

HPRAC
PSYCHOTHERAPY LIT REVIEW

For Discussion

July 3, 2005

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Request from the Minister of Health and Long-Term Care

In his letter of referral of February 7, 2005 to the Health Professions Regulatory Advisory Council (“HPRAC”), the Minister of Health and Long-Term Care asked HPRAC to consider:

Psychotherapy

- 1) Whether psychotherapy should be an additional controlled act under the *Regulated Health Professions Act, 1991*, (“*RHPA*”) and if so, which regulated professions should have psychotherapy in their scopes of practice and how should standards be set and measured
- 2) Whether psychotherapists should be regulated under the *RHPA* as a profession, what their scopes of practice should be and what controlled acts they should be authorized to perform, as well as any protected titles, and whether it is appropriate that psychotherapists be regulated under an existing profession specific act.

Introduction

The following document provides a brief, descriptive overview of regulatory approaches to psychotherapy. This paper is not intended to provide an exhaustive examination; rather it offers a top-line summary of regulatory approaches and activities in a number of different regions, a review pertaining to risk of harm and a summary of case law regarding therapy and harm.

The jurisdictions identified and described in this paper were selected based on discussions with, and reviews of recent papers, documents and briefs prepared by, government agencies, NGOs, professional associations and trade groups. The paper has been organized geographically by region – UK, Australia, New Zealand, Canada and the United States. Best efforts were made to ensure that the information contained herein is up to date as of June, 2005; however, as a number of regions are currently in the process of reviewing the regulation of psychotherapy, changes that may have occurred could affect the accuracy of the information contained herein.

This literature review should be read in conjunction with the summary table - **The Review of Psychotherapy Statutory Regulations by Jurisdiction.**

Quebec

Current Status

In Quebec, the title of psychotherapist is not controlled. There are no regulations specifically governing the practice of psychotherapy, nor are there any university programs that lead to a degree in psychotherapy.

The title of psychotherapist can be used not only by psychologists and psychiatrists who provide psychotherapy services but also by any other person, whether or not they have adequate training.

Marriage and Family Therapists in Quebec do have psychotherapy listed within their scope of practice. They are regulated by the Professional Order of Social Workers of Quebec, with their own representative on the governing council, and their own separate advisory committee.

Definition

Psychotherapy is not defined by statute.

Psychotherapy is a structured interactional process that, based on a diagnosis, aims to treat a mental disorder by using psychological methods recognized by the scientific community. It is a personal process in which the psychologist helps you to see more clearly, to explore and to take actions that lead to change.

(The Ordre Des Psychologues Du Québec)

Background

Quebec's Professional Code came into force in 1974. Under the Code, the government is mandated to create professional orders and entrust them with the function of protecting the public with respect to activities involving the risk of prejudice to physical and psychological integrity and to property.

The *Professional Code* defines two types of professions

- those with reserved titles and;
- those with reserved titles *and* the exclusive right to practice.

There are currently 50 professions regulated by the Professional Code, 25 with reserved titles and 25 with the exclusive right to practice. These 50 professions are supervised by 45 professional orders.

In 1998, the Quebec National Assembly enacted a law that authorized the amalgamation of different professions into one professional Order if, in the government's opinion, it is necessary for the protection of the public that they be granted a reserved title.

British Columbia

Current Status

In the summer of 2004, a Working Committee was struck to identify the general competencies for counseling therapy common to all counselors practicing in BC.

The *Health Professions Act* does not regulate counseling, psychotherapy or psychotherapists. Discussions in British Columbia regarding regulation are on-going.

Background

In 1991, The *Health Professions Act* was proclaimed and the Health Professions Council (HPC) is established to review applications for designation of new health professions under the Act.

In 1993, the HPC mandate was expanded to give consideration to designate all health professions under the *HPA*, and to develop BC's reserved act model. The act regulates 23 professions in British Columbia including psychology and psychiatric nursing.

Between 1992 and 1997, Marriage and Family Therapists, Clinical Counselors, Professional Counselors, Art Therapists, and Rehabilitation Personnel applied to have their professions designated under the *HPA*. However, in 1998, the HPC ruled that there was too much diversity among this group to regulate as a whole.

United Kingdom

Current Status

The United Kingdom does not have statutory regulations establishing who may practice as a psychotherapist, nor is there any title protection regarding who may use the titles such as Psychotherapist, Psychoanalyst, Counselor, etc. A Statutory Regulation Working Group has been struck by the Department of Health to examine the implications of both self-regulation and statutory registration.

In 2002, the government and The British Psychological Society (BPS) agreed to a proposal for the statutory regulation of practicing applied psychologists. The first model was proposed in October 2003 and as of June, 2005 the British Psychology Society rejected the Department of Health's proposal that the Health Professions Council should take responsibility for the statutory regulation of psychologists.

There are several voluntary registries for psychotherapy in the UK. The United Kingdom Council for Psychotherapy (UKCP) maintains a National Register of Psychotherapists that is published annually, and only psychotherapists who meet the training requirements of UKCP and abide by its ethical guidelines are included.

The British Confederation of Psychotherapists (BCP), a national body linking long-standing training and professional organizations in the field of psychoanalysis, analytical psychology, psychoanalytic psychotherapy, and child psychotherapy maintains a voluntary registry of mental health providers in the UK.

The College Of Psychoanalysts, a professional body for psychoanalytic practitioners in the United Kingdom, administers and publishes a voluntary Register of Practitioners of Psychoanalysis. All practitioners on the Register have completed a psychoanalytic training that is recognized by The College.

Background

The 1970 Foster Report recommended that, for the protection of the public, **psychotherapists in the United Kingdom should be registered.**

In May 2000, the House of Lords introduced the ***Psychotherapy Bill***. The bill proposed establishing a body known as the **General Psychotherapy Council** to provide for the regulation of the profession of psychotherapy, the registration of psychotherapists and the means for development and promotion of the profession.

Under the proposed bill, The General Council would hold consultations with representatives practicing psychotherapy in order to identify standards of conduct and practice expected of registered psychotherapists. This private members bill was defeated in 2001.

Following the failure of the 2000 Psychotherapy Bill, an effort to regulate psychotherapy in the U.K., the Department of Health indicated that they would begin discussions to add psychotherapy to the list of professions regulated by the Health Professions Council (HPCUK).

Australia – Queensland

In 1996, the Queensland Government released a draft working paper called *The Review of Medical and Health Practitioner Registration Acts* that examined the administration and interpretation of psychological tests and the administration of psychotherapy.

The review considered that the range of harms was difficult to define and that harm from psychotherapy was unlikely to directly involve loss of life. The review concluded that, given the definitional difficulties and the lack of clearly definable harm, psychological testing and psychotherapy should not be included in the core practices model.

Australia – Victoria

Current Status

In the fall of 2003, the Victorian Department of Human Services issued a discussion paper on the regulation of health professionals including psychotherapists and counselors, noting:

Some counselors and psychotherapists are registered as psychiatrists, psychologists, doctors, nurses, etc. and are therefore already subject to statutory regulation. The majority of counseling and psychotherapy practitioners, however, are not subject to statutory registration requirements in any state or territory and there are no barriers to entry to the profession.

In April 2005, the Victoria Department of Human Services announced that once details of the proposed reforms are finalized for the **existing** registered health professions, the Department will examine the regulatory reforms that are required for unregistered health professions, including psychotherapy. According to the Department, “Once the key features of a preferred self-regulatory model for psychotherapy and counseling are identified and agreed by relevant parties, the model will be implemented.”

