

May 2009

Ontario Society of Psychotherapy's response to questions raised by the Ontario Coalition of Mental Health Professionals

Discussion Primer: Questions for the Executives of OCMHP's Member Associations

The Coalition's Background and Questions

Specialty Titles Background information

The "Regulated Health Professions Act", 1991, makes provision for Specialty Titles in clause 95.1. For a professional group to defend a Specialty Title, they must define the credentials and competencies (above entry level) and correspondingly demonstrate full self-regulation. Specialty Titles do not exclude other practitioners from the scope of practice, i.e. a counsellor could use some art therapy techniques in her/his practice; however, if "Art Therapist" becomes a speciality title, a counsellor could not call her/himself an Art Therapist unless s/he had been so designated by the College. OAMFT and CAPPE will be trying to establish Specialty Titles; there may be other groups as well.]

Question : Are Specialty Titles important to your profession? If so, what would you want to see as your title(s)?

OSP's Response: At this time, establishing specialty titles defined and regulated beyond what is required for membership in the college does not seem necessary to the members of our organization at this time.

A member of the college with specialised training who practices predominantly or exclusively within a specialty may add those credentials in their materials but the title psychotherapist would be the only registered and protected title.

A great deal of work will need to be done to establish requirements for registration and in the first years of the college's existence the process of admission will be very taxing. The development of specialty titles and the corresponding work of writing and applying admission standards would be unduly onerous at this time and expensive for a beginning college.

Drafting standards of practice that recognize practices or arrangements particular to specific modalities [eg. the particular arrangements in the situation of a family in therapy, or the practice of limited therapeutic touch in some body centered modalities] will be critical.

We believe that the place for association by speciality belongs in the professional organization[s], not in the College. The form that our

associations take in future years should provide the kind of 'professional home' that is vital to the well being of practicing psychotherapists.

Question: What are your association's thoughts regarding divisions (amongst practitioners) between the two titles provided in the 2007 Act? (i.e. who is a Psychotherapist?, and who is a Registered Mental Health Therapist?)

OSP's Response: Among our membership there is no discomfort with the designation of psychotherapist. In our view there should not be two categories or types of members; the college should only hold one set of admission requirements, standards of practice, and one certificate of registration. As has been seen in the experience of the College of Social Work and Social Service Workers, two tiers of membership in a beginning college is administratively very unwieldy. As has been seen in the experience of psychological associates within the college of Psychologists, tensions between two divisions generally result in one group being subsumed to ill effect.

The transitional period would allow members of coalition groups currently practicing without the minimum standards set for admission to upgrade their credentials over 5 years. After that time if there are large numbers of practitioners who would form a second tier of membership this option could be explored.

The second title, Registered Mental Health Therapist, serves as a way of restricting what people offering services to the public outside of regulation could legally be called. In the public realm the term 'therapist' is perhaps more widely known than psychotherapist. The bill is clear that use of the full title [Registered Mental Health Therapist] or any part thereof is prohibited to anyone who is not a member of the college.

The Coalition's Background and Questions

Grandparenting and Porting Background Information

Named here are the ways to enter the College without immediate challenge: "Grand parenting" does not require the practitioner to demonstrate any of the competencies laid out for the new profession but allows entry based on the length of time one has practiced. "Porting" assumes that existing entry to professional associations has required practitioners to demonstrate sufficient competency to meet the requirements of the regulatory body.

Questions: Does your professional association support the use of grand parenting? If so, what documentation would be acceptable to indicate length of time in the profession?

OSP's Response: Grandparenting and Porting are both methods designed to facilitate the registering of hundreds of members at the beginning of a college.

We support a method of grand parenting for practitioners with more than 10 years of full time practice who can furnish letters of reference from any two statutorily regulated professionals who practice psychotherapy OR who meet the requirements for membership established by one of the Coalition associations through their normal credential review process.

Question: Does your profession support the use of porting? If so, membership in which professional associations leads (from your profession) to membership in the College?

OSP's Response: We support Porting for all our members who have achieved Clinical Membership and trust other Coalition members to examine their own membership categories to ascertain which members meet the requirements established.

Question: For what length of time following the outset of the College's life (i.e. initial registration) should grandparenting or porting be allowed? (i.e. What is the expiry date on this 'window'?)

Would the window-in-time for the Grandparent or Porting Clause be the same in rural or underserved areas? (Could / Should it be possible to look at underserved areas on a more-or-less case-by-case basis?)

OSP's Response: Applications for admission using either of the extraordinary provisions of grandparenting and porting would need to be initiated within one year for psychotherapists living in urban areas and within 3 years for psychotherapists living outside of these areas.

Question: In your association's experience / awareness, would liability insurance for grandparented or ported practitioners seem to be an issue?

OSP's Response: All psychotherapists must have professional liability insurance coverage of at least \$1M per claim and \$2M per annum and general commercial liability with coverage of at least \$1M per claim and \$2M per annum.

