

College of Nurses of Ontario Response to

Consultation Discussion Guide

On Issues Relating to the Ministerial Referral on Psychotherapy and Psychotherapists

1. Is it necessary to define psychotherapy in order to effectively regulate it? If so, is broad agreement on a definition necessary?

CNO believes it is necessary to both define and obtain broad agreement on a definition of psychotherapy in order to effectively regulate it. Psychotherapy is used to convey a variety of interventions covering everything from health teaching to psychoanalysis. The ambiguity of the boundaries between psychotherapy and other interventions such as counselling make it difficult to regulate.

2. Please comment on the working definition. Are there elements that should be included or deleted?

The working definition in the document is correct though elements of it require further clarification. It is unusual in a legal definition to incorporate both what an act “is” and “isn’t” but this is probably necessary in this instance because one of the major concerns in regulating psychotherapy is to differentiate it from counselling.

In its previous submission in June 2005, CNO identified the following key elements of psychotherapy:

- **Involves in-depth intrapsychic examination of life processes which focuses on modifications of behaviour, thinking patterns, cognition, emotional response and social functioning etc.**
- **Requires in-depth assessment of mental health status using a variety of tools and a diagnostic formulation such as a problem, problem list or pattern statement .**
- **Creates enduring change.**
- **In-depth theoretical knowledge is required related to a model of psychotherapy. Psychoanalysis is the most intensive form of psychotherapy requiring years of training and supervision. Models such as cognitive behaviour therapy (CBT) or interpersonal therapy (IPT) or dialectical behaviour therapy (DBT) are examples of models that are used in psychotherapy.**
- **A key element required involves clinical supervision of the practitioner’s performance of psychotherapy. At the novice practitioner level this supervision would be hierarchical in nature; as the practitioner matures it might take the form of peer**

supervision and eventually collegial consultation. This element is also considered crucial in the ongoing development and continuing competence of psychotherapy practitioners.

3. Does the practice of psychotherapy pose a risk of harm to the public? If so, how?

CNO acknowledges that there is great risk of harm in the improper use of psychotherapy which can range from there being no meaningful positive change in an individual to client deterioration in functioning that is attributed to the course of therapy.¹

4. Would regulatory intervention decrease the risk of harm to patients/clients? If so, how?

Based on the HPRAC criteria for regulation, psychotherapy should be controlled because “if not done correctly and by a competent person it has a high element of risk”. The advantages of regulating psychotherapy would be:

- **A clearer definition of psychotherapy including what it is and what it is not.**
- **Ability to set standards of practice for an intervention that would no longer be in the public domain.**
- **Greater assurance that the people practising psychotherapy have the appropriate knowledge skill and judgement to practice competently.**
- **Use of regulatory processes such as QA and complaints and discipline to deal with continuing competence issues.**
- **Provision of a clear message to the public about the significance of this intervention and the need to seek competent providers.**

5. Please identify any other factors that weigh for or against regulatory intervention.

Making psychotherapy a controlled act may discourage other providers such as priests, mental health workers etc. from providing basic counselling which would reduce service to the public particularly in underserved areas.

Managing psychotherapy “impostors” could become a very complex burdensome task.

6. Would a significant public need be met by regulating psychotherapists?

CNO, as stated above, believes that the incompetent practice of psychotherapy can result in significant harm to the public.

¹ Nolan, S. et al Negative Treatment Effects in Dyadic Psychotherapy: A Focus on Prevention and Intervention Strategies, Journal of Contemporary Psychology vol34, #4, Winter 2004, p.311

7. Should the title “psychotherapist” be restricted? If so, to whom?

The title psychotherapist should be restricted to only those health professionals who have the proper educational qualifications and access to appropriate clinical supervision/consultation.

8. Should psychotherapists be regulated without regulating psychotherapy?

Many psychotherapists are already regulated members of a health profession (e.g. nurses, doctors, and psychologists). Therefore the *practice* of psychotherapy if regulated would allow these professionals to access it as they would access other regulated components of their professional practice. For those not currently regulated, a methodology could be determined to allow qualified individuals to access the practice of psychotherapy.

9. Are there any other issues relating to the regulation of psychotherapists, as distinct from psychotherapy, that you would like to comment on?

For those psychotherapists not currently regulated as health professionals, the means to ensure continuing competence and a complaints and discipline process would have to be determined.

