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*Advanced Training  
Program in  
Psychoanalytic  
Psychotherapy*

*Canadian  
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*Espritedu Training of  
Psychotherapy  
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*Hincks-Dellcrest/Gail  
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*Gestalt Institute of  
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*Institute for Studies in  
Psychotherapy and  
Emotional Bodywork*

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*Ontario Association of  
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*The Living Institute*

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Psychoanalytic  
Program*

*Toronto Centre for  
Psychodrama and  
Sociometry*

*Toronto Institute for  
Relational  
Psychotherapy*

*Toronto Institute of  
Psychoanalysis*

*Transformational Arts  
College*

*Transpersonal  
Therapy Centre*

31 May 2008

Annie Schiefer, Project Manager  
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Dear Ms. Schiefer,

The Alliance of Psychotherapy Training Institutes has been active for two years in collaborating with one another, with the Coalition of Mental Health Professionals, with HPRAC, and with the Ministry of Health and Long-Term Care regarding standards of psychotherapy education.

We hereby submit our brief in response to the Consultation Discussion Guide on Interprofessional Collaboration.

Our very existence is evidence of our commitment to collaboration, and we take very seriously our responsibility for the development of standards of psychotherapy education that both protect the public and provide the people of Ontario with access to quality care.

Please do not hesitate to contact me if you have any questions or if we may provide you with further information.

Yours sincerely,



Linda J. Page, Ph.D.  
Chair

# **APTI Response to the Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals**

## **Introduction**

APTI, the Association of Psychotherapy Training Institutes, is on new and unfamiliar ground in the discussion of how the Health Colleges could coordinate their regulations to promote interprofessional collaboration. However, because our new College is not yet formed and functioning, APTI accepts responsibility to develop the appropriate independence of the College of Psychotherapists and Registered Mental Health Therapists. Therefore, we are asking that no oversight bodies or general regulatory frameworks be formed in the name of collaboration until the new Colleges have time to develop the regulations appropriate to their professions. This is especially important in the case of the profession of Psychotherapy, which is in significant part outside the central medical health system in Ontario, both in its practice and in the locus and kinds of training in APTI's institutions.

It must be noted that HPRAC extends the Minister's question about regulatory collaboration among the Colleges to the much broader question of interprofessional collaboration at all levels: College, professional education and clinical practice. And here, APTI is on more familiar ground. HPRAC is aware in its Jurisdictional and Literature Reviews that it is participating in a world wide movement and discussion:

- Interprofessional collaboration is being explored as a way of lowering the escalating burden of health costs
- A philosophy of patient-centred, holistic health care, taking into consideration the whole human being and people's agency in their own healing, is on the rise.
- The very successes of scientific medicine have effectively multiplied specialisations and made it extremely difficult to unify or coordinate health care.

The same successes have opened up to view the dangers inherent in a reductive, analytic science that can fragment health care into non-communicating specialisations.

The teaching and training institutions within the profession of Psychotherapy have a large stake in addressing the problem of fragmentation in theory (science) and practice (professional silos).

First and almost universally, throughout the hundred years of psychotherapy training, we have maintained a holistic, client-centred view of therapy. Our discourse is about what human beings experience, say, and do. Furthermore, it has been incumbent on us to understand the relationship of our knowledge to that of increasingly confident and successful hard sciences. We are well poised to enter the educational discussion of the nature and limits of science based on those models and its coordination and harmonisation with other forms of knowledge of the human. For example, it is clear from the work done by members of the Society for Psychotherapy Research (<http://www.psychotherapyresearch.org/>) that an empirical understanding of psychotherapy requires methods well beyond quantitative “gold standard” research for testing pharmaceutical products. And whereas new research methodology has shown the centrality of the therapeutic relationship, it is quite another thing to examine what constitutes that relationship without compromising it.

