

DRAFT Council Agenda

Date & Time: Thursday, November 30, 2017; 9:30 am – 3:35 pm
Location: 375 University Avenue, Suite 803, Boardroom
Chair: Andrew Benedetto, President

	Time	Item	Page	Lead
1.	9:30	Welcome and Opening Remarks	-	A. Benedetto
2.	9:35	Approval of Agenda	1	A. Benedetto
3.	9:40	Conflict of Interest Declarations	-	A. Benedetto
4.	9:45	Approval of September 7, 2017 Minutes & Business Arising 4.1 Approval of meeting minutes 4.2 Approval of <i>in camera</i> minutes	3 -	A. Benedetto
5.	9:50	President's Remarks	-	A. Benedetto
6.	10:00	Committee/TG Chairs' Reports <ul style="list-style-type: none"> • Quality Assurance Committee • Inquiries, Complaints and Reports Committee • Client Relations Committee • Registration Committee • Indigenous Registration Task Group • Executive Committee 	9 11 12 13 14 15	P. Rayman K. VanDerZwet Stafford C. Cowan-Levine A. Benedetto A. Benedetto A. Benedetto
7.	10:20	Registrar's Report	16	D. Adams
8.	10:30	Quality Assurance Program Policy Clarifications (for information)	19	P. Rayman
	10:45	BREAK		
9.	11:00	Update re Controlled Act of Psychotherapy (for information)	-	D. Adams
10.	11:20	Practice Guideline – Duty to Warn (for information, discussion, approval)	24	K. VanDerZwet Stafford
	12:00	LUNCH		
11.	1:00	Client Relations Program – Definitions & Review (for information, discussion, approval)	30	C. Cowan-Levine
12.	2:10	Council Training: Understanding Legislation, Regulations, Standards, and Policies	40	M. Pioro
	2:30	BREAK		
13.	2:45	Relaunched CRPO Website (for information)	-	S. Grey
14.	2:55	Committee Chair Job Description (for information, approval)	41	D. Adams
15.	3:10	Committee – Chair Assignments (for information, approval)	45	A. Benedetto

16.	3:20	Council Member Question Period	-	A. Benedetto
17.	3:30	New Business & Call for Agenda Items	-	A. Benedetto
	3:35	ADJOURNMENT		

DRAFT COUNCIL MEETING MINUTES

Thursday, September 7, 2017

Approved by Council:

Present

Andrew Benedetto, RP
(President)
Shelley Briscoe-Dimock, RP (via
teleconference)
Tapo Chimbanga, RP
Carol Cowan-Levine, RP
Barbara Locke Billingsley
Mary Kardos Burton
Shikha Kasal
Sheldon Kawarsky
Kenneth Lomp, RP
Malcolm MacFarlane, RP (Vice-
President)
Keith Marlowe, RP
Pat Rayman, RP
Steven Stijacic
Kevin VanDerZwet Stafford , RP

Staff

Deborah Adams, Registrar
Jo Anne Falkenburger, Director of Operations and HR
Shauna Grey, Manager, Communications
Sean Knight, Policy & Communications Analyst (Recorder)
Lene Marttinen, Manager, Quality Assurance (for part of the
meeting)
Monica McPherson, Manager, Registration (for part of the
meeting)
Mark Piro, Director, Professional Conduct & Deputy
Registrar

Guest

Blair MacKenzie, Managing Partner, Hillborn LLP

Regrets

Len Rudner

1. Call to Order

A. Benedetto, Chair, called the meeting to order at 9:30 am, welcoming Council members and observers. The Chair also introduced G. Chimbanga and K. Lomp following their election to Council during the summer.

2. Approval of Agenda

The Chair presented the meeting agenda for approval following minor amendments to the order of committee reports.

**C-7 Sept
2017- M01**

MOTION: Moved by C. Cowan-Levine, seconded by K. Lomp.

That the agenda for the September 7, 2017 meeting of Council be approved as amended.

CARRIED

3. Conflict of Interest Declarations

Council members were asked to declare any conflicts concerning business on the agenda. No conflicts were reported.

4. Approval of May 11, 2017 Minutes & Business Arising

The Chair introduced the minutes from the May 11, 2017 Council meeting for approval. No errors or omissions were reported.

**C-7 Sept
2017- M02**

MOTION: Moved by S. Kawarsky, seconded by P. Rayman.

That the minutes of the May 11, 2017 meeting of Council be approved as presented.

CARRIED

5. President's Report

A. Benedetto, President, discussed meetings with representatives from professional associations, the College's office move, posting of Council materials to the website, and the Needs Assessment Survey members were asked to complete over the summer.

The President also acknowledged the resignation of Sue Lymburner in May and departure of Keith Marlowe from Council following Council elections, thanking them for their contributions to Council. He noted that S. Lymburner continued to serve as a non-Council Committee member for the Client Relations Committee. Council was informed that given the timing of her resignation from Council, Executive Committee opted to leave the seat vacant until regularly scheduled elections in 2018.

6. Committee/TG Chairs' Reports

Quality Assurance Committee

P. Rayman discussed changes made to the Quality Assurance Program to shorten the timeframe for completing the Peer and Practice Review from six months to 60 days, and changes to the submission deadline of Professional Development and Self-Assessment Tools. The Chair also reported that resources would be developed to assist Members in understanding informed consent.

Inquiries, Complaints, and Reports Committee

K. VanDerZwet Stafford directed Council Members to the report included in the package outlining statistics on complaints received. He also reported on the Committee's work developing guidelines on disclosure of confidential information to prevent harm.

Examinations Committee

M. MacFarlane reported on the work of the recently constituted Committee and its meetings held to date to review appeals from Members who did not successfully complete the registration exam, and to consider time extensions for those who have not yet made their first required attempt to complete the exam following application for registration. The Chair also reported that Council would be asked to endorse the Committee's Terms of Reference.

Client Relations Committee

C. Cowan-Levine reported on the Committee's work to develop the College's Client Relations Program, including development of definitions and language regarding sexual abuse for use across College programs, reviewing existing materials such as the Jurisprudence Handbook and website content, and reviewing forms for funding of therapy.

Registration Committee

A. Benedetto reported on the Committee's decision not to proceed with recommending a criminal record check at this time, indicating that the proposal would be reviewed in a year. The Chair also reported on the establishment of a second regularly-scheduled panel to assist with the volume of applications referred for further review. Finally, Council was directed to the list of decisions released by the Health Professions Appeal and Review Board, resulting from appeals of Registration panel decisions, which were all upheld by the Board.

Executive Committee

A. Benedetto reported on the Committee's development of Observer Guidelines and Rules of Conduct for Council meetings as well as a policy for directing stakeholder questions to Council, which would be presented to Council for approval.

7. Registrar's Remarks

D. Adams, Registrar, discussed the upcoming office move, meetings with the Health Professions Regulatory Advisory Council regarding the controlled act of psychotherapy, and review of the Needs Assessment Survey completed by Council members. The Registrar also discussed the report from Health Quality Ontario regarding public funding of psychotherapy, which will be reviewed by staff who will report back to Executive Committee.

8. Bill 87 Orientation

M. Piore led Council members through a review of the amendments to the *Regulated Health Professions Act* resulting from passage of the *Protecting Patients Act* and how the amendments have changed, or will change College practices moving forward.

Council members discussed potential consultations regarding amendments that have yet to be proclaimed, and how the amendments shaped matters currently under review by various committees.

9. Council Training – Fiduciary Duty & Financial Documents

Blair MacKenzie, Managing Partner at Hillborn LLP provided training for Council members on the purpose and preparation of audited financial statements, Council's role in reviewing the College's budget and audit statements, and budgeting considerations for operating a not-for-profit organization.

In camera

As the following two items before Council concerned financial matters, Council moved that the meeting move *in camera*.

**C-7 Sept
2017- M03**

MOTION: Moved by K. VanDerZwet Stafford, seconded by M. Kardos Burton.

That Council move the meeting *in camera*.

CARRIED

In accordance with 7(2)b. of Schedule 2 of the *Regulated Health Professions Act*, discussions concerning financial matters are held *In camera*. Minutes of the *in camera* meeting were recorded and approved by Council and are maintained separately.

12. Quality Assurance Program Update

L. Marttinen reviewed a change to the Quality Assurance Program participation deadline, and how this change would be implemented in the coming months. Council was informed that beginning December 1, 2017 members would need to complete their self-assessment and professional development materials by November 30 for every two year cycle, and that effective September 1, 2018 new registrants in their first calendar year of registration are required to complete a self-assessment and begin a learning plan within three months of their date of registration.

Staff explained these changes would reduce the amount of information required from Members at the end of the registration year as well as allowing more effective management of staff, allowing the College to have more staff available to provide technical and other support for members during high volume times (i.e., renewal and QA submission).

13. Quality Assurance Tools in other College Processes

Staff explored how tools developed for use in the Quality Assurance Program, including Member self-assessments, peer assessments and other education materials can be adapted for use in other College programs and processes, such as for upgrading activities for RP (Qualifying) Members who have made two unsuccessful attempts to complete the registration exam.

