

# THE PSYCHOTHERAPEUTIC PROFESSIONS IN CANADA

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Originally presented in June 2008 at the annual meeting of the  
Society for Psychotherapy Research, Barcelona, Spain

Revised June 2009

## 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 in 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 Québec regulates counselling (i.e., guidance counselling), with

other provinces moving towards statutory regulation. As for psychotherapy, Québec has developed, in 2009, statutory regulation that protects the title of “psychotherapist” and defines its practice. Ontario is in the process of developing similar regulations.

- ***The situation in Québec***

In 2000, the Office des professions du Québec, which is the governmental body that oversees all 45 regulatory bodies in Quebec, reviewed the scope of practice of all professionals involved in the field of physical health. This led to a major reform as reflected in Bill 90 that was passed by the National Assembly in 2002. A similar review process was then undertaken for professionals in mental health. Two independent committees of experts in mental health<sup>1</sup> submitted recommendations, the first in 2002, the second in 2004. The second report, titled *Partageons nos compétences: modernisation de la pratique professionnelle en santé mentale et relations humaines* (Sharing our competencies: the modernization of professional practice in mental health and human relations) was built on a number of core principles, including:

- the importance of protecting the public;
- the importance of keeping the patient at the center of all efforts;
- the importance of inter-disciplinary collaboration, in delivering the best possible service to the user, and;
- the importance of having access to the most competent professional.

The report made numerous recommendations, including reserving certain acts to specific groups of professionals. These acts included the assessment of neuropsychological disorders, reserved to psychologists; the assessment of mental disorders, reserved to psychologists and

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<sup>1</sup> The latter committee included one guidance counsellor, one psychologist, one psychiatrist, one nurse, one social worker, one general practitioner in medicine, one psycho-educator as well as a representative of the Ministry of Health of Quebec and a representative of the Office des Professions du Québec.

physicians, as well as to nurses and guidance counsellors with a special permit; the assessment of mental retardation, reserved to psychologists, guidance counsellors, physicians, as well as nurses with a special permit; etc. In total, close to 20 acts were identified and reserved to a single group or to multiple groups of professionals.

Furthermore, the report recommended protecting the title “psychotherapist” and reserving this act to specific groups of professionals. These include licensed psychologists who are registered with the regulatory body for psychologists in Québec (*Ordre des Psychologues du Québec*) and physicians who are registered with the regulatory body for physicians (*Collège des Médecins du Québec*). As such, competent psychologists and physicians may provide psychotherapy. They may also, but are not obliged to use the title “psychotherapist”.

Furthermore, professionals who are registered as a social worker or family/couple therapist with the regulatory body for social workers (*Ordre des Travailleurs sociaux du Québec*), as a guidance counsellor with the regulatory body for counsellors in Québec (*Ordre des Conseillers en Orientation et Psychoéducateurs du Québec*), as a nurse with the regulatory body for nurses (*Ordre des Infirmiers/es du Québec*) or as an occupational therapist (OT) with the regulatory body for OTs in Québec (*Ordre des Ergothérapeutes du Québec*) are eligible to practice as psychotherapists if: a) they have at least a masters degree in an area related to mental health or human relations; b) they have received the required training (see Section 5 of this document); c) they complete a minimum of 90 hours of continuing education over a period of 5 years; and d) they obtain a psychotherapist permit delivered by the regulatory body for psychologists in Québec (*Ordre des Psychologues du Québec*), which is to be renewed on a yearly basis. As such, these four professionals may also practice as psychotherapists. They may also use the title

“psychotherapist” but must use it in conjunction with their professional title (e.g. nurse-psychotherapist, social worker-psychotherapist, etc.).

The report became the basis for Bill 50 which later became Bill 21, which was approved by the National Assembly in June 2009.

