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## The Postdoctoral Plan for the Education and Training of Counsellors

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### Abstract

The purpose of this paper is to propose a postdoctoral plan for the education and training of counsellors who seek advanced knowledge and competence in psychotherapy. In support of this plan, seven propositions are submitted on the current status of pregraduate and postgraduate education and training of psychotherapists. Based upon a study of the programs of approximately 100 postgraduate training centres, a set of minimal standards is proposed for the postdoctoral training of psychotherapists. Implications are drawn for the field of counsellor education and training.

### Résumé

Le but de cet article vise à proposer un plan pour l'éducation et la formation post-doctorale de conseillers désirant approfondir leurs connaissances et compétences dans le domaine de la psychothérapie. Pour appuyer ce projet, 7 propositions font état du statut actuel de la formation et de l'éducation offertes aux psychothérapeutes au niveau pré-diplômé et post-diplômé. A partir de l'étude d'une centaine de centres d'entraînement post-doctoral, il fut possible de dégager et de proposer certains standards de base nécessaires à la formation post-doctorale de psychothérapeutes. De cette étude découle aussi certaines implications importantes ayant trait au domaine de l'éducation et la formation de conseillers.

There is a long-standing concern with the proper kind of education and training for those preparing to enter the general field of counselling (e.g., Bedal, 1981; Belkin, 1975; Bernstein & Lecompte, 1976; Brown, Sewall, & Lindstrom, 1977; Jevne, 1981; Loughary, 1965; Peavy, Robertson, & Westwood, 1982; Wrenn, 1977). Our focus is restricted to those Canadian counsellors whose area of practice overlaps with what is also referred to as psychotherapy, guidance, case work, and similar words or phrases. The critical question is what kind of counsellor education and training is best suited to qualify graduates for the practice of what we shall refer to as psychotherapy.

Our proposed plan is for counsellor education and training, but it applies equally to members of several other professions whose graduates seek to practice psychotherapy. According to our plan, the psychotherapist has a doctorate, not a masters degree, in any of the psychotherapy-related professions. These may include areas such as counselling, psychology, education, medicine, social work, etc. The psychotherapist, according to our plan, also has a diploma from a postdoctoral training centre in psychotherapy. The diploma certifies satisfactory completion of a program designed to provide qualified knowledge and competence in a designated psychotherapy.

We are exceedingly aware that such a plan may lack the enthusiastic

support of virtually all groups concerned with counsellor education and training. Accordingly, the plan could use some supporting arguments on its behalf. The present article provides these arguments in the form of seven supporting propositions that deal with the current status of psychotherapy both in and out of the profession of counselling, and both in and out of Canada. On the basis of these supporting arguments, we then propose some provisional minimal standards of postdoctoral training in psychotherapy. These standards are to apply to the postdoctoral training centres themselves. They are provisional, however, in that there are no standards which are generally accepted by these centres. The aim, therefore, is to provide Canadian counsellors with a specific basis for dialogue and discussion. The final section outlines some implications that may follow general acceptance of a postdoctoral plan for the education and training of counsellors.

In order to give a fair hearing to this plan, we invite Canadian counsellors to set aside and bracket, for a while only, some of their cherished convictions and truths about counselling and psychotherapy.

#### SUPPORTING PROPOSITIONS

##### 1. *The Best Word For It Is "Psychotherapy"*

The word "psychotherapy" is used in countless publications, hundreds of conferences and meetings, thousands of courses, dozens of associations, and in identifying the practice of many thousands of professionals. Nevertheless, there is trouble when strong groups must distinguish between psychotherapy and something else.

Many authors have successfully distinguished between psychotherapy, counselling, and guidance (Bedal, 1981; Belkin, 1975; Eberlin, 1981; Hamilton, 1977; Hower, 1972; Lewis, 1970; Manning & Cates, 1972; Pallone, 1977; Wrenn, 1977). A formal organization, however, such as the Canadian Guidance and Counselling Association, can extend squatter's rights over a huge territory by defining counselling as "... a complex human activity which has its goal the giving of aid by one person to another in the solution of the latter's life problems" (Peavy, Robertson, & Westwood, 1982, p. 136). Using similar tactics, each profession can claim a part of the pie by limiting "psychoanalysis" to credentialed psychoanalysts. Meanwhile, the field of rehabilitation prefers to speak of rehabilitation therapy, education identifies school counselling, social workers want to call it case work, and theology uses the phrase pastoral counselling, etc. Of all the words and terms, we suggest that the best compromise word for it is "psychotherapy" although the case on behalf of this word is not compelling, and we respect each group's arguments for their preferred distinctions and terms.