14. Question Period Policy

D. Adams introduced the Question Period Policy and explained that the goal of the policy was to ensure that all stakeholders had an opportunity to direct questions to the attention of Council, even if they were unable to attend a Council meeting. She added the policy provided an opportunity to allow staff to conduct any necessary research and prepare as complete a response as possible.

It was also noted that the policy was endorsed by Executive Committee, and substantially reflected past informal practice.

**C-7 Sept
2017- M06**

MOTION: Moved by C. Cowan-Levine, seconded by S. Kawarsky.

That Council approve the draft CRPO policy document entitled *Question Period* as presented.

CARRIED

15. Observer Guidelines Policy

D. Adams introduced the draft Observer Guidelines and Rules of Conduct Policy, which echoes best practices of other regulatory bodies, and would assist with ensuring that stakeholders would have an equal opportunity to attend Council meetings in the smaller office space.

**C-7 Sept
2017- M07**

MOTION: Moved by K. VanDerZwet Stafford, seconded by M. Kardos Burton.

That Council approve the draft CRPO document entitled *Council Observer Guidelines and Rules of Conduct* as presented.

CARRIED

16. Examinations Committee Terms of Reference

M. MacFarlane introduced the Examination Committee's Terms of Reference, which were presented for Council's approval.

**C-7 Sept
2017- M08**

MOTION: Moved by K. Lomp, seconded by S. Kawarsky.

That Council endorse the Terms of Reference of the Examination Committee adopted August 16, 2017.

CARRIED

18. Executive Committee Elections

The Registrar reviewed information previously circulated to Council regarding election of Executive Committee, indicating that all positions were acclaimed as follows:

President: Andrew Benedetto
Vice-President: Malcolm MacFarlane
Members (at large): Carol Cowan-Levine
Mary Kardos Burton
Sheldon Kawarsky

19. Council Member Question Period

Staff responded to an inquiry regarding how panels are selected. Council was informed that panels are formed at the discretion of the Chair of each respective committee, and

take legal requirements, availability, absence of conflicts of interest and past involvement with a file into account when considering panel composition.

Staff also provided an update regarding development of the College's new website.

20. New Business & Call for Agenda Items

Council discussed receiving an update regarding the controlled act of psychotherapy at its November meeting.

21. Adjournment

C-11 May
2017– M6

MOTION: Moved by S. Kawarsky, seconded by C. Cowan-Levine.

That the Council meeting be adjourned.

CARRIED

The meeting was adjourned at 3:27.

Andrew Benedetto, President

Date

REPORT TO COUNCIL
Quality Assurance Committee

November 30, 2017

Respectfully submitted by:
Pat Rayman, Chair, Quality Assurance Committee

Since Council's last meeting, the Quality Assurance (QA) Committee met by webinar on October 2nd and then in person on November 10th.

In addition to its panel work, the Committee has been working on the development of member resources, including an Informed Consent Workbook, an Informed Consent Checklist, and a Guideline on Electronic Practice.

We had the opportunity to review the draft Informed Consent Workbook in October. The intent of the workbook is to help members understand the law and their obligations with respect to the informed consent process. The next stage of review will be carried out by experienced RPs, who will provide feedback during a focus group session. Our goal is to make sure the workbook is clear to readers, that it adequately reflects the profession, and that the exercises are useful. You may have noticed the call for focus group participants in CRPO's most recent Communiqué. The deadline to submit CVs was November 27th, and the focus group session will be held on December 13th.

At its November meeting, the Committee agreed to develop an Informed Consent Checklist. The checklist is meant to be a quick reference tool that will help members navigate the requirements of informed consent. It is a good time to develop this resource. Based on member inquiries and trends that have emerged in the ICRC and QA departments, it's clear that members have an interest in such a tool, that it would be useful, and that it could contribute to an overall enhancement in practice amongst members of our profession.

The Committee also reviewed a first draft of a Guideline on Electronic Practice. In developing the guideline, our main goal is to clarify the intent of the existing *Professional Practice Standards*. We will continue development of this guideline over the coming months, and bring a draft forward for Council consideration when it is available.

We also worked to clarify existing policies relating to the Professional Development Component of the Quality Assurance Program. We defined the criteria for goals that will be considered acceptable, and established base criteria that will help Committee determine whether a learning activity can be considered acceptable. Later today, we will hear a presentation on these criteria. At the end of September, QA staff sent notifications to 25 members, informing them of their random selection to participate in a Peer and Practice Review. Members appreciated that these notifications contained more information than was sent out last year. We will continue to adjust practices in the QA program based on members' experiences and feedback, wherever possible. Up to 30 more notifications of random selection will go out in January.

Finally, I want to thank the members of the committee. You have always shown yourselves to be dedicated, conscientious and willing to work together. One of our key goals in QA is to help members of the College meet the standard of the profession. We have done this and more. Together we have set policies, created assessment tools, and relying on the feedback of our members, we have found opportunities for the development of member resources like the Informed Consent Workbook, the guideline on electronic practice and the informed consent checklist. This work puts our members and the College on solid ground today and into the

future. Staff, I thank you for the work you have done to keep our group organized and informed – this has helped our group to make balanced decisions that are in the interest of the public.

Quality Assurance Committee Members

Andrew Benedetto, RP	Malcolm MacFarlane, RP
Mary Kardos Burton	Pat Rayman, RP (Chair)
Carol Cowan-Levine, RP	Len Rudner
Sheldon Kawarsky	

REPORT TO COUNCIL
Inquiries, Complaints, and Reports Committee

November 30, 2017

Respectfully submitted by:

Kevin VanDerZwet Stafford, Chair, Inquiries, Complaints and Reports Committee

Since the September Council meeting, ICRC has held one plenary meeting and two panel meetings.

The plenary, a busy-full day meeting in late October, included educational items on interim orders under bill 87, minors and consent to therapy, and others for which there was no time left over to address that day.

The Committee discussed the division of work between its two panels. The composition of each panel will be revisited annually following Council elections and committee appointments. Files will be allocated to the next available panel rather than aiming to match the subject matter of the investigation to the clinical background of professional panel members.

The Committee discussed alternative dispute resolution (ADR), and did not support adding this component to the complaints process at this time. This is due partly to the emotional impact and power imbalance of the therapeutic relationship, which risks making mediation counterproductive for the client.

The Committee discussed the complaint process. It decided to formally adopt its pilot process of offering Members the opportunity to respond after a complaint is received, but not setting a final response deadline until any investigation is completed. This is in contrast to its previous process of requiring two separate responses from the Member. The Committee also decided to continue its practice of providing the Member's response back to the Complainant for a reply. This is in response to the suggestion that it might shorten timelines by not showing a Member's response to the Complainant. The Committee felt transparency to be an important factor

Finally, the Committee recommended that Council approve a draft guideline, *Disclosing Information to Prevent Harm*.

Regarding panel work, in the 2017-18 fiscal year to date (as of November 22), the College has received 21 formal complaints and initiated four Registrar's Investigations.¹ This is compared with:

- 2015-16: 15 formal complaints and four Registrar's Investigations.
- 2016-17: 15 formal complaints and eight Registrar's Investigations.

ICRC Members

Shelley Briscoe-Dimock, RP
Carol Cowan-Levine, RP
Kali Hewitt-Blackie, RP (Non-Council Committee Member)
Mary Kardos Burton
Kenneth Lomp, RP
Pat Rayman, RP
Len Rudner
Steven Stijacic
Kevin VanDerZwet Stafford, RP (Chair)

¹ A formal investigation resulting from an information source other than a formal complaint.

**REPORT TO COUNCIL
Client Relations Committee**

November 30, 2017

Respectfully submitted by:
Carol Cowan-Levine, Chair, Client Relations Committee

The focus of CRC remains the development of a robust Client Relations Program that encompasses both breadth and depth. Since our last report to Council, the CRC has held only one half day teleconference meeting, October 31, 2017, but has tackled a significant volume of work.

To date, the CRC has undertaken the following:

1. Amended and approved a series of word changes made in the Jurisprudence Handbook in order to ensure attunement and understanding to the sensitivities and nuances in language;
2. Developed and approved a number of foundational definitions that will now be reviewed by Executive and move forward to Council for approval, the benefit to be definitions used consistently throughout all the workings of CRPO;
3. Discussed the process of introducing a mandatory 'cooling off period' of 5 years for post-termination sexual contact with former clients, with staff outlining the required steps for obtaining a regulation that will provide CRPO with the authority to enforce this cooling off period;
4. Discussed the need for a guideline to direct members in situations where the 5 year cooling off period may not be seen as adequate, with staff providing the justification for introducing such a guideline at the same time as the regulation (i.e., to allow CRPO to start holding members accountable to the expectations set out in the guideline);
5. Reviewed and approved sexual abuse website content;
6. Approved and recommends to Council a background information document along with a request for funding forms for counselling or therapy for victims of sexual abuse by Members;
7. Discussed the feasibility of establishing specialized ICRC & Discipline panels for allegations of sexual abuse;
8. Researched and discussed best practices on therapy for the support partner of victims of sexual abuse by Members.

