

CTP TRAINING PROGRAM CLINICAL PHASE SEMINARS SYLLABI

The Centre for Training in Psychotherapy offers in Canada a full program for training psychodynamic psychotherapists

SEMINARS

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Clinical Applications of Psychotherapy Semester 1 & 2

CP-003-CA12

CTP – SEMINAR

(60) Hours

Instructor: Susan Wood, BA (Hons)

Location: The Centre for Training in Psychotherapy
316 Dupont St
Toronto, On
Upper Lecture Room

Prerequisites: Clinical Phase

Course Description

After completing all the requirements of the Foundation Phase of the training program, students apply to enter the Clinical Phase of the program. If accepted they continue their preparation for working as a psychotherapist in a comprehensive course titled: Clinical Applications of Psychotherapy.

The Clinical Applications of Psychotherapy course is divided into three semesters. The first two semesters are normally taken in the year following entrance into the clinical phase; the third semester is taken in the following fall. Each semester involves 30 hours of class time. Completion of the first two semesters is required to apply for acceptance into the Supervision Phase of the program. All three semesters are required for graduation from the program.

Becoming a psychotherapist includes the emergence of a grounded, confident identity as a psychotherapist. This can only happen if the student is thoroughly prepared for their responsibilities as a psychotherapist. This seminar will prepare the student by developing competencies necessary to practice as a Therapist in Supervision. The student will learn:

- The regulatory framework that contains the practice of psychotherapy
- Legal requirements in practice
- Locating your practice
- The principles behind assessment and case formulation
- Initial contact and sessions with clients
- History taking
- Developing therapeutic skills

Course Objectives

By the end of Semester 1 (30 hours) students should be able to:

1. Understand and prepare to comply with the legal requirements of the regulations which effect the practice of psychotherapy, in order to practice safely.
2. Be familiar with the College of Registered Psychotherapists and its requirements.
3. Understand the practical steps involved in setting up a psychotherapy practice space that is physically and emotionally safe and complies with municipal bylaws.
4. Make initial contact with the client, conduct an initial psychotherapy interview with a client, create a therapeutic frame for the therapy, take a client history, assess the client and write a case formulation in order to create a treatment plan.
5. Understand the purpose of and how to create a safe therapeutic alliance. Understand the roles of the therapist and client within this therapeutic alliance.
6. Have a thorough knowledge of the principles of informed consent and understand how to establish ongoing informed consent in the therapy sessions.
7. Have a thorough knowledge of the meaning of confidentiality in psychotherapy, the exceptions to confidentiality and how to communicate this to the client.
8. Maintain a therapeutic frame in the therapy which includes a working understanding of transference and countertransference, boundaries, fees and communicating policies.
9. Read, analyze and apply relevant research to the practice of psychodynamic psychotherapy.

Seminar 1

What is Psychotherapy?

This seminar focuses on some of the different perspectives about how psychotherapy is defined by the law, the public, and other health professions which practice psychotherapy. For example:

- How is the psychotherapy scope of practice and the controlled act described in the *Psychotherapy Act, 2007*?
- How is psychotherapy defined by psychodynamic therapists as compared to psychiatrists?
- How do you describe psychotherapy to your clients?
- What is a competency based experience of psychotherapy?

This contributes to developing the following competencies:

- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice.
- 3.1 Comply with legal and professional obligations
- 4.1 Orient client to therapist's practice

Required Reading:

Psychotherapy Act, 2007 <http://www.ontario.ca/laws/statute/07p10>

Entry-to-Practice Competency Profile for Registered Psychotherapists – Approved March 30, 2012
<http://www.crpo.ca/wp-content/uploads/2013/06/RP-Competency-Profile.pdf>

Paul Cameron, Jon Ennis & John Deadman, *Standards and Guidelines for the Psychotherapies*, 1998.
Chapter 1

Kerry L. Malawista, Anne J. Adelman, & Catherine L. Anderson, *Wearing My Tutu to Analysis*, 2011.
Chapter 13, Graham Crackers: Analysts Reflect on Beginning the Treatment.

Teri Quatman, *Essential Psychodynamic Psychotherapy, an Acquired Art*, 2015. Pages 1 – 4

Seminar 2

Seeing Yourself as a Psychotherapist

In this seminar the student is introduced to the College of Registered Psychotherapists of Ontario (CRPO) and its web site www.crpo.ca in order to learn more about the college's mandate to protect the public and the variety of regulations and standards which will shape their ability to practice safely and ethically as psychotherapists in Ontario.

The student will learn about the registration regulations and the entry to practice exam; requirements for liability insurance, college fees, the code of ethics and the public register. We will further review the CRPO's entry-to-practice competencies in order to familiarize the students with the training required by the college.

The students will also review a resource sheet to familiarize themselves with the framework of legislation which relates to psychotherapy in order to be in compliance. Familiarity with this legislative framework will also help them to identify when their clients' rights are being violated by others.

This contributes to developing the following competencies:

- 1.4 Integrate awareness of self in relation to professional role.
- 1.5 Integrate knowledge of human and cultural diversity
- 2.2 Maintain effective relationships
- 3.1 Comply with legal and professional obligations.
- 3.2 Apply an ethical decision making process.
- 3.8 Assist client with needs for advocacy and support.
- 3.10 Establish business practices relevant to professional role.

Resource Material:

Psychotherapy Act, 2007: Scope of Practice and Controlled Act

<http://www.ontario.ca/laws/statute/07p10>

Regulated Health Professions Act, 1991 <http://www.ontario.ca/laws/statute/91r18>

CRPO: College of Registered Psychotherapists of Ontario web site www.crpo.ca :

Registration Regulations, <http://www.ontario.ca/laws/regulation/150067>

Professional Misconduct Regulations,

<http://www.ontario.ca/laws/regulation/120317>

Quality Assurance, <http://www.ontario.ca/laws/regulation/130034>

Bylaws – Corporations etc., <http://www.crpo.ca/wp-content/uploads/2015/07/CRPO-By-laws.pdf>

Competencies, <http://www.crpo.ca/wp-content/uploads/2013/06/RP-Competency-Profile.pdf>

Professional Practice and Jurisprudence for Registered Psychotherapists, <http://www.crpo.ca/wp-content/uploads/2015/05/CRPO-Professional-Practice-Jurisprudence-Registered-Psychotherapists.pdf>

Professional Practice Standards, <http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf>

Code of Ethics. <http://www.crpo.ca/wp-content/uploads/2014/01/Code-of-Ethics-Nov-1611-Trade-Name-Final.pdf>

Personal Health Information Protection Act (PHIPA), 2004 <http://www.ontario.ca/laws/statute/04p03>

Health Care Consent Act (HCCA), 1996 <http://www.ontario.ca/laws/statute/96h02>

Personal Information Protection and Electronic Documents Act (PIPEDA), 2013

https://www.priv.gc.ca/leg_c/leg_c_p_e.asp

Mental Health Act, 1990 <http://www.ontario.ca/laws/statute/90m07>

Child and Family Services Act, 1990 <http://www.ontario.ca/laws/statute/90c11>

Long-Term Care Homes Act, 2007 <http://www.ontario.ca/laws/statute/07l08>

Accessibility for Ontarians with Disabilities Act, 2005

http://www.mcass.gov.on.ca/en/mcass/programs/accessibility/understanding_accessibility/aoda.aspx

Municipal Licensing

<http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=27c4a83b82870410VgnVCM10000071d60f89RCRD>

Seminar 3

How you will work: Elements that influence your approach to practice

In this seminar we will begin with a discussion of the influences that each of the students have experienced and how these influences effect their approach to the practice of psychotherapy, including their own experiences as clients. In order to heighten their awareness of the impact of the therapist's "self" on the therapy we will explore the questions: were they ever impacted by their therapist's attitudes, values and experiences and what was the result of this experience?

The therapeutic alliance between the client and therapist is a major predictor of the efficacy of the therapy. We will explore Adam O. Horvath's research on the therapeutic alliance which provides "a useful way to understand some of the important, clinically active relational ingredients common to all forms of therapy". We will also examine Christopher Bollas' article *Origins of the Therapeutic Alliance*, 1998 and his phrase: "The place where we live. Alone and yet...in the presence of the other". We will also discuss what happens in the therapy when the therapeutic alliance experiences an inevitable "rupture".

This contributes to developing the following competencies:

- 1.2 Work within a framework base upon established psychotherapeutic theory.
- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice.
- 1.4 Integrate awareness of self in relation to professional role.
- 1.5 Integrate knowledge of human and cultural diversity.
- 4.2 Establish and maintain core conditions for therapy.
- 4.3 Ensure safe and effective use of self in the therapeutic relationship.
- 5.1 Remain current with professional literature.
- 5.2 Use research findings to inform clinical practice.

Required Reading:

Christopher Bollas, *Origins of the Therapeutic Alliance*, 1998 PEP web

Adam O. Horvath, *The Alliance*, 2001. Psychotherapy: Volume 38/Winter 2001/ Number 4.

Jeremy D. Safran and Jessica Kraus, *Alliance Ruptures, Impasses, and Enactments: A Relational Perspective*, *Psychotherapy*: 2014, Vol.51, No. 3, 381 – 387.

Jeremy D. Safran, *The Relational Turn, the Therapeutic Alliance, and Psychotherapy Research: Strange Bedfellows or Postmodern Marriage?* *Contemporary Psychoanalysis*, 2003, 39: 449 – 475. (PEP Web)

Michael J. Lambert and Dean E. Barley, *Research Summary on the Therapeutic Relationship and Psychotherapy Outcome*, *Psychotherapy*, Volume 38/ Winter 2001/ Number 4.

Seminars 4 & 5

Where you will work: Client safety and confidentiality

In these seminars we will explore in detail the significance and impact on the therapy of office location, arrangement and décor. How does space either facilitate or impede the progress of therapy? We will talk about safeguarding the physical and emotional safety of the client in the therapeutic environment and what the therapist needs to consider in creating office space. We will also look at the potential transference issues that can emerge in reaction to the office space or changes to the space. One seminar will involve a trip to the instructor's office in order to have a detailed discussion of many aspects of the location, arrangement and décor to establish a perspective that looks at the safety, confidentiality, accessibility and comfort of the therapy space:

- Where is the office located, is it close to transit, is there parking, is it accessible, is it safe?
- Is there a comfortable waiting area with some amenities? After a difficult therapy session it can be unsafe for the client to immediately leave the therapist's office.
- Is there enough soundproofing to protect the client's confidentiality?
- In the therapy office are confidential materials out of sight and secure?
- Is the seating arrangement conducive to psychotherapy?
- How does the décor impact on the therapy i.e. personal objects like family photographs?
- Displaying diplomas and certificates and office policies.
- Home offices and boundary issues.

This contributes to developing the following competencies:

- 1.4 Integrate awareness of self in relation to professional role.
- 1.5 Integrate knowledge of human and cultural diversity.
- 3.1 Comply with legal and professional obligations.
- 3.7 Maintain client records.
- 4.2 Establish and maintain core conditions for therapy.
- 4.3 Ensure safe and effective use of self in the therapeutic relationship.

Required Reading:

Glen O. Gabbard, *Long-Term Psychodynamic Psychotherapy: A Basic Text*. 2010. Chapter 3, The Nuts and Bolts of Psychotherapy, Getting Started.

Seminar 6

First Contact with Clients

In this seminar we will be learning about the first contacts with clients. Clients find us in a variety of ways, through referral, on the internet or advertising. They may contact us by telephone or electronically. What is important to do or say in those first contacts and what is required? We will simulate the experience of an initial client contact and follow it through:

- Responding to telephone contact in a timely way.
- What questions might be asked in the initial phone conversation: How much do you charge, where are you located, have you ever worked with..., what are your credentials, what is involved in therapy?
- What to find out about the client, will my services be useful?
- Is this an emergency and does the client need crisis intervention?
- Should I refer them to someone else?
- How long should the call be?
- What personal information should I collect?

This contributes to developing the following competencies:

- 1.2.c.d.e Work within a framework based upon established psychotherapeutic theory.
- 1.5.d.e Integrate knowledge of human and cultural diversity.
- 3.1.a.b Comply with legal and professional obligations.
- 3.7.a Maintain client records.
- 3.8 Assist client with needs for advocacy and support.
- 3.10 Establish business practices relevant to professional role.
- 4.1 Orient client to therapist's practice.
- 4.2 Establish and maintain core conditions for therapy.
- 4.4 Conduct an appropriate risk assessment.

Required reading:

Sarah Fels Usher, *Introduction to Psychodynamic Psychotherapy Technique*, second edition, 2013, Chapter 2

Glen O. Gabbard, *Long-Term Psychodynamic Psychotherapy: A Basic Text*. 2010. Chapter 3, The Nuts and Bolts of Psychotherapy, Getting Started.

Seminar 7

Beginnings:

When the client comes for their first sessions the therapist is facing a client who may be in crisis as well as the necessity to gather the information required by the college. “Walking this line can require empathy, intelligence, intuition, tact and an understanding of different kinds of character and circumstance to draw the person out and interest him or her in the possibilities that psychodynamic therapy offers” (McWilliams p74). In this seminar we will explore the initial interview in preparation for the upcoming therapy dramatizations. We will cover topics such as:

- Co-ownership, therapeutic/working alliance, rapport.
- Establishing physical and emotional safety.
- Educating the client about the therapy process
- History taking
- The client’s goals and the therapist’s input
- Setting the structure for therapy
- Fees and policies
- Confidentiality
- Informed Consent

This contributes to developing the following competencies:

- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 1.3.a.b Integrate knowledge of comparative psychotherapy relevant to practice.
- 1.4 Integrate awareness of self in relation to professional role.
- 1.5 Integrate knowledge of human and cultural diversity.
- 3.1 Comply with legal and professional obligations.
- 3.7 Maintain client records.
- 3.10 Establish business practices relevant to professional role.
- 4.1 Orient client to therapist’s practice.
- 4.2 Establish and maintain core conditions for therapy.
- 4.3 Ensure safe and effective use of self in the therapeutic relationship.
- 4.4 Conduct an appropriate risk assessment.
- 4.5 Structure and facilitate the therapeutic process.
- 4.6 Refer client.

Required Reading:

Professional Practice and Jurisprudence for Registered Psychotherapists <http://www.crpo.ca/wp-content/uploads/2015/05/CRPO-Professional-Practice-Jurisprudence-Registered-Psychotherapists.pdf>

Professional Practice Standards <http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf>

Professional Misconduct Regulation <http://www.ontario.ca/laws/regulation/120317>

Nancy McWilliams, *Psychoanalytic Psychotherapy: A Practitioner's Guide*, 2004, Chapter 4, Preparing the Client and Chapter 6 Basic Therapy Processes

Nancy McWilliams, *Psychoanalytic Diagnosis*, second edition, 2011
Appendix, p. 359: Suggested Diagnostic Interview Format.