The Coalition's Background and Questions

Controlled Act Background Information

The legislation on the regulation of psychotherapy (Bill 171) defines a Controlled Act of psychotherapy as: "treating, 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 might seriously impair the individual's judgment, insight, behavior, communication or social functioning".

However, the Bill does not define **who** will be authorized to perform the Controlled Act. That decision is the responsibility of the Transitional Council, soon to be appointed by the government.

Question: What are your profession's thoughts regarding who should be able to perform the controlled act of Psychotherapy? E.g. What level of education / training / expertise does a person need in order to conduct the Controlled Act?

OSP's Response: The bill authorises every member of the College of Psychotherapists and Mental Health Therapists, and five other colleges [Physicians, Nurses, Occupational Therapists, Social Workers and Social Service Workers and Psychologists] to perform the controlled act of psychotherapy "subject to the terms, conditions and limitations imposed on his or her certificate of registration".

Two central issues converge here: what are the standards for membership in the college of Psychotherapists and Mental Health Therapists? and how can these minimum standards be written in to the law for the other colleges?

OSP's position is that in order to be authorized to perform psychotherapy on any certificate of registration a practitioner must furnish proof of the following credentials:

- An appropriate Graduate Degree from a recognized university (psychology, counseling, social work, medicine, divinity, humanities or a program substantially similar). Psychotherapists who entered the profession without a graduate degree must demonstrate successful completion of post secondary education equivalent to a program of graduate studies OR An appropriate combination of post secondary education [a B.A., College Diploma in Human Services, B.Sc [Occupational Therapy], R.N. or a program similar] with 2000 additional hours of professional clinical work as psychotherapist or a mental health therapist. [revised this draft]**
- Specific training in psychotherapy and a minimum of one hundred (100) ours of one to-one supervision.**
- A minimum of one thousand (1,000) hours of professional clinical work as a psychotherapist.**
- A minimum of one hundred and fifty (150) hours of personal psychotherapy. At least fifty (50) hours of this must be individual and consecutive with one psychotherapist.**
- Two current references: one from a supervisor or trainer and the other from a colleague familiar with the applicant's work. Both references must be from practicing registered psychotherapists.**

We cannot stress enough our commitment to include a requirement for personal therapy in the requirements for membership in the college. Just as the therapeutic relationship is central to the definition of psychotherapy, personal therapy, as means to understanding our contribution to that relationship, is central to the definition of a psychotherapist. Engaging our clients at sufficient depth to afford therapeutic change requires that the therapist has engaged with their own depths of human frailty. And knowledge of one's self in relation is the essential basis for protecting clients from harm in a therapeutic relationship.

At least so far, there has been no single body of literature or knowledge that claims to be sufficient preparation for the practice of psychotherapy – members of the college will come from many disciplines, many philosophical approaches to human existence, and from many orientations to practice. And so it should be, for there is no one ‘royal road’.

The maxim from physical medicine, at least in its beginnings, “physician heal thyself”, certainly applies to psychotherapy at this stage of its evolution.

The Coalition’s Background and Questions

Transition Period Background Information

A Transition Period allows current practitioners to continue practicing, and using their respective titles, if they are members of recognized professional associations that have clear standards for entry into practice. This provides "interim certification", after which they must fully comply with the new regulations.

Questions: Should there be a Transition Period for practitioners in the field to qualify for classification to the title(s) under the Act? If so, how long should the Transition Period last? (Previous Coalition agreement was a period of 3 - 5 years.)

OSP’s Response: OSP supports a transitional period of 5 years.

The Coalition’s Background and Questions

Degree vs. Competency Model Background Information

There are discussions that entry requirements should be based on a credential, others that say ‘competency model’, and others that say a combination of both.

There is also discussion that entry into the College would be granted only to professionals with graduate degrees from Universities accredited by the Association of Universities and Colleges of Canada. (This would not include private institutes / institutions.)

Questions: From your association’s viewpoint, is there an academic standard for College entry?

OSP’s Response: Academic achievement in accredited institutions is one needed component in the formation of a psychotherapist. However adequate programs suited to the preparation of psychotherapists do not exist widely in Ontario. OSP has found it necessary to examine the academic credentials of applicants and make an assessment of both the relevance of the program of study and the amount of study.

Question: From your profession’s viewpoint, is there a clinical training / education requirement / standard for College entry?

OSP’s Response: Clinical training from recognized schools is a necessary component in the formation of a psychotherapist and in addition to

scholarship it must include individual supervision. We look forward to the work emerging from APTI for guidance on these questions.

Questions: Would your organization prefer a 'competency model' as the basis for entry? Would your organization be in favor of a combination between credentials and a competency model? If not, why not? If yes, please provide description / examples.

OSP Response: More research and discussion is needed to address the issues raised by a competency model. We are not in a position to comment on this at the time.