Members of this Committee continue to invest significant amounts of time in reflection, deliberation, and consideration of new measures and responses in work related to matters of sexual abuse, work in which CRPO is well positioned to be a leader.

Much appreciation for this fine work goes to all committee members, but in particular the exceptional efforts on the part of Deb Adams, Registrar.

Committee Members:

Carol Cowan-Levine, RP
Shelley Briscoe-Dimock, RP
Barbara Locke Billingsley

Mary Kardos Burton
Sue Lymburner, RP (Non-Council Committee
Member)
Steven Stijacic

**REPORT TO COUNCIL
Registration Committee**

November 30, 2017

Respectfully submitted by:
Andrew Benedetto, Chair, Registration Committee

Since the Council meeting in September, Registration Committee has held one plenary meeting, and four panel meetings.

At the October 13, 2017 plenary meeting, Registration Committee considered the following matters:

- How to enforce the Term, Condition, or Limitation (TCL) for RP (Qualifying) Members requiring them to be continually working to complete the remaining requirements to leave the Qualifying category, and requirements that Qualifying Members make their first attempt to write the registration exam within two years of applying for registration.
- Review of requirements to serve as a clinical supervisor and topics that should be considered during the 30 hours of directed learning activities in providing clinical supervision. The Committee also reviewed content for a survey regarding clinical supervisor requirements, and recommended to Executive Committee that the survey be circulated to Members of the College.
- Considering a request from a bridging program for internationally trained practitioners to ensure participants are able to satisfy the entry-to-practice requirements. Further research will be undertaken and staff will develop a business plan for Registration Committee's consideration.

Panel meetings were scheduled on September 15, 28, October 20, November 7, 17 and 27 to consider 66 files.

Following a decision by a Registration panel to refuse registration, applicants have the right to appeal the decision to the Health Professions Appeal and Review Board (HPARB). Since the last Council meeting, HPARB has returned four decisions, all of which have confirmed the decision of the Registration panel. HPARB posts its order and reasons on CanLii, and are linked below:

[S.C.W v. College of Registered Psychotherapists](#)
[I.S. v. College of Registered Psychotherapists](#)
[A.S. v. College of Registered Psychotherapists](#)
[K.E.K v. College of Registered Psychotherapists](#)

Committee Members:

Heidi Ahonen, RP (Non-Council Committee Member)

Andrew Benedetto, RP (Chair)

Barbara Locke Billingsley

Carol Cowan-Levine, RP

Glorie Chimbganda, RP (to be appointed)

Tamar Kakiashvili, RP (Non-Council Committee Member)

Shikha Kasal

Sheldon Kawarsky

Malcolm MacFarlane, RP

REPORT TO COUNCIL
Indigenous Registration Task Group

November 30, 2017

Respectfully submitted by:
Andrew Benedetto, President, Indigenous Registration Task Group

Since the Council meeting on September 7, 2017, the IRTG held a two day in-person meeting. Dates were as follows:

In-person meeting:
1. September 18-19, 2017

At the meeting, the following matters were undertaken:

- Review of the work to-date of the Indigenous Registration Task Group
- Review of adapted competencies to validate their relevance and usefulness
- Review of the proposed competency mapping tool
- Review and discussion regarding the Four Principles of Good Practice model as a possible framework for Indigenous Registration application review
- Discussion of the feasibility of comprising a panel of the Registration Committee that would include members of the Indigenous community in order to ensure appropriate review of Indigenous applicants
- Directing staff to draft a guide for Indigenous applicants that will include CRPO competencies, IRTG adapted competencies, key concepts and probing questions
- Directing staff to draft a revised application form for Indigenous applicants based on the Regular Route application
- Discussion of providing ample and appropriate training to the RAs reviewing any Indigenous applicants
- Discussion of timeline related launching the application and the guidebook, piloting the process and providing feedback

Committee Members:

Sandra Wong (Chair)
Andrew Benedetto, RP
Peter Beaucage
Megan Cohoon, RP
Betty Carr-Braint
Carol Cowan-Levine, RP
Banakonda Kennedy-Kish
Roxane Manitowabi
Len Rudner

**REPORT TO COUNCIL
Executive Committee**

November 30, 2017

Respectfully submitted by:
Andrew Benedetto, Chair, Executive Committee

Since the Council meeting on September 7, 2017, the Executive committee held one in-person meeting and two teleconference meetings. Dates were as follows:

In-person meetings:
2. September 8, 2017

Teleconference meetings:
1. October 17, 2017
2. November 14, 2017

At the meetings, the following matters were considered by Executive Committee:

- Contributing to the submission to HPRAC regarding the controlled act of psychotherapy
- Responding to a request from CRC to consider the possibility of specific screening and discipline panels for sexual abuse allegations
- Developing recommendations to Council for Committee Chair and member appointments
- Reviewing proposed Chair job description
- Discussing outreach planning and feasibility of holding town hall meetings for CRPO members
- Approving the circulation of an online survey to the CRPO membership and members of the other colleges who will be authorized to provide the controlled act of psychotherapy, regarding Clinical Supervision requirements to be imposed as of April 1, 2018
- Discussing the usage and implementation of Committee evaluation forms
- Discussing voter turnout from other Colleges and directing staff to take this issue to the Election Committee to deliberate on how to increase voter turnout
- Discussing by-laws amendments
- Discussing the circulation of an online survey to the CRPO membership regarding gender affirmation surgery survey
- Reviewing the foundational definitions related to sexual abuse by members developed by CRC for use across CRPO

Committee Members:

Andrew Benedetto, RP (Chair)
Carol Cowan-Levine, RP
Mary Kardos Burton
Sheldon Kawarsky
Malcolm MacFarlane, RP

REPORT TO COUNCIL

November 30, 2017

Respectfully submitted by: Deborah Adams, Registrar

OFFICE MOVE

I am very happy to be able to report that we moved into the new offices on September 15 with only one day of interruption to service. The entire team is to be commended for contributing to getting us up and running again. A real debt of gratitude is due to Jo Anne Falkenburger and Kelly Roberts for the hours they put in to planning the new space and the energy and effort of attending to every detail to make sure that we had a wonderfully efficient and comfortable space right from the first day.

WEBSITE LAUNCH

As of November 30, we will be launching our updated website (<http://www.crpo.ca/>). Communications manager, Shauna Grey, assisted by Nadia Afrin, has done an excellent job of overseeing a complete overhaul of both the branding and the functionality of the website. I would encourage everyone to take a moment to take a look. We are confident that it will be effective in providing information to applicants, members and the public.

MEMBERSHIP NUMBERS

As of November 22, our total membership number was 5,498. We estimate that this will hit 6,000 by April 1, 2018 meaning that we will have registered close to 2,000 new members over the course of the last year. We are continuing to work on efficiency measures to assist in processing applications and providing timely decisions. As predicted, we are seeing higher numbers of applications being referred to panel for review as we work through those that came in during the last 60 days of the grandparenting window.

CONTROLLED ACT

The Ministry of Health Care has completed its review of the controlled act of psychotherapy and we learned on November 22 that they are ready to propose amendments to the Controlled Acts Regulation made under the *Regulated Health Professions Act, 1991*.

A summary of the proposed regulatory amendments has been posted to Ontario's Regulatory Registry. The posting can be found at:

<http://www.ontariocanada.com/registry/view.do?language=en&postingId=25567>

According to the information available at the time of writing, their proposal is to make amendments that will facilitate the proclamation of the controlled act of psychotherapy and affect a transition period for the mental health sector. Further review will be done of the proposed amendments and will be available at the Council meeting.

The Ministry is seeking comments on the proposed amendments; these are due by December 3, 2017. Staff will coordinate with the Executive Committee to prepare a response by this deadline and will share it with Council at its next meeting.

STAFFING

It is with mixed emotions that I need to report that Monica McPherson made the decision to resign from the College last month. Monica was the Manager of registration for the last three years and made significant contributions to the development of the registration process. Tav Kanwar and Sarah Fraser agreed to take on the roles of acting managers and are doing an excellent job. We are grateful to them for stepping up on this front.

PRACTICE ADVISORY SERVICE

As Council knows, CRPO offers a practice advisory service that RPs can access in order to discuss matters relating to professional practice, ethics and standards. Members of the public are also welcome to contact the service to learn more about the practice of psychotherapy and professional regulation. By connecting with the practice advisory service, RPs and the public will be provided with helpful information and resources.

The structure of the practice advisory service changed over the last months to expand our ability to respond to members in a more timely manner and to provide them with access to a broader range of experience and knowledge. In order to accomplish this, CRPO has engaged the services of six RPs who were already working with us as Peer Assessors in the Quality Assurance Program (QAP).

While the Practice Advisory service is not a formal part of the QAP (i.e., the Quality Assurance Committee does not oversee the practice advisors, rather, they are supervised directly by the staff management team) this approach allows members to benefit from practice advice from RPs who have considerable knowledge of and extensive training in the application of CRPO standards. This is also an efficiency for the College since the investment in training has already been made.