Sarah Fels Usher, *Introduction to Psychodynamic Psychotherapy Technique*, second edition, 2013, Chapter 3

Teri Quatman, *Essential Psychodynamic Psychotherapy, an Acquired Art*, 2015. Chapter 6, Creating Space

CTP suggested Intake Interview Form, 2015

Directive from Ministry of Children and Youth Services: Duty to Report Suspected Child Abuse, 2013

Seminars 8 & 9

Psychotherapy Dramatizations

Each student will be required to both role play a client in an initial session and to practice being a therapist with a role playing colleague. This will provide a safe environment for the student to step into their new identity as a psychotherapist. They discover what it is like to be a therapist in a first-session situation with clients who are in crisis, emotionally labile, uncommunicative, defended etc. They also have the opportunity to learn by watching their colleague's role play sessions. Their colleagues, the "client" and the instructor will all provide feedback after each "session" to deepen the student's awareness of both their strengths and areas of challenge. This will begin the lifelong reflective and supervisory process which is an essential part of the psychotherapy profession. Each student will be required to write a case formulation based on what they have understood about their client in this session.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning

- 1.2 Work within a framework based upon established psychotherapeutic theory
- 1.4 Integrate awareness of self in relation to professional role
- 1.5 Integrate knowledge of human and cultural diversity
- 3.5 Obtain clinical supervision or consultation
- 4. 1 Orient client to therapist's practice
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in the therapeutic relationship
- 4.4 Conduct an appropriate risk assessment
- 4.5 Structure and facilitate the therapeutic process
- 4.6 Refer client

Required Reading:

Sarah Fels Usher, *Introduction to Psychodynamic Psychotherapy Technique*, second edition, 2013, Chapter 3

Nancy McWilliams, *Psychoanalytic Psychotherapy: A Practitioners Guide*, 2004. Chapter 5, Boundaries I.

CRPO Entry-to-Practice Competency Profile for Registered Psychotherapists, 4.1 & 4.2
<http://www.crpo.ca/wp-content/uploads/2013/06/RP-Competency-Profile.pdf>

Seminar 10

Formulating the Strategy

In this seminar students will spend time exploring the theory and practice of obtaining *informed consent*. This will be done through a review of the assigned readings on informed consent and through role play demonstration. We will discuss how this can be integrated into the therapeutic process and is an essential part of the therapeutic alliance.

We will also explore how to formulate a direction for therapy based on the client's goals and objectives and reviewing progress periodically in order to make adjustments to the therapy.

This contributes to developing the following competencies:

- 1.2 d Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches
- 1.3 a Integrate knowledge of key concepts common to all psychotherapy practice.
- 3.1 Comply with legal and professional obligations.
- 3.4 b Solicit client feedback throughout the therapeutic process.
- 3.4 c Plan and implement methods to assess effectiveness of interventions
- 3.4 g Modify practice to enhance effectiveness.
- 3.7 Maintain client records

- 3.10 Establish business practices relevant to professional role
- 4.1 Orient client to therapist's practice
- 4.5 s Review therapeutic process and progress with client periodically, and make appropriate adjustments.
- 5.1 Remain current with professional literature.
- 5.2 Use research findings to inform clinical practice.

Required Reading:

CRPO: *Professional Practice & Jurisprudence for Registered Psychotherapists*, May 2015, Pages 20 – 29

<http://www.crpo.ca/wp-content/uploads/2015/05/CRPO-Professional-Practice-Jurisprudence-Registered-Psychotherapists.pdf>

CRPO: *Professional Practice Standards for Registered Psychotherapists*, January 15, 2014, Pages 38 – 41

<http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf>

Steinecke, Maciura LeBlanc, *Grey Areas: A Commentary on Legal Issues Affecting Professional Regulation*, July 2007, Issue No. 113, Informed Consent.

Mary Lee Smith, Gene V. Glass, and Thomas I Miller, *The Benefits of Psychotherapy*, 1980, Chapter 9

American Psychological Association, *Recognition of Psychotherapy Effectiveness*, August 9, 2012

Sona Dimidjian and Steven D. Hollon, *How Would We Know if Psychotherapy Were Harmful?* American Psychologist, January 2010.

Michael Pare, M.D., Bryan Walsh and Laura A. Dawson, *Standards for Psychotherapy: Informed Consent*, Journal of the General Practice Psychotherapy Association, Spring 2015.

Seminar 11

Confidentiality

One of the cornerstones of psychodynamic psychotherapy is confidentiality. In their book *The New Informants* Christopher Bollas (an eminent psychoanalyst) and David Sundelson (an appellate lawyer) explain the imperative for fundamental and absolute confidentiality in the therapeutic relationship, particularly in psychoanalytic/psychodynamic psychotherapy. If the patient/client is to feel able to go to the most troubled parts of himself or herself, the places of the greatest shame and fear, then the patient/client must have the assurance of strict confidentiality. In this seminar we will look carefully at

the legal requirements for confidentiality, the limits to confidentiality and consent to disclose. We will also explore the readings about the importance of confidentiality in the therapeutic process and apply them to the students' personal experiences in their own therapy.

This contributes to developing the following competencies:

- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.7 Maintain client records
- 3.9 Provide reports to third parties
- 3.10 Establish business practices relevant to professional role
- 4.1 Orient client to therapist's practice

Required Reading:

Christopher Bollas and David Sundelson, *The New Informants: The betrayal of confidentiality in psychoanalysis and psychotherapy*, 1995

Christopher Bollas, *Confidentiality and Professionalism in Psychoanalysis*, British Journal of Psychotherapy, 2003 (PEP Web)

CRPO *Professional Practice & Jurisprudence for Registered Psychotherapists*, May 2015, pages 83 – 87

<http://www.crpo.ca/wp-content/uploads/2015/05/CRPO-Professional-Practice-Jurisprudence-Registered-Psychotherapists.pdf>

CRPO *Professional Practice Standards for Registered Psychotherapists*

January 15, 2014, pages 34 – 37

<http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf>

Seminar 12 & 13

The Safe and Effective Use of Self in the Therapeutic Relationship

The Psychotherapy Act, 2007 scope of practice defines the practice of psychotherapy as being “delivered through a *therapeutic relationship* based primarily on verbal or non-verbal communication”. In the Registration Regulation April 1, 2015 the Ontario law declares that any psychotherapy training program must have a core component which develops competency in the *safe and effective use of self* in a psychotherapeutic relationship. Psychotherapists work in a therapeutic relationship. The nature of that relationship forms the fabric of the therapeutic work that is accomplished. How does the therapist relate in a way that protects the client from the imposition of the therapist's issues. What are the elements of safe and effective use of self in the therapy relationship? We will use the readings on boundaries, self-disclosure, sexual abuse, transference and

countertransference as well as the students' personal experiences of their own therapy to integrate an understanding of this core concept in psychotherapy.

This contributes to developing the following competencies:

- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 1.4 Integrate awareness of self in relation to professional role.
- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.3 Maintain self-care and level of health necessary for responsible therapy
- 3.4 Evaluate and enhance professional practice.
- 3.5 Obtain clinical supervision or consultation.
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in the therapeutic relationship
- 4.5 Structure and facilitate the therapeutic process.

Required Readings:

Psychotherapy Act, 2007, Registration
<http://www.ontario.ca/laws/regulation/150067>

Psychotherapy Act, 2007,
<http://www.ontario.ca/laws/statute/07p10>

Nancy McWilliams, *Psychoanalytic Psychotherapy: A practitioner's guide*, 2004, Chapters 5 & 7
Boundaries I & II

Glen O. Gabbard, M.D. *Long-Term Psychodynamic Psychotherapy: A basic text*, second edition, 2010,
Boundaries and Frame Issues, Chapter 3, pages 60 – 69

Glen O. Gabbard, M.D. & Eva P. Lester, M.D., *Boundaries and Boundary Violations in Psychoanalysis*, 1995. Chapter 6, Sexual Boundary Violations.

Jody Messler Davies, *Between the Disclosure and Foreclosure of Erotic Transference-Countertransference: Can Psychoanalysis Find a Place for Adult Sexuality?*, Psychoanalytic Dialogues, 1998 (PEP Web)

Christopher Bollas, *Aspects of the Erotic Transference*, Psychoanalytic Inquiry, 1994 (PEP Web)

Jody Messler Davies, Ph.D., *Love in the Afternoon: A Relational Reconsideration of Desire and Dread in the Countertransference*, Psychoanalytic Dialogues, 1994 (PEP Web)

Glen O. Gabbard, M.D., *Commentary on Paper by Jody Messler Davies*, Psychoanalytic Dialogues, 1998 (PEP Web)

Jody Messler Davies, *Desire and Dread in the Analyst: Reply to Glen Gabbard's Commentary on "Love in the Afternoon"*, Psychoanalytic Dialogues, 1994, (PEP Web)

Glen O. Gabbard, M.D., *A Response to Davies (But Not the Last Word)*, 1994. (PEP Web)

Glen O. Gabbard, M.D., *Sexual Excitement and Countertransference Love in the Analyst*, Journal of the American Psychoanalytic Association, 1994. (PEP Web)

Seminars 14 & 15

Assessing Defenses

The concept of defense is central to assessment. The defenses are the mechanisms that people use to shield themselves from thoughts and feelings that might otherwise overwhelm them or cause intolerable anxiety. This can create a maladapted approach to life.

According to Nancy McWilliams: *the traditional rationale for making a careful assessment of a person's stable defensive organization is that in long-term psychotherapy, a pattern of defense can be altered in ways that free people up to have richer experiences and a broader range of options. Clients can learn to identify when they are about to go "on automatic" and they can substitute thoughtful, voluntary actions for unreflective, involuntary, and often self-defeating ones.*

In other instances, when one can do only short-term work or crisis intervention, it is of great value to have an understanding of a person's characterological defenses. This knowledge allows us to choose a style of intervention that is most likely to be assimilated by a particular patient.

At the conclusion of this seminar the students will have a thorough knowledge of the types of defenses and an ability to apply this understanding to assessment and choosing the safest and most effective interventions.

This contributes to developing the following competencies:

- 1.1b Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.
- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 4.4 Conduct an appropriate risk assessment
- 4.5 Structure and facilitate the therapeutic process.

Required Reading:

Nancy Mc Williams, *Psychoanalytic Case Formulation*, 1999, Chapter 5, Assessing Defense,

Nancy McWilliams, *Psychoanalytic Diagnosis: Understanding personality structure in the clinical process*, second edition, 2011, Chapters 5 & 6 Primary Defensive Processes & Secondary Defensive Processes.

Glen O. Gabbard M.D., *Long-Term Psychodynamic Psychotherapy, A Basic Text*, second edition, 2010, Chapter 2, Assessment, Indications, and Formulation.

Deborah L. Cabaniss et al, *Psychodynamic Psychotherapy: A clinical manual*, 2011, Chapter 4, Assessment of Ego Function

SEMESTER 2

In Semester 2, the students who have been developing competencies and have started grounding themselves in their emerging identities and responsibilities as psychotherapists deepen their learning in:

- therapeutic skill development
- identifying and working with trauma,
- exploring other models of psychotherapy practiced in Ontario,
- an introduction to risk assessment and suicide
- the DSM and PDM and their value in clinical practice
- Understanding psychosis and schizophrenia
- Resources for psychotherapists and their clients in the broader health community
- Illness, aging and death
- Psychopharmacology for the non-medically trained mental health practitioner
- Attaining the goals of psychotherapy and termination
- Clinical and business records and reports.
- Becoming a Therapist in Supervision at CTP
- Ongoing role-playing

By the end of semester 2 (30 hours) students should be able to:

1. Demonstrate growing competence in therapeutic skills such as: creating rapport with their clients, listening and asking questions in a respectful and empathic manner which reflects the client's context; formulating an assessment and using this information to focus and guide the sessions; giving advice; reflecting, interpreting and looking for the unconscious; dealing with resistance.
2. Identify the signs of trauma and formulate a collaborative approach to treatment with the client.
3. Understand the benefits and limitations of the diverse models of psychotherapy practiced in Ontario and know when to refer clients.
4. Assess the client for specific risks including suicide and formulate a plan including an understanding of when to refer and when to notify authorities.

5. Understand the major diagnostic and assessment categories in the DSM V and the PDM in order to communicate with other health care practitioners, formulate an assessment of the client, know when to refer and understand the client's mental health history.
6. Understand the impact of developmental crises and illnesses facing their clients
7. Access additional mental health resources in the community
8. Have an understanding of the definition of psychosis, its causes and what helps.
9. Demonstrate a familiarity with psychiatric medications in order monitor their client's responses to the medications, the effect on the therapy and to collaborate with the client's doctors when necessary.
10. Understand when the goals of therapy have been reached and when to initiate conversations about concluding therapy.
11. Maintain appropriate records in accordance with the standards of the profession.

Seminars 1 & 2

Deepening Therapeutic Skills

In these seminars we will explore the structure of the therapy session and the choice of skills used to conduct this session. These will include:

- How we listen and what we listen for
- Reflecting what we hear on the surface and at a deeper affective or unconscious level
- Intervening through advice, questions, information, empathic remarks, associations, silence, support
- Uncovering interventions, which translate material from the unconscious to the conscious including: confrontation, clarification and interpretation
- Following and understanding affect
- Working with transference and countertransference
- Defining the goals of the therapy to focus and guide the session
- Developing insight into the client's individual and cultural characteristics that will influence the therapeutic strategy.

This contributes to developing the following competencies:

- 1.2 Work within a framework based upon established psychotherapeutic theory
- 1.4 Integrate awareness of self in relation to professional role
- 1.5 Integrate knowledge of human and cultural diversity.
- 4.2 Establish and maintain core conditions for therapy.
- 4.3 Ensure safe and effective use of self in the therapeutic relationship.
- 4.5 Structure and facilitate the therapeutic process.

Required Reading:

Nancy McWilliams, *Psychoanalytic Psychotherapy, A Practitioner's Guide*, 2004. Chapter 6, Basic Therapy Processes, Chapter 10, Ancillary Lessons of Psychoanalytic Therapy.

Deborah L. Cabaniss et al, *Psychodynamic Psychotherapy, A Clinical Manual*, 2011.
Chapter 13, Empathic Listening, Chapter 16, Learning to Listen Chapter 17, Learning to Reflect, Chapter 18, Learning to Intervene, Chapter 19, Affect.

