The Psychotherapeutic Professions in Canada

Nicola Gazzola[1], Adam Horvath[2], Linda Page[3], Jacqueline Synard[1], Shaké Toukmanian[4]

1 - University of Ottawa; 2 -Simon Fraser University, Burnaby BC;
3 - Adler School of Professional Studies, Toronto; 4 - York University, Toronto.

I. Current Situation of Psychotherapeutic Professions

1. Identity of the psychotherapeutic professions.

Psychotherapy remains a largely unregulated practice in Canada, but this is changing. As with many other countries, several regulated professions (medicine, psychology, social work) practice psychotherapy, but governments have not until recently attempted to regulate psychotherapy as a profession. Whereas psychiatry and psychology are regulated by statute in every Canadian province, only Quebec regulates counselling (i.e., guidance counselling), with other provinces moving towards statutory regulation. As for "psychotherapy," Ontario and Quebec are in the process of developing statutory regulation that protects the title of "psychotherapist" and attempts to define its practice.

In the Ontario *Health System Improvements Act* 2006, an omnibus bill with numerous changes and additions to the *Regulated Health Professions Act* 1991 (RHPA), established new professional colleges, among these the College of Psychotherapists and Registered Mental Health Therapists of Ontario (CPRMHT). The 1991 regulation of health practices introduced a series of "authorized acts" that can be performed only by members of those Colleges that are assigned those acts. Rather than relying on a scope of practice to control access to psychotherapy, the Ontario Psychotherapy Act (Government of Ontario, 2007) provides for

- An authorized act of psychotherapy: "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 judgment, insight, behaviour, communication or social functioning."
- The limitation on the use of two titles: "No person other than a member shall use the title 'psychotherapist' or 'registered mental health therapist', a variation or abbreviation or an equivalent in another language."
- The institution of a Transitional Council and Transitional Registrar that are responsible for setting up and administering the regulations governing the College: bylaws, admission standards, code of ethics, standards of practice, etc. Applications were due on May 30, 2008.

The Health Professions Regulatory Advisory Council (HPRAC) was established with the introduction of the *Regulated Health Professions Act* 1991 (RHPA). HPRAC is independent of stakeholders and provides well-documented public policy proposals for the Minister's consideration.

HPRAC has a statutory mandate to advise the Minister on:

- Whether to regulate or de-regulate health professions;
- Suggested amendments to the RHPA and related Acts and their regulations;
- Matters concerning the quality assurance programs of health professional colleges;
- Any matter related to the regulation of health professionals referred by the Minister.

The proposal in Quebec is reflected in Law 50 which would restrict the use the "psychotherapist" to members of the Order of Psychologists (OPQ) and MDs. The OPQ

proposes to be the gatekeeper for applicants based on equivalence criteria. However, only OPQ members (Psychologists) and MDs would have the exclusive right to the title "psychotherapist" and all others who would qualify as psychotherapists would need to use a qualifier (e.g., nurse psychotherapist). In both provinces, the driving argument around the protection of the title is the protection of the public (controlled profession).

There are some subtle and not-so-subtle philosophical and political forces that underlie the push for regulation of psychotherapy. Scholars have identified both positive and deleterious effects of statutory regulation (cf. Handelsman & Uhlemann, 1998). For example, Fretz and Mills (1980) argued that professional licensing: (a) protects the public by setting the minimum standards of practice, (b) ensures that practitioners are competent and accessible, particularly across geographic regions, (c) upgrades the profession (i.e., a licensed profession will have more of its members committed to improving the profession and maintaining both standards and identity), (d) helps to define the profession, and (e) protects the public by providing information that would allow consumers to choose appropriate services (Gazzola & Smith, 2007). Interestingly, none of these five arguments has been supported by research (Totton, 1999). At least one of these, the protection of the public, is the main argument used in the creation of the CPRMHT in Ontario as well as the proposal dated March 4, 2008 presented by the OPQ (Projet de loi 50).

Among the key professions involved in the delivery of mental health services, the definition of "psychotherapy" varies. For instance, the *World Health Organization* defines psychotherapy as follows:

> Psychotherapy refers to planned and structured interventions aimed at influencing behaviour, mood and emotional patterns of reaction to

> different stimuli through verbal and non-verbal psychological means. Psychotherapy does not comprise the use of any biochemical or biological means. http://www.who.int/whr/2001/chapter3/en/index2.html

According to the Mayo Clinic, psychotherapy is a:

> method of treating mental disorders that involves verbal and nonverbal communication about thoughts, feelings, emotions and behaviors in individual, group or family sessions in order to change unhealthy patterns of coping, relieve emotional distress and encourage personality growth and improved interpersonal relations. *Also called counseling or talk therapy* (italics added).
>
> http://www.mayoclinic.com/invoke.cfm?id=MH00039#P%20to%20R

The Canadian Psychiatric Association defines psychotherapy as:

> a selected form of *psychiatric treatment* which employs specialized communication techniques practised by a *properly trained physician* for the purpose of curing or reducing the *psychiatric disability* of the patient. In psychiatric practice, psychotherapy is usually carried out at intervals, for a definite time duration, most often an hour or a fraction thereof (italics added)
>
> http://www.cpa-apc.org/Publications/Position_Papers/Psychotherapy.asp

Whereas the Canadian Mental Health Association describes it as:

> Psychologists, psychiatrists and some social workers practise psychotherapy. Getting treatment by psychotherapy means talking with a trained person who helps you solve problems by developing more positive

> thoughts and feelings. There are many different theories and schools of thought regarding effective psychotherapy techniques.
>
> Common techniques include:
>
> a) Group Therapy - Several people talk about their problems and receive help from each other's remarks. A trained therapist leads the group.
>
> b) Individual Psychotherapy - The individual talks about problems without going deeply into the subconscious mind. (Note: the "subconscious" is that part of the mind which is not fully conscious, yet is able to influence our actions.)
>
> c) Psychoanalysis - Therapists seek to uncover causes of mental health problems by searching into a person's early experiences. Dream analysis and free association (talk about anything that comes to mind) are used to get to the subconscious mind.

The Government of Ontario (2007) used this definition:

> The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal means. (p. 1)

According to L'Ordre des psychologues du Quebec (OPQ):

> Psychotherapy is a structured interactional process that, based on a diagnosis, aims to treat a mental disorder by using psychological methods recognized by the scientific community. It is a personal process in which the psychologist helps you to see more clearly, to explore and to take actions that lead to change.

http://www.ordrepsy.qc.ca/Eng/public/psy/02_psychologue.asp#What%20is%20psychotherapy

Statutory Regulation and Non-Regulated Mental Health Professions

As previously noted, the practice of psychotherapy is largely unregulated in Canada. The following are professions that are regulated:

- Medical – Psychiatrists, General Practitioners (GPs), Nurses (Psychiatric)
- Psychologists
- Social Workers & Social Service Workers
- Occupational Therapy (mental health disability)

Regulation is a provincial matter. Each province has its own Colleges (e.g., College of Psychology) that administer regulatory procedures.

Unregulated professions include self-regulated and unregulated:

- Counsellors: Addictions, Employee Assistance, Career/Guidance;
- Therapists from various modalities: Marriage & family, group, psychoanalytic, etc.;
- Miscellaneous: Art/music/play therapy, Coaches, Pastoral/Spiritual Care.

In some cases, unregulated professionals are also untrained, lending force to the move to regulate the field.

Although not regulated by statute, counselling in Canada has the privilege of self-regulation, governed by the Canadian Counselling Association (CCA). The CCA grants Canadian Certified Counsellor (CCC) status to qualified individuals. The status of CCC must be renewed periodically, and continuing education credits must be earned in order to maintain the status. The CCA has its own code of ethics and standards of practice. (*N.B.* At the 2008 annual

meeting of the Canadian Counselling Association a motion was tabled to change the name of the association to *The Canadian Counselling and Psychotherapy Association.*)

In the province of Quebec where guidance counselling is regulated, there is a College for counselors (i.e., L'Ordre des conseillers et conseillières d'orientation du Québec).

(see HPRAC 2005b; HPRAC, 2006a; Ontario Coalition of Mental Health Professionals, 2007)

Broad Distinctions

- Government-regulated health professionals [(medicine, psychology, social work, OT) – (a) covered under an act, (b) typically licensed under a college (independent of industry association).] vs. non-regulated. (HRPAC, 2006a)
    - Regulated professionals are typically represented by both national and provincial industry associations (generally power/activity generally concentrated on provincial level since both health care funding and policy occurs on this level.). Not all professionals join these associations.
    - Non-regulated sphere includes professionally trained professionals (e.g. Master's degrees, clinical supervision) as well as those lacking any formal training. Some professionals are both represented and self-regulated by industry associations and provide certification/professional designation (e.g., Ontario Association of Counsellors, Consultants, Psychotherapists, and Psychometrists—OACCPP).
- Greater social and legal recognition are associated with the government regulated professions, e.g., protected titles, standardization of credentials/training, and licensing authority.
    - Physicians, especially psychiatrists, are accorded highest status. Family doctor is the key interface in case of mental disorder, especially given trends towards pharmaceutical intervention, e.g., depression.

- Status differences exist within professions (e.g., doctorate 'psychologists' vs. masters-level 'psychological associates' in Ontario.)

- The funding model also impacts both hierarchy and access.
  - Key models: Public Medicine, Private Insurance (employer- & individual-purchased), Public/Government Funded Institutions (e.g. government, schools, community resource centers, agencies), and direct client payment models.
  - Doctors are able to directly bill public health care system. Psychologists are covered by public health system if they are publicly-employed (e.g. school, hospital, correctional center). Private insurance recognizes doctorate-level psychologists but not private practice social workers, counselors, etc.
  - Key system volume is delivered via government funded programs/agencies, typically with long wait lists.