Secondly, we are aware of how deeply the theoretical issues affect the possibility of practical harmonisation and collaboration. APTI wishes therefore to emphasize that the springboard for promoting client-centred collaborative health care will be a dedicated theoretical renewal in all the training institutions. Without that, pragmatic encouragement or regulatory directives are bound to fail. Sustained renewal will come from the teaching and training institutions and from clinical initiatives in the field. The Colleges can play an educative and supportive role in this initiative. In this role, they speak to the training institutions and to their own members, recommending theoretical and practical collaboration.

Thirdly, APTI, which was created in response to HPRAC's *New Directions'* recommendation of a high minimum standard curriculum for entry to the practice of psychotherapy, has since 2006 engaged in a collaborative formation of just such a curriculum. This highlights for us that in the present Ontario environment the forms of interprofessional collaboration are more complex than they would have been in 1991 when the RHPA became law.

Broadly speaking, Colleges established before 2007 could be said to agree on the general and bio-medical science on which their professions were based. Interprofessional collaboration could assume this common knowledge base.

Since the Health System Improvement Act (2007), the situation is different. With the Psychotherapy Act, for example, we have at once the recognition that Psychotherapy is an independent profession and also that it includes many different modalities. For the College of Psychotherapists and Registered Mental Health Therapists to speak with one voice and protect the public's affordable access to the rich variety of modalities, an intensive work of internal collaboration among the various training institutions is necessary. This is exactly what APTI has initiated. Overcoming historical divisions, APTI has been able to draft a proposed entry to practice curriculum that encompasses a common body of knowledge as well as making room for specific training in different modalities. It also promotes an openness to all the health professions in Ontario. A description of this curriculum is available on [www.apti.pbwiki.com](http://www.apti.pbwiki.com).

A further degree of complexity is immediately evident if we imagine interprofessional collaboration between the established medical profession(s) and the newly-regulated professions of Traditional Chinese Medicine, Homeopathy and Naturopathy. These latter have views of the human being so different from the accepted paradigm based on "hard" sciences, and in such different language, that collaboration at the theoretical and practical levels will require a completely new "ecumenical" approach to human health in Ontario.

The Ministry of Health and Long-Term Care seems aware of the new strain being introduced into health care when the Compendium of Bill 171 says:

“The Ontario legislative framework for regulated health professionals is not intended to judge or compare the value of one health care profession over another or test the theory of certain health care practices over others.” (December 6, 2006, 53)

This ecumenical embrace makes it difficult to imagine, for example, any but the most general determinations of “best practices” across the professions. Giving respect and room to each other at the clinical level may come more easily than the longer march toward theoretical harmonisation.

The profession of Psychotherapy with its experience of internal harmonisation and accommodation, together with its experience of marginality, could aptly assist in a mediatory role.

### **APTI Response to Q 1 Defining Interprofessional Collaboration**

The Minister’s request for advice from HPRAC reasserts the necessary autonomy of the Colleges; and this, in the view of APTI, should also be explicitly included in HPRAC’s interpretation of the Minister’s request--lest we opt too quickly for oversight bodies or generalized regulatory solutions in the name of efficiency. The principle of subsidiarity, that the general authority should not take over what is appropriately done by more

specific groups, ensures a constant balance against generalized solutions imposed from above.

This is of particular concern for the five new Health Colleges, including the College of Psychotherapists and Registered Mental Health Therapists, which cannot yet speak for themselves.

APTI suggests another item to be added to the “statement that HPRAC has used to focus this discussion and initiatives,” namely:

- “Ensure continued affordable access to the rich diversity of health services in Ontario.”

APTI is particularly aware of the rich diversity within psychotherapy itself. *New Directions* explicitly warned that regulation of psychotherapy must not be used to exclude access to the many modalities in Ontario (**4.9 Access to Service**). The MHLTC summary of the Bill 171 (Ministry Fact Sheet, December 12, 2006) states:

“There are different forms or methods of psychotherapy, including psychodynamic, cognitive-behavioural and experiential.”

We understand these to embrace all the modalities represented in APTI, including body-oriented and transpersonal psychotherapy and psychotherapy within spiritual traditions.

