**Differences Between Counselling and Psychotherapy**

What difference does a name make? Well, as it turns out, a great deal when it comes to psychotherapy and counselling. Generally speaking, one is a regulated health profession and the other is not. But to make matters more confusing, some provinces that regulate the practice of psychotherapy have chosen to use the term “counselling therapy” to refer to psychotherapy.

The Salvation Army has, for many decades, employed “counsellors” in a variety of positions. These “counsellors” have held several different kinds of positions and engaged in many different kinds of responsibilities. While we have often grouped all of those tasks under the title “counselling”, in recent years, several provinces across Canada have begun to regulate the practice of psychotherapy and in so doing a clear distinction between counselling and psychotherapy is being made. It is recommended, that we clearly make the distinction in our programs as to what specific tasks our “counsellors” are engaged in. It would be helpful if we move away from referring to staff members as “counsellors” as a generic term. It is further helpful for us to follow the lead of the provincial regulatory bodies in making the distinction between counselling, counselling therapy and psychotherapy.

For Ministry Units who are involved in the Social Services Accreditation process, the need for making the distinction between counselling and psychotherapy is captured in the following accreditation standard:

x.7.2 “The program shall clearly define its clinical counseling/psychotherapy program, if offered, indicating the type of services offered and the intended results or outcomes for the client.”

This standard insures that ministry units have given consideration to the counselling / psychotherapy distinction and clearly defined the roles of their “counsellors”. It further provides information which helps the ministry unit understand if their “counsellors” need to be registered with professional colleges in the provinces which have regulated psychotherapy (currently Alberta, Nova Scotia, New Brunswick, Ontario and Quebec).

Those who are practicing only “counselling” generally do not have to be members of a professional college regulating psychotherapy whereas those who are fulfilling the functions of a psychotherapist must be registered with the applicable colleges.

With a few exceptions, we typically have not used the term “psychotherapist” in The Salvation Army. A more common term that we have used is “clinical counsellor”. However, in many cases a “clinical counsellor” is functioning in the role of “psychotherapist” as defined by the legislation of the various provinces.

So, how do we begin to make the distinction?

**Counselling**

First, we will examine the roles of “counsellor”. There are a variety of tasks and activities that typically are considered to be counselling and not psychotherapy. They are:

* Case Management / Worker
* Discharge Planning and Follow Up
* Residential Care
* Supportive Counselling
* Advice giving
* Instruction giving
* Teaching coping skills
* Spiritual Care
* Crisis Intervention
* Safety Planning
* De-escalation
* Coaching
* Legal and Housing Support
* Transition Support
* Teaching classes
* 12 Step group leadership

All of these tasks (and the list is not inclusive) are essential to our ministry and the clients that we serve. We strive for excellence in all of our programs and our “counsellor” staff members are an important part of that. Generally speaking, people engaged solely in the above activities do not need to be registered as psychotherapists or counselling therapists. However, there may be some exceptions to this general guideline and therefore it is important for ministry units in provinces where there is a psychotherapy regulation to be aware of the provincial legislation.

As far as the educational requirements are concerned, many of the above tasks may be performed by people with college diplomas, certificates and / or undergraduate degrees. Depending on the specific tasks performed, there may be additional training required.

Counselling and psychotherapy are distinctly different from each other. This quote from the relevant Ontario legislation begins to make the distinction. “The practice of psychotherapy is distinct from both counselling, where the focus is on the provision of information, advice-giving, encouragement and instruction, and spiritual counselling, which is counselling related to religion or faith-based beliefs.” (HPRAC: *New Directions, 2006;* Regulation of Psychotherapy, p. 208. Retrieved from www.crpo.ca)

The two professions of counselling and psychotherapy are not, mutually exclusive. For example, a psychotherapist will sometimes perform the above listed counselling tasks as part of what they do. But the converse is not true. A counsellor cannot perform the tasks that are considered to be psychotherapy.

**What is Psychotherapy?**

Let’s now turn to the definitions of psychotherapy that are currently in legislation in Canada. The following are some current definitions of psychotherapy from the respective provincial colleges.