    (Source: Arehart-Treichel, 2005; Canadian Association of Social Workers, 2003; Kirby & Keon, 2007a/c; HPRAC, 2007b)

Descriptions of Mental Health Professionals in Canada

- *Psychiatrists* are medically-trained physicians who diagnose, treat, and provide ongoing care in the case of mental disorders, including direct care (psychotherapy/drugs), consultation (e.g., with GPs), and referrals. Only medical doctors (e.g., psychiatrists and GPs) have prescription privileges. Training requires five years specialized training (practice-focused), in addition to four years of general medicine, as well as undergraduate university studies. The Canadian Psychiatric Association has 4,100 members. (Source: Canadian Psychiatric Association, 2007b/c).

- *Psychologists* are masters or doctoral-level university-trained professionals who examine and assess behaviour, diagnose behavioural, emotional and cognitive disorders, counsel clients and provide therapy. Psychologists do not prescribe drugs. Master's programs typically require two years beyond undergraduate, while doctorate programs require four or more years beyond master's level (both programs require practicum components and often certification via national exam). Canadian Psychological Association includes some 6,000 members, not all registered (http://www.cpa.ca/). Provincially, the profession is a mixture of regional associations (e.g., College of Psychologists of Ontario http://www.cpo.on.ca/ and L'Ordre des psychologues du Québec http://www.ordrepsy.qc.ca/opqv2/eng/index.asp, as well as licensing boards.) Training requirements vary by province. For instance, in Ontario, Quebec, British Columbia, and Manitoba the minimum degree is a doctorate (see Canadian Psychological Association, 2007a/b; HRDC, 2007d) although masters-level practitioners in Ontario may be admitted to the College of Psychologists as Psychological Associates.
- *Social Workers* help individuals, couples, families, groups, communities and organizations develop the skills and resources they need to enhance social functioning and provide counselling, therapy and referral to other supportive social services. Social workers do not diagnose mental disorders nor prescribe drugs. They often focus on connecting clients with community resources. Typically (but not always), most provinces require a Bachelor's degree (usually with practical experience), and often provincial exams. Use of the title is regulated; registration with a provincial government body is usually required. The national association is the Canadian Association of Social Workers (http://www.casw-acts.ca/). (Source: Canadian Association of Social Workers, 2007; HRDC, 2007a/e).

- *Counsellors* help individuals and groups of clients to identify, understand and overcome personal problems and achieve personal objectives. They are employed by counselling centres, social service agencies, group homes, government agencies, family therapy centres, and health care and rehabilitation facilities, or they may work in private practice. They often counsel, assess, test and refer clients, but do not diagnose nor prescribe drugs. With the exception of school-based guidance counselling, counselling is not regulated by statute nor is the title "counsellor" protected. Counselling is largely a self-regulated profession in Canada with the notable exception of Quebec where the title "guidance counsellor" is protected and a scope of practice is defined. Other Canadian jurisdictions are moving in the direction of protecting the title and scope of practice of counsellors (e.g., in British Columbia *counselling therapist*). Counsellors in Canada are mostly certified via the self-regulation body of the Canadian Counselling Association with some 3,000 members (http://www.ccacc.ca/). Certified counsellors require a master's degree in counselling or equivalent that includes a supervised practicum experience. (Source: Canadian Counselling Association, 2007; HRDC 2007b/c).
- Other psychotherapy practitioners include nurse practitioners, physician therapists, and unregulated practitioners (including trained and untrained individuals) who refer to themselves as 'psychotherapists'.

2. Relations among the psychotherapeutic professions.

To the public eye, there are few tensions between the mental health professions. Most lay people equate psychiatrist, psychologist, psychotherapist, and psychoanalyst. Some professionals have a clearer association with a specific setting, although many practitioners would agree that distinctions between professions are not very clear (see Macleod & McSherry, 2007 for an excellent summary of key elements for regulation). For instance, counsellors in Canada, although

employed in a variety of settings from hospitals to private practice (Gazzola & Smith, 2007), are more associated with educational institutions. Psychiatrists are mainly linked to health care systems, such as hospitals, etc. Referrals among allied mental health professionals appear rather seamless on a daily functioning basis.

The most written-about among mental health professions is that between counselling and clinical psychologists. No doubt the shared knowledge base and overlapping professional activities between these two professions contribute to the tension. "Turf war" is typically not in the public domain. In fact, despite the blurring boundaries between mental health professionals, most consumers cannot distinguish between the different specialties within the field (Cummings, 1990).