Glen O. Gabbard, M.D. *Long-Term Psychodynamic Psychotherapy: A Basic Text*, 2010. Chapter 4, Therapeutic Interventions and Chapter 5, Goals and Therapeutic Action.

Teri Quatman, *Essential Psychodynamic Psychotherapy, an Acquired Art*, 2015. Chapters 2, 3 & 4

Seminar 3

Diverse Models of Psychotherapy Practiced in Ontario

This seminar will familiarize the students with a variety of the therapeutic modalities currently in use in Ontario. We will use a variety of media including film demonstrations of sessions with diverse practitioners. Our discussion will include a critical analysis of the benefits, common factors, limitations and contraindications of each therapy modality described. We will also look at comparative research findings of different therapy modalities and analyze and evaluate the results.

This contributes to developing the following competencies:

- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice
- 1.5 Integrate knowledge of human and cultural diversity
- 2.2 Maintain effective relationships
- 2.3 Contribute to a collaborative and productive atmosphere.
- 5.1 Remain current with professional literature.
- 5.2 Use research findings to inform clinical practice.

Required Reading:

James O. Prochaska & John C. Norcross, *Systems of Psychotherapy: A Transtheoretical Analysis*, seventh edition 2010.

American Psychological Association, *Recognition of Psychotherapy Effectiveness*, August 9, 2012

John Sommers-Flanagan & Rita Sommers-Flanagan, *Counseling and Psychotherapy Theories In Context and Practice: Skills, Strategies and Techniques*, Second Edition, 2012. Chapter 1, The scientific context of counseling and psychotherapy.

Seminar 4

Working with Traumatic Memories

This seminar delves into a comparison of psychoanalytic approaches to working with trauma and more recently developed approaches. We will explore the neurobiology of trauma and memory and watch video sessions of leading experts working with trauma and post-traumatic stress disorder. We will also discuss “false memory syndrome” and how to avoid such pitfalls in clinical practice. The student will develop competence in recognizing and approaching traumatic memories in clinical practice.

This contributes to developing the following competencies:

- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 1.5 Integrate knowledge of human and cultural diversity
- 3.8 Assist client with needs for advocacy and support.
- 4.2 Establish and maintain core conditions for therapy.
- 4.3 Ensure safe and effective use of self in the therapeutic relationship.
- 4.4 Conduct an appropriate risk assessment.
- 4.5 Structure and facilitate the therapeutic process.
- 4.6 Refer client.
- 5.1 Remain current with professional literature
- 5.2 Use research findings to inform clinical practice.

Required Reading:

James Gordon, *Shaking & Dancing in Dharamsala: A Group of Tibetan Refugees Find their Inner Guides*, Psychotherapy Networker, November/December, 2013.

Jose Saporta, M.D., *Synthesizing Psychoanalytic and Biological Approaches to Trauma: Some Theoretical Proposals*, Neuropsychoanalysis, An Interdisciplinary Journal for Psychoanalysis and the Neurosciences, 2003, 5: 97 – 110. (PEP Web)

Frank M. Lachmann, Ph.D. and Beatrice Beebe, Ph.D., *Trauma, Interpretation, and Self-State Transformations*. Psychoanalysis and Contemporary Thought, 1997 20: 269 – 291 (PEP Web)

Jody Messler Davies, Ph.D., *Dissociation, Repression and Reality Testing in the Countertransference: The Controversy Over Memory and False Memory in the Psychoanalytic Treatment of adult Survivors of Childhood Sexual Abuse*. Psychoanalytic Dialogues, 1996, 6: 189 – 218. (PEP Web)

Philip M. Bromberg, Ph.D., *Something Wicked This Way Comes: Trauma, Dissociation, and Conflict: The Space Where Psychoanalysis, Cognitive Science, and Neuroscience Overlap*. Psychoanalytic Psychology, 2003, 20: 558 – 574 (PEP Web)

Ogden, Minton and Pain, *Trauma and the Body*. Chapter 8 Principles of Treatment: Putting Theory into Practice.

Julia Shaw and Stephen Porter, *Constructing Rich False Memories of Committing Crime*. Association for Psychological Science, January 14, 2015.

Seminar 5

Illness and Psychotherapy

Physical illness is very often linked to the experience of trauma which may have occurred years earlier in childhood or in the present related to such things as traffic accidents. Freud and Josef Breuer's first psychoanalytic case, Anna O, was treated by Breuer for severe cough, paralysis of extremities on the right side of her body, and disturbances of vision, hearing and speech. Freud implied that her illness was a result of the resentment she felt over her father's real and physical illness that later led to his death. In this seminar we will explore how experience becomes biology, distinguish between "diseases of stress and diseases of trauma", recent research on epigenetics and the ACE studies (adverse childhood experiences and adult medical disease). This study correlates the age of the trauma to disturbance of the developmental tasks in childhood. The limits of psychotherapy in treating physical illness and interprofessional collaboration and referral will also be discussed. We will move from the medical to the sublime and look at the use of creative expression to uncover unconscious content in our treatment of the connections between psyche and soma.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning.
- 1.2. g. Integrate knowledge of the impact of trauma on psychological functioning.
- 1.5. b Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.
- 3.2 Apply an ethical decision making process
- 3.5.c Protect client privacy and confidentiality, making disclosure only where permitted or required.
- 3.6 Provide education and training consistent with the therapist's practice
- 3.8 Assist client with needs for advocacy and support
- 3.9 Provide reports to third parties
- 4.4 Conduct an appropriate risk assessment
- 4.5 Structure and facilitate the therapeutic process
- 4.6 Refer client
- 5.1 Remain current with professional literature
- 5.2 Use research findings to inform clinical practice.

Required Reading:

Roberta Hibbard, Jane Barlow, Harriet MacMillan, *Psychological Maltreatment*. Pediatrics: Official Journal of the American Academy of Pediatrics, July 30, 2012.

Robin Karr-Morse, *Scared Sick, The Role of Childhood Trauma in Adult Disease*, 2012. Chapter 3

Vincent Felitti, M.D., Robert F. Anda, M.D., Dale Nordenberg M.D. et al, *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, American Journal of Preventive Medicine, 1998

<http://www.americasangel.org/research/adverse-childhood-experiences-ace-study/> Developmental stages and ACE

http://www.acestudy.org/yahoo_site_admin/assets/docs/ARV1N1.127150541.pdf

file:///C:/Users/S/Documents/Clinical%20App%20ACE_Score_Calculator.pdf

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

Seminar 6

Resistance:

Resistance is a key concept in psychodynamic therapy which represents a largely unconscious phenomenon rather than a willful lack of cooperation. Resistance is an intrapsychic rather than an interpersonal experience according to Freud. Its function is to protect from vulnerability or the unknown. Resistance is a gateway to the unconscious and can be a difficult and sometimes unsettling phenomenon for both the therapist and the client. The client's resistance can challenge the therapist who sometimes must struggle to maintain therapeutic balance.

Learning to identify resistance and work with it to deepen the therapeutic experience is essential and the objective of this seminar.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning
- 1.2 Work within a framework based upon established psychotherapeutic theory

- 1.3 Integrate awareness of self in relation to professional role
- 3.3 a. Maintaining personal physical, psychological cognitive and emotional fitness to practice.
- 3.4 Evaluate and enhance professional practice
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in the therapeutic relationship
- 4.4 Conduct an appropriate risk assessment
- 4.5 Structure and facilitate the therapeutic process

Required Reading:

Deborah L. Cabaniss, *Psychodynamic Psychotherapy: A Clinical Manual*, 2011. Chapter 20, Free Association and Resistance.

Nancy McWilliams, *Psychoanalytic Psychotherapy: A Practitioner's Guide*, 2004. Pages 88 – 93.

Glen O Gabbard M.D., *Long-Term Psychodynamic Psychotherapy: A Basic Text*, 2010. Chapter 6, Working with Resistance.

Teri Quatman, *Essential Psychodynamic Psychotherapy: An Acquired Art*, 2015. Chapter 8, The Silent Patient.

Seminar 7

Working with Crisis

In this seminar we will focus on the different variety of crisis situations that the clients will bring into the therapy session. We will explore the legal requirements the therapist may be facing and the potential necessity of interacting with other health practitioners at the client's request. We will also look at therapy approaches and possible interventions to the potential crises.

We will look particularly at crises such as:

- present trauma,
- impending death of a loved one or the client,
- illness,
- grief and complex grief, and mourning in other cultures
- reports of abuse by the client or others,
- Psychosis, self-harm and hospitalization
- Crisis in the therapy

By the conclusion of this seminar the student should have a grasp on their ethical and legal responsibilities as well as an understanding of the options for intervention. They will also explore their own responses, beliefs and personal experiences about the crises presented and how these may impact on the therapy.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning
- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 1.4 Integrate awareness of self in relation to professional role
- 1.5 Integrate knowledge of human and cultural diversity
- 2. Collegial and Interprofessional Relationships.
- 3.1, 2, 3, 4, 5, 6, 8, 9. Professional Responsibilities.
- 4.2, 3, 4, 5, 6, 7 Therapeutic Process
- 5 Professional Literature & Applied Research

Required Reading:

Professional Practice and Jurisprudence for Registered Psychotherapists <http://www.crpo.ca/wp-content/uploads/2015/05/CRPO-Professional-Practice-Jurisprudence-Registered-Psychotherapists.pdf>

Mental Health Act, Form 1,
[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/014-6427-41~1/\\$File/6427-41_.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/014-6427-41~1/$File/6427-41_.pdf)

Consent to Release Information
[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/014-6427-41~1/\\$File/6427-41_.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/014-6427-41~1/$File/6427-41_.pdf)

Bowlby, John *Attachment and Loss: Volume 3, Loss*, 1981. Chapters 1, 2, 3, 6, 7, 8.

Aronson, Seth, Psy.D. *The (Un)Designated Mourner: When the Analyst's Patient Dies*, 2009. Contemporary Psychoanalysis, 45: 545 – 560. (PEP Web)

Aragano, Anna Ph.D. *Transforming Mourning: A New Psychoanalytic Perspective on the Bereavement Process*, 2003. Psychoanalysis and Contemporary Thought, 26: 427 – 462. (PEP Web)

Brian Fridhandler, Tracy D. Ford, and Mardi J. Horowitz William, *Psychoanalytic Explanation of Pathological Grief: Scientific Observation of a Single Case*, 1999. Psychoanalytic Psychology, 16: 34 – 57. (PEP Web)

Psychiatric Patient Advocate Office, *Infoguide: Form 1, Application for Psychiatric Assessment*
www.ppao.gov.on.ca

Centre for Addiction and Mental Health, *Hope and Healing After Suicide*, 2011.
http://suicideprevention.ca/wp-content/uploads/2014/05/hope_and_healing.pdf

Seminar 8

Suicide and Risk Assessment:

Working with a suicidal client can be a highly stressful responsibility for a therapist. Accurately assessing the level of the client's risk of suicide or self-harm is a basic and essential competency for therapists to attain and can help to keep the client safe and reduce the therapist's stress. This seminar will explore different styles of risk assessment and focus more deeply on the assessment style that is most conducive to psychodynamic psychotherapy: the relational suicide assessment. The student will learn the fundamentals of maintaining the empathy of the therapeutic relationship while at the same time having a conversation with the client about thoughts, plans and behaviours around suicide. The conversation includes an exploration of the risks and resources in the client's world, coming to a safety decision, and collaboratively developing a detailed safety plan. The therapist will also learn to be sensitive to the client's cultural beliefs about suicide which can affect the client's willingness to talk about suicide. There will also be an exploration of the risk of the therapist's personal beliefs and experiences with suicide negatively impacting the therapist's judgement or the client's experience. By the end of the seminar the student will have grasped the fundamentals of this approach which will be explored in greater depth in Semester 3.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning.
- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice
- 1.4 Integrate awareness of self in relation to professional role
- 1.5 Integrate knowledge of human and cultural diversity
- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.5 Obtain clinical supervision
- 3.7 Maintain client records.
- 3.8 Assist client with needs for advocacy and support
- 4.1 Orient client to therapist's practice
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in therapeutic relationship
- 4.4 Conduct an appropriate risk assessment
- 4.5 Structure and facilitate the therapeutic process
- 4.6 Refer client
- 5.1 Remain current with professional literature
- Use research findings to inform clinical practice

Required Reading:

Douglas Flemons, Leonard M. Gralnik, *Relational Suicide Assessment, Risks, Resources, & Possibilities for Safety*, 2013.

Ontario Hospital Association, *Suicide Risk Assessment Guide: A Resource for Health Care Organizations*, 2011.

<https://www.oha.com/KnowledgeCentre/Documents/Final%20-%20Suicide%20Risk%20Assessment%20Guidebook.pdf>

Centre for Addiction and Mental Health, *Suicide Prevention and Assessment Handbook*, 2010
http://otgateway.com/articles/sp_handbook_final_feb_2011.pdf

David Lester, *Suicide and Culture*, 2008, World Cultural Psychiatry Research Review.

Susan Wood: *Suicide Assessment, (PPP)* 2015

Seminars 9 & 10

Psychotherapy Dramatizations

In this second set of dramatizations each student will take a turn role playing both the client and the therapist. The role play will this time involve a client who comes into the therapy session with a crisis or a pressing issue. The student's continue their experience of sitting in a "session" with a client who is in crisis, emotionally labile, uncommunicative, disassociated, defended etc. They also have the opportunity to observe their colleague's role play and learn from this experience.

After each role play the instructor, the "client" and the other students provide feedback to deepen the student therapist's awareness of both their strengths and areas to grow. This will begin the lifelong reflective and supervisory process which is an essential part of the psychotherapy profession.

Each student will be required to write a case formulation based on what they have understood about their client in this session.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning
- 1.2 Work within a framework based upon established psychotherapeutic theory
- 1.4 Integrate awareness of self in relation to professional role
- 1.5 Integrate knowledge of human and cultural diversity
- 3.5 Obtain clinical supervision or consultation
- 4.1 Orient client to therapist's practice
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in the therapeutic relationship
- 4.5 Structure and facilitate the therapeutic process

4.6 Refer client

Required Reading:

Sarah Fels Usher, *Introduction to Psychodynamic Psychotherapy Technique*, second edition, 2013, Chapter 3

Nancy McWilliams, *Psychoanalytic Psychotherapy: A Practitioner's Guide*, 2004. Chapter 5, Boundaries I.