The Victorian Department of Human Services has funded Psychotherapy and Counseling Federation of Australia (PACFA) to conduct a study of self-regulatory models, including:

- A review of models of best practice in self-regulation.
- Focused consultation with PACFA member associations.
- Broader consultation with peak bodies that represent other unregistered health professions and other experts in the field.

To date, the PACFA review has identified the following key components of self-regulation:

- **Accountability:** registration boards should be accountable to the community for their decisions and operations.
- **Transparency:** the decision-making processes of registration boards should be open, clear, and understandable to both consumers and professionals
- **Fairness:** registration boards should maintain an acceptable balance between protection of patients/consumer rights and interests, and those of the regulated health professionals
- **Effectiveness:** the regulatory system should be effective in protecting the public from harm and supporting and fostering the provision of high quality care
- **Efficiency:** the resources expended and the administrative burden imposed by the health professions regulatory system should be justified in terms of the benefits to the Victorian community
- **Flexibility:** the regulatory system should be able to respond to emerging issues in a timely manner as the health care system evolves and the roles and functions of health professionals change
- **Consistency:** there should be consistency across Australian states and territories in the regulatory arrangements for the health professions (Carlton, 2003).

Q.V. Appendix II – Categories of Registration and Eligibility Criteria for Psychotherapy

Definition

While counseling and psychotherapy overlap considerably, there are some distinctive differences. The focus of counseling is more likely to be on specific problems or changes in life adjustment. Psychotherapists are more likely to work intensively with deeper issues and/or more deeply disturbed clients who are seen more frequently and over a longer period of time.

It is recognized that a wide range of professions may use a variety of counseling skills as part of their practice, and that the term counseling is part of everyday language with different meaning in different contexts. This has led to difficulties in reaching consensus about the distinctive nature of counseling and psychotherapy as a profession. Compared with most other health professions, counseling and psychotherapy are in a relatively early stage of development as a profession, providing us with both opportunities and challenges in self-definition.
(Psychotherapy and Counseling Federation of Australia)

Background

A 1998 review of *the Health Services Act* highlighted concerns about the unrestricted use of the titles 'psychotherapist' and 'counselor'. The Health Services Commission raised particular concerns about practitioners deregistered by the Medical Practitioners Registration Board and the Psychologists Registration Board who continue to use such titles. This is of continuing concern and reforms to strengthen the powers of the HSC via a negative licensing scheme¹ may provide additional public protections.

New Zealand

Current Status

Psychotherapy and psychotherapists are currently unregulated in New Zealand. In December, 2004 the New Zealand Ministry of Health received a proposal from the New Zealand Association of Psychotherapists (NZAP) that psychotherapy be approved as an additional profession for inclusion in the scope of the *Health Practitioners Competence Act*.

The New Zealand Association of Psychotherapists (NZAP) has proposed multiple scopes of practice- **General**, **Specialty** and **Limited** – to cover the range of activities undertaken by Psychotherapists and that a separate board be established for Psychotherapy.

The Ministry of Health distributed a questionnaire as part of a consultation process in response to the request from NZAP. Submissions closed February 25th and the Ministry is currently reviewing the submitted proposals.

¹ Negative licensing is legislation detailing what is not acceptable in the operation or activities of an occupation, provides sanctions for unsatisfactory conduct and restricts practice to those possessing a certain qualifications.

Definition

Treating emotional distress and/or psychological disturbance occurring within and between individuals, families and groups. Undertakes initial assessment to establish a provisional diagnosis and formulation regarding the course of Psychotherapy, taking into account identified changes required in cognition, affect and behaviour. Develops a detailed understanding of the influence of early experience on current functioning and the extent to which unconscious process relates to present difficulties.

Maintains the therapeutic relationship as a basis for discovering and exploring previously subconscious material and assists the process of integrating this experience into consciousness. Reviews assessment, formulation and progress of Psychotherapy and the process of change. Maintains clinical supervision and attends to personal and professional education and development as a continuing process throughout their working career. (New Zealand Standard Classification of Occupations as cited in the Ministry of Health: *Proposal That Psychotherapy Become a Regulated Profession*)

Background

New Zealand passed the *Health Practitioners Competence Act* in September, 2003. The principal purpose of the HPCA legislation is to “protect the health and safety of the public by providing the mechanisms to ensure that health professionals are competent and fit to practice their profession”.

The *Health Practitioners Competence Assurance Act 2003* requires that the Minister of Health consult with any organization that, in the Minister’s opinion, has an interest in any proposal to add a profession to those regulated under the HPCAA.

NZAP Proposed Scopes of Practice in response to the Proposal to Regulate Psychotherapy

Limited Scope of Practice – A **limited scope** of practice may be granted to psychotherapists who have completed their training and are practicing under supervision for the purpose of achieving full registration. Psychotherapists working within a limited scope of practice would need to demonstrate competence at the standard currently required for admission to provisional member status in NZAP. Current requirements include completion of formal training in psychotherapy sessions, a demonstration of psychotherapeutic skill of the candidates own choosing, and a commitment to continue to practice under regular supervision and to undertake further personal psychotherapy as needed

General Scope of Practice – Psychotherapists working within a general scope of practice would be expected to have completed a recognized course of training in psychotherapy, possess a sound knowledge base and set of skills, and to have completed a minimum of 1500 supervised psychotherapy sessions. In addition to these requirements, full membership in NZAP establishes fitness to practice psychotherapy through careful evaluation of a therapeutic case study, work practice description, verbatim transcript, and an oral interview conducted by experienced practitioners that includes an interactive assessment of the candidate’s emotional intelligence and relationship skills. It is anticipated that requirements for full registration would include a demonstration of these competencies.

Specialty Scope of Practice - The practice of psychotherapy within a **specialty scope** is defined as providing or offering to provide specialized psychotherapy services to a particularly vulnerable or at risk client group (e.g. children, the elderly, trauma survivors). Specialty scopes of practice would be developed over time as needed, depending on the amount of specialization required and the degree to which a particular client group may be vulnerable and at risk. For example, to develop an appropriate specialty scope of practice for psychotherapeutic work with children, standards of safety and competence would be developed through a series of consultations between NZAP and the New Zealand Association of Child and Adolescent Psychotherapists.

The following questionnaire was distributed as part of the consultation process in New Zealand.

The ministry of health invites your view on the proposal that psychotherapy become a regulated profession under the Health Practitioners Competence Assurance Act 2003. To assist you do so, the Ministry has drawn up the following questions that are intended to tease out the ingredients required by the protocol, to be established. You may wish to address all or some of these questions.

1. Is psychotherapy a health service, as defined by the HPCAA? NB: The Act defines this as “a service provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals.”
2. Are psychotherapists generally agreed on the qualifications the health services that they provide?
3. Is there a risk of harm to the public from the practice of psychotherapy?
4. If so, what is the nature, frequency and severity of the potential risk to the public? What is the likelihood of the risk occurring? [In addressing the risk of harm, are the risks associated with the practice of proposed profession, as distinct from risks inherent in the area of health care within which the profession operates?]
5. Other than due to the risk of harm, is it in the public interest that the profession of psychotherapy be regulated?
6. Are practicing psychotherapists generally agreed on the standards that psychotherapists are expected to meet?
7. Are practicing psychotherapists generally agreed on the competencies for scopes of practice for psychotherapy?
8. What is the nature of the activities undertaken by members of the profession?
9. Is the profession regulated overseas, and what risks, if any, have been identified in overseas experience or studies?

10. Identify what qualifications are generally held by members of the profession and the degree of uniformity in qualifications across members?
11. Does your organization accord to any standing or status to the profession of psychotherapy or to practitioners who practice as psychotherapists?

