



UCD School of Medicine Psychotherapy Programmes

Submission document¹ responding to the invitation from the Minister for Health, Simon Harris, TD in relation for recommendations regarding the statutory regulation of the titles ‘counsellor’ and ‘psychotherapist’.

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Introduction

This document represents the recommendations on behalf of the psychotherapy programmes delivered by the School of Medicine in University College Dublin (UCD)²:

- MSc in Psychoanalytic Psychotherapy (NFQ level 9)
- MSc in Child Art Psychotherapy (NFQ level 9)
- MSc in Systemic Family Psychotherapy (NFQ level 9)
- MSc in Group Analytic Psychotherapy (NFQ level 9)
- Graduate Diploma in Psychoanalytic Studies (NFQ level 9)
- Graduate Diploma in Child Mental Health (NFQ level 9)
- Higher Diploma in Psychotherapy Studies (NFQ level 8)

In this suite of programmes the four MSc programmes are clinical trainings in specific forms of psychotherapy practice. To achieve this they involve their students entering supervised practice.

The MSc in Psychoanalytic Psychotherapy, MSc in Group Analytic Psychotherapy, the Graduate Diploma in Psychoanalytic Studies and the Higher Diploma in Psychotherapy Studies are delivered in the School of Psychotherapy at St. Vincent’s University Hospital, Elm Park. The MSc in Child Art Psychotherapy and the MSc in Family Systemic Psychotherapy are delivered in the context of the Mater Misericordiae University Hospital, Dublin 7.

The MSc in Psychoanalytic Psychotherapy has historically been recognised as fulfilling criteria for application for membership of the Association for Psychoanalysis and Psychotherapy in Ireland (APPI). APPI have very recently joined the Irish Council for Psychotherapy and are in discussion with the School of Psychotherapy regarding changes to eligibility criteria. These discussions are progressing well.

The MSc in Group Analytic Psychotherapy contributes significantly to the training in Group Analysis recognised by the Irish Institute for Group Analysis (IIGA).

The MSc in Systemic Family Psychotherapy fulfils requirements for application to the Family Therapy Association of Ireland (FTAI).

Graduates of the MSc in Child Art Psychotherapy are represented by the Association for Child Art Psychotherapists (ACAP), a body progressing well in establishing this valued practice in the field of psychotherapy.

¹ There is considerable overlap in the main recommendations in this document and in the document submitted on behalf of the School of Psychotherapy at St. Vincent’s University Hospital. This is on account of there being a very close collaboration between the two institutions in the delivery of a number of programmes and extensive overlap in the personnel of the training faculties of each.

² Further information is available at www.ucd.ie/medicine/studywithus/graduatestudies/psychotherapy/



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The MSc programmes have distinct principles and techniques of practice. They have different therapeutic objectives. For all their differences they share the basic principle that a fundamental and determining activity of our mental life is not available to our conscious minds. They also share the recognition that any practitioner in these major modalities should be expected to undergo their own psychotherapy process. This process is co-extensive with the duration of the training programmes and is expected to be a fundamental component of a practitioners work long after completing the formal training period. On two of the programmes it takes the form of group work (MSc in Group Analytic Psychotherapy and MSc in Systemic Family Psychotherapy) and on two the student enters their own individual psychotherapy or psychoanalysis. This personal work is deemed to be essential and the *sine qua non* of the training. This requirement can therefore serve to distinguish the practice of the psychotherapist from other practices in mental health care. The requirement follows from the fundamental premise that mental life consists of significant activity that is not available to consciousness. It is only through a practitioner's own psychotherapy that this fundamental of practice can be taken on. Defining psychotherapy as a practice that works with unconscious processes of mind and requires a practitioner to have engaged in an extensive experience of their own psychotherapy makes a strong and accurate contribution to the work of distinguishing this form of practice and informing the public and other stakeholders about it. To omit or dilute these fundamental characteristics in the process of State Registration would be a most regrettable missed opportunity. These two characteristics – the existence of unconscious mental processes and the requirement that a psychotherapist enter their own personal psychotherapy - are crucial in any definition of the scope of practice of the profession of psychotherapist.³ Needless to say there is considerable debate across the psychotherapies concerning the understanding of these two aspects but it is not for a State Board to engage in that debate.