CRPO Entry-to Practice Competency Profile for Registered Psychotherapists, 4.1 & 4.2

Seminar 11

Additional Community Resources for Therapists and Clients

This seminar will be a conversation about particular cases and the impact on the therapy of finding additional resources to support the client and their therapy. These resources range from arranging for psychiatric assessments to referrals to agencies which provide specific support for the client, for example, a support group for adult children of alcoholics.

The objective of the seminar is to alert the students to the wide variety of resources available and to recognize their responsibility to connect clients to these resources when appropriate. It will also serve to start the student's portfolio of resources.

This contributes to developing the following competencies:

- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice
- 1.5 Integrate knowledge of human and cultural diversity
- 2.1 Use effective professional communication
- 2.2 Maintain effective relationships
- 2.3 Contribute to a collaborative and productive atmosphere
- 3.8 Assist client with needs for advocacy and support
- 4.6 Refer client.

Required Reading:

Both the instructor and the students will bring information about resources known to them to the class. This information will be shared to begin the construction of a resource portfolio.

Seminar 12

Assessment: DSM-5 and PDM

This seminar will start with a review of the controlled act of communicating a diagnosis which is **not** accessible to psychotherapists. Despite this psychotherapist's have a responsibility to formulate an assessment of the client and to recognize the major diagnostic categories in current use in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association). The seminar will spend time introducing the major diagnostic categories and familiarizing the students with the history and contents of the DSM-5. By the end of the seminar the students will have a working knowledge of this manual and be able to communicate with other health professionals and clients about the subject material.

The seminar also introduces the PDM or Psychodynamic Diagnostic Manual. The PDM is the collaborative effort of the American Psychoanalytic Association, American Psychological Association and other groups. It is a diagnostic framework based on current neuroscience and treatment outcome research. Along with considering symptom patterns, as do other manuals, the PDM describes and categorizes personality patterns, related social and emotional capacities, unique mental profiles and personal experiences of symptoms. This is particularly useful to the psychodynamic psychotherapist in assessing clients.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning.
- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice
- 1.4 Integrate knowledge of human and cultural diversity
- 2.1 Use effective professional communication
- 3.6 Provide education and training consistent with the therapist's practice
- 3.9 Provide reports to third parties
- 4.4 Conduct an appropriate risk assessment
- 4.6 Refer client
- 5.1 Remain current with professional literature
- 5.2 Use research findings to inform clinical practice

Required Readings:

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth edition, DSM-5*. 2013

American Psychoanalytic Association et al, *Psychodynamic Diagnostic Manual (PDM)*, 2006

Susan Wood, *Assessment and Diagnosis: Diagnostic and Statistical Manual of Mental Disorders (PPP)*, 2015

Seminar 13

Introduction to Psychopharmacology

This seminar will introduce the students to the topic of psychopharmacology for psychotherapists. We will explore these topics:

- Why is it important for the psychotherapist to have knowledge of this subject when we do not prescribe medication?
- An integrated model of psychology and biology: is this disorder psychological or is it biological?
- The psychodynamics of pharmacologic treatment
- The cultural context of Psychopharmacology
- Functions of the Brain
- Medications and depression, anxiety, bipolar disorder, psychosis and dementia/behavioural symptoms.

This is an introduction to this topic but at the seminar's conclusion the students will be familiar with the reasons psychotherapists must have a working knowledge of this topic and have a beginning knowledge of the subject material. In addition they will be ready to take the advanced seminar in semester 3.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning.
- 1.2 Work within a framework based upon established psychotherapeutic theory
- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice
- 1.4 Integrate knowledge of human and cultural diversity.
- 2.3 Contribute to a collaborative and productive atmosphere
- 3.6 Provide education and training consistent with the therapist's practice
- 3.8 Assist client with needs for advocacy and support
- 4.4 Conduct an appropriate risk assessment
- 4.6 Refer client
- 5.1 Remain current with professional literature.

Required Reading:

John D. Preston, PsyD., John H. O'Neal MD, Mary C. Talaga, RPh, PhD, *Handbook of Clinical Psychopharmacology for Therapists*, seventh edition, 2013.

Sophia F. Dziegielewski, *Psycho-Pharmacology Handbook for the Non-Medically Trained*, 2006

Glen O. Gabbard, MD and Alice Brand Bartlett, M.L.S, *Selective Serotonin Reuptake Inhibitors in the Context of an Ongoing Analysis*, 1998. Psychoanalytic Inquiry, 18: 657 – 672 (PEP Web)

Susan Wood, *Psychopharmacology for Therapists*, PPP 2015

Seminar 14

Terminable or Interminable – Achieving the Goals of Therapy

In this seminar we will review the historical psychoanalytic literature of the criteria for terminating therapy to give the student a grounding in the evolution of the termination process. This review will inform our discussion of the possible termination scenarios therapists' encounter in their practice and how to approach them. We will look at:

- Premature termination
- “Regular” ending, assessing readiness for termination
- Termination and “working through”
- “Messy” termination
- Interruption vs termination
- Personal experiences of termination
- Therapist countertransference's during termination

By the end of this seminar the student will have an understanding of the theory of termination in therapy, including the process of termination as “working through” and a beginning understanding of the variety of scenarios possible in the termination process. They will have a deepened understanding of their own potential responses and responsibilities in this situation.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning
- 1.2 Work within a framework based upon established psychotherapeutic theory
- 1.4 Integrate awareness of self in relation to professional role
- 1.5 Integrate knowledge of human and cultural diversity
- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.3 Maintain self-care and level of health necessary for responsible therapy
- 3.4 Evaluate and enhance professional practice
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in the therapeutic relationship

- 4.4 Conduct an appropriate risk assessment
- 4.5 Structure and facilitate the therapeutic process
- 4.6 Refer client
- 4.7 Conduct an effective closure process

Required Reading:

CRPO: Professional Misconduct Regulations, <http://www.ontario.ca/laws/regulation/120317>

Melanie Klein, *On the Criteria for the Termination of a Psycho-Analysis*, 1950. International Journal of Psycho-Analysis, 31: 78 – 80 (PEP Web)

John Rickman, *On the Criteria for the Termination of an Analysis*, 1952. Psychoanalytic Quarterly, 21: 269 – 270. (PEP Web)

W. Hoffer, *Three Psychological Criteria for the Termination of Treatment*, 1952. Psychoanalytic Quarterly, 21: 268. (PEP Web).

H. Bridger, *Criteria for the Termination of Analysis*, 1950. International Journal of Psycho-Analysis, 31: 202 – 203. (PEP Web).

Harold P. Blum, *The Concept of Termination and the Evolution of Psychoanalytic Thought*, 1989. Journal of the American Psychoanalytic Association, 37: 275 – 295. (PEP Web)

George Frank, *Termination Revisited*, 1999. Psychoanalytic Psychology, 16: 119 – 129. (PEP Web)

Susan Mendenhall, *From Termination to the Evolution of a Relationship: A New Understanding*, 2009. Psychoanalytic Inquiry, 29: 117 – 135. (PEP Web)

Glen O. Gabbard, *What is “Good Enough” Termination?*, 2009. Journal of the American Psychoanalytic Association, 57: 575 – 594 (PEP Web)

Glen O. Gabbard, *Long-Term Psychodynamic Psychotherapy, A Basic Text*, Second edition, 2010. Chapter 9, Working Through and Termination.

Deborah L. Cabaniss et al, *Psychodynamic Psychotherapy, A Clinical Manual*, 2011. Chapter 30, Termination.

Sarah Fels Usher, *Introduction to Psychodynamic Psychotherapy Technique*, second edition, 2013. Chapter 7, Ending

Kerry L. Malawista et al, *Wearing My Tutu to Analysis*, 2011. Chapter 16, Friends of the Heart.

Seminar 15

Record- Keeping and Becoming a CTP Therapist in Supervision (TIS)

This seminar is a review of the current standards of practice provided by the CRPO on note taking and record-keeping. We will thoroughly review these guidelines in order to prepare the students in to become TIS. We will also look at what preparations the students will need to make in advance of becoming a TIS. This will include:

- Review relevant sections of CRPO Professional Practice and Jurisprudence for Registered Psychotherapist, 2013
- Review relevant sections of CRPO Professional Practice Standard for Registered Psychotherapists
- Review relevant sections of Psychotherapy Act, Professional Misconduct Regulations
- Review Personal Health Information Protection Act, 2004
- Review the limits to Confidentiality
- Discuss Electronic Records and compliance to standards
- How to write a client session note
- Informed consent and how it's documented
- "Circle of Care" and its impact on confidentiality

This contributes to developing the following competencies:

- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice
- 1.4 Integrate awareness of self in relation to professional role
- 2.1 Use effective professional communication
- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.7 Maintain client records
- 3.9 Provide reports to third parties
- 3.10 Establish business practices relevant to professional role
- 4.1 Orient client to therapist's practice

Required Reading:

CRPO: College of Registered Psychotherapists of Ontario web site www.crpo.ca :
Professional Misconduct Regulation, <http://www.ontario.ca/laws/regulation/120317>

Professional Practice and Jurisprudence for Registered Psychotherapists,

<http://www.crpo.ca/wp-content/uploads/2015/05/CRPO-Professional-Practice-Jurisprudence-Registered-Psychotherapists.pdf>

Professional Practice Standards

<http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf>

Personal Health Information Protection Act (PHIPA), 2004

<http://www.ontario.ca/laws/statute/04p03>

Health Care Consent Act (HCCA), 1996

<http://www.ontario.ca/laws/statute/96h02>

Ellen T. Luepker, *Record Keeping in Psychotherapy and Counseling*, 2012. Chapters 3 & 4.

Susan Wood, *Note-Taking and Record-Keeping in a Regulated Environment*, 2015. PPP.

Assignments, Assessments and Grading:

Students are graded on a pass/fail basis:

1. Students are required to write two case formulations, one in each semester. These formulations will be about their experience working as therapist during the dramatizations. The formulation should demonstrate an understanding of the concepts and process of case formulation as taught in the seminar as well as the application of these concepts to their experience with their “client”. These case formulations must each be a minimum of 1 page.

25% of grade

2. Students are required to attend classes *and* demonstrate their knowledge of the assigned readings through their informed participation in each class.

25% of grade

3. Students are required to keep a reflective journal which contains weekly entries throughout the semester. The reflection should be based on the course content. The objectives of the reflective journal are:

- To critically engage with concepts from the course by making connections between you observations, experiences, and opinions.
- Explain and analyse the concepts from your own point of view, eliciting original ideas
- To think back about what has been read, learned or discussed.
- To write about personal responses to the experiences, and information
- To develop and clarify the connections between what you already know and what you are learning, between theory and practice
- Comment not just on what you learned but *how* you learned it

At the beginning of Seminar 6 you will be required to submit your journal. The instructor will read the journal and provide feedback to make sure you are on the right track.

At the beginning of Seminar 14 you will submit your journal again, along with a one page written reflection on your earlier journal entries. Has your thinking changed or deepened when you look back at the earlier entries?

The student will be required to continue the journal in the second semester and hand it in for assessment 2 weeks before the end of the second semester.

Your journals will be assessed on:

- The depth of the reflection, which demonstrates a conscious and thorough understanding of the subject matter *and* an integrated understanding of safe and effective use of self in each learning context.
- Use of specific and convincing examples from the texts.
- Use of engaging language that is fluent and original with a sense of voice and awareness of the reader.
- Your understanding of the conventions of reflective writing.
- **50% of grade**

Clinical Applications of Psychotherapy – Semester 3

CP-003-CA3

CTP – SEMINAR

(30) Hours

Instructor: Susan Wood, BA (Hons)

Location: The Centre for Training in Psychotherapy
316 Dupont St
Toronto, On
Upper Lecture Room

Prerequisites: Clinical Applications Semesters 1 & 2

Course Description

Semester 3 of Clinical Applications is designed to deepen and integrate the student's understanding of the context that registered psychotherapists work in and their responsibilities within that context.

A therapist typically works alone in a room with clients, but outside the room there is an expanding context which sometimes supports the therapist and sometimes the therapist is responsible to. This context includes:

- Training Institute for student therapists
- Supervisors, clinical and peer
- Professional colleagues, professional associations and ongoing professional education
- Interprofessional colleagues, institutions and agencies
- The College of Registered Psychotherapists of Ontario (CRPO)
- Ministry of Health and Long Term Care of Ontario
- Municipal, Provincial and Federal laws

The therapist is responsible for working safely and effectively with clients and these levels of relationship outside of the therapy room are there for support and accountability.

In semester 3 the student will deepen understanding of:

- Safe and effective use of self
- How therapist self-care impacts the therapy
- Professional Practice and Jurisprudence for Registered Psychotherapist
- Professional Practice Standards for Registered Psychotherapists
- Working with human diversity in therapy practice

- Psychopharmacology and Psychotherapy practice (advanced)
- Working with serious disorders and when to refer
- Conducting effective risk assessments (advanced)
- Interprofessional Collaboration and the circle of care
- Writing reports and communicating effectively and professionally
- Psychotherapy and legal issues
- Professional Ethics
- Entering the CRPO

Course Objectives

By the end of Semester 3 (30 hours) students should:

1. Have a thorough understanding of their responsibilities to themselves, their clients and the broader context within which they practice.
2. They will have a more complex, deeper recognition of the impact they have on their clients and their responsibility for this.
3. They will have further developed therapeutic skills such as recognizing and working knowledgeably and respectfully with diversity, risk assessment, identifying and working with serious disorders, and recognizing medications taken by clients and the impact of these medications on the client and the therapy. These are skills which enhance their ability to work safely and effectively.
4. They will understand their role in the circle of care and their responsibility to communicate clearly and respectfully with colleagues.
5. They will have learned how to communicate clearly and respectfully both orally and in written form.
6. They will be well-grounded in their knowledge of the legal framework they work within, the oversight it provides and how to participate in it.

Seminar 1

The Safe and Effective Use of Self

In this seminar we will carefully read the Entry-to-Practice Competency Profile for Registered Psychotherapists 4.3 which outlines the Safe and Effective Use of Self in the therapeutic relationship. With the help of the assigned readings and case examples we will explore these areas outlined in the competency:

- The impact of the therapist's subjective context on the therapeutic context.
- The impact of the power dynamics within the therapeutic relationship
- Protecting the client from the imposition of the therapist's personal issues
- Congruent verbal and non-verbal communication
- Appropriate self-disclosure

The students will have the opportunity to deepen their understanding of the regulatory expectations that exist with regard to their role, both conscious and unconscious, in the therapeutic relationship. We will look at the places in the therapy where the client is most vulnerable to the power differential and how the therapist can detect these dynamics and make decisions that will be therapeutic for the client. Decisions that are merely safe are not necessarily effective for the therapy and vice versa. It requires a sophisticated understanding of the nature of the therapy frame, boundaries and transference/countertransference issues to find the balance.

