotherapy.

Recommendations

So much is left to regulation by the Transitional Council that we feel impelled to offer some interpretations and recommendations.

1) The relationship of counsellors to the new College of Psychotherapists remains a vexed issue. We think that only psychotherapists should be members of the new College. Therefore, counsellors who are trained in psychotherapy and practice it should be members. (In some jurisdictions in the U.S. and Canada a psychotherapist is seen as a kind of counsellor) .

Then there are counsellors who do not consider themselves psychotherapists, but in the course of their counselling touch on some matters of emotional disturbance. A counsellor of students, for example, may mainly talk about courses and careers, but if the student speaks of anxiety about coming exams, the counsellor will engage about that. These counsellors should not be in the College of Psychotherapists.

Nor need they be anxious that the scope of practice in Bill 171Q in any way impacts their work or forbids them to deal with emotional matters by counselling means within the context of a counselling practice. Bill 171Q's scope of practice names working by "psychotherapeutic means" as the crucial distinction. It points then to a whole contextualised practice of psychotherapy, which is indeed different from counselling. So the counselors are not negatively impacted by the Bill and do not need to be brought into regulation.

To regulate counselling would take as long a preparation and consultation as we have gone through for psychotherapy.

2) This brings us to the mysterious term "Registered Mental Health Therapist"
We think this term should be eliminated entirely or treated as exactly equivalent to "psychotherapist" (as the use of the word "Therapist" at the end should imply). We must avoid any attempt to enshrine a two-tier system in the College. We must avoid the grief the Psychologists created by distinguishing between "Psychologist" and "Psychological Associate". The "Psychological Associate", if asked whether he is a psychologist, must reply that he is a member of the College of Psychologists but (only) a Psychological Associate. This brings confusion rather than clarity to the public. "Registered Mental Health Therapist" will cause similar confusion. What the public needs to know is that all the members of the College of Psychotherapists are well trained in their modality.

We must not start with hierarchical distinctions. Every psychotherapist, or therapist, or n-therapist (e.g. family therapist) must be fully and specifically trained. It would be odious for “psychotherapist” to be the prestige word in the College of Psychotherapists.

Furthermore we do not need “Registered Mental Health Therapist” to “bring the counsellors in”. Counsellors trained to do psychotherapy and practicing it can be included already if they wish. The others are not to be brought in; neither is their work in any way negatively impacted by the regulation of Psychotherapy, as we explained above.

It is hard to find any good purpose for this new term. We recommend its deletion or an express statement of its equivalence to “psychotherapist”.

3) The new Authorized Act, as it stands, will cause serious problems. Imagine that a senior therapist (say a ten year veteran) is allowed to do the controlled act (the authorized act is clearly to be the fourteenth controlled act in RHPA (171Q 19(1)). He can approach an individual who has a disorder of any degree of seriousness since he is able to treat the most serious disorders that may “seriously impair etc.” But what of a psychotherapist whose certificate forbids him to do the controlled act? As he approaches an individual to do psychotherapy how does he discern whether the disorder is of the degree that he is allowed to treat or whether the disorder is so serious that he is not allowed to treat it? It is an impossible situation for him. With all the thirteen controlled acts, a person forbidden to do them is perfectly clear as he approaches a client or patient what he is not allowed to do. Only this new controlled act remains without empirical definition and unequivocal determinability.

New Directions insisted that a controlled act of psychotherapy was impossible. How can this legislation have created a controlled act which so lacks the unequivocal definition of the other controlled acts?

The only way it can be saved is by anchoring it within empirical and clearly determinable conditions. This was done with the only other “spiritual” controlled act (diagnosis). It was rendered empirical by making the controlled act “*communicating a diagnosis.*”

Can we anchor the controlled act of psychotherapy in a similar way? One way would be to define “serious disorder” as referring to a disorder that is to be treated only in custodial care. Then a psychotherapist would do the controlled act only within an institutional setting. This has the added advantage that danger of harm is lessened because the therapist would be part of a health team.

Short of some clarification such as this, the definition of the controlled act of psychotherapy will bring endless confusion to our field or become a dead letter.

4) Training.

CTP is a member of the Alliance of Psychotherapy Training Institutes (APTI). APTI has been working since June, 2006 to prepare a common curriculum to meet a high minimum standard for entry to practice qualification. This has been developed without reference to university degrees, following the lead of HPRAC’s *New Directions*. The curriculum balances academic, experiential and clinical components; it distinguishes a common body of knowledge that all psychotherapists should have from a part of the curriculum that describes a model for training in a specific psychotherapy modality.

CTP is a signatory to APTI’s submission to the Standing Committee on Social Policy .

If in the future there were to be university degrees in psychotherapy or training for psychotherapy within other professions, they would have to meet this standard.

CTP is confident that its graduates will more than adequately meet entry to practice qualifications for the new College.

We want however to make a recommendation concerning grandparenting the many psychotherapists less formally trained who are currently practicing.

5) Grandparenting.

The Bill is not designed to limit public access to therapists or lessen public choice of modality or personal therapist. Those who have been practicing for a few years without reproach should be allowed to continue. They will be given help to establish equivalencies of training and a generous time frame to upgrade their training if necessary.

The Bill makes clear that psychotherapy is a relationship. The new regulations must be introduced in such a way as to respect the ongoing therapeutic relationships.

6) The Transitional Council.

Bill 171Q leaves almost everything to be determined by the Transitional Council which is wholly appointed.

CTP is vitally concerned that all those appointed be committed to the independence of the profession of psychotherapy and not have publicly opposed it.

We would also recommend that members of the Council include psychotherapists from various modalities, but especially from the psychodynamic tradition which has some “ancestral rights”.

A central task of the Transitional Council is to set standards of training and professional development (*Compendium*, p.51). It would be anomalous not to have as members, experienced people from the psychotherapy training institutions.

Respectfully submitted by the Faculty of the Centre for Training in Psychotherapy
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