2. *Psychotherapy is the Collective Property of Many Professions and Disciplines, None of whom has Exclusive Rights of Ownership.*

Whether we call it psychotherapy, counselling, or whatever, there are many professions and disciplines among those who originated and developed each of the psychotherapies, among those who study and research it, who teach and train and supervise it, and especially who practice it. There are the professions and disciplines of medicine, education, social work, sociology, psychiatry, psychology, theology, human relations, nursing, counselling, communication, and many others.

In Canada and the United States, there are upwards of a thousand postgraduate training centres in all sorts of psychotherapies that accept for training members of virtually all these professions and disciplines (Mahrer, 1987; Matarazzo, 1965, 1965b, 1977; Saslow & Matarazzo, 1962), yet "... what seems to get aired in public is each profession's belief that it is the only suitable profession for providing psychotherapeutic or counselling services" (Fretz & Mills, 1980, p. 176). Additionally, each of these professions and disciplines firmly insists that proper education and training requires a core foundation in that profession and discipline (Holt, 1965; Mahrer, 1987). We respect all these claims in submitting that psychotherapy is the collective property of many professions and disciplines, none of whom has exclusive rights of ownership.

3. *There are no Generally Recognized Standards for the Practice or Specialty of Psychotherapy*

One way of describing the current status is that there are no generally recognized standards for the practice of psychotherapy, for designating a specialty of psychotherapy, or for certifying advanced knowledge and competence in psychotherapy. Psychotherapy is not a recognized specialty in psychology (American Board of Professional Psychology, 1978; Sales, 1985; Sales, Bricklin, & Hall, 1983, 1984), in Canadian psychiatry (Paris, Kravitz, & Prince, 1986), nor in any other profession. In the words of John Warkentin, a fellow of both the American Psychological Association and the American Psychiatric Association, "As psychotherapy is practiced in America today, there exist no standards of training, function, or responsibility on which psychotherapists generally agree" (1971, p. 107).

Nor are there any generally recognized standards for certifying advanced knowledge and competence in psychotherapy. In sharp contrast to the licensing examinations for the practice of medicine, dentistry and, to some extent, educational and school counselling (cf. Brown, Sewal, & Linstrom, 1977; Jones, 1976), neither provincial nor state licensing examinations in psychology assess knowledge and competency in the practice of psychotherapy (Hogan, 1979; Koocher, 1979;

Strupp, Butler, & Rosser, 1988). "The most widely used exam probably is an irrelevant instrument for assessing competency to practice" (Fox, Kovacs, & Graham, 1985, p. 1048). Also, "...no state presently requires the competence of psychologists to be evaluated" (Fretz & Mills, 1980, p. 12). There are no generally recognized standards for the practice or specialty of psychotherapy.

#### 4. *Psychotherapy is a Specialty Within and Across Established Professions and Disciplines*

The practice of psychotherapy is best understood as a specialty within and across the various psychotherapy-related professions and disciplines. Under this proposition, the practitioner may say that my profession or discipline is education (or psychology or medicine or social work or counselling psychology), and my specialization is in the practice of psychotherapy. We can therefore share the specialty of psychotherapy although we belong to different professions or disciplines. This leaves quite intact the efforts to establish that "...counselling psychology is a *bonafide* discipline (which) has a complex interdisciplinary relationship with better established disciplines such as education, psychiatry, sociology and psychology" (Friesen, 1983, pp. 147-148). On the other hand, this proposition is in contrast to efforts to elevate psychotherapy to the status of an independent profession of its own (Holt, 1965, 1971).

#### 5. *The Provision of Advanced Knowledge and Competence in Psychotherapy is the Job of Postgraduate Training Centres*

Most of the leading figures across all the psychotherapy-related professions have concurred that the graduates of masters and doctoral programs do not possess advanced knowledge and training in psychotherapy. "It is generally acknowledged that predoctoral training is not sufficient to guarantee a high level of competence in professional functioning" (Lewinsohn & Pearlman, 1972, p. 48). What is more, it is "...quite doubtful that the clinical training such programs would offer could be improved in quality and quantity to the extent that is needed (for the practice of psychotherapy) (Holt, 1965, p. 82; cf. Kovacs, 1965; McConnell, 1984).

The answer lies in the postgraduate training programs that are traditional in such clinical professions as medicine and dentistry (Mahrer, 1987, 1989a, 1989b; Matarazzo, 1987). In psychology there are powerful groups lobbying for generic doctoral level training and specialized postdoctoral training (Stigall, 1988) in specialties such as health psychology (Sheridan, Matarazzo, Boll, Perry, Weiss, & Belar, 1988; Olbrisch, Weiss, Stone, & Schwartz, 1985; Stone, 1983), community psychology (Silverman & Fourcher, 1975), pediatric psychology (Routh, 1977), and internships in all specialties (Belar, 1988; Plante, 1988; Toy

& Pierce, 1987). If you want advanced knowledge and competence in psychotherapy, the place to go is the postgraduate training centre.

