

CAPT PRESENTATION TO THE HPRAC PUBLIC CONSULTATION

**Presented by T. P. McKenna, Ph.D, President of CAPT
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INTRODUCTION

The Canadian Association for Psychodynamic Therapy (CAPT) is comprised of over 170 self-employed psychotherapists in private practice, as well as seven private institutes that provide training in various forms of psychodynamic psychotherapy. These institutes are:

- *The Adler Professional Schools
- *The Association of Jungian Analysts' Training Program
- *The Centre for Training in Psychotherapy
- *The Institute for the Advancement of Self Psychology
- *The Toronto Institute for Contemporary Psychoanalysis
- *The Toronto Institute for Relational Psychotherapy
- *The Toronto Child Psychoanalytic Program

The majority of psychotherapists in CAPT do not have medical training and do not see themselves as part of the public health care system, but rather as supplementary to it. CAPT psychotherapists and training institutes are part of a long historical tradition (itself often conflicted and not unified) that stems from psychoanalysis. The ecumenical gathering of our institutes in one professional organization is unusual. It is partly a response to the marginalisation of all depth psychotherapies in the present dominant mental health culture.

We are very proud of the vitality of our training institutes and proud of the competence and integrity of our psychotherapists.

CAPT members have come to their training with educational achievements that range from high school to the Ph.D level. Some come to training as mature students with backgrounds in parenting, the arts, education, administration, finance, public safety, law enforcement, health care and counseling. Their maturity and life experience provide them with a fertile

base from which to begin their studies. Others enter training with postgraduate degrees, often in related fields.

The CAPT Directory included as an appendix to our full brief to HPRAC will provide full details of the training and education of CAPT members.

There are many forms of psychodynamic psychotherapy, but two things stand out especially. 1) The agency of the client and the cooperative nature of the work are of prime importance. 2) Both client and therapist pay attention to the depth dimension of human life within and under what we consciously know and say, or what is observable as a symptom.

Of course, all is not sweetness and light. It is typically a long and arduous work and therapists must have the sturdiness, maturity and competence to “hold” the therapy for the benefit of the client when it may become conflictual or extremely upsetting.

Because our clients tend to find us themselves and pay for their therapy, they are self-selecting as fairly high functioning. Overtly very disturbed persons usually come to us only after being stabilized with medication. We support their relationship with their physician or psychiatrist.

We are naturally apprehensive that the drive for regulation, which did not come from us, might end in the exclusion of those who train and practice in the tradition where historically psychotherapy arose as a distinct new profession.

SOME GENERAL REMARKS

It is surprising that the Discussion Guide makes no mention of the greatest cultural upheaval around psychotherapy in the last generation, namely, its virtual disappearance from psychiatry, in favour of the pharmacological management of mental disorders.

Might we suspect, therefore, that the drive for regulation is coming more from a desire to secure prestige for psychotherapy in the health field, than from a political response to actual harm being done to the public? For

certain obvious things are missing from HPRAC's work: 1) There is no actual survey of the psychotherapies being practiced in Ontario. 2) There is no attempt to outline a body of knowledge or a consensus about actual practice. 3) There is no survey of the public who are clients of psychotherapy about what forms they want, what has benefited them, what harm they have experienced. 4) There is no data about harm done by psychotherapists in Ontario. There are inferred possibilities of harm because of the nature of psychotherapy. And there are some general anecdotal references to litigation.

CAPT recommends that regulation be deferred until such studies and consultations are done. We urge HPRAC to make this recommendation to the Minister.

THE WORKING DEFINITION

Our apprehension begins with the working definition, for we do not find ourselves in it, since it defines psychotherapy as certain acts done by the psychotherapist:

“treatment of a person . . . through methods”

“A specific treatment plan guides the application of these procedures.”

Psychodynamic psychotherapy has many forms, but all of them emphasize the agency of the client and the cooperative nature of the work. I could find only one mention in the Discussion Guide of therapy as what the client does. On page 15, therapy is said to be “self-revealing” (it is probably not meant to refer to the therapist). If we find ourselves excluded in a definition trying really hard to be inclusive, how many other forms are being missed here?

What needs to be done for Ontario is an actual survey of the types of psychotherapy (self-described) practiced in the Province. This would demonstrate, I believe, the impossibility of a single useful definition.

BODY OF KNOWLEDGE

If you further asked for the psychological theories behind these multiple forms, you would find vast areas of theoretical conflict about human psychology and appropriate forms of therapy. There is nothing in psychology like the scientific consensus in physical medicine. Some groups may claim to have the correct science, but there is no consensus, and no government would have the competence to judge the matter. If some version of psychology and therapy is imposed, it will only be because one group has seized the power.

CONTROLLED ACT

All the controlled acts must be easily defined and empirically distinct. In the complex process of psychotherapy in any of its forms, it is impossible to isolate one or a set of acts that could be called “psychotherapy.” The ghost behind this question is the medical model of treatment. Oh that psychotherapy were as clear and indisputable!

CAPT urges HPRAC to recommend to the Minister that psychotherapy should not be a controlled act.

A NEW DISTINCTION

Instead of the constant division between regulated and unregulated, perhaps it would clarify things for HPRAC to distinguish between:

psychotherapy practiced within institutions funded by the state,
or in a form funded by the state
and

psychotherapy practiced privately, where the client chooses a therapist
and pays a fee.

We think the Government’s (the public’s) interest is quite different in the two cases. Consider the analogy of the different stake and responsibility the Government has in public education and , say, a private school of philosophy.

REGULATION AND TRAINING

CAPT thinks that any form of regulation should respect the heterogeneity of psychotherapy in Ontario; and that the central emphasis should be on training for the kind of psychotherapy one does.

Academic qualifications for professions that may or may not include psychotherapy are a distraction.

The fact is that training for some kinds of psychodynamic therapy cannot be fully provided in universities. A personal therapy required as part of the training is something universities cannot demand of their students. Medical doctors, psychologists, and social workers who wish to train as psychodynamic therapists usually do so outside the university.

A FORM OF SELF REGULATION

CAPT considers that its teaching institutes with their high academic standards, strong emphasis on clinical practice and supervision, and their rootedness in a long international tradition provide us with a model of a viable and tested form of self regulation.

CAPT itself has a code of ethics and the beginning of a resource collective for professional development. We also think that much of the perceived public anxiety about psychotherapy competence could be met by a Registry or Directory that would voluntarily list psychotherapists, their training, and relevant credentials. We have suggested this as part of the Council model to be discussed in our larger brief.

DISPUTE RESOLUTION

For those employed in state institutions, complaints could presumably be handled by employers or supervisors. For those in private practice, a statutory judicial body would be much too onerous and excessive.

CAPT would recommend a dispute resolution through mediation.

This mediation must not distort the delicacy and confidentiality of psychotherapy. Remember, gross violations like sexual abuse or fraud are

criminal matters. Remember also that fee paying clients can freely end their contracts if dissatisfied.

TITLE PROTECTION

If psychotherapy is statutorily regulated, it should not grant the regulated title protection because of the heterogeneity of psychotherapy, which entails that no one group has the right to define it exclusively. This will also demonstrate that regulation is not motivated by economic self interest on the part of the regulated.

GRANDPARENTING

Then there would be no need to grandparent anyone. However, if title protection was part of regulation, the grandparenting should be as extensive as possible and for a number of years; for the same reasons that militate against title protection.