We are not aware of any research that suggests that regulated mental health professionals are actually more efficient and effective than non-regulated mental health workers. However, there is a clear pecking order that has developed (either as a result of regulation or perhaps contributing to regulation). Physicians (Psychiatrists and GPs) and perhaps some other mental health workers who are part of the health system (e.g., social workers in hospitals, psychiatric nurses, etc.) are fully funded by the public health system. This renders these mental health professionals more visible and sought-after by the consumer. The medical system is a key point of co-ordination since patients often present first to family doctors, and psychiatrists are often consulted for complex cases. The medical system is the only publicly-funded access point for psychotherapy in Canada. There is currently a shared-care initiative to improve the care between primary family physicians and psychiatrists but no expansion beyond this domain. (Canadian Psychiatric Association, 2007a).

In Ontario, physicians, nurse-practitioners and social workers are being encouraged to join family practice networks that take a team approach to health care. The extent to which this initiative will increase mental health care opportunities is not yet clear.

Doctoral-level psychologists may be next in the pecking order because of the possibility of third-party payments through billing of clients' private insurance. Level of education (MD and Ph.D.) and training contributes to a social hierarchy (e.g., higher income and prestige relative to master's-level counselors and social workers). Furthermore, some have argued that members of non-regulated professions (e.g. counsellors) have lower status (see HRPAC, 2006a).

The ideal of co-operation among professions is further complicated by the conflict within professions (e.g. doctoral vs. master's level psychologists, psychologists vs. counselors vs. social workers) (HPRAC, 2006b). The fragmentation of different professional standards/delivery by province (different regulations, licensing etc.), makes co-operation on the national level *within* and *across* professions difficult. Relationships among various psychotherapy professions are complicated by broader factors impacting mental health system, including:

- Lack of a national mental health strategy, general lack of integration within the system, provincial delivery of health care;
- General under-funding of mental health (absolute & relative to physical health), lack of public health insurance for mental health (restricted to hospitals and mental health clinics with ltd availability, professionals like social workers and psychologists can't bill directly, unemployed or low/middle income do not have private insurance;
- Estimated that only 30% of Canadians needing mental health services receiving adequate care (Arehart-Triechel, 2005);

- Long wait lists; e.g., some 50% must wait 8 weeks or more for care (see Arehart-Triechel, 2005; Beauséjour, 2005; Kirby & Keon, 2004 a/b/c).

Partly in response to national recognition of fragmentation in mental health professions, HPRAC in Ontario has been directed to prepare a report on Interprofessional Collaboration. Its preliminary report on *Mechanisms to Facilitate and Support Interprofessional Collaboration among Health Colleges and Regulated Health Professionals* has been submitted to the Ontario Minister of Health and Long-Term Care and remains unreleased at this writing (HPRAC, 2008). Public comment was solicited up to May 31, 2008, and a final report is due in the fall.

3. Relationship of the psychotherapeutic to health care or social systems in Canada

- Family physician and psychiatrist services are strongly integrated into the national health care system and are fully funded by it.
  - Clients access mental health services via universal, publicly-funded care, often through their family physician. However, primary care physicians feel that they lack of knowledge, skills and incentives to screen, manage and refer patients.
  - In Ontario, the General Practice Psychotherapy Association (GPPA, 2008) has developed training requirements for qualification as a peer-certified "GP Psychotherapist" whose mental health services are publicly-funded. Some 200 physicians are members across Canada. In 1996, the Ontario Medical Association formed a Section on GP Psychotherapy that provides its Ontario members with direct political representation.
  - Referral to a psychiatrist is via the primary-care general or family physician. Psychiatrists often act as consultants (e.g., for medication), as well as providing direct care.
- Psychologists are only publicly-funded if they work for a public institution (e.g., hospital or school). Otherwise, all other psychotherapy services tend to be sporadically integrated and

funded within the social system or reliant on private funding. (See previous discussions on funding). Co-ordination with community-based programs and support (e.g., housing, employment, education) is sporadic. Thus, attention to client needs on a holistic basis is less than adequate.

- Mental health services are not well integrated, and this is a key problem identified by recent comprehensive federal government consultation report on mental health. Key recommendation is need to shift to a patient/client-centered system with personalized care plans (as opposed to current patchwork of services, with variable access) (See Kirby & Keon, 2007a/c).

II. Future Prospects of the Psychotherapeutic Professions

4. Factors instigating change in the psychotherapeutic professions.

- A key trend is movement towards more regulation of provision of psychotherapy services in major Canadian provinces, consistent with international trends.
  - Alberta restricts "psychosocial intervention" professionals regulated under Health Professions Act including psychologists, physicians, registered psychiatric/mental deficiency nurse, licensed practical nurses social workers, and dieticians. Each profession has its own regulatory college.
  - Quebec does not regulate psychotherapy per se, but has regulatory bodies for psychologists (mandatory registration), as well as Marriage and Family Therapists and Psychiatrists (each licensed).
  - Ontario has defined and will regulate the profession of psychotherapy via the newly-passed *Psychotherapy Act 2007*. This act creates a new College of Psychotherapy and Registered Mental Health Therapists. This regulation will include previously unregulated professions