Under the new system, RPs calling for advice will be matched with a Practice Advisor who has a related professional background wherever possible. Staff will triage the calls to track the issue and provide information wherever possible and to ensure that there is no conflict of interest between the Practice Advisor and the member. A database of Frequently Asked Questions will be developed from the work of the advisory team and staff will share this information with the membership at large through the communique and other outreach. Ongoing assessment of the new approach is happening and a more formal evaluation will be completed at the end of the fiscal year.

MEMBER SURVEY

We recently asked our members to complete a survey regarding the criteria for clinical supervisors that will come into force on April 1, 2018. The survey will close after the preparation of this package so a more detailed report will be provided at the meeting. I would like to note

that, with four days remaining, we received 1844 responses; with 400 of these coming in the first 12 hours of the survey being live.

As a side, I would also note that we also surveyed members of the College of Psychologists and of the College of Social Workers and Social Service Workers as they are often involved in supervising our members. There were 76 responses from these groups as time of writing.

It is important to note the considerable response from our registrants. I think that this speaks to an engaged membership and I am looking forward to making sure we invite them to participate in ongoing consultation over the coming year as we work on a number of initiatives. The next survey that is planned will likely involve fewer members but will inform our efforts in relation to obtaining authority for RPs to sign secondary referral letters for clients who are seeking gender affirming surgery.



Committee Name:	Council
Meeting Date:	November 30, 2017
Agenda Item no.	8
Description:	QA Program Policy Clarifications
Attachments:	Quality Assurance Program Policies excerpt, pages 2-4
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision (vote) <input type="checkbox"/>
Staff Contact:	Lene Marttinen

Background:

In order to facilitate the effective administration of the Professional Development (PD) component of the Quality Assurance (QA) Program, the QA Committee develops policies that identify, for example, specific requirements, evaluation criteria, and exceptions or exemptions that may apply.

The bulk of the policies that pertain to the PD component were established in 2015, in anticipation of the launch of the QA Program. Among other things, these policies identify:

- the deadlines by which the Self-Assessment, Learning Plan and Learning record must be completed;
- the number of hours of learning activities that members are required to participate in;
- the tool review random selection criteria that determine which members are eligible to be randomly selected for review of their PD tools;
- the circumstances in which a member would be deemed eligible to defer one or more of the PD requirements and/or deadlines.

Since the policies were first set, two years and two deadlines have passed. Having experience with the administration of the PD component, it became apparent that it would be helpful to both members and the QA Committee if certain policies were clarified, namely those that relate to the criteria for goals (which members document in the Learning Plan) and the base criteria for acceptable learning activities (which members report in their Learning Record).

Members will find the relevant policies in the document *Quality Assurance Program Policies*. The policy clarifications fall under *section 1.1, "Continuing Education and Professional Development: Member requirements,"* on pages 2-4.

Criteria for goals

After careful consideration of the options, Committee clarified that in addition to including at least one goal in the Learning Plan, any goals recorded in the Plan must meet the criteria listed below. (Policy clarification appears in italics.)

1.1.5 A completed Learning Plan includes at least one goal, with the plan and reflection columns completed. *Goals must:*

- *be specific, attainable and clear*
- *relate to development of competency in the practise of the profession; and*
- *lead to improvements in professional practice.*

Criteria for learning activities

Recognizing the breadth of activities that will be reported by Members in the Learning Plan, the QA committee established the base criteria listed below. These criteria will help the QA committee determine whether a learning activity will be considered acceptable. (Policy appears in italics.)

1.1.14 Learning activities reported in the Learning Record must be:

- *relevant to the practice of the profession;*
- *credible, so that there is reason to believe that the learning opportunity exists, that a Member could participate in it as described or inferred based on the format and/or available descriptions, and once the activity was completed a participant would conclude that the activity reasonably aligned with available descriptions; and*
- *verifiable, so that it can be confirmed or corroborated that the Member participated in the learning activity.*

Major Decision Points:

There are no major decision points for Council consideration. These policy clarifications are presented for information.

Meeting attendees will be provided with background information about the policies that existed before these criteria clarifications were added, patterns that emerged as a result of the PD tool review process, and trends in inquiries received by the College, which combined, highlight the need for the policy clarifications.



Quality Assurance Policies

1.0 Continuing Education and Professional Development

Section: 1.1 Member Requirements

Approved by: Quality Assurance Committee

Approved date: November 19, 2015

Revised date: February 12, 2016; March 11, 2016; December 9, 2016; July 10, 2017; November 10, 2017

Relevant Regulation and Legislation

Regulated Health Professional Act 1991, S.O. 1991 (RHPA). c. 18, Sched. 2:

81.(b) Every QA program will include a self, peer and practice assessment.

Quality Assurance Regulation (O. Reg. 34/13) under the Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R:

4. Every member shall participate in the program. O. Reg. 34/13, s. 4.
5. Every member shall participate every two years in self-assessment and professional development activities in order to maintain the knowledge, skill and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College. O. Reg. 34/13, s. 5.
- 6.(1) Every member shall keep records of his or her participation in self-assessment and professional development, in the form and manner approved by the Committee and for the period of time specified by the Committee. O. Reg. 34/13, s. 6 (1).

Purpose:

Self-regulated professionals engage in professional development and continuing education as a means to maintain competence and keep abreast of current knowledge, skill, research and regulatory standards. The public expects Registered Psychotherapists to be competent, possess up-to-date knowledge, and provide client-centred care.

New Members are expected engage in the Professional Development component of the QA program by beginning their Professional Development tools. Specific requirements are defined for these Members as without them, a new Member could be practising for two years without participating in any QA activities, including the required 40 hours of learning activities. New Member requirements enable the College to monitor initial awareness of the requirements and engagement in the QA program.

Policies:

- 1.1.1 Effective December 1, 2017, the deadline by which Members are required to complete their self-assessment and professional development requirements is November 30.
- 1.1.2 On or before November 30th of every second year, Members will complete their self-assessment and professional development materials including the:
 1. Self-Assessment;
 2. Learning Plan; and

3. Learning Record.

1.1.3 Effective September 1, 2018, New Members in their first calendar year of registration are required to complete a Self-Assessment and begin a Learning Plan with 60 days of their date of registration. Members who registered prior to this date and have not yet completed a Self-Assessment or begun a Learning Plan shall do so within 3 months of the date this policy becomes effective.

1.1.4 Every Member shall maintain copies of their completed Professional Development materials and evidence of engagement in continuing education activities for a period of 4 years.

Self-Assessment and Learning Plan

1.1.5 A completed Learning Plan includes at least one goal, with the plan and reflection columns completed. Goals must:

- be specific, attainable and clear
- relate to development of competency in the practise of the profession; and
- lead to improvements in professional practice.

1.1.6 Members are expected to complete a new Self-Assessment when there is a change in their practice.

1.1.7 Members are expected to complete all sections of the Self-Assessment and provide responses that a reasonable person would consider to be complete, coherent, and related to the subject matter.

Professional Development Hours

1.1.8 Members are required to engage in **at least 40 hours** of professional development during the two-year participation cycle. Some of these hours should relate to professional development in the safe and effective use of self.

1.1.9 Members who have been registered less than two years are not expected to have engaged in 40 hours of professional development activities. Rather, they should engage in a reasonable proportion of the expected hours, considering their date of registration.

1.1.10 Members shall complete at least one didactic and one experiential professional development activity every two years.

1.1.11 Members may report professional development activities that are incomplete or in process.

1.1.12 Members shall maintain supporting evidence of completion of activities for the previous and current cycle.

1.1.13 Members may report professional development activities that are not related to a goal in their Learning Plan.

1.1.14 Learning activities reported in the Learning Record must be:

- relevant to the practice of the profession;
- credible, so that there is reason to believe that the learning opportunity exists, that a Member could participate in it as described or inferred based on the format and/or available descriptions, and once the activity was completed a participant would conclude that the activity reasonably aligned with available descriptions; and
- verifiable, so that it can be confirmed or corroborated that the Member participated in the learning activity.



Committee Name:	Council
Meeting Date:	November 30, 2017
Agenda Item no.	10
Description:	Practice Guideline – Duty to Warn
Attachments:	n/a
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision (vote) <input checked="" type="checkbox"/>
Staff Contact:	M. Pioro

Background:

In CRPO's experience, certain topics arise repeatedly in the ICRC process and through the practice advisory service. One of these recurring issues is whether a Member should disclose confidential information to prevent a risk of harm, e.g. assault, homicide, suicide. ICRC felt that Members would benefit from a guideline.

Following several rounds of discussion and [research by staff](#), ICRC has recommended that Council approve the attached draft guideline, *Disclosing Information to Prevent Harm*.

The title reflects the language of PHIPA, and is preferred over the “duty to warn”, which is an American legal doctrine that has not been explicitly adopted by Canadian courts to date.

The attached draft document is intended as a guideline or framework, and not to provide clear answers. It aims to assist Members in going through the thought process to determine their next steps.

