

April 3, 2018

Deborah Adams, Registrar
Carol Cowan-Levine, Chair of the Controlled Act Task Group
College of Registered Psychotherapists of Ontario (CRPO)
375 University Avenue, Suite 803
Toronto, ON M5G 2J5

Dear Ms. Adams and Ms. Cowan-Levine,

We are writing in response to your recent invitation for stakeholders to comment on the CRPO Controlled Act Task Group Draft Consultation Documents. We will, as individuals, be completing the on-line survey and will encourage other colleagues to do so as well. This reply is intended as a collective response from the various associations that represent Registered Psychotherapists in Ontario.

First, we wish to express our appreciation to the CRPO for authoring what we feel is, overall, an excellent set of documents that lend confidence to the process as a whole. It is evident that a great deal of thought and effort, (e.g. the review of 7000 applications) has been given to ensure that the scope and nature of work done by Registered Psychotherapists in Ontario is captured as accurately as possible.

The pre-ambule in section A, framing psychotherapy in terms of a relationship between client and therapist, furthers the development of a more robust and comprehensive definition of the Controlled Act. In addition, the mention of "*well-being*" as well as "*mental health*", in a general description of psychotherapy, moves us away from a pure diagnosis/medical model frame and represents the broader World Health Organization view of health as more than the absence of disease.

The list of activities that are not considered to involve the Controlled Act (Section C) provides useful clarification to mental health practitioners who may be in the process of determining whether their work falls under the purview of the Controlled Act. The manner in which this information is set out does not discount activities, but merely recognizes them as not the "Controlled" piece(s) of the practitioners' actions.

The comprehensive list of general practice orientations of psychotherapy, as well as the subsections of modalities, recognizes that psychotherapy has many valid modalities which lend to meeting the unique needs of the clients with whom we work. It is consistent with the evidence-based therapies listed in the research and recognizes the rich diversity of knowledge and experience demonstrated in the field. The survey itself affords the opportunity for modalities not yet mentioned to be identified and considered for inclusion. As well, by indicating that the list is not exhaustive but, rather, directional, you have invited, and perhaps challenged us as a profession, to continue to explore and expand the tools we use to support and serve our clients.

The following suggestions are offered in the same positive spirit that the Consultation Documents were authored.

- While we are concerned that the wording "***treating a serious mental health disorder***" does not help in defining the Act, the 3-part criteria for gauging "serious" (page 11) is more helpful and clarifies the question, "Serious, according to whom?".
- In Sections A, E and F, it is stated that there are '***key elements***' that "***A psychotherapy client should be able to observe ... over the course of their work with a Registered Psychotherapist.***" While these elements are normative when at work in an office setting, there are critical care situations (e.g. in hospital settings) where it would be burdensome on the client to – for example – hold "***a conversation ... about the benefits, risks and expected outcome(s) of the psychotherapy,***" when immediate and responsive psychotherapeutic care is needed. The actual defining characteristic or "***key element***" of psychotherapy is the psychotherapeutic alliance that is formed, upon which basis 'deep work' is carried out.
- We suggest the following amends to the note following **Section E** question 1) "***If you answered “yes” to question 1, ... you do not need to be registered ...***": Include the caution, "***Assessment is a process that is ongoing and issues that may require the Controlled Act are not always immediately identifiable***". Perhaps providing an example of an assessment that moves from "non-serious" to "serious" would illustrate the importance for practitioners to implement an "exit strategy" in the event that a client requires a referral. As well, making the distinction between a "*psychotherapeutic relationship*" versus a "*psychotherapeutic alliance*" could further illustrate the understanding of how the process of psychotherapy unfolds.
- We are concerned that some respondents may not complete the full assessment if they find they have met the threshold after completing only a few of the questions. We suggest
 1. Underlining or bolding the phrase "***all seven questions should be answered...***".
 2. Keep all seven points as is including the "Yes – No" check boxes after each.
 3. Remove the notes in the text boxes and provide a response summary key be at the end which summarizes and simplifies how to interpret one's answers to the self-assessment. For example:

Question	Yes	No
1. Does your work primarily involve one or more of the following <i>in isolation</i> or in <i>the absence of a psychotherapeutic relationship</i> ?		

