



June 17, 2002

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Dear Dr. Klass,

On behalf of the Ontario Psychological Association (OPA) and the Canadian Psychological Association (CPA), we would like to thank the College of Physicians and Surgeons of Ontario for the opportunity to comment on the draft document "*Guidelines for Clinical Practice and Facility Standards-Psychotherapy*". We appreciate the collegial spirit in which the document has been shared with our community.

As you are aware, psychology and medicine have been co-operating more frequently and effectively over the past decade. This has led to higher quality of care for patients. Both OPA and CPA are committed to a multidisciplinary model of health care delivery. Examples include the current round of discussions on shared care that include family medicine, psychiatry, psychology, social work and occupational therapy, and the Health Action Lobby.

Psychology is uniquely positioned to comment on the *Guidelines*. Psychologists typically have at least 9 years, and Psychological Associates 6 years, of formal education and training in psychology. Much of the post-graduate experience is devoted to assessment, diagnosis and treatment which includes extensive work in psychological (psychotherapeutic) interventions.

As physicians are aware, psychologists provide services in a wide range of applied settings (ie hospitals, clinics, schools, private practice) across the continuum of care. A review of the briefs of our two associations to the Kirby and Romanow Commissions to be found on our web sites, for example, brings into focus the contributions of psychology across the continuum of care. Human behaviour is

critical to wellness, disease and injury prevention, effective diagnosis and cure, rehabilitation, the management of chronic disease and disability, and the end-of-life. Psychology is the study of the biological, cognitive, affective, social and cultural determinants of behaviour and the application of this knowledge in many domains, such as health.

We would like to highlight several aspects of the proposed draft “Guidelines”.

#### Format of the Guidelines

The American Psychological Association has published a template for the development of practice guidelines. The template stipulates that "The successful construction of guidelines relies on the availability of adequate scientific and clinical evidence concerning the intervention being applied and the diagnostic condition being treated" (APA, 1995; p. 2). The above statement clearly implies that practice guidelines are constructed for the assessment and/or treatment of specific mental health conditions. Guidelines define a set of procedures that are to be followed in the assessment or clinical management of such conditions, based on the best empirical evidence.

Practice guidelines assume that the practitioner already possesses the necessary foundational skills and experience to deliver the recommended intervention. For example, practice guidelines for the treatment of depression in adults might specify the use of cognitive-behavioural techniques for addressing cognitive components of the disorder. The guideline would not serve as a training mechanism of 'how to deliver' a particular cognitive-behavioural technique, nor provide a history of cognitive-behavioural therapy as an approach to treatment of depression.

The College of Physicians and Surgeons has taken an important step in recognizing the need for the development of clinical guidelines in the application of psychotherapy. However, given the fact that psychotherapy has too often been misused or applied in fragmented ways by underqualified, although well intentioned practitioners, we are concerned about the framework of the proposed guidelines. As currently written, the proposed guidelines are far too general in scope: they do not address specific conditions, nor are they based on currently available scientific data for treatment, either of mental disorders or mental conditions which have an impact on individuals' quality of life and overall psychological adjustment.

We would also highlight that these draft guidelines deviate substantially from the typical structure and format, by presenting a rather generic overview or primer on 'psychotherapy'. Even within such a format, as currently written, the content is superficially dangerous enough to render an under-trained or inexperienced reader a false conclusion that a reading of the document adequately prepares a physician to offer psychotherapeutic services to their patients. On the other hand, the general and fairly introductory nature of the guidelines makes them of little value to individuals that have received advanced formal training in psychotherapy.

#### Training and Maintenance of Competence

The minimal training requirements proposed in the guidelines fall far short of the requirements for psychotherapy training proposed by psychiatry training programs, the accreditation criteria outlined by the Canadian Psychological Association, the training requirements for psychotherapy proposed by the Canadian Group Psychotherapy Association, the American Group Psychotherapy Association, or the American Association for Marriage and Family Therapists. These groups/associations are recognised leaders in the training of psychotherapy and their guidelines for training should be considered the minimal acceptable standard.

#### Utilization of the Term - "Medical Psychotherapy"

The document states that only physicians have the scope of practice to treat emotional and psychological problems as part of medical illness patterns and to understand their impact on overall health status... " (p. 6). Our organizations have concerns regarding the use of the term medical psychotherapy in a manner that promotes exclusivity by medical practitioners. In fact, the psychological or behavioural aspects of health and health care are in no small measure based on psychological research and practice. For example, psychology makes important contributions to the effective management of chronic illness, long term disability and rehabilitation.

