**Counselling and Psychotherapy Services – Executive Summary**

**Rationale for Need**

* Many people in the communities we serve experience personal, couple and family stress. Many are living with life stress due to trauma, grief, poverty, mental health struggles and a host of other issues.
* Many of the clients that are served in our MUs would greatly benefit from psychotherapy and professional counselling. However, the current professional fees of professionals providing those services are out of reach for many people. Current fees are $120-$150 per hour.
* In TSA we have often started ministries based on community needs that are not currently being met by anyone else.
* There are very few psychotherapy and professional counselling services in the community that are available to those who cannot afford to pay. The programs that do exist have extensive waiting lists many months long which is difficult for clients.

**Staffing Qualifications**

* Generally psychotherapy and professional counselling is offered by clinicians with Graduate degrees in a counselling discipline ( e.g. counselling, psychology, divinity and social work)
* Clinicians also have additional training specific to the provision of psychotherapy and modalities
* Clinicians generally have completed supervised hours of direct client contact and actively participate in clinical supervision
* In provinces where there is regulation of psychotherapy and professional counselling, the clinician must also be a member in good standing of their professional college
* Graduate level students can also provide services under the supervision of a qualified clinical supervisor
* Clinical supervisor are clinicians who meet the above criteria and have at least 5 years’ experience. In provinces with regulation, there may also be additional required qualifications for supervisors.

**Staffing Models**

* Some MUs might have the financial resources to hire a full time or part time trained clinician
* Graduate level students from counselling programs are able to fulfil practicum requirements while providing clinical services to our clients under the supervision of an experienced clinician
* Recent graduates who are working towards a provisional designation and must complete the necessary clinical hours while under supervision can also provide clinical services supervision. Some of them might be willing to donate their time in exchange for building up the hours and supervision that they require for their designations
* Experienced clinicians could volunteer to work with several of our clients in exchange for free office space and/or free supervision. Both of these are benefits to clinicians. In this kind of situation, the clinician could also see their own clients using our office space. The details of how many of our clients would be seen in exchange for the free office space or supervision would have to be worked out

**Service Model**

Ministry Units will need to decide what kind of program they will offer. They may choose to offer a set number of sessions per client (eg 10-20) or they may offer ongoing sessions for as long as the client wishes to come. There are merits to both options. It must be kept in mind that some issues take much longer to treat than do other issues. For example, marital therapy is typically much shorter duration than is treating childhood trauma or emotional abuse.

Another option is to offer more frequent sessions at the beginning of service and tapering off to monthly check ins later in the therapy process.

Group psychotherapy is another option to assist in either ongoing check ins or in providing services to more people. However, it is helpful to have two therapists co-facilitating a group and Ministry Units need to be mindful of this in their planning.

**Funding Models**

**Client Fees:** while many of our clients cannot afford to pay full therapy fees, many of them are able to pay something towards the cost of services provided. A Ministry Unit can set up a standard fee for services or utilize a sliding fee scale based on income and family size. There is some evidence in literature indicating that many clients will take the process of psychotherapy more seriously when they contribute to the cost. Of course, in TSA we would always reserve the right to alter client fees if there were extenuating circumstances or if we knew that a client could not pay fees at all. It is common in the psychotherapy world to require a client to give 24 hours’ notice of a cancelled session. If a client simply does not show up for a session (except in extreme circumstances) they could still be charged for the session missed.

**Government Funding:** Some of our Ministry Units may have or be eligible for government funding that might be used to cover the cost of providing psychotherapy.

**Red Shield / Kettle Funding**: Many CFS Ministry Units receive their funding through the annual Kettle campaign. Perhaps some of this funding could be used to assist in covering the cost of providing psychotherapy. It is also possible that when there are Red Shield funds available these could provide some funding for psychotherapy programs.

**Donations:** As a registered charity, we are able to accept donations. It is possible that Ministry Units might be able to receive donations that could be assigned to the psychotherapy program.

**Community Groups:** It may be possible for Ministry Units to receive some funding from groups like Rotary Club etc. to assist with the psychotherapy program. These funds may be in lump sum single donations rather than operating costs, but they might be able to offset some costs.

**Groups:** There may be opportunities for psychotherapists to offer groups to members of the community. One group that the TSA has offered in many places successfully is an anger management program. But there are likely other similar groups which could be offered. These groups could be offered with a fee for service. The fees received could be used to assist in covering the cost of psychotherapy services.

**Insurance:** As regulation of psychotherapy and professional counselling continues to spread across Canada, so to does the ability for registered professionals to receive payment from insurance companies when client have benefits through their employer. While this is not yet a widespread practice with all insurance companies, it is increasing and will likely continue to do so.

**Rental of office space:** A Ministry Unit might have office space that is not used during the evenings and Saturdays. Perhaps this underused office space might be rented out to psychotherapists seeking space to see their clients. The rent received could offset the cost of the office space but some of it could also be used to cover some of the costs of offering psychotherapy services.

**Costs**

**Therapist salary:** For Ministry Units who are financially able to hire a therapist, this will be the main expense of the psychotherapy program. Graduate level psychotherapists will need to be paid at a compensation level higher than a regular counsellor. If the Ministry Unit is providing services by using students working under supervision, there should be little or no salary cost.