(e.g. psychotherapists and clinical counsellors) as well as government-regulated professions (e.g. physicians, psychologists, social workers, psychiatric nurses, and occupational therapists). Extensive public consultation preceded the act (see HPRAC 2006a & b)

- In British Columbia, the Association of Clinical Counsellors has been lobbying since the early 1990s to be a regulated profession under the Health Professions Act, including the creation of a College of Counselling Therapists. They developed a detailed entry-to-practice profile for counselling therapists that is being validated among psychotherapy-related practitioners as part of the leadup to the establishment of a regulatory college in Ontario and elsewhere

(Source: BC Association of Clinical Counsellors, 2007b; HPRAC, 2006a; Macleod & McSherry, 2007; Ontario Coalition of Mental Health Professionals, 2007 a & b).

In Ontario, movement towards regulation is part of broader government regulatory initiatives to regulate emerging professions (e.g. homeopathy, kinesiology etc). Reasons specifically cited for regulation of psychotherapy include:

- Risk of public harm due to:
  - To working "private, unsupervised settings with emotionally vulnerable patients/clients";
  - Currently anyone may represent themselves as a psychotherapist.
- No standardization of training and limited/absent supervision and accountability.
- Willingness of various professions to be regulated, particularly current self-regulated professions who want to distinguish their credentials (e.g. psychotherapists, family therapists, certified counselors).
- Trend towards regulation in other jurisdictions (Alberta, Quebec) as well as internationally (UK, New Zealand, Australia).

- Focus on maintaining good supply of service without restricting supply of current mental health workers.
- Key functional objectives of regulation:
  - Entry-to-practice (high-quality educational and supervised practice);
  - Quality Assurance;
  - Improved Accountability;
  - Enforcement.
- Regulation distinguishes psychotherapy from counselling (information, encouragement, advice, and instruction re: emotional, social, educational, or spiritual matters). Latter is *not* prohibited under Act.

(Source: BC Association of Clinical Counsellors, 2007b; Government of Ontario, 2006/2007; HPRAC, 2005/a/b & 2006a; Kirby & Keon, 2004b; Ontario Association of Social Workers 2007a/b; Ontario Coalition of Mental Health Professionals, 2007b; Ontario Society of Occupational Therapists, 2007; Ramirez, 2006/2007; Wjocik, 2007.)

5. Basic skills required for training and practice in psychotherapeutic professions.

The question of what kind of training is needed for effective mental health service delivery has enormous practical implications for mental health professionals. It also casts light on crucial theoretical questions about the mechanisms of change in therapy (Atkins & Christensen, 2001; McLeod, 1992). It is a major challenge to achieve consensus regarding a basic skill set for psychotherapists. Referring to question 1, the definition of psychotherapy is value-laden and strongly reflects the "turf" of the professional defining the practice. For instance, the Canadian Psychiatric Association clearly anchors psychotherapy in the medical field and therefore the implication is that medically-trained professionals are those best qualified to

practice psychotherapy. The Mayo Clinic's definition equates psychotherapy with counselling, a view shared by many key textbooks in the field. However, the situation in the province of Ontario presents a different view, and attempts are made to distinguish the two disciplines. This can be a highly controversial issue.

The prospect of government regulation in Ontario has shifted the willingness of previously-isolated psychotherapy institutes to collaborate with one another. An extremely diverse group of independent (e.g., non-university) training institutions accomplished what may be an unprecedented feat following the publication of HPRAC's *New Directions* (2006a). Classical and contemporary Freudians, Adlerians, Jungians, Gestaltists, self- and relational-psychologists, expressive therapists, sociodramatists, sandplay therapists, CBT practitioners, narrative therapists—18 associations that train in these and other modalities formed an Alliance of Psychotherapy Training Institutes (APTI) that met and agreed on a common curriculum under the following main headings (for full curriculum see APTI 2007):

Part A) Education in a common body of knowledge which all candidates are to learn. Agreeing on this body of knowledge is an unprecedented achievement by APTI members. This would be a sequential, organized curriculum that is intended to gradually instill in all practitioners a sense of the field of psychotherapy as a whole and of their interrelated places within it. (minimum 200 hours).

Part B) All training in psychotherapy is training within a particular modality, approach or orientation. APTI members identified a set of clinical and theoretical components that should be learned within that approach. (minimum hours to be set by each specific modality)

Part C) Supervised clinical experiences with an emphasis on the development of personal skills and attitudes necessary in general for any psychotherapist and specifically for a

psychotherapist within his or her selected approach/modality. Clinical training is invaluable for introducing candidates to the collegial skills that are essential to good practice and to ongoing competency. (minimum 275 hours).