On the other hand, the document also states that it is neither suggested or implied that "psychotherapy offered by other properly trained professionals is in any way inferior" (p. 6), and that it may, in fact, be the treatment of choice for many clients. This is an important statement that could be strengthened. In fact, psychologists are specialists or experts in psychological interventions which include psychotherapy. Physicians need to know that specialists are available to assist their patients when counselling and physician psychotherapy is not enough.

Labels attached to exclusive practices may mislead both the public and physicians regarding the competency and scope of practice in which psychologists and other regulated professionals currently engage. Furthermore, to our knowledge, there is no current body of empirical literature that researches the nature and scope of medical psychotherapy in terms of its effectiveness relative to other forms of psychotherapy intervention. We would urge you to acknowledge the complexity of psychotherapy and psychotherapy training and the importance of services offered in this area by other trained and regulated professionals within their respective scopes of practice.

A number of qualified professionals are, in fact, well able to provide necessary treatment to clients whose emotional and psychological problems are part of medical illness patterns.

#### Dangers Related to Dual Relationships

In regulated professions such as psychology, a considerable body of empirical literature describes the critical nature of the psychotherapeutic relationship and its impact on the efficacy of treatment outcomes. Although the document devotes some attention to this relationship, and issues of transference and counter-transference, the OPA and CPA raise the concern regarding the considerable risk to patients that may be present in a blended model that includes both general health care delivery

and psychotherapy services by the same practitioner. The potential for negative impact as a result of dual relationships is exceedingly high. The presence of transference and counter-transference issues arising within the context of a psychotherapeutic relationship creates the potential for significant impact on the subsequent delivery of services related to physical health and the nature of the physician-patient relationship. Considerable risk to patients exists in the potential for confusion arising from issues within the psychotherapeutic relationship and the generalization of these issues to a physician-patient relationship that requires a different focus when dealing with matters related to physical health. In a similar vein, movement from a physician-patient relationship, where the focus has been on some aspect of physical health care delivery, to a psychotherapeutic relationship, in the absence of communication of the risks/liabilities as part of informed consent procedures could potentially pose significant danger to patients.

#### Assessing Personality or Cognitive Functioning

Page 152 of the document states that "it is usually the most difficult cases which are referred and, as with all tests, they are intended to support and enhance the clinical impression of the therapist". It is further stated that "clinical assessment of intelligence is notoriously unreliable, so there is a place for formal testing of intelligence where that is believed to be limiting the patient's progress in therapy". Given the wealth of knowledge and substantial history that psychology has had in the area of assessment, we again express concern with these statements and hold them to be inaccurate and misleading.

Psychological assessments are comprehensive in their scope, and psychometric testing provides information within a holistic approach to evaluation. The main aim of psychological assessments is to understand the person as a whole, to facilitate a better understanding of strengths and weaknesses across domains and functions, and to use observations, objective test findings and historical background information in order to arrive at formulations which will link findings to appropriate interventions. Typically, assessments begin with the formulation of hypotheses concerning the person's needs and status. Within the broad assessment context, psychometric measures and the data derived from them are analyzed to confirm or reject initial hypotheses.

Psychological tests are subjected to rigorous scientific review and revision in order to continue to be valid and reliable instruments. As such, there has been an ever growing body of empirical knowledge that has been published in refereed journals that supports their use and supports their statistical predictions over purely clinical predictions and impressions. As stated in the document, both physicians and their patients may be misled by the fragmented information and inaccurate understanding of the role of assessment. A comprehensive psychological assessment which includes the use of formal instruments and which is administered and interpreted by a psychologist provides a wealth of important information that goes well beyond the clinical impression of a single provider.

In closing, both the OPA and the CPA wish to acknowledge the leadership demonstrated by the CPSO in its effort to establish a set of guidelines for psychotherapy. Nevertheless, we remain concerned that this approach is unlikely to serve the public or medical profession well, by virtue of its failure to attend to the current state of scientific knowledge in the field of psychotherapy, as well as its

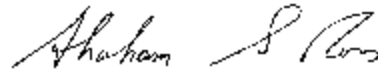
rather general and introductory nature . We believe that both practitioners and health care consumers would be best served by a model of care that treats psychotherapy as part of an integrated and comprehensive approach to healthcare. Moreover, we feel it is important that there be recognition of the knowledge and skills of all those regulated practitioners whose scope of practice incorporates psychotherapeutic interventions, and of their qualifications to do so. Within this spirit of mutual cooperation, the psychology profession would welcome the opportunity to commence a process of collaboration between the CPSO and our professional community in the ongoing development of psychotherapeutic guidelines that would best serve the public.

We thank you again for offering this opportunity to provide comments and we would look forward to a meeting with the CPSO in order that the above issues might be addressed more fully.

Sincerely,



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