Staff and ICRC do not believe that the content of the draft guideline is particularly novel or controversial. Therefore, public consultation may not be needed prior to Council approval. Limited, informal consultation has taken place. Specifically, staff and the ICRC Chair have requested feedback on the document from several stakeholders. Some of these informal requests for feedback are still in progress, and staff will provide an update.

Proposed Motion

[Be it moved] Council approves the attached guideline, *Disclosing Information to Prevent Harm*.

Disclosing Information to Prevent Harm

DRAFT Professional Practice Guideline

Introduction

Registered Psychotherapists have an obligation to maintain client confidentiality. In some circumstances, however, disclosure of client information is permitted or required by law. The *Personal Health Information Protection Act, 2004*² (PHIPA) allows health information custodians to disclose personal health information about an individual, without that individual's consent,

if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.³

This guideline document explores when and how a Member of the College can disclose information under this provision.

The College advises Members that they may be held accountable for failing to take steps to prevent harm. Members have lost their employment, been the subject of complaints or reports to the College, and can be sued in court, for failing to respond appropriately to situations involving risks to clients or third parties. The expectation that a professional disclose confidential information to prevent harm is sometimes referred to as the 'duty to warn'.

This exception to confidentiality is *in addition* to other reporting obligations, for example reporting to a Children's Aid Society about a child in need of protection. Members should review the College's *Professional Practice and Jurisprudence* manual, and *Professional Practice Standards*, for an understanding of these obligations.

² SO 2004, c 3, Sch A.

³ *Ibid.*, s. 40(1).

Interpretation

The following are brief explanations of key concepts quoted above:

<i>Reasonable grounds</i>	A concern that is based on more than suspicion, rumour or speculation.
<i>Necessary</i>	There is no other reasonable way (such as continuing therapy with the client) to prevent the risk of harm. If disclosure is necessary, as little information as possible is disclosed to eliminate or reduce the risk of harm.
<i>Significant risk</i>	Requires a case-by-case evaluation of both the likelihood and magnitude of harm. "Significant risk" falls in between the extremes of low risk and certainty.
<i>Serious bodily harm</i>	Death or "any hurt or injury, whether physical or psychological, that interferes in a substantial way with the integrity, health or well-being of a victim." ⁴
<i>Person or group of persons</i>	The victim(s) are identifiable or their characteristics are described specifically.

Professional Judgment, Consultation and Documentation

Each situation involving a potential risk of harm is different. The Member is responsible for using professional judgment to determine whether and how to disclose information appropriately.

Part of developing and applying professional judgment is knowing when to seek consultation.

Consulting with supervisors and colleagues allows multiple perspectives and options to be presented, allowing the Member to make an informed decision. Consultation is especially important in complex situations, or where a Member is accountable as part of a team or organization. A Member should consult early, as potential risks begin to emerge, and not wait until harm is imminent.

Deciding whether to make a report requires serious consideration. Members should recognize that the therapeutic relationship may be compromised as a result of disclosing information without the consent of the client. This, however, should not prevent a Member from disclosing information where doing so is needed. While psychotherapists have an obligation toward their clients, this is not their only responsibility.

Members should document their actions, including consultations made and action taken.

Working with Clients at Risk

When working with clients who are at risk of harm, it is strongly recommended that Members consider ways of facilitating self-care and strengthening resilience. They may do this by engaging in education, supervision, personal therapy or other personal care activities, e.g. meditation, connecting with personal supports, taking a break, etc. While this should be ongoing, it may be particularly important after dealing with more challenging clinical issues or in the unfortunate event that a client has been injured or dies as a result of suicide or homicide.

Example Situations

The following are different situations a Member could encounter. Actual situations are likely to be nuanced and involve elements of uncertainty. The examples given here are simplified for basic learning purposes.

⁴ *R. v. McCraw*, 1991 CanLII 29 (SCC), [1991] 3 SCR 72, at p. 88.

Client self-harm or suicide

Members are expected to have competence in risk assessment. Minimally they should know when and how to conduct a risk assessment (intake, initial session at some point during the course of therapy). There are various methods for conducting a risk assessment, which may include having the client completing a written form, orally asking the client a series of standard questions, or some combination of the two. Risk may need to be re-assessed based on new information presented by the client or after following up with the client at a later session.

It is important to explain the limitations to confidentiality at the outset of therapy, to request that clients provide an emergency contact person, and to maintain up-to-date contact information of the client. The Member should have the client's address in case the Member learns in between sessions that the client is at risk and needs to contact emergency services.

Members should be familiar with the safety planning process, including helping the client identify internal and external resources and strengths, and with treatment and referral options for suicidal ideation or other self-harming behaviours. Members should be alert to distinguish between 'passive' suicidal ideation (where there is no intention to take action), and active planning. Depending on the situation, it may be appropriate to offer to escort the client to hospital, get in touch with the client's emergency contact person, call the client's other known healthcare providers, contact police or dial 911.

Example: The client regularly discusses end of life decision-making in session, including the option of suicide. To date this has been hypothetical in nature with no indication of active planning. In between session, the client emails the therapist indicating that they plan to take their own life in the next several days. The therapist replies that they will need to report this to police and the client's family physician, and does so.

Example: An individual calls a community mental health agency threatening to commit suicide. Agency staff phones the police. The police inform the agency that the individual in question is known to police for making false reports of suicidality, and tell the agency that they do not need to contact the police if the individual calls again. The individual calls again stating that they will take their own life. Notwithstanding the advice from police, agency staff contacts the police again about the individual.

Client knowledge of a third party at risk, e.g. of suicide

Sometimes a client will share that someone they know is at risk, for example planning to commit suicide. Where disclosure is warranted, the client can be involved in the process if this can be of therapeutic benefit. Therapists should be cautious in assuming the client will make a report about a third party at risk. This may be appropriate if the risk is not imminent and the therapist believes it is likely the client will follow through; however, once the therapist is aware of an imminent risk, they may have a responsibility to disclose information themselves to prevent harm.

Members should view threats of self-harm by a third party communicated to the client as potentially *both* an attempt to exercise control over the client, as well as a legitimate risk to the third party.

Example: The client tells the therapist about their friend's social media posting that they plan to take their own life shortly. The therapist explains their duty to report, and offers to phone the police together with the client. The client agrees and they do so.

Risk of harm to the client by a third party, e.g. intimate partner violence

In some situations, the client may be at risk of harm by another person. The client may be reluctant to share this information with anyone else. This can put the therapist in a very difficult position for deciding whether or not to disclose information. On one hand, not to disclose the risk to the authorities could result in harm to the client. On the other hand, reporting a client's partner to police can potentially increase risk and re-traumatize the client. A thorough history and risk assessment is required.

Example: The client discloses to the therapist concern for their safety and that they may be at risk of harm by their partner. The therapist assesses risk and lethality and in establishing a safety plan with the client, explores a variety of options (e.g. accessing a shelter, supportive resources in the client's life, the client's calling police).

Risk to a third party by the client

The client may disclose in session their intention to harm a specific person or group. The therapist should assess the level of risk by considering factors such as specificity of planning, history of violence and access to weapons. If the risk is significant, contacting police will generally be sufficient to fulfill one's responsibility. There is debate about whether warning the intended victim of a threat is necessary in addition to advising police (assuming it is reasonably possible to obtain contact information of the intended victim). In contemplating this step, a Member needs to weigh the severity of the risk to the intended victim against the negative impact disclosure may have on the intended victim.

Once information is disclosed, Members should consider whether it is reasonable in the circumstances to follow up with the recipient of the information. Expect that police may not be able to provide updates about their investigation.

Example: The client confides in the therapist that he plans to kill his former spouse. After the session, the therapist immediately contacts police. In addition, the therapist's records include the former partner's name and workplace, and the therapist provides this to the police as well.

The issue of a client's disease status, particularly HIV, can raise questions about the need to disclose information to prevent harm. A client's HIV status is confidential personal health information. Improvements in treatment are drastically reducing the risk of sexual transmission of the virus. This will form part of the analysis of whether the client's conduct constitutes a "significant risk" of serious bodily harm.

Example: The client discloses to the therapist that they are having unprotected sex with partners who are unaware of the client's disease status. Because this is a specific and evolving area of law and medicine, the therapist consults clinical literature, as well as individuals and organizations with specialized knowledge.⁵

⁵ See e.g. HIV & AIDS Legal Clinic Ontario, online: <http://www.halco.org/>; Canadian HIV/AIDS Legal Network, online: <http://www.aidslaw.ca/>.

Risk to the therapist by the client

Clients expressions of anger or hostility 'toward' a therapist are often part of the therapeutic process and can most often be worked out through therapeutic conversation. However, there may be situations where it is most therapeutic to refer the client elsewhere or terminate the therapeutic relationship altogether. In rare circumstances, a client may pose a risk of harm to a therapist, and it may be necessary to contact police in order to ensure the safety of the Member.

Example: A client becomes angered by the outcome of therapy, which very quickly escalates into resentment and clear threats of physical violence. The therapist terminates the therapeutic relationship and provides referral options to community resources. The therapist then contacts police to discuss safety planning and available legal measures.