- ***The situation in Ontario***

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 is 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 definition of psychotherapy***

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](http://www.cpa-apc.org/Publications/Position_Papers/Psychotherapy.asp))

Whereas the Canadian Mental Health Association states that:

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 the report from the committee of experts that became the basis for Bill 21 in Quebec, psychotherapy is:

... the psychological treatment of a mental disorder, behavioral difficulty or any other problem that brings about psychological pain or distress.

Psychotherapy has the following characteristics:

- a structured process of interaction between a professional and a client;
- a rigorous initial evaluation;
- the use of therapeutic modalities based on communication;
- means and methods that: rely on theoretical models that are recognized by the scientific community; that rely on validated methods of intervention; and that respect human dignity, laws and regulations as well as deontology and existing codes of ethics.

Psychotherapy aims to bring about significant changes in the client's cognitive, emotional and behavioral functioning, in his interpersonal system, in his personality, and in his health. This process goes beyond counselling or support, and beyond helping someone deal with situational difficulties (*our translation*, pp. 87-104).

The report further distinguishes psychotherapy from other, related activities such as advice giving, counseling, support, etc. (see pp. 87-104 in *Partageons nos compétences: modernisation de la pratique professionnelle en santé mentale et relations humaines*, 2005, available at the *Office des Professions du Québec*, <http://www.opq.gouv.qc.ca/fileadmin/docs/PDF/Rapport-sante/Rapport-Sante-ment.pdf>)

- ***Statutory Regulation and Non-Regulated Mental Health Professions***

As previously noted, with the exception of Ontario and Quebec, the practice of psychotherapy is largely unregulated in Canada. The following are examples of professions that are regulated:

- Nurses
- Psychologists
- Physicians
- Social Workers & Social Service Workers
- Occupational Therapists (mental health disability)
- Guidance counsellors (in Québec only)
- Psychoeducators (in Québec only)

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

Unregulated professions include:

- Counsellors: Addictions, Employee Assistance, Career/Guidance (note that in Quebec, Guidance counselling is a regulated profession with a protected title. With the adoption of Bill 21 in June 2009, Guidance counseling also involves reserved acts);
- Therapists from various modalities: Marriage & family therapists (in Quebec, MFT's are eligible for licensing with the regulating body for social workers), group therapists, psychoanalysts, 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 is generally self-governed by the Canadian Counselling Association (CCA<sup>2</sup>), except in Québec where it is a protected field and title with a defined scope of practice, overseen by a recognized regulatory body, the *Ordre des conseillers et conseillères d'orientation du Québec*. 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. However, the CCA is not a regulatory body, and therefore has no legal authority to oversee the practice (incl. malpractice) of its members; its mission is associative, not regulatory (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 (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

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<sup>2</sup> 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* and the motion was carried in May 2009.

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.
  - Status differences may exist within professions (e.g., doctorate ‘psychologists’ vs. masters-level ‘psychological associates’ in Ontario.)
- The funding model also impacts access.
  - Key models: Public Medicine, Private Insurance (employer- and individual-purchased), Public/Government Funded Institutions (e.g. government, schools, community resource centers, agencies), and direct client payment models.
  - Physicians 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). In some provinces, 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 (e.g. psychopharmacology), consultation,

and referrals. Only physicians have prescription privileges. Training generally requires four to five years of specialized training (practice-focused), in addition to approximately four to five years of general medicine. 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, cognitive, and mental disorders, counsel clients/patients and provide therapy. In some provinces, diagnosing a mental disorder (and communicating this diagnosis) is reserved to psychologists and physicians. Québec also reserves a number of acts to psychologists (alone, i.e. exclusive, or shared with other professionals such as guidance counsellors, physicians, nurses, occupational therapists or social workers), including the assessment of mental disorders and mental retardation, the assessment of neuropsychological disorders, the assessment of individuals for child custody or international adoption, the assessment of delinquents for probation and/or conditional liberation purposes, the decision to use measures of contention or isolation. Psychologists do not prescribe drugs. Master's programs typically require two years beyond undergraduate, while doctorate programs require four to six years beyond master's level training (both programs require practicum components and often certification via national exam or another, equivalent process). The Canadian Psychological Association includes some 6,000 members, not all registered (<http://www.cpa.ca/>). Approximately half of all Canadian psychologists are in Quebec, where a total of 8,300 psychologists are currently licensed. Provincially, the profession of psychology is regulated by provincial regulatory bodies (e.g., College of Psychologists of Ontario, <http://www.cpo.on.ca/>, and *L'Ordre des psychologues du Québec*, <http://www.ordrepsy.qc.ca/en/index.html>). Provincial associations are also present in each of