**Quebec:** “Psychological treatment for a mental disorder, behavioural disturbances or any other problem resulting in psychological suffering or distress that is intended to promote significant changes in the client’s cognitive, emotional or behavioural functioning, in his interpersonal system, personality or health. This treatment goes beyond helping to deal with common difficulties or a report of advice or support.” (Occupational Code of Quebec.)

**Ontario:** *“*Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgement, insight, behaviour, communication or social functioning.”(RHPA 2007 Regulated Health Professions Act, Ontario)

**New Brunswick:** “Counselling and counselling therapy mean assisting clients through the counselling relationship, using a combination of appraisal and assessment, mental health and human development principles, methods and techniques to achieve mental, emotional, physical, social, moral, educational, spiritual or career development and adjustment through the client’s lifespan.” (Licensed Counselling Therapy Act, 2017)

**Nova Scotia:** “Counselling means assisting counsellees through the counselling relationship, using a combination of mental health and human development principles, methods and techniques to achieve mental, emotional, physical, social, moral, educational, spiritual or career development and adjustment through the counsellee’s lifespan.” (Counselling Therapist’s Act, 2008)

The professional college regulating the practice of psychotherapy and counselling therapy in Alberta is brand new, opening in the fall of 2019. At the time of the writing of this document, their descriptions of the practices that are regulated are not publicly available.

With reference to each of the above definitions, anyone who is practicing within these definitions **is required** to be registered with the applicable professional college specific to their province.

Although there may be some crossover between the definitions and terminology used, the practice of psychotherapy or counselling therapy is much more complex than that of counselling. The education required in order to practice psychotherapy or counselling therapy is generally a master’s degree or equivalent. In addition to the formal education, there is also the requirement for a certain number of supervised direct client care before the therapist can be registered in a professional college.

**Regulation and Titles**

As of the writing of this paper, (Summer 2019) there are 5 provinces that have regulated the practice of psychotherapy. They are New Brunswick, Quebec, Ontario, Nova Scotia and Alberta. There are regulatory discussions and preparation currently underway in Prince Edward Island, Newfoundland and Labrador, Manitoba, British Columbia and Saskatchewan. However, these processes are not yet finalized and therefore the professional colleges have not yet been established in those provinces at the present time.

The specific legislation of the various provinces governing the practice of psychotherapy or counselling therapy also establishes the specific titles that can **only** be used by members of the relevant college or in some cases another regulated college. At present these titles are:

**Ontario:** Psychotherapist, Registered Psychotherapist, Registered Psychotherapist (Qualifying)

**Alberta:** Registered Counselling Therapist (RCT)

**New Brunswick:** Licensed Counselling Therapist (LCT), Licensed Counselling Therapist – Candidate (LCT-C)

**Quebec:** Conseiller / conseillère d’orientation psychothérapeute (c.o. psychothérapeute) Orienteur psychothérapeute, Orienteur professionnel psychothérapeute (o.p. or c.o.p psychothérapeute), Guidance counsellor psychotherapist (G.C. psychotherapist) Vocational Guidance Counsellor (V.G.C. psychotherapist)

**Nova Scotia:** Registered Counselling Therapist (RCT), Registered Counselling Therapist Candidate (RCT-C)

**Conclusion:**

Regulation of psychotherapy, put in place to protect the public from untrained practitioners, is not going away. Gradually all of the provinces in Canada are setting up their own regulated colleges governing the practice of psychotherapy. Let’s do our part in defining our positions correctly to avoid confusion.

Appendix A: Competencies Of Psychotherapy

The following is a lengthy list of competencies required for an entry level psychotherapist. While this is a list from the College of Registered Psychotherapists in Ontario, (retrieved from www.crpo.ca) it is the most thorough list of psychotherapy competencies publicly available. The list may be relevant to those who practice psychotherapy or counselling therapy in Canada. It is provided here as reference material.

**1.1 Integrate a theory of human psychological functioning**

a. Integrate knowledge of human development across the lifespan.

b. Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.

c. Integrate knowledge of the psychological significance of spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development.