APTI is now calling upon universities and educational institutions that train other professionals included in the Ontario *Psychotherapy Act 2007* (medical, psychological, social work, nursing, occupational therapy) to expand this process of collaboration. Whether such institutions are willing to cross professional boundaries in the same way that the independent training institutes crossed modality boundaries remains to be seen.

The Task Group for Counsellor Regulation in BC (2007) presented key areas for skill development, including:

- Foundational Principles -
  - theory, self-awareness, human/cultural diversity.
- Collegial Relationships -
  - profession communications, effective/collaborative relationships.
- Professional Practice and Ethics -
  - Legal/regulatory, ethical decision-making, self-care, evaluate professional performance, supervision, practice within competence, client records.
- Counselling Process -
  - core conditions, risk assessments, therapeutic relationship, process, referral/termination/evaluation.
- Applied Research -
  - use to inform clinical practice, remain current with literature, participate in informal inquiry.

It also recommends using academic, simulated (e.g. role play) and clinical practice to demonstrate competencies, as appropriate (BC Association of Clinical Counsellors, 2007a).

6. Relationship of psychotherapy research to the psychotherapeutic professions

There has been an increasing tendency for healthcare policy makers and managers to require that all forms of therapy are supported by rigorous research evidence (Goss & Rose, 2002). As such, the call for evidence-based practice is picking up momentum.

For instance, the field of counselling appears to be caught between competing visions of practice at this time. Counselling has traditionally espoused holism, prevention, social justice, and a developmental perspective. In recent years, however, counselling has increasingly been feeling pressure on various fronts to embrace the medical practice model (Chwalisz, 2003). The competing visions and the mounting tensions reflect an attempt to be more viable to policy-makers and funding agencies.

In Ontario, the move toward regulation has resulted in a new openness to research on the part of previously unregulated psychotherapy practitioners. For example, some traditional psychodynamic training insists that research activities threaten the therapeutic relationship that is crucial to therapy. However, as a result of collaborating to develop a common core curriculum in the face of government regulation, all APTI institutes have agreed to include "critical thinking about and methods of research in the broadest sense—single cases, qualitative, quantitative, action, participatory" (APTI, 2007).

Several funding agencies exist in Canada, at both national and provincial levels. These agencies, for instance the Social Sciences and Humanities Research Council of Canada (SSHRC), are peer reviewed. To some degree, agencies like SSHRC do determine the type of

research that takes place because they announce what research they will tend to fund. The deliverables are thus quite important.

There does not seem to be a nationally coordinated effort on research nor a national database on psychotherapy. As regulation of counselling and psychotherapy spreads across the country, the scopes of practice will need to be defined. There will likely be some significant overlap regarding basic skills of psychotherapists between the various jurisdictions once this happens.

Overall, there is a strong need for more, better coordinated, and well-disseminated mental health research:

- Need for increased share of health research dollars allocated to mental health/illness;
- Currently under-funded, given "burden of mental illnesses and additions on national economy";
- Key issues with knowledge translation – "All too frequently, published research discoveries in mental health, mental illness and additions (medications, psychotherapies etc.) remains with researchers in their laboratories and have too limited impact on service delivery and patients' outcomes" (pg 38, Kirby report volume 3, 2004);
- Need for a national research agenda to "build on current Canadian expertise, co-ordinate the currently fragmented research activities… (governments, non-governmental organizations, pharmaceutical companies, universities etc.), and ensure a balance between biomedical, clinical, health services and population health research. (pg 40, Kirby report, Volume 3, 2004, Kirby & Keon, 2004c).

The Kirby Report stresses need for:

- Detailed Canadian community health survey;

- Need for national information database system;
- Basic statistics and performance indicators of system (mainly confined to hospital statistics now).

(Source: Health Canada, 2002; Kirby & Keon, 2004a/c)

Is psychotherapy research actually consumed by practitioners? Probably not as much as researchers would like (Boisvert & Faust, 2006).

To the extent that psychotherapy is part of improving interprofessional collaboration (see HPRAC, 2008), research activities and findings may become more generalized—and generalizable. Better communication among research-based university programs and institutions that train in various modalities not only has the potential to inform practitioners about research but also provides the means for researchers to take practitioner concerns and input into consideration. The mutual influence of theory and practice surely strengthens both and improves relations with government regulators, the public, and educators.

References

Alliance of Psychotherapy Training Institutes. (2007). *Proposed Curriculum*. Retrieved June 1, 2008, from http://apti.pbwiki.com/?pwd=U995DDRMZi

Arehart-Triechel, J. (2005, Dec 2). Canada to reform troubled mental health care system. *Psychiatry Online*. Retrieved December 16, 2007, from http://pn.psychiatryonline.org/cgi/content/full/40/23/12

Atkins, D. C. & Christensen, A. (2001). Is professional training worth the bother? A review of the impact of psychotherapy training on client outcome. *Australian Psychologist, 36*(20), 122-131.