Notes on the Regulation of Psychotherapy in the United States of America

A review of American approaches to the regulation of psychotherapy turned up several different approaches to regulating psychotherapy.

Colorado and Vermont are the only two jurisdictions that regulate the profession of psychotherapy, while several other states, such as Arizona, California, and Florida define psychotherapy within the scope of practice of various professions (e.g social workers, physicians, etc.) that are exclusively licensed to provide psychotherapeutic mental health services. Minnesota's definition of psychotherapy is also provided within the context of licensed professions, but like Vermont and Colorado, Minnesota makes an exception for unlicensed mental health practitioners who may provide psychotherapy and other mental health services for remuneration without any state license or certification. These unlicensed individuals are monitored by the Department of Health, Office of Mental Health Practice; they must provide their clients with a Bill of Rights and have the option of voluntarily registering.

A final group, composed of Nebraska, New York, Wisconsin and Wyoming provide a statutory definition of psychotherapy and regulate by licensure the professions that may provide psychotherapeutic services.

Colorado

Under the *Mental Health Statute* (1998) six mental health professions are regulated, including unlicensed psychotherapists.

- Licensed psychologists (including licensed school psychologists)
- Licensed and registered social workers
- Licensed marriage and family therapists
- Licensed professional counselors
- Addiction counselors
- Unlicensed Psychotherapists

Note – psychiatrists are not included under this act, they are regulated by the Colorado Medical Practice Act.

The practice of psychotherapy is regulated by registering, certifying, and licensing those mental health professionals who practice psychotherapy. The Statute created the following boards to regulate the relevant professionals:

- The Board of Psychology Examiners (Psychology Board);
- The Board of Social Work Examiners (Social Work Board);
- The Board of Marriage and Family Therapist Examiners (MFT Board); and
- The Board of Licensed Professional Counselor Examiners (LPC Examiners)
- The State Grievance Board (SGB) regulates unlicensed psychotherapists.

Each board is authorized to adopt and revise rules; adopt examinations; deny, withhold or approve license-applicants and to renew licenses; appoint advisory committees; and, hold hearings.

Definition

Psychotherapy follows a planned procedure of intervention, which takes place on a regular basis, over a period of time, or in the cases of testing, assessment, and brief psychotherapy, it can be a single intervention. Unlicensed psychotherapist means any person whose primary practice is psychotherapy or who holds himself or herself out to the public as being able to practice psychotherapy for compensation and who is not licensed under this title to practice psychotherapy.

(Colorado Mental Health Statute, 2004)

Unlicensed psychotherapist means any person whose primary practice is psychotherapy or who holds himself or herself out to the public as being able to practice psychotherapy for compensation and who is not licensed under this title to practice psychotherapy. "Unlicensed psychotherapist" also means a person who is a licensed school psychologist licensed pursuant to section 22-60.5-210 (1) (b), C.R.S., and who is practicing outside of a school setting.

(Colorado Mental Health Statute, 2004)

The following table provides an overview of the premitted scope of practice for each of the regulated health professions in Colorado.

**Table 1
Scopes for Practice for Mental Health Professionals in Colorado**

Skills building				X		
Supervision		X	X			
Social Policy Development		X				
Management & Administration		X				
Consultation		X	X			
Care Planning		X				X
Advocacy		X				X
Mediation		X				
Case Management		X				X
Client Education		X	X			X
Crisis Intervention		X				X
Treatment Planning		X	X			X
Vocational Development				X		
Domestic Violence		X	X	X		
Research	X	X				
Sports Psychology	X					
Communities	X	X				
Organizations	X	X				
Forensic Psychology	X					
Health Psychology	X					
Rehabilitation Psychology	X					
Evaluation	X		X			X
Alcohol & Drug Abuse	X	X	X	X		X
Diagnosis	X	X	X			
Testing Assessment	X	X	X	X		
Psychotherapy (individual, group, families)	X	X	X	X	X	X
	Psychologists	Social Workers	MFTs	LPCs	Unlicensed	CACs/LACs

Vermont

Current Status

Vermont regulates professions who practice psychotherapy under the *Professions and Occupations Act* (1998). This group of professions includes psychoanalysts and non-licensed psychotherapists, physicians, psychologists, clinical social workers, clinical mental health counselors, and marriage and family therapists, who practice psychotherapy.

Non-licensed/non-certified psychotherapists are registered on a roster and must agree to practice according to established standards of professional conduct (non-licensed means a person who practices psychotherapy and is neither a licensed psychologist, clinical social worker or mental health counselor; non-certified means a person who practices psychotherapy and is neither a certified marriage and family therapist or a psychoanalyst). They are subject to disciplinary standards from the board of allied mental health practitioners in the event that they fail to adhere to these standards.

The other professions who practice psychotherapy are licensed and regulated by professional boards or the Vermont Office of Professional Regulation.

Definition

"Psychotherapy" involves the application of therapeutic techniques to understand unconscious or conscious motivation, resolve emotional, relationship or attitudinal conflicts, or modify behavior which interferes with effective emotional, social or mental functioning. "Psychotherapy" follows a systematic procedure of psychotherapeutic intervention which takes place on a regular basis over a period of time, or, in the case of evaluation and brief psychotherapies, in a single or limited number of interventions.

(Title 26: Professions and Occupations Act, Chapter 65)

Arizona

Current Status

While there is no license specific to the practice of psychotherapy, if an individual is practicing any aspect of psychotherapy ("assess, appraise, evaluate, diagnose, and treat individuals, couples, families and groups through the use of psychotherapy"), they must apply for licensure in one of the following areas:

- Professional Counselor
- Associate Counselor
- Substance Abuse Counselor
- Marriage and Family Counselor
- Social Worker

Definition

Psychotherapy means a variety of treatment methods developing out of generally accepted theories about human behavior and development.

(Title 32; Chapter 32-3251 – 11)

Background

In July of 2004, Arizona passed the *Professions and Occupations Act*, which regulates 42 professions in Arizona, including Behavioral Health Professionals (Professional Counselor, Substance Abuse Counselor, Marriage and Family Counselor, and Social Worker) by requiring licensure to practice certain acts, including psychotherapy.

California

Current Status

Under California's *Business and Professions Code 2004*, Marriage and Family Therapists (MFT), Licensed Clinical Social Workers (LCSW), Psychologists, Psychiatrists, Psychiatric Technicians, and Advanced Practice Nurses are the only professions licensed to practice psychotherapy.

Definition

The *Business and Professions Code 2004* defines psychotherapeutic practices in the context of each profession's scope of practice.

Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.

(*Business and Professions Code, Section 4996.9- Social Work*)

Psychotherapy within the meaning of this chapter means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive.

(*Business and Professions Code, Section 2903- Psychology*)

Background

California does not regulate art, dance, music and recreational therapists. Non-MFT counselors are eligible to work in California without state licensure. There is a voluntary registry of non-licensed counselors administered by the California Registry of Professional Counselors and Paraprofessionals. Alcohol and drug abuse counselors (substance abuse counselors/ rehabilitation counselors) may voluntarily register with the California Association for Counseling and Development. California is one of only four states in the U.S. that does not license master's level counselors (the others are Nevada, Hawaii, Massachusetts).

In February, 2005 *ASSEMBLY BILL No. 894* was introduced to amend the *Business and Professions Code* to provide for the licensing and regulation of professional counselors by the Board of Behavioral Sciences.

Florida

Current Status

In Florida, only licensed Counselors, Clinical Social Workers, Master-Social Work, Marriage and Family Therapists, Mental Health Counselors, Physicians, and Psychologists may practice psychotherapy.

