

## DEFINITIONS OF AND SCOPES OF PRACTICE FOR COUNSELLING AND PSYCHOTHERAPY

### Purpose

- to examine a selected set of definitions of counselling and of psychotherapy to determine the typical attributes or features of such definitions
- to examine a selected set of scopes of practice for counselling and for psychotherapy to determine typical attributes or features
- to report findings from the above in a succinct manner and to draw attention to the salient issues that emerge for consideration by participants at the symposium

### Sources Examined and a Brief Explanation

- Definitions were collected from many sources including dictionaries, professional associations within Canada and outside and from international associations.
- Scopes of practices were included from all the legislative statutes in Canada that now regulate counselling and/or psychotherapy. (Quebec, Ontario, and Nova Scotia).
- **Scope of practice** is terminology from the regulatory field. It typically appears in statutory legislation and it is intended to set out and define the professional services, including the procedures and processes which the licensed professionals under the legislation are permitted to provide. The scope of professional activities is limited to that which the law allows for the specified competency required within the broad scope of practice. Sometimes certain services are identified as **‘restricted acts’**, **‘reserved acts’** or **‘controlled acts’**. These refer to services that are restricted to or reserved for the professional group licensed under the act in which it is contained. Note the reserved activities in a number of the statutes in Quebec including for conseillers et consellieres d’orientation. Also you will see that these reserved activities are shared by a number of licensed professional groups in that Province. The Alberta model is also a reserved act approach that grants “the performance of a psychosocial intervention...”<sup>1</sup> to particular regulated health care professionals. However, other health care professionals as well as counsellors and psychotherapists are prohibited from performing this restricted activity in cases when the disorder or impairment is substantial.

### Findings

- Any prior distinction between counselling and psychotherapy appears to have been greatly eroded with a blurring of any lines of differentiation between them. Historically, it was believed that psychotherapy was: a more long term intervention with its roots in the psychoanalytic tradition, dealt with complex intrapsychic problems or disorders, and took place in more restricted service delivery environments. Counselling was seen as a service provided to enhance

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<sup>1</sup> “[performance] of a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet ordinary demands of life”. [Note: The expression “substantial” and “grossly impairs” have not been defined”

psychological wellness by addressing any of the many personal growth and developmental issues which challenge many individuals.

- This developmental versus remediation differentiation between counselling and psychotherapy appears to be no longer a reality. The American Counseling Association (ACA), for example, in 1997, adopted a definition of counselling which encompasses both a developmental and remediation focus (see Appendix). In it counseling is defined as addressing not only issues of "...wellness, personal growth and career development..." but "psychopathology" as well. This is consistent with scopes of practice in many legislative statutes that regulate counselling in states in U.S. where it is legislatively regulated in all but three states. So it appears that counselling can have a developmental as well as a remediation or rehabilitative purpose thus blurring a prior distinction between counselling and psychotherapy. However, there are exceptions to this generalization. As can be noted the Psychotherapy and Counselling Federation of Australia (see Appendix) draws attention to the historic distinctions mentioned earlier as 'distinct differences' between the two.
- Many practitioners now use the term counselling, therapy, or psychotherapy interchangeably and regardless of the title these professional services are informed by the same theoretical and empirical sources. In practice, it appears that it is often the practitioner who now decides whether the service provided to clients is called counselling, therapy or psychotherapy.
- An examination of definitions of and scopes of practice for counselling and psychotherapy led to an emergence of the following categories of attributes or features:

**Goals:** *to enhance personal functioning, develop and use personal resources, restore/promote/enhance psychological well being, restore emotional well being, resolve interpersonal and intrapsychic conflict, assist with /make decisions, develop personal insight, improve relationships, enhance spiritual growth, resolve specific problems, remediate disorders in cognitive, affective and behavioural functioning.*

**Evaluate/assess:** *to evaluate psychological functioning, to assess personal resources, to assess environmental conditions, to assess disorders in cognitive, affective, neuropsychological, and behavioural functioning.*

**Domains of human functioning:** *mental, emotional, psychological, cognitive, interpersonal, spiritual, behavioural.*

**Methods of Intervention:** *cognitive, affective, behavioural, systemic, relational, use of all the creative arts, verbal and non-verbal communication.*

**Relationship:** *relationship was referred to as: a professional relationship, a deliberate relationship, a principled relationship, a therapeutic relationship.*

*Clients: Individuals (child, adolescent, adult), couples, families, groups, and communities.*

*Note: A few scopes of practice include activities additional to the provision of counselling or psychotherapy. For example, some include teaching in those professional areas as well as conducting research, consultation, making referrals.*

### **Some Discussion Points**

- How might or should current and future regulatory activities with respect to counselling and psychotherapy affect the apparent erosion of a clear distinction between the two?
- What attributes and other features from the categorization presented in this paper would you like to have included in a definition of counselling, and of psychotherapy.
- Is there a need to include teaching, research, consultation, referral within a scope of practice, or should it be restricted to the provision of counselling and/or psychotherapy services?
- What areas of concern or information may have been omitted in this paper?