By the end of this seminar the student will be on the way to integrating this balance.

This contributes to developing the following competencies:

- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 1.4 Integrate awareness of self in relation to professional role.
- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.3 Maintain self-care and level of health necessary for responsible therapy
- 3.4 Evaluate and enhance professional practice.
- 3.5 Obtain clinical supervision or consultation.
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in the therapeutic relationship
- 4.5 Structure and facilitate the therapeutic process.

Required Readings:

Psychotherapy Act, 2007,
<http://www.ontario.ca/laws/statute/07p10>

Entry-to-Practice Competency Profile for Registered Psychotherapists
<http://www.crpo.ca/wp-content/uploads/2013/06/RP-Competency-Profile.pdf>

Nancy McWilliams, *Psychoanalytic Psychotherapy: A practitioner's guide*, 2004, Chapters 5 & 7
Boundaries I & II

Glen O. Gabbard, M.D. *Long-Term Psychodynamic Psychotherapy: A basic text*, second edition, 2010, Boundaries and Frame Issues, Chapter 3, pages 60 – 69, Chapter 8, Identifying and Working with Countertransference.

Glen O. Gabbard, M.D. & Eva P. Lester, M.D., *Boundaries and Boundary Violations in Psychoanalysis*, 1995. Chapter 6, Sexual Boundary Violations.

Glen O. Gabbard, *The Analyst's Contribution to the Erotic Transference*, 1996. Contemporary Psychoanalysis, 32: 249. (PEP Web)

Glen O. Gabbard, *Countertransference: The Emerging Common Ground*, 1995. International Journal of Psychoanalysis, 76: 475 – 485. (PEP Web)

Denis V. Carpy, *Tolerating the Countertransference: A Mutative Process*, 1989. The International Journal of Psychoanalysis, 70: 287 – 294. (PEP Web)

Jay Greenberg, *Self-disclosure: Is It Psychoanalytic?* 1995, Contemporary Psychoanalysis, 31: 193. (PEP Web)

Jody Messler Davies, *Between the Disclosure and Foreclosure of Erotic Transference-Countertransference: Can Psychoanalysis Find a Place for Adult Sexuality?* 1998, Psychoanalytic Dialogues, 8: 747 – 766 (PEP Web)

Christopher Bollas, *Aspects of the Erotic Transference*, 1994. Psychoanalytic Inquiry, 14: 572 -590 (PEP Web)

Seminar 2

The Role of Therapist Self Care in Responsible Therapy

This seminar explores the care of the therapeutic container. As therapists the tools of the trade are ourselves. In our tool bag is our mind and thoughts, intuitions, our body and bodily sensations, compassion, emotions, dreams, and fantasies. Our conscious and unconscious selves. In order to be present and congruent to our client in the therapeutic relationship we must take care of ourselves. We are susceptible to physical, psychological, cognitive, and emotional fatigue and breakdown in the intensity of the therapeutic container. This is especially the case when we are working with someone whose suffering is similar to our past trauma; we are then at risk of vicarious trauma. While a heightened level of empathy is useful for the therapeutic alliance it is our job to hold the space for the client's experience rather than flooding it with our own experience and becoming dysregulated. Working as a psychotherapist can be an intense and stressful profession and in order to maintain competence and keep the interests of the client in focus we must also have ways of managing the inevitable stresses of our humanness and not allow our personal crises to intrude into our client's therapy sessions.

In this seminar we will assess the signs of vicarious trauma and compassion fatigue and learn how to address this with supervision, personal therapy, a personal support system and self-care strategies.

This contributes to developing the following competencies:

- 3.3 Maintain self-care and level of health necessary for responsible therapy.
- 3.4 Evaluate and enhance professional practice.
- 3.5 Obtain clinical supervision or consultation.
- 3.6 4.2

Required Reading:

Babette Rothschild, *The Psychophysiology of Compassion Fatigue and Vicarious Trauma, Help for the Helper, Self-Care Strategies for Managing Burnout and Stress*, 2006. Chapters 1 & 2, Appendix 1.

Gerrie Hughes, *Competence and Self-Care in Counselling and Psychotherapy*, 2014. Chapters 9, 10 and 11.

Seminar 3

Professional Practice and Jurisprudence for Registered Psychotherapists – Review

The overview of the Professional Practice and Jurisprudence Handbook describes the document as providing information on the ethical and legal framework with which Registered Psychotherapists practice in Ontario. Section 1 discusses professionalism and self-regulation and how these concepts apply to therapists. It explains the regulatory framework that governs self-regulated health professions in Ontario, including setting out the role of the regulatory college. Section 2 looks at client-therapist relationships; how open communication with clients and colleagues is fundamental to professional practice; and how this fits within the self-regulatory framework. The third and final section reviews the various laws that RPs are most likely to deal with in their practices (p. 7)

In this seminar we will review and discuss this handbook in order to acquire a deeper understanding of its ethical stance and legal framework. This will help the students to be in compliance in their therapy practices. This review will also connect them to the resources necessary to them through the CRPO so they will know where to turn for guidance about professional practice. This seminar will also prepare students to take the e-learning module which is one of the first steps in the CRPO application.

At the conclusion of this seminar the students should have a clear understanding of the ethical and legal framework they will inhabit as psychotherapists. They will be able to relate this understanding to their practice as psychotherapists and make appropriate decisions about ethical/legal issues and professional practice.

This contributes to developing the following competencies:

- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.6 Provide education and training consistent with the therapist's practice
- 3.7 Maintain client records
- 3.10 Establish business practices relevant to professional role.
- 1.5 Integrate knowledge of human and cultural diversity
- 4.1 Orient client to therapist's practice

Required Reading:

CRPO, *Professional Practice and Jurisprudence for Registered Psychotherapists*, October, 2013.

<http://www.crpo.ca/wp-content/uploads/2015/05/CRPO-Professional-Practice-Jurisprudence-Registered-Psychotherapists.pdf>

Seminar 4

CRPO, Professional Practice Standards for Registered Psychotherapists – Review

Every health regulatory college is required to develop and establish Professional Practice Standards for its members.

These standards evolve over time as the college moves from basic standards which reflect the legislation relevant to the practice of psychotherapy. These areas include confidentiality, record-keeping, consent and business practices etc. Over time further standards develop as they are needed. Standards have the force of law when they are directly based on statutory regulations. The current edition of the standards is divided into 6 sections which cover:

1. Professional Conduct
2. Competence
3. Client-Therapist Relationship
4. Clinical Supervision
5. Record-keeping and Documentation
6. Business Practices

In this seminar we will review this document with the purpose of more deeply familiarizing the students with the standards the college will be holding them to as Regulated Psychotherapists. By the conclusion of the seminar they will have deeper clarity about their responsibilities, be prepared to abide by these and be familiar with the information and learning resources available to them through the CRPO.

This contributes to developing the following competencies:

- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.6 Provide education and training consistent with the therapist's practice
- 3.7 Maintain client records
- 3.10 Establish business practices relevant to professional role.
- 1.5 Integrate knowledge of human and cultural diversity
- 4.1 Orient client to therapist's practice

Required Reading:

CRPO, *Professional Practice Standards For Registered Psychotherapists*, Approved, January 15, 2014.

<http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf>

Seminar 5

Human Diversity and Psychotherapy

This seminar is designed to enhance the therapist's ability to work with diverse populations. When contemplating the cultural gap that can exist with a client the therapist might be asking themselves questions like:

How will I be able to understand her/him?

Will I be able to recognize her signs of distress?

Will I be able to assess if she really wanted to die?

In order to answer these questions we will:

- Define cultural competence
- We will explore cultural competency self-tests to assess the student's level of cultural sensitivity and competence.
- We will discuss theories of cultural competence in psychotherapy
- We will learn about cultural competence and psychodynamic psychotherapy

From a psychodynamic perspective the ability to empathize, to project oneself into the experience of another requires knowledge and skill. If we are able to understand the client's inner life we can see how it is interwoven with external dimensions of culture, gender, race, class, and biology. It is important to attend to both the cultural relativity of our theories and our diagnoses, and to the ways different racial, ethnic and cultural groups have of coping with and finding solutions to what others may define as pathology.

How does the diagnosis reflect the dominant values and ideologies of the social times in which it developed? Who does it privilege? Who does it marginalize? What biases are inherent in the diagnosis? We try to remember that beliefs about health are culture bound.

At the conclusion of this seminar the student will have an understanding of their own level of cultural competence, the theories of cultural competence for psychotherapists and an understanding of the knowledge and skills specific to the psychodynamic psychotherapist.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning.
- 1.4 Integrate awareness of self in relation to professional role.
- 1.5 Integrate knowledge of human and cultural diversity.
- 3.4 Evaluate and enhance professional practice.

- 3.5 Obtain clinical supervision or consultation
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in the therapeutic relationship
- 4.5 Identify contextual influence
- 5.1 Remain current with professional literature
- 5.2 Use research findings to inform clinical practice.

Required Reading:

Kathryn Basham, Nina R. Heller, Lourdes Mattei, Teresa Mendez et al, *Inside out and Outside In: Psychodynamic Clinical Theory and Psychopathology in Contemporary Multicultural Contexts*, 2011.

Neil Altman, *Black and White Thinking: A Psychoanalyst Reconsiders Race*, 2000. *Psychoanalytic Dialogues*, 10: 589 – 605 (PEP Web)

Cultural Competence Self-Test

http://www.med.uottawa.ca/sim/data/Images/Cultural_Competency_Test.pdf

Stanley Sue, Nolan Zane, Gordon C. Nagayama Hall, Lauren K. Berger, *The Case for Cultural Competency in Psychotherapeutic Interventions*, 2009. *Annual Review of Psychology*.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2793275/>

Hung-Tat Lo, Kenneth P. Fung, *Culturally Competent Psychotherapy*, 2003. *Canadian Journal of Psychiatry*, Vol 48, No 3.

<http://www.hawaii.edu/hivandaids/Culturally%20Competent%20Psychotherapy.pdf>

Julia Mirsky, *Working Through Countertransference Blocks in Cultural-Competence Training*, 2011. *Psychoanalytic Social Work*, 18: 136 – 148 (PEP Web)

Basia Winograd, Director and Producer, *Black Psychoanalysts Speak*, 2014. PEP Video Grants, 1:1 (PEP Web)

Recommended Reading:

Ruth Sharabany, Etziona Israeli, *The Dual Process of Adolescent Immigration and Relocation: from Country to Country and from Childhood to Adolescence – Its Reflection in Psychodynamic Psychotherapy*, 2008. *Psychoanalytic Study of the Child*, 63: 137 – 162 (PEP Web)

Karen Seeley, *The Listening Cure: Listening for Culture in Intercultural Psychological Treatments*, 2005. *The Psychoanalytic Review*, 92: 431 – 452 (PEP Web)

Sylvia Halperin, *The Relevance of Immigration in the Psychodynamic Formulation of Psychotherapy with Immigrants*, 2004, *International Journal of Applied Psychoanalytic Studies*, 1: 99 – 120. (PEP Web)

Seminars 6 & 7

Psychopharmacology for Psychotherapists (Advanced)

This seminar builds on the prerequisite seminar in Semester 2. We will start with a review of the learnings in Semester 2:

- Why Learn about Psychopharmacology?
- Integrated Models: Psychology and Biology
- Stimulus-Response Specificity
- The Psychodynamics of Psychopharmacologic Treatment
- The Cultural Context of Psychopharmacology
- The Functions of the Brain

Once this material has been reviewed we will look at the psychopharmacological treatment of:

- Major Depressive Disorders
- Anxiety Disorder
- Bipolar Disorder
- Psychosis
- Dementia/Behavioural Symptoms

We will break this down into:

- Physiological symptoms of each disorder
- Medical disorders that can cause the psychological symptoms
- Drugs that can cause the disorder
- When to refer for medication
- Medication used to treat the disorder
- Side Effects of the medication
- Timeline for Efficacy
- Withdrawal from the medication

We will also explore therapist attitudes to and experience with psychopharmacology.

By the end of these seminars the students will be familiar with the major classes of psychoactive medications, their side effects, efficacy, and withdrawal symptoms. This will allow the psychotherapist to:

- Communicate with their clients about the client's experience with their medication
- Explore the deeper personal meaning of the medication with the client
- Help the client to monitor the medication
- refer a client to a physician when appropriate
- Communicate clearly with other health professionals about the client's treatment when necessary.

This contributes to developing the following competencies:

- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice
- 1.4 Integrate awareness of self in relation to professional role
- 1.5 Integrate knowledge of human and cultural diversity
- 2.1 Use effective professional communication
- 2.2 Maintain effective relationships
- 2.3 Contribute to a collaborative and productive atmosphere
- 3.2 Apply an ethical decision making process
- 3.6 Provide education and training consistent with the therapist's practice.
- 3.8 Assist client with needs for advocacy and support
- 4.4 Conduct an appropriate risk assessment
- 4.6 Refer client
- 5.1 Remain current with professional literature.
- 5.2 Use research findings to inform clinical practice

Required Reading:

Adele Tutter, *Medication as Object*, 2006. Journal of the American Psychoanalytic Association, 54: 781 – 804. (PEP Web)

John D. Preston, John O'Neal, Mary C. Talaga, *Handbook of Clinical Psychopharmacology for Therapists*, seventh edition, 2013.

Sophia F. Dziegielewski, *Psychopharmacology Handbook, for the Non-Medically Trained*, 2006. Selected chapters.

Richard S. Sinacola, Timothy Peters-Strickland, *Basic Psychopharmacology for Counselors and Psychotherapists*, 2006. Chapter 1

Susan Wood, *Psychopharmacology for Therapists*, 2015. PPP

Seminars 8 & 9

Psychotherapy and Serious Disorders

The Controlled Act of Psychotherapy (which has yet to be enacted) states:

In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

In these seminars we will look at some serious disorders of thought, cognition, mood emotional regulation, perception and memory.

- We will learn about Major Depressive Disorder and Bipolar Disorder, Psychosis and Schizophrenia, and Personality Disorders their characteristics, causes and onset, prevalence, and treatment. We will use a wide variety of resources and perspectives to learn about these disorders
- We will research and discuss the topic: “Can psychodynamic psychotherapy help?” We will explore the history and efficacy of a variety of psychotherapeutic treatment including psychodynamic/psychoanalytic and will discuss the current understandings and evidence.

