

Response to the HPRAC request for comment on the regulation of psychotherapy:

I have been a practising psychotherapist in Ontario since 1991. Since 1998, I have also been on the faculty at the Toronto Centre for Training in Psychotherapy (CTP) and am currently coordinator of supervision for that training institute.

Psychotherapy must not be limited by privileging any one definition, because psychotherapy is not a static product; it is a process of change. The actual “cause” of this change remains a mystery, though many researchers suggest that the character of the practitioner and the quality of therapist-client attunement are crucial to the process. Psychotherapy is not a process in which the practitioner knows ahead of time what the client needs. There can be no generic “treatment plan” because there is no generic “client.” Rather, each person who comes to me for therapy is a unique human being who is choosing (and continues to choose) a movement toward greater self-awareness discovered in the presence of another who is trained to listen, interpret and respond.

As HPRAC is undoubtedly aware, there are many forms of psychotherapy in Ontario. The modality I practise and train others in is psychodynamic psychotherapy. This is not medically or scientifically modelled. I do not “cure” people or “solve” problems. In some cases, my clients do not suffer from any diagnosable mental health condition. But in all cases they do suffer, often horribly. Their lives are often severely disabled and deeply painful because of destructive and constrictive patterns of anger, sorrow, loss, fear, frustration. They have often been harmed by the failures of family and society. They need and, to their credit, seek help to live more fully, more creatively, more understandingly of themselves and others. They seek help to become more alive and capable as the artists, teachers, nurses, lawyers, students, scientists, friends, spouses, mothers, fathers, children they are. Their hard work of self-examination makes a difference to the well-being of families, professions and communities throughout Ontario. In all cases they pay out of their own pockets for my services. In my quarter century of involvement with psychotherapy in Ontario, I have heard of few cases of harm, and every one of these cases involved an already “regulated” practitioner. Psychodynamic psychotherapists in overwhelming numbers understand the fundamental edict: “Do no harm.” We come to our profession through the refining fires of our own lengthy, in-depth therapies. We know all too clearly the risks of this work because we have been vulnerable clients ourselves. We know the psychoemotional depths we plumb and the protection from harm we need to guarantee. AND IT IS CRUCIAL TO ONTARIO THAT WE CONTINUE THIS WORK.

Two points I ask you to consider:

1) PSYCHOTHERAPY CANNOT BE SUBSUMED UNDER THE REGULATORY ORGANISATIONS OR PROCEDURES OF SOCIAL WORK, CLINICAL PSYCHOLOGY OR MEDICINE. Psychodynamic psychotherapists do not train primarily through academic achievements in university settings. Our trainings include extensive requirements of experiential and clinical learning. Academic acumen and theoretical substance matter hugely for psychodynamic psychotherapy, but in addition, our work (which is frequently devoted to long-term therapies) requires that, unlike doctors, social workers, counsellors and psychologists, we must have our own experiences of in-depth personal therapy. For many therapists, self-development in personal therapy is not just before and during training but continues on (sometimes for years) after basic training is completed.

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The theoretical ground and clinical practise of psychotherapy are not defined by the

parameters of social work, clinical psychology, medicine or counselling. Just as the government would be wary of asking teachers to regulate engineers (and vice versa), so it should be wary of having any other mental health profession regulate psychotherapists. The people of Ontario need the clear differences of various practises -- social work, clinical psychology, psychiatry, counselling and lay psychotherapy – in order to meet the wide variety of psychoemotional, psychosocial and mental ills that disturb modern Canadian communities. The real harm here will be to subsume any of these possibilities under any other.

2) PSYCHOTHERAPISTS ARE THE BEST REGULATORS OF PSYCHOTHERAPY.

Psychotherapy in Ontario requires self-regulation through the rigorous demands of an extensive training for every psychotherapist practising in the province, through the transparency of a detailed registry of accredited psychotherapists, and through the accountability of a self-sustaining council of psychotherapeutic associations and training institutes. This crucial groundwork will go far to protect clients from harm. Clients will become more knowledgeable in the selection of therapists. Codes of ethics and systems of complaints will be established. Excellence will be demanded of all training institutions. Collegial dialogue and contact will deepen. Ongoing professional development will be expected of every practitioner.

But all this subtle and reflective organising requires time. In many jurisdictions, including the UK, New Zealand, Australia and Switzerland, years of professional self-examination are required before anything approaching regulation can be considered. In Ontario, the various modalities of psychotherapy are just beginning to launch these crucial dialogues and investigations. We need more time for these developments and for other fundamental research still missing from the discussion: testimony gathered from a wide range of psychotherapy clients, for instance, and data confirming the actual incidence of harm by lay psychotherapists. We also need a healthy conversation among the many training institutes to illuminate the realities of how psychotherapy is taught and supervised in Ontario.

PSYCHOTHERAPY DOES NOT REQUIRE LEGISLATION IN ONTARIO. Instead, I ask HPRAC to recommend to the government that WITHIN FIVE YEARS the profession of LAY PSYCHOTHERAPY in Ontario be established in the form of recognised training schools, professional associations and a registry of accredited practitioners under the direction of a self-regulating council of Ontario psychotherapists. The important work of constructing this system needs time to ensure transparency, accountability and excellence. The real harm here will be haste – rushing into production a system that in its very nature requires patience, empathy, dialogue and questioning. Do not fail Ontario through an easier but ultimately hasty solution. Provide lay psychotherapists -- as distinct from psychiatrists, psychologists, social workers and counsellors -- with the time needed to create our own clear and careful system of self-regulation.

Thank you.