

PART I. Common and Foundational Components of Didactic Curriculum

	Component	Including
1	<p>Key concepts common to all psychotherapy practice</p>	<ul style="list-style-type: none"> • therapeutic relationship • client factors related to outcome • placebo effect • therapeutic modality <p>(above based on research revealing ‘common factors’—see Hubble, M. A., Duncan, B. L., & Miller, S. D. (1999). <i>The heart and soul of change: What works in therapy</i>. Washington, DC: American Psychological Association.)</p>
2	<p>Comparative psychotherapy</p>	<ul style="list-style-type: none"> • history of psychotherapy; • systems of psychotherapy and personality; • psychotherapy in other cultures and traditions; • diversity studies. <p>An essential objective is to inform students about the kinds of psychotherapy practiced in Ontario and where it is taught and practiced, in concrete detail, in order to convey a sense of the field as a whole, as well as ways to make contacts within it that are essential to informed practice.</p>
3	<p>Human change and development</p>	<ul style="list-style-type: none"> • child and adult attachment, • brain research, • cognitive-affective theories, • motivation, • maturational theory.
4	<p>Psychopathology and psychiatry for the psychotherapy practitioner</p>	<ul style="list-style-type: none"> • an introduction to diagnostic terminology and • an introduction to psychopharmacology • clear guidelines as to when to refer <p>As a mental health practitioner who may not communicate a diagnosis, it is nonetheless crucial to understand the concepts used by other health professionals, even if a particular approach to psychotherapy avoids labels regarding pathology.</p>
5	<p>Contemporary ideas in psychotherapy</p>	<p>critical thinking about and methods of research in the broadest sense</p> <ul style="list-style-type: none"> • single case • qualitative • quantitative • action/participatory <p>changing emphases and developments that affect how psychotherapy is conceptualized and practiced—for example,</p> <ul style="list-style-type: none"> • trauma • the place of meditation and mindfulness • neuroscience

6	Psychotherapeutic assessment and analysis	<ul style="list-style-type: none"> • interviewing • any instruments the practitioner may be qualified to administer <p>This clearly excludes the controlled act of communicating a diagnosis.</p>
7	Ethics in professional psychotherapy practice	<ul style="list-style-type: none"> • regulatory requirements for practice as a regulated health professional • legal considerations • covers both rule-governed and context-based ethics

PART II. Didactic Course Components in at least one Specific Psychotherapy Modality/Approach/Orientation Chosen by the Candidate

	Component	Including
1	The history of the psychotherapy approach	<ul style="list-style-type: none"> • major contributors, • context of its development and practice, • main foci studied in the approach, • therapeutic and cultural significance, • extensions into other domains.
2	Theory of the structure and functioning of the mind (psyche/spirit) in the approach	<ul style="list-style-type: none"> • what are the components of the mind (psyche/spirit)? • what is their relation to reports of experience, observed behaviours, styles of relating or personality? • what is their relation to the physical body and to culture? • What is their relation to culture/society in general and to varieties of cultures/societies?
3	Theory of the longitudinal development of the mind (psyche/spirit)	<ul style="list-style-type: none"> • varieties of presentations at birth • influences on evolution of the style of relating/personality of physical or mental illness, trauma and other historical experiences, family, culture
4	Explication of the varieties of personalities or styles of relating	<p>personalities/styles of</p> <ul style="list-style-type: none"> • a presenting person or • family or • group.
5	The process of assessing and the system of describing problems or issues in the structure or function of a presenting person's or couple's or family's psyche, personality or behaviour.	<ul style="list-style-type: none"> • relation of these problems or issues to development • etiology • prognosis
6	The theory of change regarding the individual person, family, or group	<ul style="list-style-type: none"> • knowledge of the setting • techniques for bringing about the desired change.
7	The nature of the relationship between the therapist and the client/patient	<ul style="list-style-type: none"> • ongoing effects of each on the other • related techniques for sustaining the therapeutic project • skills for recognizing and repairing relationship breaches • relevant ethics of practice

8	The specific and overall goals of the treatment or interventions proposed	<ul style="list-style-type: none"> • assessment of ongoing progress • indications and techniques for ending the therapeutic endeavour.
9	Purposes and methods of keeping records of the work.	<ul style="list-style-type: none"> • best practices • regulatory requirements • legal and business considerations
10	Indications for use of the approach	<ul style="list-style-type: none"> • areas of controversy within the approach • limitations of the approach • variations of the approach • contingencies of client/patient presentation and therapy resources

PART III. SUPERVISED CLINICAL EXPERIENCE

Clinical training is invaluable for introducing candidates to the collegial and personal skills and attitudes that are so essential to good practice and to ongoing competency.

Many institutes require many more hours than indicated here, with various mixes of client contact, supervision, and therapy/therapist development. The overall intention is to instill and integrate the skills, knowledge, values, and attitudes required for ethically sound, high quality provision of psychotherapy services.

	Component	Including
1	Supervised client contact	<ul style="list-style-type: none"> • A minimum of 150 supervised client contact hours as a psychotherapist in training, in a setting suitable for the appropriate modality of psychotherapy.
2	Supervision	<ul style="list-style-type: none"> • A minimum of 75 hours of supervision, some of which may be in a group setting, by supervisors trained in the psychotherapy approach used by the student. <p>Some approaches require live and/or audio- or video-taped supervision.</p>
3	Further professional development The goal is to address and unpack the pulls and effects of psychotherapy work on the student, revealing professional-personal development issues referred to in some traditions as counter-transference	<ul style="list-style-type: none"> • A minimum of 50 hours that is either individual psychotherapy in the approach chosen by the student; professional development in an experiential group setting, structured live supervision, or other direct observation setting that is less open to interpretation and distortion than a third-party report.