the Canadian provinces. 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 can 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 or the equivalent. Use of the title is regulated; as such, registration with a provincial government body is required. In Quebec, the title of Social worker (and abbreviations thereof) is also protected by law, along with a number of acts that are reserved to this professional. The national association is the Canadian Association of Social Workers (see <http://www.casw-acts.ca/>; 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, except in Quebec. As such, counselling is largely a self-regulated profession in Canada with the notable exception of Québec where the title "guidance

counsellor” is protected and a scope of practice is defined since 1963. In June 2009, the National Assembly of Québec passed Bill 21 which reserves a number of acts (mostly acts shared with other licensed professionals) to the licensed counsellor. These include the assessment of mental disorders (with a special permit delivered by the order of counsellors in Quebec, the *Ordre des Conseillers en Orientation et Psychoéducateurs du Québec*, <http://www.occoppq.qc.ca/index.shtml>, is required to assess mental disorders) as well as the assessment of mental retardation. Other Canadian jurisdictions are moving in the direction of protecting the title and defining the 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’. With the introduction of Bill 21 in Quebec, the title “psychotherapist” and the activity “psychotherapy” became protected by law. Only recognized professionals with a valid permit delivered by the *Ordre des Psychologues du Québec* may use the title and provide psychotherapy. Eligible professionals include *licensed* guidance counsellors, occupational therapists, social workers, and nurses, with a masters’ degree and with the appropriate training as detailed earlier in this document.

## **2. Relations among the psychotherapeutic professions**

To the public eye, there are few tensions between the mental health professions. Many 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 some 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.

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., psychologists, psychiatric nurses or social workers in hospital) 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 physicians. 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 is discussed (Canadian Psychiatric Association, 2007a).

In Quebec, however, the governmental strategic plan for mental health also relies on close collaboration between the GP and the psychologist in primary care settings. 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 these initiatives will increase mental health care opportunities is not yet clear.

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

- A lack of a national mental health strategy, general lack of integration within the system;
- General under-funding of mental health (absolute and relative to physical health), lack of public health insurance for mental health (restricted to hospitals and mental health clinics with limited availability, professionals like social workers and psychologists cannot bill directly, unemployed or low/middle income do not have private insurance);
- Estimates that only 30% of Canadians needing mental health services receive 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.

Furthermore, provincial governments are currently examining inter-provincial mobility for psychologists in order to develop procedures for automatic recognition of psychologists licensed in one province wishing to become licensed in another province.

### **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 with mental disorders.
  - 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. This is a key problem identified by recent comprehensive federal government consultation report on mental health; it would be warranted 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.
  - Québec has regulatory bodies for a total of 45 professions, including psychologists, physicians (including psychiatrist), social workers (including marriage and family therapists), guidance counsellors and psycho-educators, occupational therapies, dieticians, speech therapists (all with mandatory registration). Psychotherapy also became regulated with Bill 21.
  - 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).

- 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 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:
  - 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 regarding emotional, social, educational, or spiritual matters). The 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. Often, 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 some textbooks in the field. However, the situation in the provinces of Ontario and Québec reveals a different perspective as the *acts* of counselling and of psychotherapy are distinguished. Furthermore, in Quebec, guidance counselling is considered to be an independent profession with specific training requirements and scope of practice.