Under Florida Statute *Title XXXII - Regulation Of Professions And Occupations*:

No person shall hold herself or himself out by any title or description incorporating the word, or a permutation of the word, "**psychotherapy**" unless such person holds a valid, active license under chapter 458 [**physicians**], chapter 490 [**psychologists**], or chapter 491 [**Counselors, Clinical Social Workers, Master-Social Work, Marriage and Family Therapists, Mental Health Counselors**] or such person is certified as an advanced registered nurse practitioner, pursuant to s. 464.012, who has been determined by the Board of Nursing as a specialist in psychiatric mental health.

Background

Title XXXII - Regulation Of Professions And Occupations regulates thirty-Seven Health care professions under separate Chapters – each of which establish each profession's scope of practice, grounds for disciplinary actions, and other licensure functions.

The Florida State Department of Health Medical Quality Assurance Program (MQA) regulates health care practitioners to ensure they meet the standards of their profession through testing, licensing, credentialing and continuing education requirements. Professional licensing boards or councils are assigned to the MQA for administrative support purposes and are responsible for:

- Setting licensing requirements for the profession;
- Establishing standards of professional practice;
- Verifying applicant credentials (credentialing);
- Issuing and renewing members' licenses;
- Curtailing unlicensed activity; and
- For professions without a national examination--preparing and administering licensing examinations

Minnesota

Current Status

Individuals may provide psychotherapy and other mental health services for remuneration without any state license or certification; however, Minnesota Statutes specify prohibited conduct and reporting requirements that can be the basis for disciplinary action against unlicensed practitioners. In addition there are common law and statutory causes of civil action as well as criminal prohibitions that can sanction or prevent illegal practices. Prosecutors and dissatisfied consumers can use these laws to seek punishment and restitution whether or not occupations are regulated.

Social workers and Marriage and Family Therapists require licenses and are regulated by the Board of Social Work. Alcohol and Drug Counselors require licenses and are regulated by the Department of Health, Health Occupations Program. Psychologists are licensed under the *Minnesota Psychology Practice Act* regulated by the state Board of Psychology

Unlicensed mental health practitioners are regulated by the Office of Mental Health Practice (OHMP), Department of Health. The OMHP requires unlicensed mental health practitioners to follow certain rules of conduct, and to provide their clients with the Mental Health Client Bill of Rights. Consumers receiving mental health services, or any concerned individual, may file a complaint about an unlicensed mental health practitioner with the OMHP, or receive information from the OMHP about state regulations governing both licensed and unlicensed mental health practitioners.

Definition

Psychotherapy is defined in the context of the various professions that are licensed:

Psychotherapy in clinical social work practice means the application of social work theory, methodology, and values in the treatment of a person or persons who have cognitive, emotional, behavioral, or social dysfunctions through psychosocial, psychological, or interpersonal methods. The treatment is a planned and structured program which is based on information from a differential diagnostic assessment, and is directed toward the accomplishment of goals provided in a plan of care. The person-in-situation/ environment configuration is considered and integrated into the diagnosis and treatment.

(Minnesota Statutes 2004, Chapter 148B, section 148B.18)

Practice of psychology means the observation, description, evaluation, interpretation, or modification of human behavior by the application of psychological principles, methods, or procedures, to prevent, eliminate, or manage symptomatic, maladaptive, or undesired behavior and to enhance interpersonal relationships, work, life and developmental adjustment, personal and organizational effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, the following services, regardless of whether the provider receives payment for the services: **psychotherapy**, including but not limited to, categories such as behavioral, cognitive, emotive, systems, psychophysiological, or insight-

oriented therapies; counseling; hypnosis; and diagnosis and treatment of: (i) mental and emotional disorder or disability; (ii) alcohol and substance dependence or abuse; (iii) disorders of habit or conduct; (iv) the psychological aspects of physical illness or condition, accident, injury, or disability; (v) life adjustment issues, including work-related and bereavement issues; and (vi) child, family, or relationship issues;
(Minnesota Statutes 2004, Chapter 148B, section 148.89 Sub 5)

Background

Minnesota Statutes Chapter 214 specifies the conditions under which occupational regulation is required and calls for the least restrictive form of regulation to be preferred. Thus, a number of approaches can be considered as alternatives to licensure, certification, or registration in situations where some regulation is needed, but a less restrictive approach will serve.

Massachusetts

The Massachusetts Division of Professional Licensure (DPL) regulates over 40 professions including **Allied Mental Health Professionals** (Mental Health Counseling, Marriage and Family Therapy, Rehabilitation Counseling and Educational Psychology) and Social Workers. And while recent legislation expanded the practice of mental health counseling to include the rendering of professional services "in all persons irrespective of diagnosis" general titles such as "psychotherapist" or "counselor" are unregulated terms that anyone can use without any oversight. Non-licensed therapists in Massachusetts are not required to meet any regulated standards.

Nebraska

Current Status

Under Title 172 Professional And Occupational Licensure; Chapter 94 (1995) a license as a mental health practitioner is required to provide treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations; and includes the initial assessment of organic mental or emotional disorders for the purpose of referral or consultation.

Exemptions

Mental health practice does not include:

1. The practice of psychology or medicine;
2. Prescribing drugs or electroconvulsive therapy;
3. Treating physical disease, injury, or deformity;
4. Diagnosing major mental illness or disorder except in consultation with a qualified physician or licensed clinical psychologist;
5. Measuring personality or intelligence for the purpose of diagnosis or treatment planning;

6. Using psychotherapy with individuals suspected of having major mental or emotional disorders except in consultation with a qualified physician or licensed clinical psychologist; or
7. Using psychotherapy to treat the concomitants of organic illness except in consultation with a qualified physician or licensed clinical psychologist.

Definition

Psychotherapy is a specialized formal interaction between a mental health practitioner and a client in which a therapeutic relationship is established to help to resolve symptoms of mental disorder, psychosocial stress, relationship problems and difficulties in coping in the social environment. Some specific types of psychotherapy may include, but are not limited to, psychoanalysis, family therapy, group psychotherapy, supportive treatment, gestalt therapy, experiential therapy, primal therapy, psychosocial therapy, psychodrama, behavioral therapy, clinical hypnosis, addiction therapy, and cognitive therapy.

(Title 172 Professional And Occupational Licensure; Chapter 94)

Background

The state of Nebraska's *Uniform Licensing Law* regulates all health professions and their practitioners, including mental health practitioners.

The law also provides for the **certification** of certain specialty areas within mental health practice. Practitioners who meet the qualifications for **specialty certification** are given the exclusive right to use certain titles (e.g. "Counseling" and "Marriage and Family Therapy") and hold themselves out as specialists in a particular area of mental health practice.

New York

Current Status

Under *Articles 153 and 163 of the Education Law*, the practice of psychotherapy was restricted to individuals licensed in the professions of psychology, social work, medicine and as a registered professional nurse or a nurse practitioner or individuals in exempt settings. However, effective January 1, 2005, an individual licensed as a Mental Health Counselor, Marriage and Family Therapist, Creative Arts Therapist, or Psychoanalyst may also provide psychotherapy.

Effective January 1, 2006, the practice of psychotherapy will require licensure as one of psychology, social work, medicine, registered professional nurse, nurse practitioner, mental health counselor, marriage and family therapist, creative arts therapist, or psychoanalyst, unless exempt under law.

Definition

The treatment of mental, nervous, emotional, behavioral and addictive disorders, and ailments by the use of both verbal and behavioral methods of intervention in interpersonal relationships with the intent of assisting the persons to modify attitudes, thinking, affect, and behavior which are intellectually, socially and emotionally maladaptive.

(Article 163 of the Education Law)

Exemptions/ Notes

Professionals, including psychologists, nurses, social workers, physicians and physician assistants, whose license, certification, or other authorization enables them to engage in the practice of psychotherapy and counseling are exempt.