2. Are you establishing and maintaining an ongoing psychotherapeutic relationship with your clients as indicated by all of the following: <ul style="list-style-type: none"> • You are responsible ... 		
3. Etc.		

“If you answered ‘Yes’ to [item numbers ...], this means ... and the action you should take is ...”.

“If you answered ‘No’ to [item numbers...], this means ... and the action you should take is ...”.

- The term “**prescribed**”, when referring to therapies, may be understood in a medical context by the general public. If read this way, it may raise the question. “Prescribed by whom?” Perhaps “**prescribed (i.e. sanctioned by the CRPO)**”, might clarify the use of the term.
- Although the terms “**safe and effective use of self**” and “**boundaries**” may be familiar to RP’s, perhaps more transparent language would be beneficial for the general public and practitioners not yet registered with one of the colleges.
- Under **Categories of Therapies**, add Existential after Humanistic (e.g. “**Experiential and Humanistic-Existential Therapies**”).
- Under **C: Draft Policy**: to the first sentence “***In order for a Registered Psychotherapist to engage in the controlled act of psychotherapy:***”, we suggest adding: “...***they must meet all of the following:***” As well, to the 2nd bullet point “***the RP must be providing treatment intended to help individuals improve their mental health and well-being***” we suggest adding ***and diminish the risk of exacerbation of serious disorder***
- Under **C: Draft Policy**: In the second paragraph, after “***their duties***”, add “(***and may qualify as psychotherapy hours in the context of services delivered by a RP in the context of a psychotherapeutic relationship or delivered within an organization that provides psychotherapy where one is engaged as a psychotherapist / psychotherapist-in-training***)”.
- Under section F, “**What is Psychotherapy**”, please consider amending “***Psychotherapy is primarily a talk-based therapy***”; to “***Psychotherapy is both a talk-based and non-verbal therapy***”, given music therapy often involves use of non- verbal modalities.
- Under **Crisis/Intervention Management**, add “***mental health first aid***” which is popular training now and would allow for layperson intervention in the spirit of this clause

- Given that the language is directed at individual client work, add the disclaimer, “***The term client can also refer to clients (e.g. couples, families, or groups)***”.
- Determine a way to differentiate between the terms “***spiritual counselling***” and “***spiritual psychotherapy***”

Again, we are very encouraged by the consultation process to date. Clarifying the Controlled Act is of equal importance to the public, the professionals and the regulators alike which makes it a natural opportunity for us to work with you towards a common goal. It was for this reason that the following associations who represent Registered Psychotherapists in Ontario felt it was important to respond with a united voice to your invitation to participate. As such, we look forward to ongoing partnering with the College in ensuring that we provide our clients with the best care and service.

Most sincerely,

Alliance of Psychotherapy Training Institutes (APTII)
 Canadian Art Therapy Association (CATA)
 Canadian Association for Psychodynamic Therapy (CAPT)
 Canadian Association for Sandplay Therapy (CAST)
 Canadian Association for Spiritual Care (CASC)
 Canadian Counselling and Psychotherapy Association (CCPA)
 Canadian Humanistic and Transpersonal Association (CHATA)
 Music Therapy Association of Ontario (MTAO)
 Ontario Art Therapy Association (OATA)
 Ontario Association of Consultants, Counsellors, Psychometrists, and Psychotherapists (OACCPP)
 Ontario Expressive Arts Therapy Association (OEATA)
 Ontario Association for Marriage & Family Therapy (OAMFT)
 Ontario Society of Psychotherapists (OSP)
 Professional Association of Christian Counsellors and Psychotherapists (PACCP)
 The CREATE Institute