The place and future of our kind of psychotherapy in Ontario

What is Psychotherapy Day, January 14, 2006

In February of 2005, the Minister of Health and Long-Term Care, the Honorable George Smitherman, asked HPRAC to investigate whether psychotherapy ought to be included among the regulated health professions.
HPRAC is the Minister's Health Professions Regulatory Advisory Council.

Actually, HPRAC had informed the Minister in 2001 that "several stakeholders" had recommended that psychotherapy be regulated.
It was only in February of last year, however, that the Minister asked HPRAC directly to advise him on the question of regulating psychotherapy.
Almost the whole of 2005 was given over to this task, one which will conclude this spring, when HPRAC hands the Minister its report and recommendations as to whether and/or how psychotherapy ought to become one of the regulated professions.

Because possible regulation was in the air at least from 2001, a very large gathering of "stakeholders" had formed the Ontario Coalition of Mental Health Professionals, in order to take a proactive role in what might come down the pike. CTP was one of its members.

Some of us here became very involved in this process.
Judy Dales represented CTP in the Coalition.
CTP is a founding member, at the instigation of Stephen van Beek, of CAPT--the Canadian Association for Psychodynamic Therapy. Mary Ellen Young represented CAPT in the same Coalition. Mary Ellen, Lisa Darrach, Eleanor Patterson and Philip McKenna worked on the CAPT written submission to HPRAC. Philip made an oral presentation to HPRAC in September.

I presented a written submission and oral commentary representing CTP to HPRAC on the same day in September.
And Cathleen Hoskins presented a written submission to the HPRAC public consultation site.

Involvement in this process has been a real learning curve for me personally. I was surprised at how steep a curve it has turned out to be. Because I have been so immersed in psychotherapy for so many years, I wasn't expecting it.

I'm grateful for the experience. At the same time, it was also difficult, bewildering, agitating, and at times shocking.

As I describe what HPRAC set out to examine, I'll be referring you to the three page handout from HPRAC's Consultation Discussion Guide. This will help make concrete and accessible what HPRAC is considering.

HPRAC is considering:

- whether psychotherapy should be regulated by an overall body or agency—such as a *College* or Council.

See Glossary, and Appendix D for list of 21 Health Profession Colleges in Ontario. There is now a 22nd: Chinese Medicine. Some of you are also members of these Colleges.

- whether psychotherapy should be defined as a practice that only a specified group be allowed to perform. That is, should it be a so called *controlled act*?

See Glossary, and Appendix B Complete List of Controlled Acts. There are 13 of these, all of which we are reassured to find 'controlled' procedures. These are such acts as penetrating the body beneath the skin or at any major orifices, treatments of eyes and ears and teeth, prescribing drugs, communicating diagnoses of disorders and diseases.

Psychotherapy is seriously being considered as an 'act.'
It is also seriously being considered as an act comparable to these.
Yes, really.

- whether 'psychotherapist' should be a professional title that only some may call themselves. That is, whether 'psychotherapist' should be given so called *title protection*.

See Glossary.

To ask these questions is to stir up a dozen more. Such as:

- What *is* psychotherapy?
- What training for psychotherapy is appropriate and ought to be required?
- Who should be given control over it, if anyone? How?

The HPRAC inquiry has galvanized response from a large number of individuals and groups. And they span a broad spectrum. Some of these stake-holders are not directly involved in the practice of psychotherapy, for example, legal and governmental participants. Among those who are involved, there are such fundamental differences that they sometimes hardly seem practitioners of the same profession.

This inquiry quickly floundered on its basic conundrum. Namely, that it is impossible to define psychotherapy the way you need to in order to consider regulating it.

'*Psychotherapy*' is a collective term, a word covering a group of related activities. It is not a term giving essential features—which is what a definition is.

Thus an attempt to regulate 'psychotherapy' compares to an attempt to regulate 'games,' another such collective term for many activities. Which ones are we talking about? must immediately be specified, before another solid step can be taken.

As a result, if you try in the usual ways to order and control the multi-form and multi-locus practice, or rather practices, of psychotherapy, you're forced to select some over others. Then you must choose and justify which principles of selection you will use.