After January 1, 2006 only New York State licensed psychologists, physicians, physician assistants, social workers, nurses, mental health counselors, marriage and family therapists, creative arts therapists, and psychoanalysts can engage or claim to engage in these practices. None of these professionals, however, may use the protected title of another profession unless they are also licensed in that profession. For example, a physician may practice psychoanalysis, but may only claim to be a "licensed psychoanalyst" if the physician also is licensed as a psychoanalyst.

The Education Department has the authority under the law to establish criteria for individuals who do not meet the requirements specified in Article 163 for licensure in the four new mental health professions.

Additionally, the law does not prohibit or limit individuals, churches, schools, teachers, organizations or not-for-profit businesses from providing instruction, advice, support, encouragement, or information to individuals, families or relational groups.

Washington State

Current Status

While psychotherapy is not defined by statute, **Mental Health Counseling** is a defined term that references psychotherapy. In Washington, no person may, for a fee or as a part of his or her position as an employee of a state agency, practice counseling without being registered to practice by the department of Health.

Professions with **Mental Health Counseling** in their scope of practice are Marriage and Family Therapists, Mental Health Counselors, Social Worker, Psychologists, Physicians and Registered Counselors. Each of these professions is either licensed or registered by The Secretary of the Department of Health and/or one of its 16 Boards and Commissions.

Definition

"Mental health counseling" means the application of principles of human development, learning theory, **psychotherapy**, group dynamics, and etiology of mental illness and dysfunctional behavior to individuals, couples, families, groups, and organizations, for the purpose of treatment of mental disorders and promoting optimal mental health and functionality. Mental health counseling also includes, but is not limited to, the assessment, diagnosis, and treatment of mental and emotional disorders, as well as the application of a wellness model of mental health.

(Business and Professions Act, 2002 – 18.225)

Background

Washington's *Business and Professions Act, 2002* regulates over 60 professions, including psychologists, social work, marriage and family therapists, and mental health counselors. These professions are covered under the *Uniform Disciplinary Act*, which governs the issuance and denial of licensure and the discipline of professions licensed under *Business and Professions Act*.

Wisconsin

Current Status

Under the Wisconsin Department of Regulation and Licensing, only the following regulated, licensed professions may provide psychotherapeutic services:

- art therapist
- dance therapist
- family therapist
- music therapist
- professional counselor
- professional rehabilitation counselor
- psychiatrist
- psychologist
- rehabilitation counselor marriage and family therapist
- social worker
- vocational rehabilitation counselor

These professions are regulated by the Wisconsin Certification Board, Department of Regulation and Licensing (DRL), which regulates over 109 professions. DRL administers education, experience, and examination requirements; sets professional practice standards; and ensures compliance by enforcing occupational licensing laws

Definition

"Psychotherapy" means the diagnosis and treatment of mental emotional or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics. (Licensure Bill 2001 Wisconsin Act 80 - 457.01)

Background

Wisconsin Act 80 was enacted April 17, 2002 granting independent, non-supervised license status to individuals practicing psychotherapy who possessed the appropriate credentials: Master's level Social Workers, Professional Counselors, Marriage and Family Therapists, and select Music, Art and Dance Therapists.

Wyoming

Current Status

In Wyoming, only regulated, licensed professions may provide psychotherapeutic services. The *Mental Health Professions Practice Act* (1998) limits the provision of counseling and psychotherapeutic services to a group of regulated, licensed professions:

- Professional Counselors
- Marriage and Family Therapists
- Social Workers
- Addictions Therapists
- Psychologists
- Psychiatrists

Licensure and disciplinary processes are handled by State Boards. Psychology is regulated by the Psychology Board, Psychiatry by the State Board of Medicine. The Mental Health Professionals Board regulates the balance of these professions,

Definition

Psychotherapy means the treatment, diagnosis, testing, assessment or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional relationships, or attitudinal conflicts, or modify behaviors which interfere with effective emotional, social or intellectual functioning. (Title 33, Professions and Occupation Act, 33-38-102-viii)

Background

Wyoming's *Health Professions Practice Act* provides for two levels of qualifications. **Licensed practitioners** must have a combination of a graduate degree, have passed a standardized exam and completed a set number of hours as part of a supervised practicum. Licensed practitioners may practise without supervision. **Certified practitioners** must hold a bachelor degree and have arranged for a designated clinical supervisor to oversee their work – any counseling services a certified practitioner provides must be supervised.

Appendix I - Definitions of Psychotherapy

Organization	Definition
From Wikipedia , the free Encyclopedia	<p>Psychotherapy is a set of techniques believed to cure or to help solve behavioral and other psychological problems in humans. The common part of these techniques is direct personal contact between therapist and patient, mainly in the form of talking. Due to the nature of these communications, there are significant issues of patient privacy and/or client confidentiality.</p> <p>http://www.websters-online-dictionary.org/definition/english/Ps/Psychotherapy.html</p>
World Health Organization	<p>Psychotherapy refers to planned and structured interventions aimed at influencing behaviour, mood and emotional patterns of reaction to different stimuli through verbal and non-verbal psychological means. Psychotherapy does not comprise the use of any biochemical or biological means.</p> <p>http://www.who.int/whr/2001/chapter3/en/index2.html</p>
Mayo Clinic	<p>Psychotherapy: A method of treating mental disorders that involves verbal and nonverbal communication about thoughts, feelings, emotions and behaviors in individual, group or family sessions in order to change unhealthy patterns of coping, relieve emotional distress and encourage personality growth and improved interpersonal relations. Also called counseling or talk therapy.</p> <p>http://www.mayoclinic.com/invoke.cfm?id=MH00039#P%20to%20R</p>
Canadian Psychiatric Association	<p>At its meeting on May 1st, 1976, the Board of Directors accepted in principle the following definition of psychotherapy recommended by the Professional Standards and Practice Council of the CPA and provided by the CPA Nucleus Committee on Psychotherapy::</p> <p>Psychotherapy is a selected form of psychiatric treatment which employs specialized communication techniques practised by a properly trained physician for the purpose of curing or reducing the psychiatric disability of the patient. In psychiatric practice, psychotherapy is usually carried out at intervals, for a definite time duration, most often an hour or a fraction thereof.</p> <p>http://www.cpa-apc.org/Publications/Position_Papers/Psychotherapy.asp</p>