See Also

[Professional Practice Standards for Registered Psychotherapists](#), standards 1.3: Reporting Unsafe Practices, and 3.1: Confidentiality.

[Professional Practice & Jurisprudence for Registered Psychotherapists](#), pages 51-56 and 83-87.

[CRPO web page: Reports about Members](#)

[Mandatory Reporting Obligations for Registered Psychotherapists](#)



Committee Name:	Council
Meeting Date:	November 30, 2017
Agenda Item no.	11
Description:	Client Relations Definitions
Appendices:	1. Client Relations Foundational Definitions – Final 2. Definitions with Notes and Commentary
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Vote <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Background:

Foundational to the work of the Client Relations Committee (CRC) is a shared understanding of terms that are relevant to the prevention of sexual abuse by Members and to an effective process for responding to sexual abuse allegations.

Ensuring that each committee and panel of the College is operating from the same working definitions – stated in unambiguous language – will assist in fostering a clear and empathetic understanding of the impact that sexual abuse by Members has on individual clients and on the public’s trust in Registered Psychotherapists. It will also allow for consistency of approach to dealing with allegations of sexual abuse.

Communicating with Members using these terms will assist in fostering comprehension of their obligations (including around mandatory reporting of sexual abuse), and of zero tolerance.

Most importantly, the consistent use of these terms in all information offered to the public will not only educate them about the role of CRPO in providing them with protection from sexual abuse, but will increase the transparency of College processes as well.

Next steps:

For these reasons, the CRC decided at its June 2017 meeting that Council would be asked to consider and adopt a series of definitions that are grounded in the *Regulated Health Professions Act, 1991* (as amended by Bill 87, the *Protecting Patients Act, 2017*), and the *Psychotherapy Act, 2007*, as well as in the practice of psychotherapy.

CRC approved the definitions at the October, 2017 meeting, EC approved the definitions at the November, 2017 meeting and both are looking for Council to approve on the November 30, 2017 meeting.

Council is being presented with a final version of the definitions. Once approved, these will be used consistently across CRPO’s work and in communications to all stakeholders. Council is also being provided with an annotated version of the definitions; this document is intended to be available as a resource to committees in order to provide insight into the background work done to arrive at these definitions and to guide any discussions or deliberations related to the issue of sexual abuse allegations.

Proposed Motion

[Be it moved] That the Council approve the *Client Relations Foundational Definitions* as presented or amended.

Client Relations Foundational Definitions - Final

Foundational to the work of the Client Relations Committee (CRC) is a shared understanding of terms that are relevant to the prevention of sexual abuse by Members and to an effective process for responding to sexual abuse allegations.

Ensuring that each committee and panel of the College is operating from the same working definitions – stated in unambiguous language – will assist in fostering a clear and empathetic understanding of the impact that sexual abuse by Members has on individual clients and on the public's trust in Registered Psychotherapists. It will also allow for consistency of approach to dealing with allegations of sexual abuse.

Communicating with Members using these terms will assist in fostering comprehension of their obligations (including around mandatory reporting of sexual abuse), and of zero tolerance.

Most importantly, the consistent use of these terms in all information offered to the public will not only educate them about the role of CRPO in providing them with protection from sexual abuse, but will increase the transparency of College processes as well.

For these reasons, the CRC decided at its June 2017 meeting that Council would be asked to consider and adopt a series of definitions that are grounded in the *Regulated Health Professions Act, 1991* (as amended by Bill 87, the *Protecting Patients Act, 2017*), and the *Psychotherapy Act, 2007*, as well as in the practice of psychotherapy.

CLIENT

The revised definition of patient, which will come into force when the relevant provision of the Protecting Patients Act, 2016 is proclaimed, is as follows:

For the purposes of the sexual abuse provisions of the Code, the definition of “patient”, without restricting the ordinary meaning of the term, is expanded to include an individual who was a Member’s patient within the **last year or within such longer period** of time as may be prescribed from the date on which they ceased to be a patient, and an individual who is determined to be a patient in accordance with the criteria set out in regulations.

Note: The *Regulated Health Professions Act, 1991* uses the term “patient”, whereas CRPO prefers “client”. Given the nature of psychotherapy, “client” is intended to be a more humanistic and inclusive term for individuals, couples and families seeking the benefits of therapy. The College acknowledges that some Members will use the word “patient” and intends the use of client and patient to be interchangeable.

RELATIONSHIP

A therapeutic relationship is a professional working alliance between the client (potentially including a client’s family members, substitute decision maker and/or guardians) and the RP that has the aim of developing a level of trust that will support assessment and treatment intended to enhance the client’s well-being.

An RP’s relationship with clients must be both professional and therapeutic. Both of these aspects require RPs to conduct themselves in a way that is free of all forms of abuse, including sexual abuse.

Note: It is not possible for a client to have a sexual ‘relationship’ with a Registered Psychotherapist. Sexual contact between a client and an RP (including an individual who is no longer under the care of the RP but who meets the definition of “client” as it relates to post-termination involvement) is considered to be sexual abuse.

BOUNDARY

Boundaries are derived from ethics, morality and law. They ensure the professional, therapeutic relationship and exist to protect clients from harm. Boundaries delineate the expected and accepted psychological and social distance between practitioners and clients, transgression of which involves the therapist stepping out of the clinical role or breaching the clinical role⁶.

Boundaries in psychotherapy include but may not be limited to issues of:

- self-disclosure
- length and place of sessions
- giving or receiving gifts

⁶ Based on the definition from V. K. Aravind, V. D. Krishnaram, and Z. Thasneem (2012). Boundary Crossings and Violations in Clinical Settings Indian J Psychol Med. 2012 Jan-Mar; 34(1): 21–24.

- bartering
- activities outside the office
- incidental encounters, social and other nontherapeutic contacts
- digital boundaries (e-mail and text contacts, telehealth, Google, and issues regarding online social networking between therapists and clients)
- various forms of dual relationships
- established customs
- offering personal opinions
- becoming personal friends

Boundary Crossing

“Boundary crossing occurs any time a professional deviates from the strictest professional role. Boundary crossings can be helpful, harmful, or neutral. Boundary crossings can become boundary violations when they place clients at risk for harm⁷.”

Boundary Violations

Boundary violations are harmful. They typically occur when therapists are engaged in exploitative dual relationships.

ABUSE

Sexual Abuse

Sexual abuse of a patient is defined in the *Health Professions Procedural Code (HPPC)*, which is Schedule 2 to the RHPA, as:

- a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
- b) touching, of a sexual nature, of the patient by the member, or
- c) behaviour or remarks of a sexual nature by the member towards the patient.

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Sexual Assault

Sexual assault is defined in the *Criminal Code of Canada (CCC)* as:

“... any form of sexual contact without both parties’ voluntary consent.”

Sexual Harassment

The *Ontario Human Rights Code* defines harassment as:

“... engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome.”

⁷ Knapp, S. and Slattery, J. M. (2004). Professional boundaries in nontraditional settings. *Professional Psychology*, 35, 553-558.

Sexual harassment is defined as any behaviour or communication directed at someone with the intention of attacking their sexuality, sexual identity, or sense of safety.

Physical Abuse

(e.g., pushing, shoving, shaking, slapping, hitting or other physical force that may cause harm)

Verbal Abuse

(e.g., derogatory or demeaning comments, cultural slurs, use of profane language, insults)

Emotional Abuse

(e.g., threats, intimidation, insults, humiliation and harassment, dismissive behaviour, manipulation, scolding)

Financial Abuse/Exploitation

(e.g., theft, forging a person's signature, influencing a patient/client to change his or her will)

Cyber Abuse

(e.g., cyber bullying by conveying inappropriate images and words through any form of electronic media)⁸

CONSENT

In the client-therapist relationship, there is an inherent power imbalance and, therefore, it is never possible for a client to legitimately consent to any sexual contact. Any such contact constitutes an abuse of the RP's position of trust, power or authority.

POWER

A therapist's power can be used to empower or control clients in therapy. This power results from the imbalance between the therapist and client in the therapeutic relationship. This imbalance exists because of the helping role, knowledge or expertise of the therapist compared with the client.

⁸ From the College of Respiratory Therapists of Ontario

CRC Foundational Definitions with Notes & Commentary

CLIENT

The revised definition of patient, which will come into force when the relevant provision of the Protecting Patients Act, 2016 is proclaimed, is as follows:

For the purposes of the sexual abuse provisions of the Code, the definition of “patient”, without restricting the ordinary meaning of the term, is expanded to include an individual who was a Member’s patient within the last year or within such longer period of time as may be prescribed from the date on which they ceased to be a patient, and an individual who is determined to be a patient in accordance with the criteria set out in regulations.

Note: The *Regulated Health Professions Act, 1991* uses the term “patient”, whereas CRPO prefers “client”. Given the nature of psychotherapy, “client” is intended to be a more humanistic and inclusive term for individuals, couples and families seeking the benefits of therapy. The College acknowledges that some Members will use the word “patient” and intends the use of client and patient to be interchangeable.