Participating in the HPRAC process was like finding your course on a large waterway. There are the mainstreams, with their powerful and steady currents. You think you know where they are, and where the edge waters are. What you don't expect are the whirlpools and even the rip tides that can happen anywhere. This is a waterway rife with powerful interests and agendas. And the public good—the point of it all--was sometimes tossed about and going down.

Actually, the public didn't really make it onto this waterway at all.

Looking at the process from deep in its shadow, I've come to think that what makes these waters occasionally treacherous are the contradictory forces at work in them. For the most part these are hidden.

The underlying contradiction is this:

There is a struggle to control the practice of psychotherapy
on the one hand but a lack of respect for psychotherapy as a profession on the other hand.

It was the low regard for psychotherapy shown by certain professionals in the field itself that was most unexpected and almost sickening (I do not exaggerate). That diminishing appeared in a number of ways, mostly implicitly.

The most telling of these centered on the ways in which training for psychotherapy was discussed. Or rather, wasn't.
Let me give two striking examples.

1. The reason why certain 'stakeholders' had recommended to HPRAC that psychotherapy should be regulated in the first place, that is, in 2001, was because of "the potential for harm to the public by those who lack adequate training." (HPRAC Consultation Discussion Guide, p.5)

It seemed obvious to expect, then, that HPRAC would be launching an investigation into what training to practice psychotherapy in Ontario looks like presently, and what it ought to look like. Right? But it didn't go that way. What did occur instead is so anomalous that it demands attention--as a symptom does.

HPRAC set up a two day workshop with professionals in the field for mid July of 2005. Participation was by invitation only. The objective was to create a discussion paper for the public consultation which was to follow. Not a single one of those invited was from a training institute—though Toronto has an extraordinary and long established roster of the major schools.

This was stupefying. What did it mean?

When I phoned the coordinator to ask to participate as a CTP faculty member, she replied that she didn't know how the list had been drawn up, and that it wasn't possible to change the arrangements.

After I repeated this point to the HPRAC panel on September 30, one of the key consultants approached me in conversation later. She was very open and friendly and acknowledged that this omission was indeed strange. Evidently, though, this was the first time that she, and I think, the panel members had looked at it.

This was an inquiry bullied by haste. Adequately informed preparation has been one casualty of that haste.

2. This perplexing marginalizing of the training schools was only confirmed in the proceedings of the Ontario Coalition of Mental Health Professionals to which I referred earlier.

This is a coalition of professional associations and of training schools for practicing psychotherapists and counselors. CTP was a member and so was CAPT, so CTP was, as it were, doubly located in the Coalition, as were some other schools.

Considering that CAPT includes CTP, The Adler Professional Schools, the Jungians and several of the psychoanalytic societies and training programs, this Coalition could have offered an impressive collective presence to the inquiry about regulation—above all, to training, which is a key element of regulation.

Instead, we encountered in the Coalition the same sidelining of institutions that specifically train for psychotherapy. Major policy documents, for instance, consistently described the Coalition as an association of professional associations, period—strangely omitting its other main participant, namely the training schools.

In a Coalition document proposing what training to practice psychotherapy ought to include, discussion *immediately* focused on academic requirements. Must candidates have a B.A., an M.A.? In what? Requirements such as hours of supervision and ongoing training were included. <u>But if this page happened to be detached from the whole document, a reader would not know what the proposed training was for!</u>

The matter of academic requirements was a, or perhaps the, point of greatest contention in the Coalition, and one that led to many members leaving. Those core discussions on training were not about the training *specifically for psychotherapy* in whatever its many forms. They were detoured onto other academic qualifications, onto other credentials.

In the HPRAC inquiry, psychotherapy has been selected out for scrutiny, set up for critical, public gaze.

Too often those of us with direct experience in it worked not so much at showing what its practice(s) are like, but too much at trying to show it 'to best advantage.' Pushing it away from ourselves a bit, out there under the suitor's gaze: "We have to ask ourselves what the Government is looking for" was a constant phrase at Coalition discussions. Primping the Persona here, tucking it there, anxious to push its weaker features out of view.

Weaker features like its problematic training, which is not always at the best schools.

Submitting people and what they do to this kind of objectification is always a tricky exercise. We rightly fear the gaze of the beholder. Especially if it's limited. And not least, because we fear we'll sell out to it.