Organization	Definition
Canadian Mental Health Association	<p>Psychologists, psychiatrists and some social workers practise psychotherapy. Getting treatment by psychotherapy means talking with a trained person who helps you solve problems by developing more positive thoughts and feelings. There are many different theories and schools of thought regarding effective psychotherapy techniques.</p> <p>Common techniques include:</p> <p>a) Group Therapy - Several people talk about their problems and receive help from each other's remarks. A trained therapist leads the group.</p> <p>b) Individual Psychotherapy - The individual talks about problems without going deeply into the subconscious mind. (Note: the "subconscious" is that part of the mind which is not fully conscious, yet is able to influence our actions.)</p> <p>c) Psychoanalysis - Therapists seek to uncover causes of mental health problems by searching into a person's early experiences. Dream analysis and free association (talk about anything that comes to mind) are used to get to the subconscious mind. Other Counseling Services</p>
Standards and Guidelines for the Psychotherapies – P. Cameron, J. Ennis and J. Deadman, eds. <i>Standards and Guidelines for the Psychotherapies</i>	<p>Psychotherapy is any form of psychological intervention for psychiatric or emotional disorders, behavioural maladaptations and/or other problems that are assumed to be of a psychological nature, in which a practitioner deliberately establishes a professional relationship with a patient/client for the purposes of removing, modifying or retarding existing symptoms, or attenuating or reversing disturbed patterns of behaviour, and of promoting positive personality growth and development. Intervention or therapy is initiated after a thorough assessment of the patient/client's presenting complaints, including exploration of biological, psychological, social and cultural factors contributing to the patient/client's disorder. The relationship established between patient/client and practitioner is used to facilitate change in maladaptive patterns and to encourage the patient/client to learn and test new approaches. Psychotherapy includes psychoanalysis, psychodynamic psychotherapy, cognitive therapy, behaviour therapy, conditioning, hypnotherapy, couple therapy, group therapy and all other forms of treatment/intervention in which the major technique employed is communication, although drugs and other somatic agents may be used concurrently.</p>
The British Confederation of Psychotherapists (BCP)	<p>Psychoanalytic psychotherapy draws on theories and practices of analytical psychology and psychoanalysis. It is a therapeutic process which helps patients understand and resolve their problems by increasing awareness of their inner world and its influence over relationships both past and present. It differs from most other therapies in aiming for deep seated change in personality and emotional development. Psychoanalytic psychotherapy aims to help people with serious psychological disorders to understand and change complex, deep-seated and often unconsciously based emotional and relationship problems thereby reducing symptoms and alleviating distress. However, its role is not limited only to those with mental health problems. Many people who experience a loss of meaning in their lives or who are seeking a greater sense of fulfilment may be helped by psychoanalytic psychotherapy.</p>

Organization	Definition
United Kingdom Council for Psychotherapy (UKCP)	<p>Psychotherapy is the provision by qualified practitioners of a formal and professional relationship within which patients/clients can profitably explore difficult, and often painful, emotions and experiences. These may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning of ones life. It is a process which seeks to help the person gain an increased capacity for choice, through which the individual becomes more autonomous and self determined. Psychotherapy may be provided for individuals or children, couples, families and groups.</p>
The British Psychoanalytical Society and The Institute of Psychoanalysis	<p>Psychoanalysis is the most intensive form of the talking therapy, devised by Sigmund Freud one hundred years ago, but developed continuously and radically since then. Patients attend five fifty minute sessions weekly, usually for several years, working with their psychoanalyst to examine and to explore unconscious conflicts of feeling, emotion and phantasy that are at the root of their symptoms and the problems that are troubling them.</p>
Psychotherapy and Counseling Federation of Australia	<p>While counseling and psychotherapy overlap considerably, there are some distinctive differences. The focus of counseling is more likely to be on specific problems or changes in life adjustment. Psychotherapists are more likely to work intensively with deeper issues and/or more deeply disturbed clients who are seen more frequently and over a longer period of time.</p> <p>It is recognized that a wide range of professions may use a variety of counseling skills as part of their practice, and that the term counseling is part of everyday language with different meaning in different contexts. This has led to difficulties in reaching consensus about the distinctive nature of counseling and psychotherapy as a profession. Compared with most other health professions, counseling and psychotherapy are in a relatively early stage of development as a profession, providing us with both opportunities and challenges in self-definition.</p>
New Zealand Standard Classification of Occupations, Statistics New Zealand	<p>Description: Treats emotional distress and/or psychological disturbance occurring within and between individuals, families and groups.</p> <p>Tasks: Undertakes initial assessment to establish a provisional diagnosis and formulation regarding the course of Psychotherapy, taking into account identified changes required in cognition, affect and behaviour. Develops a detailed understanding of the influence of early experience on current functioning and the extent to which unconscious process relates to present difficulties. Maintains the therapeutic relationship as a basis for discovering and exploring previously subconscious material and assists the process of integrating this experience into consciousness. Reviews assessment, formulation and progress of Psychotherapy and the process of change. Maintains clinical supervision and attends to personal and professional education and development as a continuing process throughout working career.</p>

Organization	Definition
Ordre des Psychologues du Québec (Quebec regulatory body for psychologists)	<p>Psychotherapy is a structured interactional process that, based on a diagnosis, aims to treat a mental disorder by using psychological methods recognized by the scientific community. It is a personal process in which the psychologist helps you to see more clearly, to explore and to take actions that lead to change.</p> <p>http://www.ordrepsy.qc.ca/Eng/public/psy/02_psychologue.asp#What%20is%20psychotherapy</p>
American Psychotherapy Association	<p>Psychotherapy is a ‘talking cure’ in which unconscious thoughts, feelings and motives are brought into awareness. The objective is to integrate this conscious and unconscious material into a plan to reduce suffering and bring about constructive change.</p>
State of California	<p>The use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.</p> <p><i>Business and Professions Code, Section 4996.9</i></p>
State of Colorado	<p>The treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors which interfere with effective emotional, social, or intellectual functioning. Psychotherapy follows a planned procedure of intervention, which takes place on a regular basis, over a period of time, or in the cases of testing, assessment, and brief psychotherapy, it can be a single intervention.</p> <p>Colorado Mental Health Statute, 2004 Section 12-43-201(9)</p>
State of Minnesota	<p>Psychotherapy in clinical social work practice means the application of social work theory, methodology, and values in the treatment of a person or persons who have cognitive, emotional, behavioral, or social dysfunctions through psychosocial, psychological, or interpersonal methods. The treatment is a planned and structured program which is based on information from a differential diagnostic assessment, and is directed toward the accomplishment of goals provided in a plan of care. The person-in-situation/ environment configuration is considered and integrated into the diagnosis and treatment.</p> <p>Minnesota Statutes 2004, CHAPTER 148B, section 148B.18</p>
State of Nebraska	<p>A specialized formal interaction between a mental health practitioner and a client in which a therapeutic relationship is</p>

Organization	Definition
	<p>established to help to resolve symptoms of mental disorder, psychosocial stress, relationship problems and difficulties in coping in the social environment. Some specific types of psychotherapy may include, but are not limited to, psychoanalysis, family therapy, group psychotherapy, supportive treatment, gestalt therapy, experiential therapy, primal therapy, psychosocial therapy, psychodrama, behavioral therapy, clinical hypnosis, addiction therapy, and cognitive therapy.</p> <p>Title 172 Professional And Occupational Licensure; Chapter 94</p>
State of New York	<p>The treatment of mental, nervous, emotional, behavioral and addictive disorders, and ailments by the use of both verbal and behavioral methods of intervention in interpersonal relationships with the intent of assisting the persons to modify attitudes, thinking, affect, and behavior which are intellectually, socially and emotionally maladaptive</p> <p>Article 163 of the Education Law, 2002</p>
State of Vermont	<p>"Psychotherapy" means the provision of treatment, diagnosis, evaluation or counseling services to individuals or groups, for a consideration, for the purpose of alleviating mental disorders.</p> <p>"Psychotherapy" involves the application of therapeutic techniques to understand unconscious or conscious motivation, resolve emotional, relationship or attitudinal conflicts, or modify behavior which interferes with effective emotional, social or mental functioning. "Psychotherapy" follows a systematic procedure of psychotherapeutic intervention which takes place on a regular basis over a period of time, or, in the case of evaluation and brief psychotherapies, in a single or limited number of interventions. If a person is employed by or under contract with the agency of human services, this definition does not apply to persons with less than a master's degree, to persons providing life skills training or instruction, such as learning to make friends, to handle social situations, to do laundry and to develop community awareness, or interactions of employees or contracted individuals with clients whose job description or contract specifications do not specifically mention "psychotherapy" as a job responsibility or duty.</p> <p><i>Title 26: Professions and Occupations Act, Chapter 65</i></p>
State of Wisconsin	<p>Psychotherapy means the diagnosis and treatment of mental, emotional and behavioural disorders, conditions and addictions through the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable, which may include the understanding of unconscious processes, intrapersonal, interpersonal and psychosocial dynamics.</p> <p>Licensure Bill 2001 Wisconsin Act 80 – Chapter 457.01</p>
State of Wyoming	<p>"Psychotherapy" means the treatment, diagnosis, testing, assessment or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional</p>