Commentary for CRPO consideration:

Determining who is a client

A “client” is someone who receives therapy from a Member. Determining who is a client can be relatively straightforward in many cases, while complex in others. The following are non-exhaustive factors that can help determine if someone is a “client”:

- The Member provided psychotherapy to the individual(s).
- The Member conducted an initial evaluation or assessment.
- The Member held appointments for the individual and met at their usual psychotherapy office.
- The Member wrote professional reports for the individual.
- The individual provided informed consent to therapy.
- The individual was referred by another healthcare provider.
- The Member maintains records for the individual.
- The treatment went beyond incidental emergency care.
- The individual reasonably considers himself or herself to be a client, based on all the circumstances.

It is important to note that these factors are not definitive. For example, a Member cannot purposely avoid record-keeping in order to claim that the individual receiving therapy was not their client. Likewise, while it is typical that fees will be set for psychotherapy provided in the context of private practice or for an individual to be accepted into care with an institution or organization, this is not necessarily a defining factor in establishing who is a client.

Supervisory relationship to clients

For RPs who are supervisors, the definition of client may include individuals who were assessed or treated by practitioners under their direct oversight. Specifically, the definition will apply to:

- individuals whose primary therapist is operating under the *Registered Psychotherapist, Qualifying* designation

- individuals whose primary therapist is an RP who is obtaining additional supervision (involving their therapy) in order to achieve independent practice
- individuals receiving therapy from an unregistered student who is being supervised by an RP
- individuals whose primary therapist has entered into a formal supervisory relationship with another RP and who is providing specific information about the therapy being provided to their supervisor, and the identity of the client is known to the supervisor

Family members of clients who are minors

The definition of client could include family members or guardians of a minor under the care of an RP where the family member has attended therapy sessions or where the member has direct knowledge of that family member (e.g., they were discussed within the context of the provision of therapy to the minor).

RELATIONSHIP

A therapeutic relationship is a professional working alliance between the client (potentially including a client's family members, substitute decision maker and/or guardians) and the RP that has the aim of developing a level of trust that will support assessment and treatment intended to enhance the client's well-being.

An RP's relationship with clients must be both professional and therapeutic. Both of these aspects require RPs to conduct themselves in a way that is free of all forms of abuse, including sexual abuse.

Note: It is not possible for a client to have a sexual 'relationship' with a Registered Psychotherapist. Sexual contact between a client and an RP (including an individual who is no longer under the care of the RP but who meets the definition of "client" as it relates to post-termination involvement) is considered to be sexual abuse.

BOUNDARY

Boundaries are derived from ethics, morality and law. They ensure the professional, therapeutic relationship and exist to protect clients from harm. Boundaries delineate the expected and accepted psychological and social distance between practitioners and clients, transgression of which involves the therapist stepping out of the clinical role or breaching the clinical role⁹.

Boundaries in psychotherapy include but may not be limited to issues of:

- self-disclosure
- length and place of sessions
- giving or receiving gifts
- bartering
- activities outside the office
- incidental encounters, social and other nontherapeutic contacts

⁹Based on the definition from V. K. Aravind, V. D. Krishnaram, and Z. Thasneem (2012). Boundary Crossings and Violations in Clinical Settings Indian J Psychol Med. 2012 Jan-Mar; 34(1): 21–24.

- digital boundaries (e-mail and text contacts, telehealth, Google, and issues regarding online social networking between therapists and clients)
- various forms of dual relationships
- established customs
- offering personal opinions
- becoming personal friends

Boundary Crossing

“Boundary crossing occurs any time a professional deviates from the strictest professional role. Boundary crossings can be helpful, harmful, or neutral. Boundary crossings can become boundary violations when they place clients at risk for harm¹⁰.”

Commentary for CRPO consideration:

Boundary crossings can be seen when a therapist is on a “slippery slope” – meaning when a relatively small first step leads to a chain of related events culminating in some significant (usually negative) effect – and is ignoring warning signs that lead to outright boundary violations.

Boundaries, and therefore boundary crossings, are influenced by and experienced through culture, the therapy setting, age and gender of both therapist and client, and other factors relevant to the therapy process itself.

Boundary Violations

Boundary violations are harmful. They typically occur when therapists are engaged in exploitative dual relationships.

Commentary for CRPO consideration:

It is important to note that boundary violations can originate with either the therapist or the client; in either case, it is always the Regulated Psychotherapist’s responsibility to address and re-establish an appropriate, safe space and/or to refer the client to another therapist for care.

ABUSE

Sexual Abuse

Sexual abuse of a patient is defined in the *Health Professions Procedural Code (HPPC)*, which is Schedule 2 to the RHPA, as:

- a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
- b) touching, of a sexual nature, of the patient by the member, or
- c) behaviour or remarks of a sexual nature by the member towards the patient.

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

¹⁰ Knapp, S. and Slattery, J. M. (2004). Professional boundaries in nontraditional settings. *Professional Psychology*, 35, 553-558.

Commentary for CRPO consideration:

The CRPO operates from the position that clients are not able to provide consent to sexual contact with Members. Accordingly, any sexual contact between an RP and a client (including an individual who is no longer under the care of the RP but who meets the definition of “client” as it relates to post-termination involvement) constitutes sexual abuse.

Note: the definition of sexual abuse under the RHPA is broader than in criminal law or in the Human Rights Code. However, it is useful to be aware of these definitions as context within which the RHPA definition must be enforced.

Sexual Assault

Sexual assault is defined in the *Criminal Code of Canada* (CCC) as:

“... any form of sexual contact without both parties’ voluntary consent.”

Commentary for CRPO consideration:

According to the CCC, there is no consent if: The accused counsels or incites the complainant to engage in the activity by abusing a position of trust, power or authority.

Sexual Harassment

The *Ontario Human Rights Code* defines harassment as:

“... engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome”

Sexual harassment is defined as any behaviour or communication directed at someone with the intention of attacking their sexuality, sexual identity, or sense of safety.

Commentary for CRPO consideration:

The five common types of sexual harassment are: 1. Threatening – (e.g., threatening punishment or offering rewards in return for sexual favours); 2. Physical harassment; 3. Verbal harassment; 4. Non-verbal harassment – (e.g., body language, sexual gestures); 5. Environmental harassment – (e.g., sexually suggestive pictures or objects in the workplace). Sexual harassment can also take place virtually (i.e., cyber abuse) through such media as email and/or social media posts containing sexual content.

Physical Abuse

(e.g., pushing, shoving, shaking, slapping, hitting or other physical force that may cause harm)

Verbal Abuse

(e.g., derogatory or demeaning comments, cultural slurs, use of profane language, insults)

Emotional Abuse

(e.g., threats, intimidation, insults, humiliation and harassment, dismissive behaviour, manipulation, scolding)

Financial Abuse/Exploitation

(e.g., theft, forging a person's signature, influencing a patient/client to change his or her will)

Cyber Abuse

(e.g., cyber bullying by conveying inappropriate images and words through any form of electronic media)¹¹

CONSENT

In the client-therapist relationship, there is an inherent power imbalance and, therefore, it is never possible for a client to legitimately consent to any sexual contact. Any such contact constitutes an abuse of the RP's position of trust, power or authority.

POWER

A therapist's power can be used to empower or control clients in therapy. This power results from the imbalance between the therapist and client in the therapeutic relationship. This imbalance exists because of the helping role, knowledge or expertise of the therapist compared with the client.

Commentary for CRPO consideration:

Power may be used in this context to prevent harm, reduce harm, repair harm, and promote well-being. Used inappropriately, power may also result in or be used to coerce clients into sexual contact.

¹¹ From the College of Respiratory Therapists of Ontario



College of Registered Psychotherapists of Ontario

Committee Name:	Council
Meeting Date:	November 30, 2017
Agenda Item no.	12
Description:	Council Training: Understanding Legislation, Regulations, Standards, and Policies
Attachments:	n/a
For:	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision (vote) <input type="checkbox"/>
Staff Contact:	M. Pioro

Background:

CRPO is affected by multiple sources of legal authority. CRPO is a source of these authorities, e.g. setting standards for Members and applicants, and also subject to them, e.g. through appeals of College decisions to HPARB or the courts. Understanding these sources of authority, and how they differ from one another (flexible versus definitive, quick or slow to implement, etc.), is necessary in order to develop a comprehensive and effective approach to regulation. M. Pioro will provide a brief overview of the following concepts as they apply to the work of CRPO:

- The Constitution
- Legislation
- Regulation
- By-law
- Common law
- Tribunal precedents
- Policy
- Estoppel (being prevented from acting contrary to prior statements that were reasonably relied upon)



Committee Name:	Council
Meeting Date:	November 30, 017
Agenda Item no.	14
Description:	Committee Chair Job Description
Attachment	Chair Job Description - Final
Appendices:	n/a
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Vote <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Background:

Please review the Chair Job Description on page 42 to view final version of the document, which comes with Executive Committee’s recommendation to Council to adopt.

Council members considering accepting a Chair appointment should be able to refer to clearly articulated expectations and responsibilities to inform their decision whether or not to take on the role. The job description is intended to provide clarity for Chairs as well as to provide Council with a set of accountabilities that can be used to assess the functioning of each committee. This evaluation process is part of the due diligence of effective governance.