#### 6. *Postgraduate Training Centres in Psychotherapy are Plentiful and Thriving*

Both in terms of the sheer number of training centres and number of persons in training, postgraduate training centres in psychotherapy are plentiful and thriving. Of all of these, according to a survey of postgraduate training centres in psychotherapy in 23 countries (Fichter & Wittchen, 1980), training centres in psychoanalysis are the most popular. The American Academy of Psychoanalysis lists 45 training centres (1988) and approximately 2500-3500 currently enrolled physicians, while estimates of the number of current Jungian analytic trainees are in the 1900-2500 range. As an example of the popularity of psychoanalytic training, there are approximately 150 psychologists currently enrolled in the Postdoctoral Program in Psychotherapy and Psychoanalysis of New York University.

The same picture holds for other approaches. The 1988 Gestalt Directory (1988) lists 49 training centres and approximately 2000 current trainees, and notes that this is a very conservative estimate since many Gestalt centres are not included in the directory. The Bulletin of the International Institute for Bioenergetic Analysis (1988) lists 42 postgraduate training centres, and the American Society of Clinical Hypnosis (1988) indicates that specialized postgraduate training is provided to approximately 500 professionals annually. Including training centres in client-centred, rational-emotive, experiential, and other therapies, the picture of plentiful and thriving postgraduate training contrasts with the absence of any mention of postgraduate psychotherapy training in Peavy and Jevne's (1981) overview of counsellor education in Canada.

#### 7. *There are no Minimal Standards of Postgraduate Training in Psychotherapy*

Unfortunately, these postgraduate training centres accept no minimal standards. Even within similar approaches, there is substantial variability, and across approaches the variability in training standards is exceedingly widespread. Nor are there any movements in the direction of uniform minimal standards across all or most postgraduate training centres in psychotherapy.

On the basis of these seven propositions, we submit the following post-doctoral plan for the education and training of psychotherapists.

THE POSTDOCTORAL PLAN:  
MINIMAL STANDARDS OF POSTDOCTORAL TRAINING IN  
PSYCHOTHERAPY

What follows is a proposed plan of minimal standards for all postdoctoral training centres in psychotherapy. Based upon our own careful study of the programs of approximately 100 postgraduate training centres, this plan is offered to all the various postgraduate training centres, the several psychotherapy-related professions and their practitioners, and to the general public. For counsellors, social workers, psychiatrists, psychologists, and others who seek advanced knowledge and competence in psychotherapy, the postdoctoral plan defines these minimal standards of education and training in postdoctoral training centres in psychotherapy.

*A Doctorate in a Psychotherapy-Related Profession*

Admission requires a doctorate in any psychotherapy-related profession. While we are aware that this is a blockbuster issue, and that any arguments favouring the doctorate have easily been countered by powerful arguments favouring the masters degree, we uphold the doctorate on the basis of three weak and admittedly vulnerable considerations. One is that the doctorate is the highest academic degree in all of the psychotherapy-related professions. It is the accepted practitioner degree in medicine and, to a large extent, psychology, although the masters is the accepted practitioner degree in many other psychotherapy-related professions. Second, an impressively large proportion of the distinguished theoreticians, researchers, and exemplars in psychotherapy possess a doctorate. Third, we believe that the acrimonious, long-standing antagonism between those favouring the doctorate and those favouring the masters degree has better chances of long-term resolution by adopting the doctorate as the admitting degree to postdoctoral training centres in psychotherapy.

*The Mandate*

Each postdoctoral training centre accepts the mandate of providing advanced and specialized knowledge and competence in the practice of a designated approach or approaches to psychotherapy (Herron, Borello, & Trubowitz, 1977; Matarazzo, 1987).

*Administrative Independence and Representativeness*

Whether free-standing or university-based, the training centre is to be administratively independent of any single psychotherapy-related profession, notably medicine or psychology, and may be conjointly administered by several psychotherapy-related professions, schools, faculties,

or departments (Holt, 1965; Keller & Baumann, 1986; Prokasy, 1986; Shakow, 1971). Similarly, the faculty is to be reasonably representative of the various psychotherapy-related professions (Belar, 1987).