**1.2 Work within a framework based upon established psychotherapeutic theory**

a. Integrate the theory or theories upon which the therapist's practice is based.

b. Integrate knowledge of how human problems develop, from the viewpoint of the therapist’s theoretical orientation.

c. Identify circumstances where therapy is contraindicated

d. Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.

e. Establish a therapeutic relationship informed by the theoretical framework.

f. Integrate a theory of change consistent with the therapist's theoretical orientation.

g. Integrate knowledge of the impact of trauma on psychological functioning.

**1.3 Integrate knowledge of comparative psychotherapy relevant to practice**

a. Integrate knowledge of key concepts common to all psychotherapy practice.

b. Recognize the range of psychotherapy practiced within the province of Ontario.

c. Integrate knowledge of psychopathology

d. Recognize the major diagnostic categories in current use.

e. Recognize the major classes of psychoactive drugs and their effects.

**1.4 Integrate awareness of self in relation to professional role**

a. Integrate knowledge of the impact of the therapist's self on the therapeutic process.

b. Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.

c. Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.

d. Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.

**1.5 Integrate knowledge of human and cultural diversity.**

a. Integrate knowledge of human diversity.

b. Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.

c. Adapt the therapist's approach when working with culturally diverse clients.

d. Recognize barriers that may affect access to therapeutic services.

e. Identify culturally-relevant resources.

**2.1 Use effective professional communication**

a. Use clear and concise written communication.

b. Use clear and concise oral communication.

c. Use clear and concise electronic communication.

d. Communicate in a manner appropriate to the recipient.

e. Use effective listening skills.

f. Differentiate fact from opinion.

g. Recognize and respond appropriately to non-verbal communication.

**2.2 Maintain effective relationships**

a. Show respect to others.

b. Maintain appropriate professional boundaries.

c. Recognize and address conflict in a constructive manner.

d. Demonstrate personal and professional integrity.

**2.3 Contribute to a collaborative and productive atmosphere**

a. Create and sustain working relationships with other professionals encountered in practice.

b. Create and sustain working relationships with colleagues of diverse socio- cultural identities

c. Initiate interprofessional collaborative practice.

**3.1 Comply with legal and professional obligations**

a. Comply with applicable federal and provincial legislation.

b. Comply with CRPRMHTO legislation and professional standards.

c. Address organizational policies and practices that are inconsistent with legislation and professional standards.

d. Comply with relevant municipal and local bylaws related to private practice.

**3.2 Apply and ethical decision making process**

a. Recognize ethical issues encountered in practice.

b. Resolve ethical dilemmas in a manner consistent with legislation and professional standards.

c. Accept responsibility for course of action taken.

**3.3 Maintain self-care and level of health necessary for responsible therapy.**

a. Maintain personal physical, psychological, cognitive and emotional fitness to practice.

b. Build and use a personal and professional support network.

c. Maintain personal hygiene and appropriate professional presentation.

**3.4 Evaluate and enhance professional practice**

a. Undertake critical self-reflection.

b. Solicit client feedback throughout the therapeutic process.

c. Plan and implement methods to assess effectiveness of interventions.

d. Obtain feedback from peers and supervisors to assist in practice review.

e. Identify strengths as a therapist, and areas for development.

f. Set goals for improvement.

g. Modify practice to enhance effectiveness.

h. Participate in relevant professional development activities.

i. Maintain awareness of resources and sources of support relevant to practice.

**3.5 Obtain clinical supervision or consultation**

a. Initiate clinical supervision or consultation when appropriate or required.

b. Articulate parameters of supervision or consultation.

c. Protect client privacy and confidentiality, making disclosure only where permitted or required.

d. Initiate a legal consultation when necessary.

**3.6 Provide education and training consistent with the therapist's practice.**

a. Recognize when to provide education and training to clients and others.

b. Recognize therapist's limits of professional expertise as a trainer / educator.

c. Plan and implement effective instructional activities.

**3.7 Maintain client records.**

a. Comply with the requirements of CRPRMHTO and relevant professional standards.