At the conclusion of these seminars the students will have gained a deeper understanding of psychopathology of serious disorders. They will have an understanding of the history of and current standard of medical treatment and approach to these disorders.

They will learn about evidence and approaches to the psychodynamic treatment of these serious disorders in order to understand what helps and what harms. They will learn about the integrated medical/psychotherapeutic approach to treatment. They will also explore their own subjective responses to people with serious disorders.

This contributes to developing the following competencies:

- 1.1 Integrate a theory of human psychological functioning
- 1.2 Work within a framework based upon established psychotherapeutic theory.
- 1.3 Integrate knowledge of comparative psychotherapy relevant to practice.
- 1.4 Integrate awareness of self in relation to professional role
- 1.5 Integrate knowledge of human and cultural diversity
- 2.1 Use effective professional communication
- 2.2 Maintain effective relationships
- 2.3 Contribute to a collaborative and productive atmosphere
- 3.5 Obtain clinical supervision or consultation
- 3.8 Assist client with needs for advocacy and support
- 4.4 Conduct an appropriate risk assessment
- 4.5 Structure and facilitate the therapeutic process
- 4.6 Refer Client
- 5.1 Remain current with professional literature
- 5.2 Use research findings to inform clinical practice

Required Reading for Seminar 8:

Anne Cooke, Editor, *Understanding Psychosis and Schizophrenia*, 2014. British Psychological Society, Division of Clinical Psychology.

Editorial Board: Public Health Agency of Canada, Mood Disorders Society of Canada, Health Canada, Statistics Canada, Canadian Institute for Health Information, *The Human Face of Mental Health and Mental Illness in Canada*, 2006

http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, DSM – 5, 2013. Section II, 87, 123, 155, 645 & 709
Section III 749.

American Psychoanalytic Association et al, *Psychodynamic Diagnostic Manual (PDM)*, 2006.
Personality Disorders 24 – 44 Depressive Disorders 44 – Psychotic Disorders 142 – 146

7- Item Hamilton Rating Scale for Depression (HAMD-7)

Mental Health Act, Form 1,
[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/014-6427-41~1/\\$File/6427-41_.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/014-6427-41~1/$File/6427-41_.pdf)

Consent to Release Information
[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/014-6427-41~1/\\$File/6427-41_.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/014-6427-41~1/$File/6427-41_.pdf)

Required Reading for Seminar 9:

George E. Atwood, *Credo and Reflections*, 2015. *Psychoanalytic Dialogues: The International Journal of Relation Perspectives*, 25: 2, 137 – 152

Joseph Schwartz, *Genetics and Schizophrenia: Part 2 Why Attachment Theory is a Better Theory and Why No One Wants It*, 2008. *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis Journal*, 2: 150 – 158 (PEP Web)

Bertram P. Karon, *The Tragedy of Schizophrenia without Psychotherapy*, 2003. *Journal of American Academy of Psychoanalysis*, 31: 89 – 118. (PEP Web)

Richard B. Corradi, *Medical Psychotherapy of Schizophrenia – A Dynamic/Supportive Approach*, 2004. *Journal of American academy of Psychoanalysis*, 32: 633 – 643 (PEP Web)

John Clarkin, Peter Fonagy, Glen O. Gabbard, *Psychodynamic Psychotherapy for Personality Disorders, A Clinical Handbook*, 2010. Chapter 4.

Peter Fonagy, *The Changing Shape of Clinical Practice: Driven by Science or by Pragmatics?* 2010. *Psychoanalytic Psychotherapy*, 24: 22 – 43 (PEP Web)

Anthony W. Bateman, *Integration in Psychotherapy: An Evolving Reality in Personality Disorder*, 2000. British Journal of Psychotherapy, 17: 147 – 156. (PEP Web)

Paolo Azzone, *Looking Through a Distorted Mirror: Toward a Psychodynamic Understanding of Descriptive Psychopathology of Depression*, 2010. Journal of American Academy of Psychoanalysis, 38: 575 – 605. (PEP Web)

Seminars 10 & 11

Conducting Relational Suicide and Risk Assessments (Advanced)

“Suicide Assessments are relational conversations, interactive dialogues that trace back and forth across the sometimes too thin line separating death from life – back and forth between giving up and going on, between pulling away and reaching out, between hopeless certainties and faint-hope possibilities.” Flemons and Gralnik, Relational Suicide Assessment. (RSA)

Working with a suicidal client can be a highly stressful responsibility for a therapist. Accurately assessing the level of the client’s risk of suicide or self-harm is a basic and essential competency for therapists to attain and can help to keep the client safe and reduce the therapist’s stress. This seminar will delve deeply into the theory and practice of relational suicide assessment. We will:

- Study the foundations of RSA which include, empathically exploring risks and resources in the client’s world, in order to come to a safety decision and collaboratively develop a safety plan.
- Review the therapeutic principles which include, asking questions, communicating empathic understanding, maintaining therapeutic perspective and ethical boundaries, therapist self-care, and shifting the relationship between the client and their problem.
- Learn about a conducting risk and resource interview.
- Learn how to collaboratively come to a decision about the client’s safety and create a safety plan.

In order to integrate the theory we will use role play in order to develop a deeper understanding of the process. At the conclusion of this seminar the student will be able to conduct a competent suicide assessment.

This contributes to developing the following competencies:

- 1.6 Integrate a theory of human psychological functioning.
- 1.7 Work within a framework based upon established psychotherapeutic theory.
- 1.8 Integrate knowledge of comparative psychotherapy relevant to practice
- 1.9 Integrate awareness of self in relation to professional role
- 1.10 Integrate knowledge of human and cultural diversity
- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.5 Obtain clinical supervision
- 3.7 Maintain client records.

- 3.8 Assist client with needs for advocacy and support
- 4.1 Orient client to therapist's practice
- 4.2 Establish and maintain core conditions for therapy
- 4.3 Ensure safe and effective use of self in therapeutic relationship
- 4.4 Conduct an appropriate risk assessment
- 4.5 Structure and facilitate the therapeutic process
- 4.6 Refer client
- 5.1 Remain current with professional literature
- 5.2 Use research findings to inform clinical practice

Required Reading:

Douglas Flemons, Leonard M. Gralnik, *Relational Suicide Assessment, Risks, Resources, & Possibilities for Safety*, 2013.

Ontario Hospital Association, *Suicide Risk Assessment Guide: A Resource for Health Care Organizations*, 2011.

<https://www.oha.com/KnowledgeCentre/Documents/Final%20-%20Suicide%20Risk%20Assessment%20Guidebook.pdf>

Centre for Addiction and Mental Health, *Suicide Prevention and Assessment Handbook*, 2010

http://otgateway.com/articles/sp_handbook_final_feb_2011.pdf

David Lester, *Suicide and Culture*, 2008, World Cultural Psychiatry Research Review.

Susan Wood: *Suicide Assessment*, (PPP) 2015

Seminar 12

Communicating with the Circle of Care and Third Parties:

Psychotherapists do not work in isolation, they are part of the group of the Regulated Health Practitioners Act in Ontario and share the controlled act and scope of practice with 5 other health colleges. Our competencies include the development of collegial and interprofessional relationships and obligations to third parties.

In this seminar we will explore the ethical dilemma that exists in a profession which has confidentiality as its cornerstone. How do we participate in an interprofessional environment and maintain the confidentiality of our clients? Why is confidentiality so important to therapy?

We will also look at the skills involved in note-taking and report writing for third parties.

At the end of this seminar the student will have a deeper understanding of the ethical quandary about nature of psychotherapeutic confidence and how to protect confidentiality while still participating in the circle of care and following the client's direction about third party reports. This will involve client consent, careful note-taking and how to write reports for other health professionals, insurance companies and lawyers.

This contributes to developing the following competencies:

- 1.5 Integrate awareness of self in relation to professional role
- 2. Collegial & Interprofessional Relationships
- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.7 Maintain client records
- 3.9 Provide reports to third parties
- 4.1 Orient client to therapist's practice

Required Reading:

Ann Cavoukian, Ph.D. Information and Privacy Commissioner, Ontario, Canada *CIRCLE OF CARE Sharing Personal Health Information for Health-Care Purposes*
<https://www.ipc.on.ca/images/Resources/circle-care.pdf>

CRPO, Professional Practice Standards, 2014. Pages 35, 36, 59 - 72
<http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf>

Ellen T. Luepker, *Record Keeping in Psychotherapy and Counseling, Protecting Confidentiality and the Professional Relationship*, 2012.

Glen O. Gabbard and Paul Williams, *Preserving Confidentiality in the Writing of Case Reports*, 2001. International Journal of Psychoanalysis, 82: 1067 – 1068 (PEP Web)

Canadian Association for Psychodynamic Therapy, *Response to Health Profession Regulatory Advisory Council's Consultation discussion Guide on Issues related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals*, May 2008.
<http://psychodynamiccanada.org/system/documents/CAPTtoHPRACInterprofCollab.pdf>

Christopher Bollas and David Sundelson, *The New Informants: The Betrayal of Confidentiality in Psychoanalysis and Psychotherapy*, 1995

Peter Zelles, *When what you tell your therapist goes online*, March 22, 2015
<http://www.startribune.com/when-what-you-tell-your-therapist-goes-online/297087601/>

Seminar 13

Legal Situations: CRPO Discipline Process, Subpoena's and Court:

In this seminar we will learn about the discipline process at the CRPO. We will review the Professional Misconduct Regulations (not yet in force) and follow the life of a complaint to the CRPO through the various steps in the process, including the Public Register.

We will also explore other legal contexts such as court which psychotherapists can be required to participate in either as a witness or as an expert witness.

At the conclusion of the seminar the student will have familiarity with the CRPO complaints process and the legal requirements for participation. They will also have understanding of their potential obligations and involvement in other legal proceedings and how this relates to client confidentiality, note-taking and record keeping.

This contributes to developing the following competencies:

3.1 Comply with applicable federal and provincial legislation.

3.2 Apply an ethical decision making process

Required Reading:

Rules of Procedure of the Discipline Committee of the College of Registered Psychotherapists.
<http://www.crpo.ca/wp-content/uploads/2014/07/CRPO-Rules-of-the-Discipline-Cttee-Revised-Mar19-14.pdf>

Psychotherapy Act, 2007, Professional Misconduct Regulation
<https://www.ontario.ca/laws/regulation/120317>

Health Professions Appeal and Review Board
<http://www.hparb.on.ca/scripts/english/about.asp>

Preventing and Addressing Sexual Abuse by Members
<http://www.crpo.ca/home/complaints-and-concerns/sexual-abuse/>

CRPO, Complaints and Concerns About Members
<http://www.crpo.ca/home/complaints-and-concerns/>

Ellen T Luepker, *Record Keeping in Psychotherapy and Counseling, Protecting Confidentiality and the Professional Relationship*, second edition 2012.

Steinecke Maciura LeBlanc, *Expert Witness, Part 1 & 2*, April 2007. Grey Areas: A Commentary on Legal Issues Affecting Professional Regulation, No. 110

Seminar 14

Electronic or Distance Therapy – Ethical & Legal Considerations:

Electronic therapy whether by telephone or video conferencing has become a part of the way many psychotherapist's practice. This has given rise to conversations in the profession about the effectiveness of e-therapy, the increased access for clients in remote areas, and the options for maintaining continuity in therapy with clients who move or travel. It has also surfaced many legal and ethical concerns about topics such as regulating e-therapy (in what jurisdiction is the therapy actually taking place?), availability of liability insurance, and practicing therapy with clients we've never met face-to-face, privacy and security of the electronic medium. As a result many regulatory bodies are developing ethical guidelines for their members. We will review these guidelines in order to integrate an ethical stance to e-therapy. We will also discuss the therapeutic process of e-therapy looking at potential benefits and areas where there is the possibility of harm. We will also look at the therapist's subjective responses to working with distance therapy.

At the conclusion of this seminar the student will be familiar with the ethical and legal issues associated with electronic therapy and have an understanding of the psychodynamic therapeutic process possible with this medium.

This contributes to developing the following competencies:

- 1.2 Work with a framework based upon established psychotherapeutic theory
- 1.3 Integrate Knowledge of comparative psychotherapy relevant to practice.
- 1.4 Integrate awareness of self in relation to professional role
- 3.1 Comply with legal and professional obligations
- 3.2 Apply an ethical decision making process
- 3.4 Evaluate and enhance professional practice
- 3.7 Maintain client records
- 4. Therapeutic Process
- 5.1 Remain current with professional literature
- 5.2 Use research findings to inform clinical practice

Required Reading:

CRPO, *Professional Practice Standards for Registered Psychotherapists*, 2014. Pages 44 – 45.
<http://www.crpo.ca/wp-content/uploads/2014/11/CRPO-Professional-Practice-Standards.pdf>

CRPO: College of Registered Psychotherapists of Ontario web site www.crpo.ca :
Professional Misconduct Regulation, <http://www.ontario.ca/laws/regulation/120317>

Jill Savege Scharff, Ed, *Psychoanalysis Online 2: Impact of Technology on Development, Training, and Therapy*, 2015.

Part IV: Technology in Treatment

Draft Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media, Canadian Psychological Association.

http://www.cpa.ca/docs/File/Ethics/Draft_Guidelines_EServices_31Oct2013.pdf

Leslie Morland, Carolyn Greene, Josef Ruzek & Linda Godelski, *PTSD and Telemental Health*, National Center for PTSD.

<http://www.ptsd.va.gov/professional/treatment/overview/ptsd-telemental.asp>

American Psychological Association, *Guidelines for the Practice of Telepsychology*, July 31, 2013

See 2 articles below:

1. Autumn Backhaus, Zia Agha, et al, *Videoconferencing Psychotherapy: A Systematic Review*, APA Psychological Services, May 2012 Vol 9 No. 2 *Special Issue, Telehealth, Telepsychology and Technology*
2. Steven Thorp, Janel Fidler et al, *Lessons Learned From Studies of Psychotherapy for Posttraumatic Stress Disorder Via Video Teleconferencing*, APA Psychological Services, May 2012 Vol 9 No. 2 *Special Issue, Telehealth, Telepsychology and Technology*

Tori DeAngelis, *Practicing distance therapy, legally and ethically*, March 2012, APA

<http://www.apa.org/monitor/2012/03/virtual.aspx>

Distance Therapy may promote more client openness, study suggests, October 2002, APA

<http://www.apa.org/monitor/oct02/distance.aspx>

Cybertherapy: Pariah with Promise? SelfhelpMagazine.com 1998

<http://www.selfhelpmagazine.com/articles/cybertherapy-pariah-with-promise#sthash.3FKSQtQz.dpbs>

Seminar 15

Entry-to-Practice:

This seminar will focus on the steps involved in applying to the CRPO to become a Registered Psychotherapist. We will review the Registration Regulations, the CRPO Professional Practice and Jurisprudence e-learning module, and the COMPASS entry-to-practice competency assessment practice which we will work with in class. We will also look at the Quality Assurance Regulation and the requirement for ongoing professional education once a therapist becomes a member of the CRPO.