**Supervision fees:** The cost of Clinical Supervision is normally covered by the Ministry Unit and as mentioned earlier, is often a benefit offered to student or new therapists. If the Ministry Unit does not have a qualified Clinical Supervisor on staff, and many will not, there must be an agreement with an outside Supervisor for provision of services. At the time of the writing of this document, the current fees for Supervision are $120 – 150 per hour. Some supervisors offer supervision in a dyadic or group format with all of the participants sharing the cost of supervision. This will lower the costs. It might also be that some supervisors would be willing to donate some supervision time in exchange for office space etc.

**Office space cost:** There will be some office related costs, telephone and utilities etc. required to offer this program. This will be no more than any other program occupying the same space.

**Office supplies:** There will be some office supply costs, paper, pens, photocopying et., costs required to offer this program. This should be no more than any other program occupying the same space.

**Insurance and registration fees:** The TSA liability insurance policy provides coverage for anything counselling related that is performed under the auspices of TSA. There should be no additional cost for this. The psychotherapist will need to be included under the Workers Compensation program and there may be some cost associated with this. This will differ from province to province. If the psychotherapist is still a student, often their academic program will cover this cost. But once they have graduated, the employer will have to cover this cost. All Registered psychotherapists and professional counsellors will have annual registration fees for their respective professional colleges. Ministry Units may want to cover all or part of the cost of this annual fee as a benefit to the psychotherapist.

**Assessment**

**Intake:** The Ministry Unit should develop a standardized intake procedure and intake forms. This allows the psychotherapist to gain a basic understanding of the client presenting issues and history. It can be used in the assignment of the client to the best clinician to work with their issues. It can also help in assuring that the Ministry Unit has the appropriately qualified staff to work with the client needs. Some client issues will require a psychotherapist with specialty skills. The forms used can be either a paper version or an online version. The standard forms may include:

* Client History Form
* Service Contract
* Permission to collect private information
* Client counselling goal sheet

The Service Contract and the Privacy document will require a client signature.

The Ministry Unit may develop other standard forms to use with client cases (eg. discharge summary, individual program plans etc.) Many of these forms will be required for accreditation purposes if the Ministry Unit is involved in the Accreditation cycle.

**Treatment planning:** The Ministry Unit should develop and use a treatment planning process with all clients. This might involve the creation of a separate form to document this process or it might utilize other existing forms (e.g. goal sheets). It is important that both the psychotherapist and client know which goals or issues are being worked on during the course of the sessions. The treatment planning process can be used to ensure that the client is experiencing progress during their treatment.

**Discharge Process:** Ideally, the end of a course of therapy should not be a surprise to clients. Discharges should be planned for and discussed with the client well before the course of therapy. This allows for ongoing support and follow-up options to be discussed. There should be a standard discharge process / form used for this purpose. This may also be when the client has the opportunity to review their goals and progress made and to provide feedback. Sometimes clients may choose to prematurely end the psychotherapy sessions without notification. In these cases, they simply cancel and session and do not re-book or they just don’t show up for the sessions. Some clients choose this option when they are too nervous to discuss termination with the clinician. The psychotherapist may choose to call the client to attempt to make contact.

**Service Evaluation**

The Ministry Unit should develop an evaluation process or form to be used with clients. This helps to ensure that we are providing the services that we say we are providing. It also helps to track the progress that the client has made during treatment. It is also helpful in program evaluation and improvement to give the client opportunity to provide feedback. The evaluation process may include a review of client goal sheets and/or satisfaction surveys

**Clinical Supervision**

All psychotherapists seeking registration in their applicable professional colleges are required to complete a certain number of hours of Clinical Supervision. The specific number of hours will differ from college to college.

Clinical Supervision differs from normal employment supervision in that its content is focused on the clinical cases of the psychotherapist and the skill development of the clinician. The Clinical Supervisor must be a trained clinician and generally have at least 5 years’ experience. Some professional colleges require Supervisors to have specific credentials of supervisory training. These will differ from place to place also.

Generally, students require regular weekly clinical supervision usually one hour each week. Specific student training programs may also have specific requirements for either the frequency of supervision or what takes place during the supervision sessions. Some training programs require the supervisor to do an evaluation. Some training programs may require an onsite supervisor for students, others will be more comfortable with remote supervision.

Once the student graduates from their training program, they may still be building up hours of direct client care and also supervision hours in order to meet their registration requirements. These graduates will also need ongoing supervision until they have received their registration.

Once trained and registered, clinicians are encouraged to continue in either supervision or some kind of peer consultation on a regular basis but it no longer needs to be weekly. If there is more than one psychotherapist in a Ministry Unit, this might be able to happen internally as long as there is someone experienced enough to lead it. The clinician should also have access to a supervisor on an ad hoc basis, should they need assistance with a case between consultation sessions.

Supervision can be conducted either face to face or remotely via zoom etc. It can either done in either individual, dyadic or in a group format. Where there is more than one participant, the cost of supervision can be shared by all the participants thus lowering the costs for everyone.