I think that feelings of inferiority are a liability in practicing psychotherapy. Psychotherapy is so peculiarly susceptible to underestimation. We may deeply respect our work and be challenged by it. But then we can suddenly feel like ordinarily contented folk do, when they find themselves in the homes of the very wealthy. When, in Jung's witty phrase, "feelings of inferiority become ominous."

How often have you heard it said that 'so and so could do psychotherapy?' They're good listeners, empathic, intuitive, have been through a lot; all kinds of people end up talking personally to them.

The implication is that 'so and so' is within throwing distance of starting to practice. They just need experience at it. I mean, there's not much training for it besides that, is there?

Unfortunately, this estimation too closely reflects how psychotherapy is widely regarded in our current professional ambience.

The best example, no doubt, are medical doctors who begin to practice psychotherapy without training for it. Or who accrue training here and there for forms of psychotherapy that may explicitly require more. There has been so much protest and such publicized evidence of professional inadequacy, that increasingly medical doctors are submitting more seriously to the need for training.

Training in behavioural modification can be learned with relative ease, and is so clear and straightforward, so 'manualizable,' that it offers itself as the 'psychotherapy component' of choice to physicians and psychiatrists.

Nevertheless, an unspoken assumption that medical training virtually prepares one to "do a bit of psychotherapy" with patients is very alive. It is even sometimes claimed in so many words.

Psychologists also, with what appears as a kind of *idée fixe*, persist in claiming that their academic degree, as such, prepares them to practice psychotherapy. (I am obviously exempting from these remarks clinical psychologists, whose training includes psychotherapy). Psychologists persist in claiming competence to practice a kind of generic psychotherapy or psychotherapy in general. There is no general psychotherapy though. And besides, there are many forms of it that call for additional training, experiential training outside of the university.

Psychoanalysis is one of the best known examples. Psychoanalytic therapists, like meditation teachers and coaches and pedagogues and spiritual directors must draw continually on their own personal submission to the discipline.

And then there's the major blow to the value of psychotherapy that has been struck by pharmaceutical claims. If emotional distress and disturbance can be altered chemically, then what is the place of psychotherapy? It is *passé*, appearing even more like quackery to the view of many.

The dominant model in the health professions is the orderly sequence of diagnosis followed by prescription of appropriate medication.
If psychotherapy has any place in this model at all, it tends to be as an auxiliary component in the treatment: as a sometimes effective 'ancillary' to the core professional competencies.
('Ancillary' comes from the Latin word '*ancilla'* meaning 'handmaid').
One of the experts consulted was heard to remark that no one practices psychotherapy full time, but only as part of other professional practices.

This typifies much of psychotherapy practice among physicians and to some extent clinical psychologists.
It is also the realm of benefits, of insurance, and of public funding.

If it *does* take very little to learn how to do psychotherapy, then no wonder people want to know what else a psychotherapist has to offer. It makes obvious sense, then, that individuals who have trained in medicine or in psychology or social work take psychotherapy practice up a notch or two. They elevate it from the realm of the 'amateurs,' or at least from those too likely to be perceived as amateurs.

This point of view powerfully frames the HPRAC discourse. HPRAC exists, after all, in the heartland of the regulated professions.
Earlier I referred to the July workshop at which the discussion paper for public consultation was prepared; and I remarked that none of the training institutes had been invited to participate.

Who, then, was invited?

The Health Professions Regulatory Advisory Council rounded up the usual (regulated) suspects: doctors, psychiatrists, psychologists, nurses, social workers (26). Some health facilities were represented. There were as well a few (7) representatives from professional associations of non-regulated psychotherapists.

<u>The breadth and depth of the psychotherapy spectrum has fallen under a kind of eclipse in the world of health professionals</u>.

What is eclipsed is the practice of psychotherapy by individuals who are not members of regulated professions--a very broad and articulated range indeed.
What is eclipsed, therefore, is the place in psychotherapy of the arts and the humanities, of the spiritual traditions, and of social and familial experience.

These have always been essential sources of psychotherapy praxis and theory.

The emotional intelligence and intuitive genius most particularly called for in psychotherapy develop in this matrix.
Its great originators were emphatic on that point.

Sometimes the positions taken about psychotherapy appeared so alien that the discussions began to feel surreal, as if I was a stranger in what I had thought was my own land.
I had to take myself aside, as it were, shake my head and blink hard to revive my own experience of things. Look at it afresh, talk with other 'insiders.'