By the conclusion of this seminar the student will be familiar with the steps to registration and be prepared to meet the requirements for registration.

This contributes to developing the following competencies:

- 3.1 Comply with legal and professional obligations
- 3.4 Evaluate and enhance professional practice

Required Reading:

CRPO, Registration Regulations

<http://www.ontario.ca/laws/regulation/150067>

CRPO Jurisprudence e-Learning Module

<http://www.crpo.ca/home/info-for-applicants/professional-practice-and-jurisprudence-e-learning-module/>

COMPASS, Entry-to-Practice Competency Assessment

<http://www.compassexams.ca/>

CRPO Quality Assurance Program

<http://www.ontario.ca/laws/regulation/130034>

Assignments, Assessments and Grading:

Students are graded on a pass/fail basis and assessment is divided into 2 parts:

1. The clinical applications seminar requires that students attend class and demonstrate an understanding of the concepts developed in the assigned readings through their informed participation in each class.
50% of grade.
2. Students are required to keep a reflective journal which contains weekly entries throughout the semester. The reflection should be based on the course content. The objectives of the reflective journal are:
 - To critically engage with concepts from the course by making connections between your observations, experiences, and opinions.
 - Explain and analyse the concepts from your own point of view, eliciting original ideas
 - To think back about what has been read, learned or discussed.
 - To write about personal responses to the experiences, and information

- To develop and clarify the connections between what you already know and what you are learning, between theory and practice
- Comment not just on what you learned but *how* you learned it

At the beginning of Seminar 6 you will be required to submit your journal. The instructor will read the journal and provide feedback to make sure you are on the right track.

At the beginning of Seminar 14 you will submit your journal again, along with a one page written reflection on your earlier journal entries. Has your thinking changed or deepened when you look back at the earlier entries?

Your journals will be assessed on:

- The depth of the reflection, which demonstrates a conscious and thorough understanding of the subject matter along with an evolving understanding of your subjective experience in relation to the course material.
- Use of specific and convincing examples from the texts.
- Use of engaging language that is fluent and original with a sense of voice and awareness of the reader.
- Your understanding of the conventions of reflective writing.

50% of grade

Supervision Group Syllabus

TIS-003-SG

CTP - Seminar

(60) Meetings of (2) hours (over 2 academic years)

Lecturer: Varies

Location: Varies

Prerequisite:

Enrolment in CTP theory and Practice of Psychotherapy, TIS Phase, in second year of seeing clients – or Graduate

Course Description

Group learning is highly prized at CTP. Students attend seminars that track the lecture series in the first two years, advanced seminars in subsequent years, 4 years of psychotherapy training group and, though it is recognized that nothing can replace the value of individual supervision, yet there is also a group component to supervisory experience.

Two years of group supervision are required. A supervisory group typically involves 8 students and a faculty facilitator. Meetings are 2 hours long and occur for 120 hours over 2 years. At the beginning of each year every student selects one client to be presented for the whole year. There are 2 presentations in each class by two different students. If any particular client concludes therapy before the year is finished, another client is presented. Ideally, of course, it is hoped that each student will be able to present his/her chosen client throughout the year. Students enter group supervision in their second year of working with clients; this respects their need to become grounded and oriented in their therapy work with their individual supervisor.

The purpose and intention of this course is to deepen and broaden one's experience as a therapeutic worker. There is great value in hearing responses and reactions from a number of other fellow workers when presenting. The field of action is widened from the relatively limited area with one's individual supervisor. Likewise the individual student has the opportunity to hear several other colleagues wrestle with their own work and to be a commentator. This experience helps to deepen one's respect and empathy for the human struggle and to encounter one's current areas of strength and weakness. Dialogue and relationship, as in group psychotherapy, prove to be the most effective media of change and development. There is much in common in group psychotherapy. However, with group supervision there is also an important difference. In group psychotherapy, through relationship with others, one learns much about the 'subjective self', in group supervision there is more of a movement between subjective and objective experience. In group supervision, that is, one is beginning to wear the hat of a therapist; in group therapy this is not so much the case. Because of the variety of clinical cases brought forth group supervision provides an excellent opportunity to integrate theory and clinical practice that the students are simultaneously engaged in studying. As well, of course, respect for confidentiality ("What happens in the room, stays in the room.") provides the necessary security for

exploring vulnerable matters. Finally, being in supervision group provides a unique opportunity to have fun while learning the rigors of the therapeutic enterprise.

Course Objectives

By the end of 2 years of group supervision, the student will/should be able to:

- 1) integrate psychodynamic theoretical knowledge with clinical practice
- 2) assimilate various points of view about a client's psychodynamics while respecting, finally, one's own internal experience of the client
- 3) initiate collegial (peer) experiences as an ongoing feature of one's practice
- 4) have assimilated the centrality and complexity of the transference/countertransference matrix
- 5) confront (firmly, but kindly) the wide range of boundary issues that the student therapist is subjected to
- 6) deal with equanimity clients' complex life situation to which the student therapist is exposed
- 7) identify ever more honestly one's biases and blind spots that could impede the therapeutic process
- 8) handle confidently clients of 'diverse social-cultural identities'
- 9) assess with certainty whether one is suited to work with a particular client or if a transfer to another worker is warranted.

Year 1

At the end of the first year of group supervision the students should be able to:

- 1) initiate a therapy with greater confidence than one might have had, at first, in individual supervision, to make an objective assessment of the client, to discern the client's 'difficulties in living' (Sullivan) and to begin to inquire about a client's personal history. Here sub - competencies 4.1(a-e) are addressed, under the heading Orient to therapist's practice.
- 2) have greater certainty in setting boundaries (sometimes called 'the frame') and in explaining, if necessary, their usefulness. The sub - competency involved here is 4.2(h) Maintain appropriate therapeutic boundaries.
- 3) possess greater knowledge of and the sundry manifestations of transference/countertransference phenomena. This addresses sub - competencies 1.1-1.4 under the general heading Foundations
- 4) have assimilated the value of collaborative effort in the work of therapy. This addresses sub - competency 2.3—Contribute to a collaborative and productive atmosphere.
- 5) operate from sound ethical standards referenced in 3.2—Apply an ethical decision making process.
- 6) relate with confidence to people from different cultures. This addresses sub - competency 1.5—Integrate knowledge of human and cultural diversity.
- 7) recognize the diagnostic category (or categories) that best explain one's client. This refers to sub - competency 1.3(e)—Recognize the major diagnostic categories in current use.
- 8) appreciate the powerful influence of the therapist's 'empathy, respect and authenticity.' Addressed here is sub - competency 4.2—Establish and maintain core conditions for therapy.
- 9) understand that the therapist must be non-judgmental, that most clients need time to feel that the therapy space is his/her safe place. This refers to sub - competencies 4.1—Orient the client to therapist's practice and 4.3—Ensure safe and effective use of self.

Year 2

- 1) meet the challenges that sometimes are implicitly or explicitly expressed by the client or therapist as both people become more accustomed to and settled in the therapeutic setting and relationship. Hence the matters of proper therapist self-disclosure, congruent communication, protection of the client from the therapist's own issues, recognition of the 'asymmetrical mutuality' (Aron) of the relationship become very important. Referenced here are all the sub-competencies of 4.3—Ensure safe and effective use of the self.
- 2) deepen one's knowledge of the whole of human (psychological) functioning 'across the lifespan.' Addressed here is sub-competency 1.1—Integrate a theory of human psychological functioning.
- 3) have integrated more fully the theoretical frame and theoretical convictions that one is more certain of (not to be confused with rigid closed-mindedness). Here the entire series of sub-competencies 1.2 are relevant—Work within a framework based upon established psychotherapeutic theory.
- 4) welcome the realization that all the sub-competencies of 1.5 are to be studied and assimilated. Doing what is called for in this series of sub-competencies takes time but is a study that is essential if one is to work with a wide range of clients. Integrate knowledge of human and cultural diversity.
- 5) have come to know and accept the importance for the therapist of recognizing that certain values are part and parcel of maturing as a therapist—having basic 'respect for others,' the ability to handle conflict maturely, the importance of 'personal and professional integrity,' possessing a clear sense of professional boundaries. These are the values promoted in sub-competency 2.2—Maintain effective relationships.
- 6) accept completely the notion that ongoing 'critical self-reflection' is the 'sine qua non' of a successful therapist. This is a necessity that is life-long, but especially so as a therapeutic worker. Again there is no sub-competency in 3.4 that one can afford to ignore—Evaluate and enhance professional practice.
- 7) open to the possibility that one may have to refer a client for specialized treatment—for example for addictions or eating disorders, or perhaps simply because the client needs a more skilled (often senior) therapist. The sub-competency addressed here is 4.6—Refer client.
- 8) appreciate that therapy must end at some point. It is important to have knowledge of and be able to implement a proper termination process. The relevant sub-competency is 4.7—Conduct an effective closure process.

CRPO Competencies Trained

1. Foundations
 - 1.1 Integrate theory of human psychological function
 - 1.2 Work within a framework based upon established psychotherapeutic theory
 - 1.3 Integrate knowledge of psychopathology
 - 1.4 Integrate awareness of self in relation to professional role
 - 1.5 Integrate knowledge of human and cultural diversity
2. Collegial and Interprofessional Relationships

- 2.2 Maintain effective relationships
- 2.3 Contribute to a collaborative and productive atmosphere
- 3. Professional Responsibilities
 - 3.2 Apply an ethical decision-making process
 - 3.3 Maintain self-care and level of health necessary for responsible therapy
 - 3.4 Evaluate and enhance professional practice
 - 3.5 Obtain clinical supervision or consultation
- 4. Therapeutic Process
 - 4.1 Orient client to the therapist's practice
 - 4.2 Establish and maintain core conditions for therapy
 - 4.3 Ensure safe and effective use of self in the therapeutic relationship
 - 4.4 Conduct an appropriate risk assessment
 - 4.5 Structure and facilitate the therapeutic process
 - 4.6 Refer client
 - 4.7 Conduct an effective closure process

The Linking of the College's competencies to the actual conduct of group supervision

As with all other aspects of CTP training, group supervision is based on psychodynamic principles, rooted particularly in psychoanalytic psychotherapy theory and practice. By the time students are accepted into doing supervised work they have been quite immersed in the framework of psychoanalytic thinking (at least 3-4 years) and will continue to be so throughout their supervisory period. Sub - competencies 1.1, 1.2, 4.1-4.5 are addressed implicitly and explicitly in this regard. At the beginning of group supervision students are reminded (as they would have been earlier in individual supervision) of the foundational importance of the key notion of the (radical) Hippocratic oath: "First, do no harm." This provides a useful starting point and guide for understanding the central importance of the safe and effective use of the self (4.3). This is a sub - competency the demands life-long attention; hence as the supervisory group continues (and beyond), the student's capacity to communicate to beginning clients that they have come to a safe and respectful place for help, is enhanced.

The notion of 'effective' use of self is demonstrated in many ways. One particularly useful way the group facilitator can promote this notion is to suggest repeatedly the following: "When you, as therapist, feel inclined to make an intervention or interpretation, ask yourself first: 'Can the client make use of what I am about to say at this time?'"

By witnessing the work of others, and of oneself, in the supervisory group one's sensitivities become very finely attuned so that one's ability to integrate awareness of self in relation to professional role (1.4) and to evaluate and enhance professional practice (3.4) are significantly advanced. The variety of experiences of other therapists with different clients brings into focus the ubiquity of difficult moral and ethical dilemmas everyone faces. This should have, as one effect on the therapist, a sharpened ability to apply an ethical decision making process (3.2). Of its very nature group work promotes collegiality. It is interesting to note how frequently—after a formal group supervision ends—several members of the group will continue in a 'peer' supervision group. What students have absorbed, perhaps unexpectedly, is the wisdom and excitement embodied in

Competency 2 especially 2.2—Maintain effective relationships and 2.3—Contribute to a collaborative and productive atmosphere.

Most markedly in recent years a greater social, political and religious diversity in both therapist and client populations is becoming manifest. As a result contemporary group supervision offers a very valuable opportunity to integrate knowledge of human and cultural diversity (1.5). Another significant benefit of group supervision—because it involves 8 students and 8 clients per year (or 8 students and 16 clients over 2 years)—one has the opportunity to encounter all of the sub-competencies included in 4 (Therapeutic Process) over and over again. This results in the assimilation of knowledge and skill in applying these competencies in broad strokes but also, because of the variety of students and clients, to appreciate and profit from subtleties and nuances in the application of these competencies.

Procedure

1. There are 20 meetings for a total of 60 hours per year. There are 8 students in the group, plus the faculty facilitator. Each meeting (2 hours long) has 2 presenters. Thus each student presents for 1 hour, 7 times in the year, for a total of 56 hours. Three of the remaining hours are devoted to the study and discussion of required texts. The other hour (hour #1) is set aside for introduction of the year, discussion of process, choosing a client by each student and general principles of group functioning. It is emphasized that everyone must attend all sessions unless there is some outstanding reason that attendance is impossible. Students pair off into 4 groups of 2, and order is selected; i.e. Group 1 presents the next session and so forth. The order is followed throughout the year. Effectively, then, each student presents once a month for 7 months. The discussion of the reading takes place during the last 3 meetings of the year.

The students bring process notes to their presentations and these are discussed in dialogue with the other students and the facilitator. The discussion of the notes and matters arising from the notes allow everyone, especially the facilitator, to track the progress of the students in their work with clients. The facilitator looks for evidence of the students' ability to begin a therapy, develop an alliance, to gradually deepen the therapeutic relationship and to help the client eventually move along to the 'working through' process. Throughout this experience, one can see a gradual development of confidence in the work and a deepening grasp of the core competencies relevant to the therapeutic encounter.