It is the view of the Psychotherapy Programmes in the School of Medicine in UCD that psychotherapy, for all the diversity of modalities, is a distinct practice. It is the view that a successful graduate of training in, say, psychiatry or psychology, should not be considered to automatically be qualified in the practice of psychotherapy.⁴ It follows from this that there should be a State Registration Board for the title psychotherapist in so far as psychotherapy can be accurately described as a health and social care profession. It would be expected that any person practising under the title psychotherapist would by law have to be a registrant of the State Board regardless of any other qualification or registration he or she might have. It would be expected that a registrant have completed a training that includes a clinical academic qualification specifically in the field of psychotherapy awarded by a University or QQI or equivalent from another jurisdiction.

The practice of counselling differs from the practice of psychotherapy. There are different training requirements for each. It is recommended that there be two distinct registers for the two titles. It is recommended that the public consultation process consider whether the titles *psychotherapist* and *counsellor* should be presumed to be the responsibility of the same State Registration Board.

³ The CORU document *Counsellors and Psychotherapists – steps to statutory registration* [<http://health.gov.ie/wp-content/uploads/2016/08/Appendix-2-Counsellors-Psychotherapists-regulation-report-CORU.pdf>] states that “Counsellors and Psychotherapist need to define the scope of practice of their work ..” p. 7.

⁴ This makes problematic the position that “Psychiatrists who practise psychotherapy are regulated under the Medical Practitioners Act 2007.” [<http://health.gov.ie/blog/publications/proposed-regulation-of-counsellors-and-psychotherapist-under-the-health-and-social-care-professionals-act-2005/>]. It would be expected that, if the title ‘psychotherapist’ is to be regulated under the Health and Social Care professionals Act [2005] then it would not be acceptable for a practitioner to use the title on the basis of a very different training. It has long been the case that a General Practitioner or Psychiatrist or Social Worker draw from the psychotherapy tradition in their different practices. This does make the GPO, the psychiatrist or the Social Worker a psychotherapist. It usually makes them a better practitioner in their challenging fields of endeavour and it is hope that this kind of cross fertilisation will continue into the future. The State registration process should bring greater clarity.



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Arguably, if the scope of practice, training requirements and objectives of practice are taken into account, the work of counselling could be appropriately aligned with the work that can be described as being within the tradition of psychology and counselling psychology. In other words it could be argued that the title *counsellor* could be appropriately regulated by a sub-committee of the State Board for the title *psychologist* tasked with the responsibility for a separate register for the title *counsellor*.

Regarding the diversity of practices that fall under the title psychotherapy it is understood that a State Registration process will not concern itself with the theoretical and practice distinctions between established forms of psychotherapy. This work of representing distinct practices and recognising that a practice is specifically one modality or another will be for professional bodies representing distinct modalities of psychotherapy to carry out.

We recommend a collaborative model for psychotherapy training: a University / third level College qualification combined with a period of supervised clinical training, a significant part of which takes place in public health service settings. For many years this has occurred on an *ad hoc* basis on the initiative of clinical directors who want their patients to have the opportunity to avail of psychotherapy. In line with the recommendations in the *A Vision for Change* [2006] document it is recommended that the State Registration process actively contributes to the development of psychotherapy services provided by the State. It recommends prioritising collaboration between training programmes and service providers in health and social care.

What follows are six sections responding briefly to the six headings identified by the Minister in his invitation for submissions to this public consultation.⁵ For each it is possible to elaborate argument supporting the position outlined here. It is requested that there will be arrangements in place to bring such argument to bear on this process. What is at stake is the definition of practices that can have a very significant impact in the lives of those undergoing these forms of work. It is incumbent upon all of us involved in these fields and in this process of consultation to apply all the rigour we can to this exercise. It is also crucial for the practices that can appropriately be described as psychotherapy have confidence in their form of work and allow it to establish its own unique contribution to Irish life and the alleviation of suffering therein.

⁵ <http://health.gov.ie/wp-content/uploads/2016/08/Appendix-1-Public-Consultation-on-Counsellors-and-Psychotherapists.pdf>



Recommendations

ONE: Whether the professions of counsellor and/or psychotherapist ought to be subject to State regulation.