You had to step out of the dominating gaze of the beholders, and the ways it was actually torquing the approach to big issues.
It has taken a lot of time, but it has been very rewarding.

Which brings me closer to the heart of what I want to say to you today. Not a moment too soon, perhaps, to revive your drooping spirits!

The form of psychotherapy we train in at CTP keeps coming into bolder relief. What it is and what it is not became clear, sometimes painfully, in the very pluralistic and politicized proceedings of the Coalition. (Incidentally, CTP decided to leave the Coalition a few months ago—amicably. CAPT did likewise not long after).

The form of psychotherapy we train in at CTP is situated within a long tradition. The longest, in fact; going back to the mid 19th century when psychotherapy emerged and was given a name.

Now this is pedigree!

The tradition is one of *psychodynamic* psychotherapy, a term signifying that consciousness is approached as occurring in multiple modalities, some of them difficult to access.
'*Psychodynamic*' because consciousness is recognized as continuously active, and its multiple intentionalities sometimes conflicted.

Psychoanalysis is the most articulate representative of this tradition. Most of our theoretical work at CTP is by psychoanalytic authors (including ex-psychoanalytic ones).

That volume of clinical work spans more than a century and is pursued internationally in innumerable forums. It is impossible for any single person, however brilliant, to learn this whole corpus. This incredible intellectual and empirical tradition is pursued both inside and outside of university settings in various arrangements that best accommodate it. Its level of learning is such that it revolutionized the 20th century.

Furthermore, this tradition is alive and well at the present time and in our own city.

This is the training for our form of psychotherapy. The place academic or theoretical study occupies in it is obvious: namely, as integrally structuring the core and essential training. The theoretical component is not there, then, as preliminary requirement to screen applicants. Nor as an add-on to give credibility.

The training, as such, is open to anyone who can comprehend it. Freud insisted on the radical accessibility of the new psychoanalysis. This may come as a surprise, given the struggles in psychoanalysis with elitism.

It is crucial for us to stay very clear that in the field of psychotherapy
we are *not* marginal
though we are being marginalized.

Certain marginalizing factors derive from the powerful role employment and insurance benefits and public funding play in shaping current psychotherapy practice.

- For one thing, these contracts typically specify that psychotherapy must be offered by individuals in the regulated professions or at least with academic degrees.

- For another, benefits tend to be offered for a limited allotment of time.

The time allotment effectively determines which forms of psychotherapy will be covered. Namely, short term therapies; modalities that can be offered as 'components'; that do not require demanding experiential training outside the university.

You can see the consequences for most psychodynamic therapies.

Psychotherapy, in much reduced form, emerges as a kind of creature of the regulated professions.

If the public had been included in this HPRAC inquiry, the narrowness and distortion of the bias would have been exposed.
That large constituency of 'stakeholders,' could bring crucial information about quality and feasibility and access to the inquiry.

They have not even been adequately informed that decisions affecting their free selection of psychotherapists are under review.

I have become convinced that in this present climate of disconcerting ignorance and disregard, it is more than ever up to *us* to understand what we do.

It is up to us to penetrate this extraordinarily rich tradition, so that we can be deeply informed by it, and continuously so. So that we can respond to our own times and place.

Changes in our ambience are many and rapid. So, therefore, is the need to adapt to them. Paradoxically, though, we are more able to break new ground when we are profoundly grounded in our tradition of learning. We are also more likely to know how to accommodate diversity.

Two realities of psychotherapy practice stand out with new importance for me.
Namely:

- the factor of collegiality
- the need for more organized professional development for practicing psychotherapists

I. First, the factor of collegiality

September of 2006 will mark the 20th anniversary of CTP's opening year. It offered a lecture and seminar series and training psychotherapy groups. There was only a foundation phase.

There had been a learning program preceding it that involved a number of the faculty and that stretched back about a decade. The elements of that program were adopted by the founding faculty to constitute the new training. Some of you here today were in what became a pilot program to CTP.

The continuity with the earlier program, however, was not presumed, but decided by intense discussion and debate.
For instance, what would be the content of the lecture series?
But above all, what kind of training groups, if any, would we have?
Various models of training group seminars that have been used in academic curricula were proposed. They might be called a 'cooler' kind of group work.