BC Association of Clinical Counsellors (Task Group Counsellor Regulation). (2007a). *National entry-to-practice competency profile for counselling therapists.* Retrieved December 16, 2007, from http://www.bccounsellors.org/files/CounsellingTherapistCPMay2007.pdf

BC Association of Clinical Counsellors. (2007b). *Towards the designation of clinical counsellors.* Retrieved December 16, 2007, from http://www.bc-counsellors.org/college.aspx.

Beauséjour, P. (2005). Positioning Canada's mental health and additions systems: A discussion paper. *Canadian Public Policy (Supplement), (31)*, 29-34.

Boisvert, C. M. & Faust, D. (2006). Practicing psychologists' knowledge of general psychotherapy research findings: Implications for science-practice relations. *Professional Psychology: Research and Practice, 37*(6), 708-716.

Canadian Association of Social Workers. (2003, August 20). *Social work services and third party payments: Why it is important for social work services to be covered by third party payments.* Retrieved December 16, 2007, from http://www.casw-acts.ca/practice/3rdparty_e.htm.

Canadian Association of Social Workers. (2007). *CASW presents the social work profession.* Retrieved December 16, 2007, from http://www.casw-acts.ca/.

Canadian Counselling Association. (2007). *About us*. Retrieved December 16, 2007 from http://www.ccacc.ca/aboutus.html.

Canadian Psychiatric Association. (2007a). *Shared Mental Health Care.* Retrieved December 16, 2007, from

http://ww1.cpaapc.org:8080/Publications/CJP/supplements/april2002_sharedCare/chapter1.asp

Canadian Psychiatric Association. (2007b). *What do psychiatrists do?* Retrieved December 16, 2007, from http://www.cpa-apc.org/browse/documents/17

Canadian Psychiatric Association. (2007c). *What are the qualifications of a psychiatrist?* Retrieved December 16, 2007, from http://www.cpa-apc.org/browse/documents/16

Canadian Psychological Association. (2007a). *Psychology quick facts*. Retrieved December 16, 2007, from http://www.cpa.ca/cpasite/userfiles/Documents/QFacts.pdf

Canadian Psychological Association. (2007b). *Provincial and territorial licensing requirements*. Retrieved December 16, 2007, from http://www.cpa.ca/psychologyincanada/psychologyintheprovincesandterritories/provincialandterritoriallicensingrequirements/

Chwalisz, K. (2003). Evidence-based practice: A framework for twenty-first-century scientist-practitioner training. *The Counseling Psychologist, 31,* 497-528.

Cummings, N. A. (1990). Collaboration or internecine warfare: The choice is obvious, but elusive. *Journal of Counseling & Development, 68,* 503-504.

Fretz, B. R., & Mills, D. H. (1980). *Licensing and certification of psychologists and counselors: A guide to current policies, procedures, and legislation.* San Francisco: Jossey-Bass.

Gazzola, N., & Smith, J. D. (2007). Who do we think we are? A survey of counsellors in Canada. *International Journal for the Advancement of Counselling, 29*(2), 97-110.

General Practice Psychotherapy Association. (2008). *Medical Psychotherapy Training*. Retrieved June 1, 2008, from http://www.gppaonline.ca/wb/pages/training.php

Government of Ontario. (2006). *Psychotherapy Act, 2006, Schedule Q: Health Systems Improvement Act*. Retrieved December 16, 2007, from http://www.oamft.on.ca/documents/PsychotherapyAct,2006.pdf

Government of Ontario. (2007). *Psychotherapy Act, 2007*. Retrieved December 16, 2007, from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07p10_e.htm

Handelsman, M. M., & Uhlemann, M. R. (1998). Be careful what you wish for: Issues in the statutory regulation of counsellors. *Canadian Journal of Counselling, 32,* 315-331.

Health Canada. (2002). *A report on mental illness in Canada*. Retrieved December 16, 2007, from http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=reports_mental_illness_e.

House, R. (1997). Training: a guarantee of competence? In R. House & N. Totton (Eds.), *Implausible professions: Arguments for pluralism and autonomy in psychotherapy and counselling* (pp. 99-108). Manchester, UK: PCCS.

HPRAC (2005a, July 3). *HPRAC psychotherapy jurisdictional summary*. Retrieved December 17, 2007, from http://www.oaccpp.ca/news/Psychotherapy_Jurisdictional_Summary.pdf

HPRAC (2005b, July 3). *HPRAC psychotherapy lit review: For discussion*. Retrieved December 17, 2007, from http://www.oaccpp.ca/news/Psychotherapy_Lit_Review.pdf

HPRAC (Health Professions Regulatory Advisory Council). (2006a, April). *Regulation of health professions in Ontario: New directions. First report.* Retrieved December 16, 2007, from http://www.health.gov.on.ca/english/public/pub/ministry_reports/new_directions/new_directions.pdf