The rich diversity in APTI itself reveals that Ontario is a major North American centre for practice and training in many psychotherapy modalities. They form a typically Canadian “mosaic,” which is strengthened and protected by the Psychotherapy Act’s recognition of the unity and independence of psychotherapy. APTI is evidence of the mosaic and the unity. The public’s right to seek psychotherapy in the modality of their choice is thereby protected.

## **APTI Response to Q 2 Eliminating the Barriers**

APTI foresees three elements in the Psychotherapy Act (2007) that could create difficulties for intercollegial collaboration:

(1) The Act protects two titles “Psychotherapist” and “Registered Mental Health Therapist.”

With respect to the first title, it forbids members of other Health Colleges who are given the right to the Controlled Act of Psychotherapy to call themselves “psychotherapist.”

This seems draconian and against common sense. Any confusion could have been avoided, if the rule had been that members of these Colleges were permitted to call themselves “psychotherapist” only after, and in conjunction with, their title from their “home” College, e.g., M.D. psychotherapist, psychologist psychotherapist, social worker psychotherapist and so on. Furthermore, it would be a major advantage to the public, if those psychiatrists who are specifically trained in psychotherapy and willing to enter into the dialogue of the therapeutic relationship were to call themselves “psychiatrist psychotherapist.”

Secondly, there are those who wish to set up a two class system in the College of Psychotherapy and would insist that the RMHT could not use the title “psychotherapist.” This move would have the same bitter fruit that occurs in the College of Psychology, where some members of the College are not allowed to call themselves “psychologists!” Credentialism trumps common sense, to the confusion of the public. APTI is determined that our College have equality in its protected titles. The Registered Mental Health Therapists will refer to themselves in this way because they prefer to do so; however, they should be able to call themselves “psychotherapists” if they wish. The training for entry to practice under both titles will be of the same standard and will be a training to do psychotherapy as the scope of practice obviously requires. This will accomplish the stated goal of ensuring high standards of professional conduct and patient safety, without the distractions of professional rivalry.

Furthermore, the second title (RMHT) must not be a vehicle for entrance into the College of Psychotherapists and Registered Mental Health Therapists for those counselors or other professionals who have not met the high minimum standard for psychotherapy education and training. The scope of practice in the Psychotherapy Act (2007) is deliberately amended from the form suggested in *New Directions*: The addition of “by therapeutic means” now leaves those who work “by counseling means” unaffected in their usual practice. For these, only the Controlled Act of psychotherapy must be avoided.

(2) The scope of practice in the Psychotherapy Act (2007), as in *New Directions*, combines two models of psychotherapy that sit uneasily in the same sentence. There is a “treatment by expert” model that derives from the medical origins of psychotherapy and the gravitational pull of the dominant medical paradigm; and there is a relational model, wherein psychotherapy is seen as a cooperative work by two agents for the liberation and growth of the client. The profession of psychotherapy as it has developed outside the medical system has moved almost universally in this latter direction.

The College of Psychotherapy will have to work very hard to help the two groups accept and respect each other’s forms of psychotherapy.

APTI’s institutions predominantly train psychotherapists in the relational model. We are aware that the medical model is stronger in the established Health Colleges that were given the Controlled Act of psychotherapy. We have proposed that educational institutions from all professions mentioned in the Psychotherapy Act (2007) begin a process of comparing and, at a minimum, of understanding one another’s curriculum.

So again, APTI asks that no work on intercollegial collaboration regarding psychotherapy be initiated until the College of Psychotherapists and Registered Mental Health Therapists has had the opportunity to interpret its scope of practice. From our position on the margin of health care in this province, we have good experience in ecumenical negotiation.

(3) The Controlled Act of psychotherapy, defined in the Psychotherapy Act (2007) and added to the RHPA as the fourteenth controlled act (not yet proclaimed), constitutes another barrier to intercollegial collaboration.

The problem is that, unlike the other thirteen controlled acts, the Controlled Act of psychotherapy has no clear and unmistakable definition. There is no way, as it stands, that a psychotherapist who is not certified to do this Controlled Act could know beforehand what she or he is not allowed to do—how do we judge how serious an impairment is until we begin treatment? *New Directions* considered a Controlled Act of psychotherapy an impossibility. As defined, it threatens to promote a dissociated credentialism whose main purpose would be to set up a two tier system in the College.