II. The seminar presentation should include the following:

1. initially, the client's reason for coming to therapy ('presenting symptoms')
2. the client's personal history
3. a risk assessment of the client
4. as assessment (gradual) of the client's strengths, weaknesses, hopes, despairs
5. the kind of transferences and countertransferences at work—as the therapy process moves forward
6. difficulties encountered by the therapist, but not only where countertransference is involved
7. tracking the client's ability to deal, or not, with his/her difficult challenges
8. the capacity of the student to approach the client's 'difficulties in living' psychodynamically with 'empathy, respect, authenticity' and the capacity to wait'
9. above all, focusing on the developing relationship between student and client, including times of impasse and the resolution (or lack thereof) of those impasses.

Suggested Reading

Some supervisors use the following texts:

- 1) Sarah Usher, Introduction to Psychodynamic Psychotherapy Techniques, 2nd edition, Routledge, New York and London, 2013.
- 2) Theodore Jacobs, Possible Profession. Routledge, New York and London, 2013 (generous clinical illustration)

Assignments, Assessment and Grading

Students are graded on:

1. faithful attendance at meetings
2. dedicated effort in presenting clients
3. commitment to dialogue whether presenting or giving feedback as a group member
4. evidence that the student is able to engage the client in a meaningful process of change
5. where relevant, the student's ability to help the client with a proper sense of closure
6. one's presence and involvement, even when not presenting, is important and noted.

Weighting of Marks

1. Student's presentations – 65%
2. Student's general participation – 35%
3. Grading is on a pass or fail basis

Individual Supervision

TIS-003-IS

CTP - Seminar

(80) Hours Min for Graduation over 3 years

Supervisors: Varies (3) Supervisors Min

Location: Varies

Prerequisite:

Enrolment in CTP theory and Practice of Psychotherapy, TIS Phase, in first year of seeing clients – or Graduate

Course Description

The heart of learning to become a psychodynamic psychotherapist is supervised clinical experience. It is in supervision that the students learn to integrate theoretical knowledge and clinical practice.

Individual supervised clinical experience allows a student to feel increasingly confident in acquiring and integrating therapeutic skills at an entry-to-practice level. It prepares a student to be able to establish a safe, holding therapeutic relationship within which effective therapeutic work can be accomplished for the development and fulfillment of the client.

The students are in individual supervision for a minimum of three years. They receive supervision for every client they work with while in the program. The students are required to receive individual supervision from three faculty members, one of whom is a primary supervisor and the other two are considered the secondary supervisors. A minimum of 80 hours of individual supervision is required. Students are also required to be in small group supervision seminars for a total of 120 hours.

Course Objectives

After completing supervision requirements, a student should be able to:

- 1) identify transference and countertransference issues and initiate therapeutic conversation based on these dynamics.
- 2) discover and interpret the breadth of transference and countertransference dynamics that eventually lead to change in the client's significant relationships .
- 3) use the self safely by identifying one's blind spots, prejudices, ideas and attitudes that would

interfere with the therapeutic relationship and impede the therapeutic process.

4) use the self effectively by listening to oneself, to one's inner feelings, to "find the client within", in order to develop empathy for greater understanding of the client. This enhances the therapeutic alliance and leads to therapeutic progress.

5) discover preconscious and unconscious dynamics by listening to the client's free associations and patterns of expressions and observing nonverbal psychoemotional communications.

6) integrate psychodynamic theoretical knowledge with clinical practice.

Some supervisors use the following text:

Sarah Usher, *Introduction to Psychodynamic Psychotherapy Technique*, 2nd edition, Routledge, New York and London, 2013.

Individual supervision addresses the following competencies as set out by the Transitional Council of the College of Registered Psychotherapists in Ontario:

1. Foundations

1.1 Integrate a theory of human psychological functioning

1.2 Work within a framework based upon established psychotherapeutic theory

integrate the theory or theories upon which the therapist's practice is based; integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation; recognize the benefits, limitations and contraindications of differing therapeutic approaches; establish a therapeutic relationship informed by the theoretical framework; integrate the theory of change consistent with the therapist's theoretical orientation; integrate knowledge of the impact of trauma on psychological functioning

1.3c Integrate knowledge of psychopathology

1.4 Integrate awareness of self in relation to professional role

integrate knowledge of the impact of the therapist's self on the therapeutic process; recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients; recognize the cognitive, emotional and behavioural patterns of the therapist that may influence the therapeutic relationship; recognize instances where the therapist's life experience may enhance or compromise therapeutic effectiveness

1.5 Integrate knowledge of human and cultural diversity

3. Professional Responsibilities

3.2 Apply an ethical decision making process

3.3 Maintain selfcare and level of health necessary for responsible therapy

3.4 Evaluate and enhance professional practice

3.5 Obtain clinical supervision or consultation

4. Therapeutic Process

4.1 Orient client to the therapist's practice

4.2 Establish and maintain core conditions for therapy

employ empathy, respect and authenticity; establish rapport; demonstrate awareness of the impact of the client's context on the therapeutic process; demonstrate sensitivity to the setting in which therapy takes place; assume non-judgmental stance; explain theoretical concepts in terms the client can understand; foster client autonomy; maintain appropriate therapeutic boundaries; define clear boundaries of response to client's requests or demands; take all reasonable measures to safeguard physical and emotional safety of client during clinical work; employ effective skills in observation of self, the client and the therapeutic process; demonstrate dependability

4.3 Ensure safe and effective use of self in the therapeutic relationship demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process; recognize the impact of power dynamics within the therapeutic relationship; protect client from imposition of the therapist's personal issues; employ effective and congruent verbal and non-verbal communication; use self-disclosure appropriately

4.4 Conduct an appropriate risk assessment

4.5 Structure and facilitate the therapeutic process

Communicate in a manner appropriate to client's developmental level and socio-cultural identity; identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources; respond non-reactively to anger, hostility, and criticism from the client; respond professionally to expressions of inappropriate attachment from the client; anticipate and respond appropriately to the expressions of intense emotions and help the client to understanding and management; practice therapy that is within the therapist's level of skill, knowledge and judgement; facilitate client exploration of issues and patterns of behaviour; support client to explore a range of emotions; ensure

timeliness of interventions; recognize the significance of action and inaction; identify contextual influences

4.6 Refer a client

4.7 Conduct an effective closure process

Some of the above competencies are addressed explicitly and regularly in supervision; other competencies are addressed when certain issues enter the therapy undertaken by therapists-in-supervision. For example: the competency under the heading of **Foundations**,

1.5 Integrate knowledge of human and cultural diversity is addressed when the student is working with culturally diverse client(s). The competencies under the heading of **Professional Responsibilities 3.2 Apply an ethical decision making process** are addressed when ethical issues present themselves for consideration in

supervision, and competencies in **3.3 Maintain selfcare and level of health necessary for responsible therapy** are addressed especially in the beginning of supervision when the student is beginning to work with clients and are addressed again on a need basis. Competencies under the heading of **Therapeutic Process** are explicitly and frequently addressed in supervision sessions. Some of these competencies are addressed appropriately at the outset of supervision because they apply to the beginning of a therapy. For example: competencies under **4.1 Orient client to therapist's practice** and **4.4 Conduct an appropriate risk assessment** are better addressed at the outset of a therapy. Competencies under **4.6 Refer Client** are addressed in situations in which a client needs, for example, to be in a program for substance abuse or eating disorder concurrently with psychodynamic psychotherapy. Competency **4.7 Conduct an effective closure process** is addressed appropriately in supervision when a student's client is ready to end the therapy.

The competencies **4.5 Structure and facilitate the therapeutic process** are addressed frequently and repeatedly as needed or until the student is able to integrate these into his/her work with clients.

Process of development through the three years of supervision

At the end of the first year of supervision the students should to be able to:

- Begin a therapy; conduct an assessment process, including an appropriate risk assessment; and take a client's personal history. This addresses the competencies under the heading of **4.1 Orient client to therapist's practice**
- Establish a psychodynamic framework (conditions of therapy) within which psychotherapy can take place, explain and obtain informed consent, respond to client's questions. This addresses the competencies under the heading of **4.1 Orient client to therapist's practice**.

- Establish a therapeutic relationship informed by the theoretical framework. This addresses the competencies under the heading of 1.2 **Work within a framework based upon established psychotherapeutic theory.**
- Maintain self-care and level of health physically and emotionally. This addresses the competencies under the heading of 3.3 **Maintain selfcare and level of health necessary for responsible therapy.**
- Establish appropriate boundaries. This addresses the competencies under the heading of 4.2 **Establish and maintain core conditions for therapy.**
- Maintain ethical standards. This addresses the competencies under the heading of 3.2 **Apply an ethical decision making process.**
- Through the self-evaluation process in consultation with the primary supervisor, students realistically assess areas of strength and weakness and competencies that need developing. This addresses the competencies under the heading of 3.5 **Obtain clinical supervision or consultation** and 3.4

Evaluate and enhance professional practice.

- Establish a safe holding environment – safe use of the self. This addresses the competencies under the heading of 4.3 **Ensure safe and effective use of the self in the therapeutic relationship** and 1.4 **Integrate awareness of self in relation to professional role.**
- Begin to identify and to address in a timely fashion transference and countertransference issues. This addresses the competencies under the heading of 1.1 **Integrate a theory of human psychological functioning** and 4.5 **Structure and facilitate the therapeutic process** – with particular emphasis on 4.5j **Practice therapy that is within the therapist's level of skill, knowledge and judgement.**

Note: After the first year of supervision a student should demonstrate that the competencies mentioned above are in evidence and developing.

At the end of the second year of supervision the students should be able to:

- Integrate psychodynamic theory and clinical practice. This addresses the following competencies: **1.2 Work within a framework based upon established psychotherapeutic theory; 1.2 a) integrate the theory or theories upon which the therapist's practice is based; 1.2 b) integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation.**
- Understand how human beings function and the circumstances that lead to disturbance This addresses the following competencies: **1.1 Integrate a theory of human psychological functioning, 1.3 Integrate knowledge of psychopathology .**

- Adapt one's approach and acquire necessary knowledge and skills to work with culturally diverse clients. This addresses the competencies under the heading of **1.5 Integrate knowledge of human and cultural diversity.**
- Use various clinical skills --e.g. empathy, listening, timely interpretations, establishing a safe environment -- that contribute to a sound and effective therapeutic relationship and therapeutic process. This addresses the competencies under the heading of **4.2 Establish and maintain core conditions for therapy.**
- Maintain a safe, holding environment and use self-reflection to understand the client's issues. This address the competencies under the headings of **4.3 Ensure safe and effective use of the self in the therapeutic relationship** and **4.5 Structure and facilitate the therapeutic process.**
- Through the self-evaluation process, in consultation with the primary supervisor, students realistically assess areas of strength and weakness and competencies that need further developing. This addresses the competencies under the headings of **3.5 Obtain clinical supervision or consultation** and **3.4 Evaluate and enhance professional practice.**
- Working with transference and countertransference issues with increased skill and confidence. This addresses the competencies under the heading of **1.1 Integrate a theory of human psychological functioning** and **4.2 Establish and maintain core conditions for therapy.**

Note: After the second year of supervision a student should be able to demonstrate that the above competencies are being integrated into the student's work with clients.

At the end of the third year of supervision the students should be able to:

- Refer client to appropriate programs, such as substance abuse or eating disorder, or to a more skilled therapist if necessary. This addresses the competencies under the heading of **4.6 Refer client.**
- Engage in ending a therapy in a satisfactory manner. This addresses the following competency, **4.7 Conduct an effective closure process.**
- Integrate psychodynamic theoretical knowledge and clinical practice in a useful, effective and confident way. This addresses the competencies under the heading of **1.2 Work within a framework based upon established psychotherapeutic theory.**
- Integrate, assimilate and have acquired increased confidence and fluency with all the competencies mentioned above.

Note: Particular emphasis is placed on all the competencies under the heading **4. Therapeutic Process** which are core to the therapeutic relationship and the therapeutic process that leads to change in the client.

Assessment of process notes, students' self valuations and case studies

1. Students bring process notes to supervision sessions which are discussed collaboratively with

their supervisors. Through these discussions the supervisors are able to track the students' progress in their work with clients. During the three-year supervisory period the supervisors assess the students' progressive ability to establish and maintain a stable therapeutic structure, deepen the therapeutic relationship and therapeutic alliance, and deepen their understanding of clients' issues that lead to the working through process and change. By the end of the third year of supervision the process notes taken together reflect the students' development and mastery of the core competencies listed above.

2. Each May students write self-evaluations of their development as psychotherapists over the course of the previous year. The evaluations include a list of clients who are currently in therapy with the student as well as a separate list of clients who have left therapy. Also included are the number of client contact hours and supervision hours for that period. These self-evaluations are discussed with the primary supervisor.

Besides tracking the student's progress through process notes in each supervision session, these discussions give the primary supervisor another opportunity to evaluate the quality of work being achieved in sessions with clients appropriate to the student's stage of development. These annual reports give the supervisor evidence of the degree to which the entry-to-practice competencies are in the process of being developed, and are present in or absent from the students' work.

The supervisor also evaluates the accuracy of the student's self-evaluations, helping the student appreciate his/her stage of development, as well as strengths and weaknesses as a psychotherapist.

3. During their last year of supervision every student writes two case studies: the major case study is based on 100 client contact hours and the minor case study is based on a case of the student's choosing. The major case study is read by the supervisor of the case and a faculty reader who is not familiar with the case. The minor case study is read by the supervisor of that case.

The case studies should contain the following:

- The client's reason for coming into therapy
- The client's personal history
- Assessment of the client's strengths and weaknesses; symptoms – anxiety, depression; suicidality if in evidence; and use of defences
- Discussion of transference and countertransference issues, including the therapeutic alliance
- The student's troublesome countertransference feelings that may be affecting the therapy and what the student is doing to overcome these troublesome feelings
- Discussion of significant issues that the client is working with
- Evidence of the client's growth and progress made in the therapy
- Evidence that the student has the capacity to listen deeply and empathically to the client's verbal communications and free associations and to observe and interpret nonverbal communications.

The above elements contained in the students' case studies indicate to the readers that the students have integrated psychodynamic theory and clinical practice. Supervisors assess the students' depth of understanding of the client as a whole person – strengths and weaknesses; defences; attachment

issues; areas of growth; and on-going clinical work to be continued. Supervisors look for evidence that the students have the ability to work effectively with transference and countertransference dynamics, which results in improving relationships within the therapy and in the client's everyday life.

Supervisors assess the students' on-going ability to use the self in a safe and effective way. Supervisors also assess how thoroughly the students have developed, integrated and assimilated all the competencies under the heading of **Therapeutic Process**. The case studies should reflect a good working knowledge of and fluency in all entry-to-practice competencies listed above.

In its final form case studies are written at the master's level and should demonstrate consistent academic style and form.