This was the most crucial decision we had to negotiate—and one that has had profound consequences.

In the end we decided to require psychodynamic group therapy of each student. Along with their personal one-on-one therapy. The reason we did so was because some of us identified our own group therapy as invaluable preparation for practicing psychotherapy. We recognized it as a powerful vehicle of our own emotional learning and transformation.

The inclusion of group psychotherapy along with theoretical study has given CTP its signature training.

We were proven right about the profound effect it would have upon students and faculty alike. What was not foreseen (I don't think, though maybe some were wiser) was the power of the group therapy to ground students in collegiality, to train them in it. Collegiality characterizes CTP training, even its theoretical components, such as study groups and seminars.

And collegiality has continued to structure the ways that CTP graduates are practicing psychotherapy.

- the way so many of you have established shared office facilities
- the CTP Alumni Graduate Professional Development Forum
- your network of reading and peer supervision seminars
- your habit of regularly consulting each other about your work
- your professional referral services
- your participation at CTP lectures and seminars, which makes such a unique contribution to the learning environment for everyone else
- the fertile and enterprising ways you go about specializing and expanding your competencies. Often this involves seeking your instructors (who are regularly impressed with you)
- your generous *pro bono* work in CAPT and OSP (the Ontario Society of Psychotherapists)

It is moving and impressive to see how you graduates have set about practicing.

It's a very, very good thing if the inclination to act collegially becomes second nature.
Everyone knows it's also a lot of work.

I've called it 'the collegial *factor'* in order to bring it into clearer view. Collegiality is the optimal environment for learning psychotherapy with others and for practicing it with others.
It is a delicate yet potent ecosystem, the great health preventative measure, along with good training, for practicing psychotherapy.

Nothing brings home the essential importance of collegiality like being in professional gatherings where it is scarcely present. Sometimes fear and isolation and a sense of inferiority are palpable. A large number of practicing therapists don't have adequate collegial supports and yearn for ongoing connections with colleagues.

Professional associations such as OSP and CAPT make valuable contributions, but they are not designed to create and maintain a collegial 'container' for everyday practice.

2. The importance of ongoing learning after graduation is clearer than ever, and the need to provide it more adequately for practicing psychotherapists.

Part of the reason why the training institutes were marginalized in the HPRAC discussion, I learned in time, was due to an established demarcation between academic training programs and practice following completion of training.

Schools provide training and professional associations establish policies of practice for graduates with that training. The schools and professional associations are supposed to maintain an arm's length distance from each other's activities.

University departments of psychology and social work, for example, are schools and so do not involve themselves in the policy making of the professional associations of psychologists and social workers. To continue this guide for the perplexed: if regulated, these professional associations-keeping-their-distance-from-their-universities are nevertheless called 'Colleges'. Thus, the College of Social Work, the College of Physicians and Surgeons, of Dentistry and so on.

The assumption of arms length distance between schools and professional associations of psychotherapy strongly influenced the Coalition proceedings. It remains an unquestioned rule for many. One or another of its members said that the schools should stay out of the work of setting up a council or college of psychotherapy. This explains the anomaly of a Coalition made up of professional associations that regarded its fellow members, the schools and programs, as something like foster children.

That's the way it happened. It needn't have happened that way, however.

Many in the academic community itself protest this established and too exclusive demarcation between schools and professional associations. I have learned, for instance, that university departments of social work protest to their College that they cannot establish a good curriculum for their students, unless they are kept in

the loop about policies of practice that the College is laying down for social workers in the field.

Nor does such a demarcation characterize psychotherapy training in many of its forms, especially the psychodynamic ones. Certainly not the psychoanalytic ones, in which training and practice and collaborative clinical work all occur in a matrix that holds them all.

This model more accurately describes CTP and its alumni.

CAPT exemplifies the fluidity of boundaries that is a creative option. It is a professional association of training schools. It is also a professional association of individual psychotherapists actively connected with those schools.

One of the contributions of professional associations is to insist on ongoing professional development for its members. How better to do this than with the participation of the schools?