There are two principal benefits to regulating a profession:

1. Protection of the public through a regulatory process. This should be expected to bring about a greater level of knowledge in the public domain of what is to be expected from these two professional practices
2. Growth in the presence of these two professional practices in society on the basis of greater knowledge of and confidence in these practices. This should maximise their different potential contributions to society through their being more clearly defined and known in Irish society

The proposal to regulate the professions of counsellor and of psychotherapist is to be welcomed and can be expected to achieve the two principal benefits identified above. In very broad terms certain identifiable tendencies in Irish life contribute to the argument that State regulation is now timely: the decline in engagement in other arrangements to speak such as with a religious minister or family doctor; the emerging recognition that addressing one's difficulties to another has a specific dynamic which requires a specific training for it to be properly handled; increasing tendencies towards greater care of the self through different practices; the evolution of the practice of psychology to assessment-focussed work and the evolution of the practice of psychiatry to have responsibility for pharmacological intervention in mental illness and disorder as well as for risk assessment, mental health tribunal / court representation and leadership of mental health teams. It is widely acknowledged that a profession whose contribution is the provision of the opportunity of a 'talking cure' would be a major asset in mental health and social care work in Ireland today.

TWO: If so, whether the professions ought to be regulated under the Health and Social Care Professionals Act 2005 or otherwise.

The Health and Social Care Professionals Act [2005] is an appropriate statute under which to regulate the titles *counsellor* and *psychotherapist*. The Act is framed in language that would not restrict the registration of these titles and would tolerate diversity of practice under the titles reflecting the range of forms of work that are described as counselling or as psychotherapy. Such diversity is important for the on-going scrutiny of forms of work each form of practice has to represent itself as distinct and valid, if it is to receive any kind of endorsement.

The arguments above as well as the fact that there are now a considerable number of practitioners working under the titles counsellor and psychotherapist without State regulation make it "appropriate and in the public interest that the profession be designated under this Act .."⁶

Included in the Act [Part 3, sections 26 – 28, in particular] are structures for the effective representation of the key stakeholders: practitioners / registrants, training institutes, service providers and the general public. There are also clearly described structures for the introduction of a State Registration Board for a particular title. With the diversity of practices that fall under the term psychotherapy it would be crucial to establish a culture of fair and unbiased representation on the Board. This may require extending representation on a State Board to allow representation of the

⁶ Health and Social Care Act [2005], section 4, (2)c.



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major forms of psychotherapy. It would also be important to represent service providers comprehensively, including interventions with children and young people.

The State Board should set out guidelines regarding CPD. It would be expected that CPD events and activities would be delivered by training institutes as well as professional bodies. It would be important that no one professional body monopolise CPD or training in any specific form of psychotherapy for the purposes of attaining State Registration. The establishment of State Registration should bring to an end the practice whereby a job application either requires an applicant to have a qualification apart from a recognised one in psychotherapy;⁷ or requires an applicant to be a member of a specified professional body where the job description does not justify distinguishing between different professional bodies representing different approaches within the same tradition of psychotherapy. At the same time professional bodies can continue their practice of recognising the specific modality of psychotherapy practice of their members and representing in the public domain that specific form of work.⁸

THREE: If the professions are to be regulated under the 2005 Act whether it would be appropriate to regulate one or two professions under one registration board.

There has been much discussion over the past decades on the relation between the practices of counselling and psychotherapy. This public consultation process provides an opportunity to attempt to establish clearer distinctions to the benefit of these two different practices, its practitioners and the public availing of these forms of work. It can do so without denying that historically it has been very difficult to draw a clear line between the two terms. This arises to some extent from the fact that the work of pioneers in forms of practice addressing mental illness and disorder have become the basis of practices that can be described as both counselling psychotherapy.⁹ Arguably the difficulty can be addressed at this point in time if consideration is given to the two very distinct practice positions indicated by the two terms, even if they draw from shared theoretical material.

The expectation from a practice described as counselling is for recommendations regarding courses of action to be taken. This requires the counsellor to represent the position of what conventional common sense would best advise bearing in mind the very specific circumstances of the advisee. In terms of the use of the word counsellor it is noteworthy that it is used across many different contexts: financial, guidance, legal, addiction to mention but a few. In each there is the expectation that the counselling process will contribute to the advisee being able to carry out new actions that are more beneficial to him or to her.