HPRAC (Health Professions Regulatory Advisory Council). (2006b, November). *Regulation of health professions in Ontario: New directions. A report to the Minister of Health and Long-term Care on the use of titles in the profession of psychology.* Retrieved December 16, 2007, from http://www.hprac.org/en/reports/resources/PsychENG_ReportFINAL.pdf

HPRAC (Health Professions Regulatory Advisory Council. (2008) *Latest News.* Retrieved June 1, 2008 from http://www.hprac.org/en/latestnews.asp

HRDC. (2007a). *NOC 2006 update: Community and social service workers 4152.* Retrieved December 16, 2007, from http://www23.hrdc-drhc.gc.ca/2001/e/groups/4212.shtml

HRDC. (2007b). *NOC 2006 update: Educational counsellors 4143*. Retrieved December 16, 2007, from http://www23.hrdc-drhc.gc.ca/2001/e/groups/4143.shtml

HRDC. (2007c). *NOC 2006 update: Family, marriage and other related counsellors 4153.* Retrieved December 16, 2007, from http://www23.hrdc-drhc.gc.ca/2001/e/groups/4153.shtml

HRDC. (2007d). *NOC 2006 update: Psychologists 4151*. Retrieved December 16, 2007, from http://www23.hrdc-drhc.gc.ca/2001/e/groups/4151.shtml

HRDC. (2007e). *NOC 2006 update: Social workers 4152.* Retrieved December 16, 2007, from http://www23.hrdc-drhc.gc.ca/2001/e/groups/4152.shtml

Kirby, M.J.L, & Keon, W.J. (2004a, November). *Mental health, mental illness, and addition: Interim report of the standing social committee on social affairs, science, and*

technology: Report 1. Retrieved December 16, 2007, from http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/ repintnov04-e.htm

Kirby, M.J.L, & Keon, W.J. (2004b, November). *Mental health, mental illness, and addition: Interim report of the standing social committee on social affairs, science, and technology: Report 1*. Retrieved December 16, 2007, from http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/ repintnov04-e.htm

Kirby, M.J.L, & Keon, W.J. (2004b, November). *Mental health, mental illness, and addition: Interim report of the standing social committee on social affairs, science, and technology: Report 1*. Retrieved December 16, 2007, from http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/ repintnov04-e.htm

Macleod, A. & McSherry, B. (2007). Regulating mental healthcare practitioners: Towards a standardised and workable framework. *Psychiatry, Psychology and Law, 14*, 45-55.

Ontario Association of Social Workers. (2007a, February 5). *Special e-bulletin: Implications for social workers of Bill 171, The Health Care Improvements Act.* Retrieved December 16, 2007, from http://www.oasw.org/en/communitysite/news/news.asp?id=81

Ontario Association of Social Workers. (2007b, April 24). *Submission to the standing committee on social policy re: Bill 171, Health Systems Improvements Act*. Retrieved December 16, 2007, from http://www.oasw.org/en/membersite/pdfs/Bill171SubmissionApr07.pdf

Ontario Coalition of Mental Health Professionals. (2007a). *Coalition organizations: An exciting time to be in the mental health field.* Retrieved December 16, 2007, from http://www.mentalhealthcoalition.ca/organization.html

Ontario Coalition of Mental Health Professionals. (2007b). *New law regulating psychotherapy: FAQs.* Retrieved December 16, 2007, from http://www.mentalhealthcoalition.ca/FAQ-Regulations.htm

Ontario Society of Occupational Therapists. (2007, April 25). *Submission to the standing committee on social policy regarding Bill 171, Health Systems Improvements Act, 2006*.

Retrieved December 16, 2007, from http://www.osot.on.ca/eng/PDFs/newsItems/OSOTSubmissionBill171April2007.pdf

Macleod, A., & McSherry. (2007). Regulating mental healthcare practitioners: Towards a standardized and workable framework. *Psychiatry, Psychology, and Law, 14*(1), 45-55.

Ramirez, J. (2006). *Executive summary: Chapter 7 'Regulation of psychotherapy': New directions: Regulation of health professionals in Ontario. Health professions regulatory advisory* council (prepared for Ontario Coalition of Mental Health Professionals May 2006). Retrieved December 16, 2007, from http://www.mentalhealthcoalition.ca/documents/CoalitionHPRACExecSumMay 06.pdf

Ramirez, J. (2007, March 28). *Response to Bill 171, Schedule Q Psychotherapy Act, 2006*. (prepared for Ontario Coalition of Mental Health Professionals May 2006). Retrieved December 16, 2007, from http://www.mentalhealthcoalition.ca/documents/March2007Brief.pdf

Totton, N. (1999). The baby and the bathwater: 'Professionalisation' in psychotherapy and counselling. *British Journal of Guidance & Counselling, 27,* 313-324.

Wjocik, H. (2007, November). November, 2007 Report, Ontario Anglophone Chapter of Canadian Counselling Association. Retrieved December 16, 2007, from: http://www.ccacc.ca/e_ONE.htm