Organization	Definition
	relationships, or attitudinal conflicts, or modify behaviors which interfere with effective emotional, social or intellectual functioning; Title 33 Professions and Occupations <i>Act</i>

Appendix II - PACFA Categories of Registration and Eligibility Criteria for Psychotherapy

Peak Body Organisations			Professional or Member Organisations			
PACFA	National Board for Certified Counselors (USA)	United Kingdom Council for Psychotherapy (UKCP)	Irish Association for Counseling Therapy	Canadian Counseling Association	British Association for Counseling and Psychotherapy (BACP)	New Zealand Association of Counselors
<p>Pathway 1 3 years' Training in Psychotherapy or Counseling (3 years - 400 hours min) 750 hours' client contact 75 hours' post-training supervision (minimum) over two years (minimum)</p> <p>Pathway 2 Relevant Degree (as defined by the Applicant's Professional Association) + Specialist Training in Psychotherapy or Counseling (2 years - 250 hours min) + 750 hours' client contact with 75 hours' post-training supervision (minimum) over two years (minimum)</p> <p>Pathway 3 A specialist training in Psychotherapy or Counseling (2 years - 250 hours minimum) +150 hours' additional professional training which was completed after the Specialist Training, and which was more advanced and/or more specialised than the Applicant's previous Specialist Training. Any course include here must have been successfully completed.</p>	<p>Satisfactory performance on the National Counselor Examination is one of the criteria used by NBCC to identify professionals who may be eligible to become a National Certified Counselor.</p> <p>Option B Graduates of counseling programs approved by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP).</p> <p>Option C A practicing counselor with two or more years of experience and counseling supervision after the date your advanced degree (master's or higher) with a major study in counseling was conferred? Must answer yes for the following questions. (A) In your degree program, were more than half the courses you completed and at least 24 semester hours representative of a course in each of the following areas: * Human Growth and Development</p>	<p>As the UKCP is a peak organization, entry and curriculum requirements refer to members of member organizations.</p> <p>Entry Requirements</p> <p>1.1 Entry is at a postgraduate level of competence. 1.2 Candidates must have personal qualities that make them suitable for the profession of psychotherapy 1.3 Candidates should have relevant experience of working with people in a responsible role.</p> <p>The length of training shall be appropriate to permit the consolidation and integration of theoretical knowledge and clinical experience and shall not normally be shorter than four years.</p> <p>The Minimum Curriculum.</p> <p>1.4 The study of the theory and practice of psychotherapy from assessment to termination. This should include: a model of the person and</p>	<p>An applicant must: * Have completed a one year full-time or two/three years part time counseling course which provides: Have completed a Core Counseling Course, which is a minimum of at least two years full or part time duration, which satisfies the criteria for course recognition by IACT including the following: * A minimum of 100 hours of supervised individual client work during core course (where training commenced prior to September 1995, only 50 hours client work is required) * A minimum of 350 course hours including skills, theory and self-development. A minimum of 450 course hours of staff-student contact, including skills, theory and self-development * A detailed study of at least one major school of counseling with an introduction to other schools/models of counseling for comparison and contrast * A minimum of 50 hours of personal therapy during training</p>	<p>Category A: Full Member Individuals with a masters degree in counseling or related field from an institution recognized by AUCC</p> <p>Must show evidence of GRADUATE course work in: * Counseling Theory (compulsory) * Supervised Counseling Practicum with at least 120 hours of direct client contact (compulsory) And GRADUATE course work in six (6) of the following: * Communication and Relationship Skills * Group Counseling * Theory of Career Development * Assessment and Testing * Research and Evaluation * Consultation Methods * Learning and Human Development * Psychological Education * Counseling Intervention Strategies * Gender Issues * Multicultural Counseling * Counseling in Specialized Settings * Professional Ethics</p>	<p>Routes to Accreditation</p> <p>1) Individual has completed a BACP Accredited Counselor Training Course and has 450 hours of supervised counseling practice over at least 3 years and not more than 5 years. 2) Individual has undertaken 450 hours of counseling training comprising of two elements a) 200 hours of skills development b) 250 hours of theory and has 450 hours of supervised counseling practice over at least 3 years and no more than 5 years. 3) Individual can provide evidence of a) some formal counseling training and b) several years of practice (of 150hours minimum per year, under formal supervision). This includes a requirement for at least 450 hours of supervised counseling practice over at least 3 years. * 75 hours of completed counselor training = 1 unit * 1 year of supervised practice = 1 unit Together the total must</p>	<p>(A) Through Approved Training</p> <p>A person who has: * Completed cohesive and comprehensive counseling training through a program approved by the Association. * A record of bi-cultural learning and / or experience, including marae experience, has sensitivity to Treaty of Waitangi issues and can demonstrate an understanding of Tikanga Maori. * Completed a self-awareness and personal growth component including counselor as client and group therapeutic process. * Completed face to face practice as a counselor (400 hours). * Submitted a recent satisfactory report from a supervisor acceptable to NZAC, who has been the candidate's supervisor for at least 6 months. * Had their suitability for Membership confirmed in an interview by a panel of Members on behalf of the Membership Committee.</p>