10. Would a significant public need be met by regulating psychotherapy?

As stated above, CNO, believes that incompetent practice of psychotherapy can result in significant harm to the public. The advantages of regulating psychotherapy would be:

- **A clearer definition of psychotherapy including what it is and what it is not.**
- **Ability to set standards of practice for an intervention that would no longer be in the public domain.**
- **Greater assurance that the people practising psychotherapy have the appropriate knowledge skill and judgement to practice competently.**
- **Use of regulatory processes such as QA and complaints and discipline to deal with continuing competence issues.**
- **Provision of a clear message to the public about the significance of this intervention and the need to seek competent providers.**

11. Can psychotherapy be regulated without regulating psychotherapists?

The answer to this question requires legal exploration. Many practitioners of psychotherapy are currently regulated within their foundational discipline (e.g. medicine, nursing). Dual registration as both a nurse/doctor and psychotherapist would be cumbersome, confusing, potentially contradictory and duplicative. These professionals should be able to

access the authority to practice psychotherapy through a mechanism under the RHPA.

A different mechanism would need to be developed for unregulated professionals who want the authority to practice psychotherapy.

12. Are there any other issues relating to the regulation of psychotherapy you would like to comment on?

Intensive exploration of this practice would undoubtedly lead to the identification of further issues and need for CNO input.

13. If there is a decision to regulate psychotherapists and/or psychotherapy, is the *RHPA* the most appropriate statutory framework to use to regulate psychotherapists and/or psychotherapy?

A cursory review of the options within the guide would suggest to CNO that it would be preferable to regulate psychotherapy under the RHPA while recognizing that individuals regulated outside it such as Social Workers as well as unregulated qualified psychotherapists would require a means to access the right to practice psychotherapy. The alternative options such as amending the current Mental Health Act may be very complex in CNO's view: further we have already observed that when practice is impacted by several Acts it can create confusion and barriers (e.g. registered nurses in the extended class). A hybrid approach may be possible if there was a way to go beyond the status quo for regulated health professionals.

14. If there is a decision to regulate psychotherapists and/or psychotherapy, should psychotherapy be a Controlled Act under the *RHPA*? If so, what professions should be authorized to perform the Controlled Act of psychotherapy?

CNO believes that nurses, among other health professionals should be able, if specifically qualified, to practice psychotherapy. In September 2005, CNO's Council agreed to submit the following recommendation to HPRAC:

"That CNO submit a recommendation to HPRAC that the performance of psychotherapy be regulated utilizing the most appropriate legislative strategy and that nurses with the required qualifications have the regulatory authority to practice it."

Options #4 and # 5 in the guide ('Making psychotherapy a Controlled Act' and 'Describing in legislation the activities of psychotherapists') were briefly considered but further legal exploration is required to determine what the most effective legislative strategy would be.

15. If there is a decision to regulate psychotherapists and/or psychotherapy, should Psychotherapists be regulated as a new profession under the *RHPA*?

- a) Should psychotherapists be regulated as part of an existing health regulatory College or under a new, separate College?
- b) Should psychotherapists be regulated as a class within an existing College?

Please refer to comments above.

16. If there is a decision to regulate psychotherapists and/or psychotherapy, should some other regulatory framework (under a new or existing statute) be used to address all matters relating to the issue of regulating psychotherapy/ psychotherapists?

Please refer to comments above.

17. If there is a decision to regulate psychotherapists and/or psychotherapy, are there any other regulatory models that should be considered?

Intensive legal exploration would identify if current or other regulatory models would be most effective. Please refer to other comments above.

18. If there is a regulatory intervention, should exceptions be made? If so, for what professions and/or services?

A cursory review of the options within the guide would suggest to CNO that it would be preferable to regulate psychotherapy under the RHPA while recognizing that individuals regulated outside it such as Social Workers as well as unregulated qualified psychotherapists would require a means to access the right to practice psychotherapy

19. If there is a decision to regulate psychotherapists and/or psychotherapy, should there be a transition period during which all practitioners must qualify? If so, how long should it be?

There would need to be a transition period to implement new regulatory requirements. The length of time required would be dependent on the regulatory intervention(s) identified.

20. If there is a decision to regulate psychotherapists and/or psychotherapy, should those currently practising psychotherapy be permitted to continue to practise throughout a transition period without meeting certain requirements?

It would seem that until processes are established to implement the new regulatory interventions those currently practising would need to continue. Psychotherapy usually involves a long term commitment between client and psychotherapist. To not allow this to continue could be disruptive to the treatment of the client.

21. If there is a decision to regulate psychotherapists and/or psychotherapy, should some or all of those practising psychotherapy be “grandparented”? Should those seeking “grandparenting” be required to meet a different, less onerous set of minimum qualifications and standards than those likely to be required in a new regulatory environment?

This requires further exploration and would possibly be dependent on the definition of psychotherapy that is utilized in the regulatory intervention.

22. If there is a decision to regulate psychotherapists and/or psychotherapy, how and by whom should minimum qualifications and standards be identified and set, including those for grandparenting?

This could possibly be achieved through a collaborative mechanism involving those groups of professionals who are identified as being able to access, if qualified, the right to practice psychotherapy. This mechanism could also include the participation of recognized currently unregulated psychotherapists.