The job description reflects that Chairs must:

- Be knowledgeable about the subject matter of the committee they lead and have the expertise necessary to fulfill its mandate;
- Be knowledgeable and supportive of Council policy, the regulatory and statutory obligations of the committee and the College;
- Understand the purpose of the committee, provide leadership to the committee to achieve its goals in a consistent, efficient, and balanced manner, and organize the committee’s work so that action is taken in an orderly and timely manner.

Next steps:

Once approved, the job description will be used to:

- assist Council members in determining if they are willing and prepared to take on a Chair role
- contribute to effective governance by forming the basis for the evaluation of the role of Committee Chair and the efficacy of individuals within the role

Draft Motion:

[Be it moved] That Council approve the document Chair Job Description as presented or amended:

CRPO Chair Job Description - Final

Context

CRPO committees operate within a prescriptive framework drawn primarily from legislation and bylaw. As such, Chairs must ensure that their committee works in the public interest, following due process and undertaking appropriate and effective decision-making.

This decision-making must happen within an environment that encourages wide participation and allows opinions to be aired openly. The Chair accepts responsibility to help the committee accomplish their stated task, move through the agenda in the time available, and help the group make necessary decisions. While respect and consideration from the Chair are due to each member of the committee, the responsibility of the Chair is to the group and the collective work rather than to the individuals within the group.

The following job description is intended to:

- Support Council members in deciding if they are interested /able to accept the role of Chair.
- Provide the basis for matching training needs with available opportunities for development.
- Comprise the framework for formal evaluation of Chair performance and Committee function.

Overview

The role of the committee Chair includes responsibilities that transcend specific committee mandates. Information specific to each committee (e.g., frequency of meetings, typical panel workload, and expected deliverables) can be found in the terms of reference, procedural manuals or rules of procedure, and minutes of previous meetings.

Chairs must be knowledgeable about the subject matter of the committee they lead and have the expertise necessary to fulfill its mandate. They must also be knowledgeable and supportive of Council policy and the regulatory and statutory obligations of the committee and the College. The Chair must understand the purpose of the committee, provide leadership to the committee to achieve its goals, and organize the committee's work so that action is taken in an orderly and timely manner.

The Chair is accountable to Council through regular reporting on committee or group activity and progress. The Chair collaborates with an identified senior staff person to facilitate ongoing management of the committee's work.

Specific Responsibilities

In being aware of broader issues, trends and best practices, the Chair will have the following specific responsibilities:

1. Provide direction and guidance to the committee or group in keeping with its Council-approved terms of reference, any related legislative responsibilities, and the overall fiduciary duty to work in the public interest.
2. Apply the Council approach to rules of order, approved by-laws and code of conduct in overseeing committee or group meetings.
3. Collaborate with appropriate staff to ensure:
 - a. effective orientation of new committee members;
 - b. timely development of meeting agendas; and
 - c. development of objectives and long range plans for committee consideration.
4. Prepare for meetings by reviewing materials and working with staff to establish a plan, priorities and/or direction prior to each meeting.
5. Facilitate dialogue at meetings in a manner that:
 - a. welcomes all members' perspectives on issues;
 - b. encourages independent thinking and constructive collaboration;
 - c. promotes alignment on decisions that are balanced;
 - d. upholds decisions once they are reached; and
 - e. demonstrates good judgment for the successful fulfillment of the committee's purpose.
6. Consult with the President or Registrar as needed to manage circumstances where committee or group function is less than optimum, including introducing strategies to resolve conflicts which may arise.
7. Act as the principal spokesperson for the committee or group in reporting to Council at all general meetings.
8. Raise matters arising in the broader environment related to committee or group mandate for Council consideration or action.
9. Participate in the evaluation of committee or group processes as well as of individual members to ensure high levels of performance.
10. Ensure that the committee provides feedback to the Executive Committee on the Chair's performance. Participate in self-evaluation with the President to obtain feedback on own and committee's performance.
11. Enforce attendance guidelines with committee members to ensure that if two or more consecutive meetings are missed without reasonable cause, or if one third of all meetings

within the year are missed, that a member's continued involvement with the committee is reviewed.

Term of Office

1. Committee Chairs are nominated by the Executive Committee and appointed annually by Council members, typically at the November meeting.
2. Committee or group members may serve as Chair when it is in the best interest of the continuity of the ongoing work of the committee or group.

Role Outcomes

- Policies and standards of the College are upheld in the fulfillment of committee duties.
- Decisions comply with appropriate legislation and CRPO policies and are shaped by an understanding of the relationship of the various activities of the College committees.
- Reports to the College Council are made, as required, representing committee activities.
- Risk as it relates to the committee's mandate is managed, and Council is alerted to pertinent issues in a timely manner.
- New policies, guidelines or other tools are recommended to the Council, as required.
- Committee members are evaluated to support and promote the improvement of committee effectiveness.
- Interaction with College staff occurs by provision of information regarding the committee's work. Interaction with staff is managed in a respectful, collegial manner.
- Policy development, policy implementation, and communications initiated or led by the committee are informed by and respectful of diversity, including culture and gender identity.



Committee Name:	Council
Meeting Date:	November 30, 2017
Agenda Item no.	15
Description:	Committee Chair Appointments
Attachment	n/a
Appendices:	n/a
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision (vote) <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Background:

Please review the slate of committee members and chairs below (in the proposed motion) being recommended to Council by the Executive Committee.

Historically, CRPO committee and chair appointments have been based on the following considerations:

- the workload of each committee;
- a Member’s skills and experience relevant to the work of the committee;
- the number of appointed (public) and elected Members required by CRPO By-laws
- diversity of perspectives; and
- the number of committee appointments for each Council Member.

As CRPO matures as an organization there has been an appropriate shift of focus from establishing council governance and developing the necessary initial infrastructure. Concentration of staff efforts is also in the process of a significant change as the work of processing grandparenting applications will be nearing completion and resources will be more available for needed policy work and the development of tools and materials to support members in safe and effective practice.

As CRPO looks forward, it is important that Council turns its attention to the appropriate allocation of resources needed to fulfill the College’s mandate over the long term, to respond to emerging issues within the profession and the health care system, to adopt best practices wherever possible and to provide needed support to a growing membership. This entails dedicating more resources to areas of growth and contemplating future needs through succession planning and ongoing governance work.

The committee and chair appointments being recommended to Council at this meeting take into account the development needs of the College. This may result in a departure from some of the previous practices (e.g., Council members were typically not appointed to both Registration and ICRC) and more clearly articulated expectations.

The composition of each Committee listed reflects the requirements set out in the College By-laws for minimum number of members and public/professional member ratios.

Next steps:

Council is asked to approve the recommendation for committee member and committee chair appointments.

Proposed Motion:

[Be it moved] That Council appoint the following individuals to the following committees as presented (or amended):

Client Relations Committee:

Shelley Briscoe-Dimock
Carol Cowan-Levine (Chair)
Mary Kardos Burton
Barbara Locke Billingsley
Sue Lymburner (Non-Council)
Steven Stijacic

Discipline Committee:

Shikha Kasal (Chair)
All Members
Heidi Ahonen (Non-Council)

Elections Committee:

Pat Rayman (Chair)
Tapo Chimbanga
Shikha Kasal
Malcolm MacFarlane
Len Rudner

Examinations Committee:

Andrew Benedetto
Sheldon Kawarsky
Barbara Locke Billingsley
Ken Lomp (Chair)
Steven Stijacic
Kevin VanDerZwet Stafford

Executive Committee:

Andrew Benedetto (Chair)
Carol Cowan-Levine
Mary Kardos Burton
Sheldon Kawarsky
Malcolm MacFarlane

Fitness to Practise Committee:

Barbara Locke Billingsley (Chair)
All Members

Indigenous Registration Task Group:

Peter Beaucage
Andrew Benedetto
Megan Cohoon
Betty Carr-Braint
Carol Cowan-Levine
Banakonda Kennedy-Kish
Roxane Manitowabi
Len Rudner
Sandra Wong (Chair)

Inquiries, Complaints and Reports Committee:

Shelley Briscoe-Dimock
Carol Cowan-Levine
Kali Hewitt-Blackie (Non-Council)
Mary Kardos Burton
Sheldon Kawarsky
Kenneth Lomp
Pat Rayman
Len Rudner
Steven Stijacic
Kevin VanDerZwet Stafford (Chair)

Quality Assurance Committee:

Andrew Benedetto
Tapo Chimbanga
Mary Kardos Burton (Chair)
Sheldon Kawarsky
Ken Lomp
Malcolm MacFarlane
Pat Rayman
Len Rudner

Registration Committee:

Heidi Ahonen (Non- Council)
Andrew Benedetto
Tapo Chimbanga
Carol Cowan-Levine
Tamar Kakiashvili (Non-Council)
Shikha Kasal
Sheldon Kawarsky
Barbara Locke Billingsley
Malcolm MacFarlane (Chair)