If the nature of the Controlled Act is not clear, it will do nothing to protect the public. APTI knows that certain suggestions have been made about how empirically to anchor the Controlled Act. APTI supports the effort to do this.

However, if no agreement can be reached, should we not consider abolishing the Controlled Act of psychotherapy; and relying on the general “harm clause” and standards of practicing within competence in order to protect the public adequately?

Summary:

1. Those professions that include psychotherapy in their practice should be allowed to use the title “psychotherapist” after and in conjunction with their home College title, e.g., “M.D. psychotherapist.”
2. The protected titles are of equal standing. All members of the College can use the title “psychotherapist.”
3. All members of the College must be trained in psychotherapy to the same entry to practice standard.

4. The two models of psychotherapy, the medical and the relational, that are implied in the scope of practice should be of equal standing.
5. The Controlled Act must be anchored empirically or should be abolished.
6. The seriousness of these issues make it imperative to allow time for the new College of Psychotherapists and Registered Mental Health Therapists to be fully formed and to do its own interpretive and regulatory work.

#### **APTI Response to Q 5 Professional Cultural Barriers**

1) APTI considers that the culture of professional isolation of the Health Colleges is mirrored by the isolation of the educational and training institutions.

When HPRAC extends the Minister's referral to bear on professional collaboration of the College members at the clinical level, the question of the renewal of health education leaps immediately to the fore.

Training for collaborative practice requires a renewal of the training institutions. We support the need for Colleges and a regulatory environment, and we see a need to go further: to ensure that collaboration and the continued evolution of skill and knowledge be central pillars. Institutions must learn to teach their disciplines within a contextual attention to the whole human being. Initiation into practice should from the beginning be collegial, and where appropriate, collaborative with other professions.

HPRAC's primary concern with Colleges and the regulatory environment can lead to a narrowing of vision with regard to what are the primary engines of a movement to collaborative care at all levels. In APTI's view, these are the training institutions and the initiatives coming from the clinical field. Thankfully in Ontario there is continuing, explicit reflection on diminishing the regulatory burden. We are advised not to rush to new

legislation as a solution, but to raise the question first, as HPRAC does, whether some regulation may be a hindrance.

2) One professional cultural barrier APTI should note is that psychotherapy training also occurs in many stand alone institutions that are not in relationship with universities (see *New Directions*, **3.5 Education and Training**). It will be a major task of the Transitional Council of the new College of Psychotherapists and Registered Mental Health Therapists both to make room for this variety and to bring about a common agreed order. APTI's work of developing a common core curriculum for entry to practice qualifications is intended to aid this process.

3) Some of our Institutions whose graduates work in hospital settings, in "circles of care," have expressed concern that there can be a kind of pressure on the psychotherapist team member to abandon or erode the particular form of confidentiality that makes possible a truly authentic psychotherapy in the first place. A certain degree of insulation of psychotherapy from the general information sharing on a health team is necessary.

This problem is exacerbated if the medical doctor(s) in the team unreflectively assert dominance, as is traditional in this setting. There are grounds for hope, though, that those who are willing to collaborate in health teams will also be those most able to understand the specific needs of confidentiality in psychotherapy.

### **APTI Response to QQ 6, 7 and 8 Liability Issues**

Student practitioners in APTI's institutions are usually required to hold liability insurance, and most psychotherapists in private practice also hold it. Insurance is usually obtained through our professional associations. Its cost is fairly modest (usually under \$400 per annum). APTI would be concerned if mandatory insurance for all health workers were to escalate the cost in the direction of what medical doctors now pay. We see no advantage in regulating this matter.

## **APTI Response to QQ 11 and 12 Developing Enablers for Collaboration**

### **Q 11**

APTI was very encouraged to learn about the Federation of Health Regulatory Colleges of Ontario at the MHLTC's Information Meeting, October 30, 2007. The President, Mary Lou Gignac, emphasized the supportive and educative role of Colleges. She also explained how FHRCO could be a resource for newly forming Colleges. APTI thinks collaboration of the new Colleges among themselves and with established Colleges could most ably be guided by FHRCO.