In order to practice as a psychotherapist in Quebec, the candidate who is not a psychologist or a physician must meet a number of requirements to be eligible for the psychotherapist permit emitted by the Order of Psychologists, including: a) being a guidance counsellor, social worker (including Marriage and Family therapists), occupational therapist, or nurse with a valid license emitted by their respective regulatory body, with at least b) a masters degree in an area related to mental health or human relation and c) training in psychotherapy as detailed in the table below:

TOPIC	HOURS/COURSES
Theoretical models of intervention: cognitive behavioral, psychodynamic, systemic (and communication), and humanistic.	270 hours, including 45 hours for each of the four modalities and an additional 90 hours in one of the four modalities.
Common factors, e.g. therapist attitude, therapeutic frame, client hope and expectancy, alliance, etc.	90 hours
Critical thinking : scientific methodology, statistics, quantitative research, qualitative research, epistemology, hermeneutics, etc.	90 hours
Mental disorders, psychopathology, and problems in human development: the DSM-IV, the ICD, etc.	180 hours
The link between biology and psychotherapy: somatopsychic and psychosomatic considerations, benefits and limitations of psychotherapy, basic anatomy/physiology of the central nervous system, psychotropic agents, etc.	45 hours
Legal and organizational aspects of psychotherapy practice	45 hours
Ethics	45 hours
<p><b>The candidate must also complete supervised clinical training as detailed below:</b></p> <ul style="list-style-type: none"> <li>– a minimum of 300 hours of direct client contact;</li> <li>– with a minimum of 10 clients;</li> <li>– a minimum of 10 hours of psychotherapy per client;</li> <li>– a minimum of 100 hours of individual supervision;</li> <li>– a minimum of 200 hours of other activities related to the practice of psychotherapy (e.g. case conferences, etc.).</li> </ul> <p>Lecturers, trainers and supervisors must meet a number of requirements, defined in the report, and be accredited by the <i>Ordre des Psychologues du Québec</i>.</p>	

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 British Columbia (2007) presented key areas for skill development, including:

- Foundational Principles
  - Theory, self-awareness, human/cultural diversity.
- Collegial Relationships
  - Between 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 of research to inform clinical practice, remain current with literature, and 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). In Quebec, the government has implemented an institute of excellence in health (*Institut National d’Excellence en Santé et Services Sociaux* - INESS) which will, amongst a number of other objectives, develop and implement evidence based intervention guidelines.

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) or the Canadian Institutes of Health Research (CIHR), 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. For example, in spring 2009, SSHRC has announced that it will no longer support any research related to health.

There does not seem to be a nationally coordinated effort on research nor a national database on psychotherapy. As regulation of psychotherapy spreads across the country, the scopes of practice will need to be further 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. This includes:

- A need for increased share of health research dollars allocated to mental health/illness, which is currently under-funded given the “burden of mental illnesses and addictions on national economy”;
- Key issues with knowledge translation – “All too frequently, published research discoveries in mental health, mental illness and addictions (medications, psychotherapies etc.) remain with researchers in their laboratories and have too limited impact on service delivery and patients’ outcomes” (p. 38, Kirby report, volume 3, 2004);
- A 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” (p. 40, Kirby report, Volume 3, 2004; Kirby & Keon, 2004c).

The Kirby Report also stresses a need for:

- A detailed Canadian community health survey;

- A national information database system;
- Basic statistics and performance indicators of system (which are now mainly limited to hospital statistics) (Source: Health Canada, 2002; Kirby & Keon, 2004a/c)

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 both strengthens 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](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](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](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/disPage.jsp?cw\\_page=reports\\_mental\\_illness\\_e](http://www.cihi.ca/cihiweb/disPage.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](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](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](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](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 addiction: 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 addiction: 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 addiction: 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](http://www.ccacc.ca/e_ONE.htm)