### *The Program*

The program is to consist of a minimum of two years, 1000 hours, and is to be a part-time program designed to accommodate the working professional (Matarazzo, 1987; Ross, 1974). The examination of approximately 100 programs of most postgraduate training centres yields the following provisional minimal components:

1. Personal therapy. Each trainee is to receive a minimum of 100 hours of personal therapy in the designated approach (Kubie, 1971).
2. Direct practice. Each trainee is to complete a minimum of 400 hours of direct practice in the designated approach.
3. Supervision. Each trainee is to receive a minimum of 200 hours of individual or small-group supervision of their direct practice.
4. Listening/observing exemplars. Each trainee is to accrue a minimum of 100 hours of listening to and/or observing the therapeutic work of exemplars, including direct observation, audiotapes, and videotapes.
5. Didactic courses and seminars. Each trainee is to receive a minimum of 200 hours of didactic courses and seminars in the following areas as related to the therapeutic approach: (a) history and background; (b) philosophical and theoretical foundations; (c) theory of practice; (d) methods and procedures; and (e) special topics.
6. Examination of knowledge and competence. Each trainee is to receive a formal examination of depth and breadth of knowledge, and level of skills and competencies (British Psychological Society, 1981; Fordyce & Meier, 1987; McClelland, 1973).

Under this proposed plan, a psychotherapist would be understood as a professional who has a doctorate in any of the psychotherapy-related professions, and a diploma from a postdoctoral training centre certifying satisfactory completion of a minimum of two years and 1000 hours of training. The psychotherapist would have achieved certified, advanced knowledge and competence in a designated psychotherapeutic approach.

This plan invites discussion and adoption by the postgraduate training centres in psychotherapy; by the general public; by practitioners of psychotherapy; by the academic training institutions; by the psychotherapy-related professions, their associations and societies; and by provincial and state boards for licensing, mandating, certifying, and accrediting the practice of psychotherapy. At present, these represent more than merely formidable problems.



## IMPLICATIONS FOR COUNSELLOR EDUCATION AND TRAINING

The postdoctoral plan does not directly necessitate any substantive changes in currently accepted counsellor education and training. It may be adopted within the present guidelines and standards of education and training of the Canadian Guidance and Counselling Association (Peavy, Robertson, & Westwood, 1982), as well as AGPA and APA standards and guidelines of counsellor education and training (Bernstein & Lecompte, 1976; Loghary, 1965). Nonetheless, the general adoption of some version of the postdoctoral plan will almost undoubtedly exert some force.

Counsellor education and training programs may expect substantial increases in the sheer numbers of applicants to these programs. Graduate students and prospective applicants who seek to become psychotherapists will exert pressures on faculties to open up counsellor education, counselling psychology, and educational psychology programs leading to the Ed.D. or Ph.D. degrees in preference or addition to M.Ed. or M.A. degrees. If training as a competent, effective psychotherapist occurs postdoctorally, then there will be strong impacts on "... both the product (the effective, competent counsellor) and the process (counsellor education) of counsellor programs" (Jevne, 1981, p. 58). For those students in either masters or doctoral programs whose eyes are on postdoctoral training in psychotherapy, it is quite likely that there will be substantially less program emphasis on graduating effective, competent counsellors ready for practice.

Symmetrically, the postdoctoral plan will likely favour faculty who prefer generic, foundational, core curricula over specialty, competency-based graduate training. In psychology, this has been a long-standing controversy with many faces. One example is the acrimonious arguments between academic Ph.D. proponents and those favouring explicitly professional programs such as Psy.D. programs (Caddy & LaPointe, 1984; Dorken & Cummings, 1977; Korman, 1974; Stricker, 1975; Peterson, 1982, 1985). In counselling, the impact will likely be anything but cordial for the "trend toward competency-based rather than course-based or discipline-based programs" (Jevne, 1981, p. 58), and for the competency-based standards and guidelines of education and training of the Canadian Guidance and Counselling Association (Peavy, Robertson, & Westwood, 1982).

Similarly, because advanced, specialized training in psychotherapy includes what is variously referred to as residency, practicum, internship, or field training, the likely impact on counsellor graduate programs would be toward a more generic or sharply deemphasized counsellor practicum or internship. It is already the long-established tradition in psychiatry in Canada and elsewhere that advanced, specialized internship and residency occur in postdoctoral training centres (Katz, 1984).



Similar trends are taking place in psychology where, for example, the National Conference on Internship Training in Psychology (Belar, Bieliauskas, & Larsen, 1987) called for a two-year internship with the second as a more advanced, specialized, postdoctoral year (Belar, 1988; Plante, 1988; Toye & Pierce, 1987). It is likely that the current counsellor practicum, internship, or field training may be deemphasized and/or made substantially more generic.

General adoption of this postdoctoral plan will have sober and challenging implications for counsellor education and training. Because the postdoctoral plan requires adoption by the several psychotherapy-related professions and disciplines, we encourage open and constructive discussion and reaction from those counsellors concerned with the advancement of the practice of psychotherapy and those concerned with the advancement of the profession and discipline of counselling.

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