### **Q 12**

APTI appreciates *New Directions'* concerns that the establishment of small Colleges should not be prohibitively costly. The suggestion was made that small Colleges might share some structures. APTI is completely open to this, but is cognisant of some special and asymmetrical ways psychotherapy fits within the health system. APTI considers it prudent to establish the College of Psychotherapists and Registered Mental Health Therapists before any determinations of this kind are made.

## **APTI Response to QQ 13 to19 Structural Mechanisms**

Again, APTI asks for time so that the new College of Psychotherapists and Registered Mental Health Therapists can determine whether it needs a completely special complaints procedure or whether certain kinds of complaints, especially regarding complex health teams, may best be handled by a general body. We note that APTI has

already indicated that psychotherapy by reason of the special confidentiality involved must retain some insulation within the health team.

APTI would like to emphasize that this degree of separation from health teams will usually bear both on sharing of information and sharing in decision making. If a psychotherapy client knows that his/her therapist is sharing in decision making about overall health care, it will breach the special confidentiality promised to the client.

The College of Psychotherapists and Registered Mental Health Therapists will help develop structures that honour the needs of the clients, the teams and the psychotherapists; and that respect the culture of psychotherapy in its many modalities. Please allow time for the College of Psychotherapists and Registered Mental Health Therapists to explore this issue.

### **APTI Response to QQ 22 to 26 Standards of Practice and Professional Practice Guidelines.**

APTI's view is that, while respecting the appropriate independence of the Health Colleges, it should not be difficult to agree on common guidelines and standards for the thirteen Controlled Acts already in the RHPA, because they are all empirically clear. However, given the unclarity of the Controlled Act of Psychotherapy, APTI thinks it would be perilous to have an oversight body making authoritative interpretations of it. The College of Psychotherapists and Registered Mental Health Therapists must be given the time and opportunity to define its profession, its Controlled Act and its scope of practice before other Colleges or an oversight body does so.

Some general body to promote interprofessional collaboration at the educational and clinical levels could certainly make sense, but this should not be a regulatory body put in place to make sure the individual Colleges do their own work well.

If a College cannot maintain "high quality service" in its profession, the solution is not to regulate it from above, but to replace its members (by appointment and election), since the College has sufficient regulatory power to do its work.

We now have a mosaic of health professions, making it extremely likely that an oversight body will not understand the intricacies of these professions.

General regulation in the name of uniformity or efficiency can have unintended distortive effects on a particular profession. We are not thinking merely hypothetically here. The drive to bring psychotherapy into the framework of the RHPA through creation of a Controlled Act has put our profession in the awkward position of having to labour to give clear meaning to an ill thought through formulation.

APTI also argues that because of the special confidentiality required in psychotherapy, both information sharing and shared decision making will be significantly different for psychotherapists in health teams.

The same issue of special confidentiality raises questions about the form of a complaints and disciplines process in the College of Psychotherapists and Registered Mental Health Therapists.

On an affirmative note, APTI expects that all the Colleges would welcome FHRCO as a body that could both help Colleges communicate with each other and promote interprofessional collaboration at all levels.

## Summary

1. APTI considers that the world wide movement toward more holistic interprofessional health care is best served by a renewal of education and training. The vision for change must come first, or regulation from above is bound to fail. APTI's existence and collaborative work on a curriculum is evidence that the psychotherapy training institutions are ready for this challenge. Professionals trained in holistic interprofessional health care will be a source of initiatives in the field. We append a short bibliography on interprofessional training provided by one of our institutions.

2. In the particular case of psychotherapy, APTI argues that the College of Psychotherapists and Registered Mental Health Therapists must be given time to form and to interpret its own Controlled Act and scope of practice before any oversight body or other Colleges intervene.

APTI wishes to thank HPRAC for the opportunity to participate in this consultation.

#### APPENDIX: REFERENCES ON INTERPROFESSIONAL EDUCATION & TRAINING

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