The expectation from psychotherapy, whatever its modality, is very different. What is expected is a therapeutic effect. This may or may not involve new actions. It is primarily an activity involving the articulation of mental life. The psychotherapist is not an adviser. He or she practices to elicit the content of the mind, particularly in relation to the products of the unconscious processes of mind.

⁷ There has been many instances where the post of therapist has been advertised with the eligibility criteria that the applicant be a qualified social worker, psychologist, medical practitioner or nurse. This practice can now with State Registration be abandoned as it is untenable.

⁸ Again there have been instances where a job has been advertised with the criterion that an applicant be a member of a designated psychotherapy professional body and excluding applicants from other bodies where there is no justification in terms of the job description for this discrimination. Again with State Registration this practice can be abandoned as untenable.

⁹ The work of pioneers such as Sigmund Freud, Carl Jung and Carl Rogers is such that it has laid foundations for practices that can be described as counselling and practices that can be described as psychotherapy.



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There is a complexity to the difference that can be supported in further argumentation but it should be borne in mind for the purposes of this public consultation that the practice of counselling requires a very different position to the practice of psychotherapy. This has nothing to do with levels of education or competencies. The practice position of a counsellor is different from that of a psychotherapist. It requires different competencies and different training. It is wrong and arguably untenable to distinguish between these two forms of practice in terms of different levels of academic achievement on the NFQ.

In light of this it can be argued that the position of practice of the counsellor has more affinity with the position of the psychologist. Therefore, the recommendation is that consideration be given to the proposal that the title counsellor be the concern of the State Registration Board for the title *psychologist*, albeit with its own separate register, needless to say.

In sum the recommendation is for there to be two professions with two different sets of educational and experiential requirements and that the title of counsellor should have its own register distinct from the register of the title psychotherapist.

FOUR: The appropriate level of “grand parenting” qualifications to be set for existing practitioners having regard to the QQI Awards standards

The process for registering existing practitioners is clearly set out in section 91 of the Health and Social Care Professionals Act [2005]. The QQI Awards standards document can be used as a guide for determining that a practitioner’s training contain elements equivalent to the categories of knowledge and competencies followed by the QQI document. The State Board’s initial work would be to process applications from existing practitioners and should be resourced to carry out this initial additional piece of work in the two year period allotted.

Any practitioner being granted the title psychotherapist should be able to attest to having undergone an extensive period of psychotherapy related to their training. Should this not be possible to have verified an applicant should be expected to undertake the psychotherapy ahead of the title being granted.

FIVE: The appropriate level of qualifications to be set for future applicants for registration having regard to the QQI Awards standards

This is the work to be carried out by the State Board with responsibility for the title. For the title psychotherapist the recommendation would be a minimum clinical Masters level qualification in a recognised modality of psychotherapy along with an additional appropriate period of supervised practice as a trainee.¹⁰ The period of training should not be set but it would be expected that the combination of a clinical Master’s qualification and a period of trainee supervised practice would take a minimum four year period. Within the Masters component and the supervised trainee practice component there should be mechanisms of assessment of competency in practising the specific form of psychotherapy. There needs to be mechanisms through which a trainee would exit a training should he or she not be fulfilling the criteria being used to assess competency in the specific form of psychotherapy.

¹⁰ It is important that forms of psychotherapy take responsibility to represent themselves in their clinical literature. It would be inappropriate to apply assessment strategies from the empiricist tradition of science as the measure of a form of psychotherapy’s effect and worth.



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Fundamental to any State registration of the title psychotherapist should be the requirement that the practitioner has been undergoing their own personal psychotherapy in a form appropriate to their training and practice. Verification of this should not be expected to come directly from the practitioner with whom the trainee / applicant worked in their personal psychotherapy but can very effectively come through the training institute.

SIX: The title or titles that ought to be protected for the exclusive use of registrants.

Following the above points the recommendation is that there be two titles: counsellor and psychotherapist.

It is not recommended that new forms of title that are not used in everyday language (such as 'psychological therapist') be considered. This would defeat the purpose of state registration as it would leave the public none the wiser and unprotected where a practitioner describes himself or herself as a psychotherapist. Any benefit from State registration will depend on it addressing titles already in common use. The exercise of State Registration can educate the public and practitioners alike in the definition of principles and scope of practice.

Signed:

A handwritten signature in black ink that reads "Barry O'Donnell". The signature is written in a cursive style and is positioned above a horizontal line.

Date:

30th November 2016