<p>These 150 additional hours must comprise: the first 150 hours of a larger course which is more advanced and/or more specialised than Applicant's previously completed Specialist Training. Or two courses of at least 75 hours each which are more advanced and/or more specialised than the Applicant's previously completed Specialist Training. Or a package of advanced and/or more specialised shorter courses (in total, 150 hours minimum) that includes a significant progression from one course to the next. Note: Conference attendances do not meet these criteria. + 1,200 hours' client contact + 120 hours' post-training supervision over three years (minimum)</p> <p>Pathway 4 Recognition of Prior learning. Where an applicant's professional training and formation does not fit the above pathways, but is based on extensive training, practice and supervision over several years, it may be possible to be admitted to the Register based on recognition of this prior learning</p>	<ul style="list-style-type: none"> * Social/Cultural Foundations * Helping Relationships (Counseling Theories and Techniques) * Group Work * Career and Lifestyle Development * Appraisal (Tests and Measurements for Individuals and Groups) * Research and Program Evaluation * Professional Orientation (to counseling) * Field experiences in counseling for academic credit (B) 48 semester hours (or 72 quarter hours) of graduate coursework in counseling including a course in each of the above area(s) and two academic terms of field experience in counseling for graduate credit? (Coursework outside the degree program completed for graduate credit at a regionally accredited college or university is acceptable as long as the conditions in question 3a are met.) (C) 3,000 hours of work as a counselor over at least two years since the date your advanced degree with a major study in counseling was conferred. (D) 100 hours of face-to-face counseling supervision over a minimum of two years since the date of your advanced degree with a major study in counseling was conferred? Your counseling supervisor(s) 	<p>mind.</p> <p>a model of gendered and culturally influenced human development</p> <p>a model of human change and ways in which change can be facilitated.</p> <p>a set of clinical concepts to relate theory to practice.</p> <p>an extensive literature which includes a critique of the model.</p> <p>1.5 Acquisition of a critical understanding of the relevance of studies and research findings in human development, psychopathology, sexuality, ethics and social science.</p> <p>1.6 Supervised practice of psychotherapy. .7 Arrangements to ensure that the trainees can identify and manage appropriately their personal involvement in and contribution to the processes of the psychotherapies that they practice.</p> <p>1.8 An introduction to the range of psychotherapies and counseling so that trainees may have an awareness of alternative treatments.</p> <p>1.9 An opportunity for trainees to develop the capacity to recognize severely disturbed clients.</p> <p>1.10 The development of ability to recognize when the practitioner should seek other professional advice.</p> <p>1.11 Understanding of basic research techniques and their application to the investigation and</p>	<ul style="list-style-type: none"> * Assessment of applicants for suitability before being selected onto course * Certification of having satisfactorily completed course <p>After training, an applicant must:</p> <p>Have completed 450 hours of individual client work with evidence of one hour of supervision for every 10 hours of counseling, of which at least 75% must have been in one-to-one supervision. Supervision of these 450 hours of work must not be undertaken with a supervisor, who either supervised the applicant while a student during training, or was involved as a core trainer or assessor on the core course</p> <p>Have been in ongoing supervision in Ireland with the same supervisor for one year immediately preceding application.</p> <p>Non Recognized Course Criteria:</p> <p>If the core course is not an <u>IACT recognized course</u>, it is essential to include with the application the course brochure giving the course details, which show that its criteria are equivalent to the IACT current criteria for course recognition. The details required of the applicant's core course include:</p> <ul style="list-style-type: none"> * Name of the course and the training organization * Starting and ending date of course * Entry requirements for the course 		<p>add up to 10 units.</p> <p>Applicants claiming two or more training units must show a balance of theory and skills approximately in line with that states in route number 1).</p> <p>4) Can provide evidence of:</p> <ul style="list-style-type: none"> a) having obtained S/NVQ Level III in counseling (= 4 units) b) Four or five years of supervised practice (of 150 hours minimum per year under formal supervision. This includes a requirement for at least 450 hours of counseling practice supervised over 3 years. <p>At least two year must be subsequent to obtaining the S/NVQ Level III qualification.</p> <p>Together the total must add up to 10 units.</p> <p>One year of supervised practice = 1 unit</p> <p>75 hours of CPF = 1 unit</p> <p>In addition to the above, an applicant must meet the following criteria:</p> <ul style="list-style-type: none"> * has agreed to formal arrangement for counseling supervision of a minimum of 1 ½ hours monthly during the accreditation period * Gives evidence of serious commitment to professional and personal development * Is a current member of BACP * Has a philosophy of counseling which integrates training, experience, further development and practice. 	<p>Notes</p> <p>An approved training program is of a minimum of one year full-time equivalence, and integrates relevant cultural and social awareness and sensitivity; theoretical knowledge; skills training; personal awareness; professional practice; and practice supervision components.</p> <p>Of the total 400 hours of counseling practice a minimum of 100 hours is to be completed and supervised during training and a minimum 200 hours post-training.</p> <p>Internship students who during their training programs complete more than 400 hours of face-to-face supervised counseling (not including counseling skills practice), confirmed by a statement from their trainers, may apply for consideration for membership on the recommendation of their trainers, without completing any further post training counseling hours. Any such application would be for the equivalent of 200 hours of post training practice e.g.; long standing practice in a particular counseling position or internship.</p> <p>The post training face-to-face counseling is to have been supervised for at least 20 (1 hour) sessions with a supervisor acceptable to NZAC.</p> <p>(B) Through Particular</p>
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	<p>must hold an advanced degree in counseling or a closely related field (social work, psychology, or marriage and family therapy) and must not be related to you by blood, marriage, dating, engagement, etc.</p> <p>Option D State credentialed for independent practice in counseling and can answer yes to each of the following questions: (A) Are you fully credentialed for independent general counseling practice by one of the state boards (B) Do you hold an advanced degree (master's or higher) in a mental health field from a regionally accredited college or university? Administration and education are not considered mental health fields.</p> <p>Option E An advanced degree (master's or higher) with a major study in counseling from a regionally accredited college or university but are unable to document at least 3,000 hours of work as a counselor and/or 100 hours of face-to-face counseling supervision over at least two years since the date your advanced degree with a major study in counseling was conferred? IF YES, answer the following</p>	<p>evaluation of psychotherapeutic interventions from assessment to termination of treatment.</p> <p>Qualification and Registration.</p> <p>5.1 Training organizations shall specify whether qualification coincides with recognition of candidates as eligible for Registration by UKCP. 5.2 Where qualification and registration do not coincide, organizations are to specify what further professional development is required for registration. 5.3 The definition of such further professional development might include considerations relating to the nature of supervision and the range, quantity and intensity of practice and/or study. 5.4 Where qualification and Registration do not coincide, the process of assessment of readiness for Registration shall correspond in general to the requirements of Section 3 above.</p> <p>6. Continued Professional Development.</p> <p>6.1 Training organizations shall bear in mind a commitment to life long</p>	<ul style="list-style-type: none"> * Qualification of staff * Number of hours of theory and skills training * Number of contact hours on the course * Number of supervised client hours as part of the course * Assessment methods used by the course 		<p>Evidence of one core theoretical model should be demonstrated.</p> <ul style="list-style-type: none"> * Demonstrates practice which adheres to the BACP Ethical Framework. * 40 hours of personal counseling or an equivalent activity consistent with the applicant's core theoretical model. * Serious commitment to working with issues of difference and equality in counseling practice. 	<p>Circumstances</p> <p>A person who has:</p> <ul style="list-style-type: none"> * Granted Membership based on that person's particular circumstances and presents with the qualities, knowledge, skills and experience of a candidate who qualifies under 1. * A record of bi-cultural learning and/or experience, including marae experience, has sensitivity to Treaty of Waitangi issues and can demonstrate an understanding of Tikanga Maori. * Completed a self-awareness and personal growth component including counselor as client and group therapeutic process. * A record of satisfactory face-to-face practice as a counselor. * Submitted a recent satisfactory report from a supervisor acceptable to NZAC who has been the candidate's supervisor for at least 6 months. * Had their suitability for Membership confirmed in an interview by a panel of Members on behalf of the Membership Committee. <p>Notes</p> <p>This option is a vehicle for recognising personal development, learning and experience from a variety of sources, including extensive supervised counseling practice, which the candidate has been</p>
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	<p>questions: (A) In your degree program, were more than half the courses you completed and at least 24 semester hours clearly representative of a course in each of the following areas: * Human Growth and Development * Social/Cultural Foundations * Helping Relationships (Counseling Theories and Techniques) * Group Work * Career and Lifestyle Development * Appraisal (Tests and Measurements for Individuals and Groups) * Research and Program Evaluation * Professional Orientation (to counseling) * Field experiences in counseling for academic credit (B) Did you complete at least 48 semester (or 72 quarter hours) of graduate coursework in counseling including a course in each of the above areas and two academic terms of field experience in counseling? (Coursework outside the degree program completed for graduate credit at a regionally accredited college or university is acceptable as long as certain conditions).</p>	<p>learning and the need for monitoring practice for the best protection of the public. 6.2 Each training organization should make provision for an ongoing graduate body either as an integral part of the organization or clearly linked to it. 6.3 Training organizations should encourage their graduates actively to consider their continuing professional development needs. 6.4 Training Organisations must make provision for the continued professional development of their graduates.</p>				<p>able to integrate to form their own professional foundation for counseling work. The onus is on the candidate to demonstrate that they have acquired in other ways the awareness, theoretical knowledge, skills and experience normally found in an approved training program, achieved appropriate levels of competency and integrated different sources of learning. Detailed information and evidence must be provided.</p> <p>Through Special Invitation</p> <p>A person who is: * Invited to become a Member by resolution of the National Executive.</p>
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