Towards the end of my submission to HPRAC in September I stated that:

"One of the areas that most needs attention in present-day practice of psychotherapy is providing therapists with regulatory and developmental supports after they have completed their training. These include:

1. Structures of accountability
2. Ongoing training and development resources that are indigenous, predictable and organized, so that practitioners may rely upon them to be consistent and financially feasible.
3. Collegial opportunities that are broader and more established."

Today more than ever I am convinced that postgraduate professional development is one the areas needing and ripe for growth.

What do we already have in place?

1. The CTP alumni association has a well established series of presentations by alumni and guests speakers.
2. CTP graduates are welcome and valuable participants in CTP seminars.
3. CAPT is beginning to set up a 'Resource Collective' for ongoing development. It is at a very initial stage of arranging for a calendar of course offerings from both the institutional members on the one hand and from individual CAPT members on the other. These course offerings "could take a variety of forms: reading courses, peer supervision combined or not with the study of texts; courses that may include movement or drama or art or working with dreams. They might center on clinical texts or novels, films, etc.

"Courses could be offered in a more traditional format by a person(s) who puts the course together and presents it. Or they could be more of a coming together to explore a common subject that has been proposed and will be led by rotation. And so on. Venues will vary.

"Correspondingly, fees for participating in the courses will range from no fee to fees for both course leader and venue and so on." (Quoted from letter to CAPT Board, 28/24/05, and then to CAPT Members, 26/11/05)

4. There is a fourth model with many variations. According to this model, those who graduate from training can become 'associates' of their *alma mate*r. Such associates come together with training faculty to discuss topics relevant to psychoanalytic/therapy practice. They are occasions of, congresses of, learning, which are offered by and to the members. The psychoanalytic congresses which were set up when the psychoanalytic movement was scarcely born are an example.

I can appreciate how difficult it must be to practice psychotherapy in a publicly funded agency, often as part of a team or program that includes individuals from regulated professions--and at the same time not have a training which is academic.

I can also understand why so many psychotherapists seek regulation because they see it as giving credibility to psychotherapy.

But strategies exact too high a cost when they betray the extraordinary richness and solidity of the psychotherapy tradition. Or show scant awareness of it.
Too high cost for us psychotherapists and too high a cost for the public.

As for those of us in this tradition, if we claim that it offers excellent and rigorous learning to be had that is parallel to university programs, we have to prove it. First of all to ourselves.

I think that to be good psychotherapists we have to keep ourselves at our learning edge. Whatever form that learning may take.
Actually I think we have to do that to be well.

This is where we need the collegial factor.

At certain points in the last year I kept being reminded of an excerpt from Thomas Merton that I cut out of a newspaper a while ago. I'll end with it:

> "Do not depend on the hope of results. Start more and more to concentrate not on the results but on the value, the rightness, the truth of the work itself . . . in the end it is the value of the personal relationships that saves everything."

Definitions for handout or blackboard drawn from HPRAC 's Consultation Discussion Guide September 2005

HPRAC: **Health Professions Regulatory Advisory Council** is an autonomous body that provides advice to the Minister of Health and Long-Term Care on matters relating to the regulation of health professions in Ontario (Appendix. A)

Controlled Acts are those procedures that, if not done correctly and by a competent person have a high element of risk. (Appendix B)
A list of 13 controlled acts as outlined in the Regulated Health Professions Act follows.
Examples: procedures performed below the skin or cornea of tooth surface; procedures performed in the ear, nose, throat and beyond, and into the openings of urethra, vagina and anus; prescribing drugs; prescribing devises for sight, hearing and dentation; managing childbirth

Title Protection limits who may use a title or designation. "Social worker" is one such. (Appendix A)

Colleges are not teaching institutions but are governing bodies whose primary duty is to serve and protect the public interest. They are involved with maintaining qualifications, professional and ongoing education, professional and ethical standards, and complaints and discipline. (Appendix A)

Appendix D lists the Health Profession Colleges in and of Ontario
College of: Audiologists and Speech-Language Pathologists
Chiropodists
Chiropractors
Dental Hygienists
Dental Technologists
Denturists
Dieticians
Massage Therapists
Medical Laboratory Technologists
Medical Radiation Technologists
Midwives
Nurses

Occupational Therapists
Opticians
Optometrists
Physicians and Surgeons
Physiotherapists
Psychologists
Respiratory Therapists
Pharmacists
Dental Surgeons
Chinese Medicine