**3.8 Assist client with needs for advocacy and support.**

a. Identify when advocacy or third-party support may be of value to the client, and advise client accordingly.

b. Support client to overcome barriers.

**3.9 Provide reports to third parties.**

a. Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.

b. Recognize ethical and legal implications when preparing third-party reports.

**3.10 Establish business practices relevant to professional role.**

a. Comply with the requirements of CRPRMHTO and relevant professional standards.

b. Explain limitations of service availability.

**4.1 Orient client to therapist's practice.**

a. Describe therapist's education, qualifications and role.

b. Differentiate the role of the therapist in relation to other health professionals.

c. Explain the responsibilities of the client and the therapist in a therapeutic relationship.

d. Explain the advantages and disadvantages of participating in psychotherapy.

e. Explain client rights to privacy and confidentiality, and the limitations imposed upon it by law.

f. Explain relevant rules and policies.

g. Respond to client questions.

h. Explain and obtain informed consent in accordance with legal requirements.

**4.2 Establish and maintain core conditions for therapy**

a. Employ empathy, respect, and authenticity.

b. Establish rapport.

c. Explain the responsibilities of the client and the therapist in a therapeutic relationship.

d. Demonstrate sensitivity to the setting in which therapy takes place.

e. Assume non-judgmental stance.

f. Explain theoretical concepts in terms the client can understand.

g. Foster client autonomy.

h. Maintain appropriate therapeutic boundaries.

i. Define clear boundaries of response to client’s requests or demands.

j. Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.

k. Employ effective skills in observation of self, the client and the therapeutic process.

l. Demonstrate dependability.

**4.3 Ensure safe and effective use of self in the therapeutic relationship**

a. Demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process.

b. Recognize the impact of power dynamics within the therapeutic relationship.

c. Protect client from imposition of the therapist's personal issues.

d. Employ effective and congruent verbal and non-verbal communication.

e. Use self-disclosure appropriately.

**4.4 Conduct an appropriate risk assessment.**

a. Assess for specific risks as indicated.

b. Develop safety plans with clients at risk.

c. Refer to specific professional services where appropriate.

d. Report to authorities as required by law.

e. Follow up to monitor risk over time.

**4.5 Structure and facilitate the therapeutic process**

a. Communicate in a manner appropriate to client’s developmental level and socio- cultural identity.

b. Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.

c. Respond non-reactively to anger, hostility and criticism from the client.

d. Respond professionally to expressions of inappropriate attachment from the client.

e. Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.

f. Recognize a variety of assessment approaches.

g. Formulate and assessment.

h. Develop individualized goals and objectives with the client.

i. Formulate a direction for treatment or therapy.

j. Practice therapy that is within therapist's level of skill, knowledge and judgement.

k. Focus and guide sessions.

l. Engage client according to their demonstrated level of commitment to therapy.

m. Facilitate client exploration of issues and patterns of behaviour.

n. Support client to explore a range of emotions.

o. Employ a variety of helping strategies.

p. Ensure timeliness of interventions.

q. Recognize the significance of both action and inaction.

r. Identify contextual influences.

s. Review therapeutic process and progress with client periodically, and make appropriate adjustments.

t. Recognize when to discontinue or conclude therapy.

**4.6 Refer Client**

a. Develop and maintain a referral network.

b. Identify situations in which referral or specialized treatment may benefit the client, or be required.

c. Refer client, where indicated, in a reasonable time.

**4.7 Conduct an effective closure process.**

a. Prepare client in a timely manner for the ending of a course of therapy.

b. Outline follow-up options, support systems and resources.

**5.1 Remain current with professional literature.**

a. Read current professional literature relevant to practice area.

b. Access information from a variety of current sources.

c. Analyze information critically.

d. Determine the applicability of information to particular clinical situations.

e. Apply knowledge gathered to enhance practice.

f. Remain current with developments in foundational areas.

**5.2 Use research findings to inform clinical practice.**

a. Integrate knowledge of research methods and practices.

b. Determine the applicability of research findings to particular clinical situations.

c. Analyze research findings critically.

d. Apply knowledge gathered to enhance practice.