

DRAFT Council Agenda

Date: Thursday, March 29, 2018
Time: 9:30 a.m. to 12:35 p.m.
Location: 375 University Avenue, Suite 803; Boardroom
Chair: Andrew Benedetto, President

	Time	Item	Pg.	Action	Lead
1.	9:30	Welcome and Opening Remarks		INFORMATION	A. Benedetto
2.	9:35	Approval of Agenda	1	MOTION	A. Benedetto
3.	9:40	Conflict of Interest Declarations			A. Benedetto
4.	9:45	President's Remarks		INFORMATION	A. Benedetto
5.	9:55	Controlled Act Task Group Consultation <ul style="list-style-type: none"> • 5.1 CATG Consultation Documents • 5.2 Controlled Act Consultation Survey questionnaire • 5.3 Controlled Act Consultation preliminary results 	2-31		C. Cowan-Levine/ D. Adams
	11:05	BREAK			
6.	11:20	Draft Policy for Cooling Off Period <ul style="list-style-type: none"> • 6.1 Draft <i>Sexual Contact with Former Clients Within a Five-year Cooling Off Period Policy</i> 	32-34	MOTION	C. Cowan-Levine
7.	11:55	Draft Guideline on Post-Cooling Off Period <ul style="list-style-type: none"> • 7.1 Draft <i>Sexual Contact with Former Clients Beyond the Cooling off Period Guideline</i> • 7.2 Client Relations Committee Master Resource List 	35-50	MOTION	C. Cowan-Levine
8.	12:30	New Business and Call for Agenda Items		INFORMATION	A. Benedetto
	12:35	ADJOURNMENT		MOTION	

Committee Name:	Council
Meeting Date:	March 29, 2018
Agenda Item no.	5
Description:	Controlled Act Consultation Documents
Attachments:	5.1 Controlled Act Task Consultation Documents 5.2 Controlled Act Consultation Survey questionnaire 5.3 Controlled Act Consultation preliminary results
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision (vote) <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Please review the attached documents (below) for discussion and decision:

- **5.1 Controlled Act Task Consultation Documents**
- **5.2 Controlled Act Consultation Survey questionnaire**
- **5.3 Controlled Act Consultation preliminary results**

Background:

The Controlled Act Task Group (CATG) drafted a regulation and policy in response to the Minister's direction to CRPO. Additional resource documents have been developed to provide further clarity to the controlled act of psychotherapy as provided by Registered Psychotherapists. These documents are best considered together since, as a whole, they have been developed to provide a comprehensive explanation of the services of Registered Psychotherapists, the distinction between the controlled act and the broader provision of psychotherapy, as well as the delineation of activities that do not fall within the scope of psychotherapy.

Council provided direction to CATG to circulate these documents to stakeholders. This circulation began on Monday March 12, 2018.

At this Council meeting, the CATG will present the following:

- feedback received in response to the consultation survey as of March 21, 2018;
- feedback coming out of the Ministry of Health and Long-Term Care's Controlled Act Advisory Committee;
- feedback from direct meetings staff are conducting with various stakeholder groups.

Note that the survey will continue to be available to collect feedback on all of the documents until April 6, 2018. Once Council approves the *Categories of Prescribed Therapies Involving the Practice of Psychotherapy* regulation, in principle, and authorization is given to staff to circulate it for the mandatory 60 days, a public consultation specifically on the draft regulation will be undertaken; Council will be informed of the results of this consultation at the meeting scheduled for June 28, 2018.

The CATG is working to meet the July 1, 2018 deadline imposed by the Minister for CRPO to submit a proposed regulation "prescribing therapies involving the practice of psychotherapy, governing the use of prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of psychotherapy."

In order to facilitate meeting this deadline, Council is being asked to:

1. review the feedback received through the consultation process to date
2. approve, in principle, the proposed regulation (motion below)

- charge the Executive Committee with reviewing the next iteration of the regulation to be prepared by the CATG and authorizing staff to circulate the regulation for the required 60-day formal consultation period.

Proposed Motion:

[Be it moved] That the Council approve, in principle, the proposed regulation: *Categories of Prescribed Therapies Involving the Practice of Psychotherapy*.

[Be it moved] That Council charge the Executive Committee with approving a final draft recommended by the CATG and directing staff to circulate the regulation for the required 60-day formal consultation period.



Controlled Act Task Group Consultation Documents

Final Draft, March 2018

A. Psychotherapy with a Registered Psychotherapist

Psychotherapy is primarily a talk-based therapy intended to help individuals improve their mental health and well-being. Psychotherapy occurs when the Registered Psychotherapist and client enter into a psychotherapeutic relationship where both work together to bring about positive change in the client's thinking, feeling, behaviour and social functioning. Individuals usually seek psychotherapy when they have thoughts, feelings, moods and behaviours that are adversely affecting their day-to-day lives, relationships and the ability to enjoy life.

A psychotherapy client should be able to observe the following key elements over the course of their work with a Registered Psychotherapist:

- A conversation about the **benefits, risks and expected outcome(s)** of the psychotherapy and the opportunity to give their **informed consent**.
- A clearly communicated, mutually agreed upon **goal** or **plan** for the psychotherapy.
- Each therapy session has a **clear beginning** and a **clear end** where problems or concerns are presented and discussed and outcomes are explored.
- The Registered Psychotherapist demonstrates the appropriate use of **boundaries** to create a **safe and confidential environment**.

These important elements are part of the effective **client-therapist psychotherapeutic** relationship that is the foundation of psychotherapy. Through this relationship, Registered Psychotherapists are expected to:

- ensure that the client's well-being is at the forefront of the relationship;
- work with the client(s) to gather relevant information that will support the formulation of a plan for psychotherapy;
- continuously evaluate outcomes of each session and the impact on overall treatment goal(s);
- practice safe and effective use of self throughout the psychotherapeutic process; and
- adhere to the standards of practice for the profession.

Registered Psychotherapists will be competent to use a treatment approach or modality that is part of one or more of the categories of prescribed therapies, which include:

- Cognitive and Behavioural therapies
- Experiential and Humanistic therapies
- Psychodynamic therapies
- Somatic therapies
- Systemic and Collaborative therapies

B. Draft Regulation: Categories of Prescribed Therapies Involving the Practice of Psychotherapy

Ontario Regulation

1. The following are categories of prescribed therapies involving the practise of psychotherapy:

- Cognitive and Behavioural therapies
- Experiential and Humanistic therapies
- Psychodynamic therapies
- Somatic therapies
- Systemic and Collaborative therapies

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C. Draft Policy: Activities that are Not Part of the Controlled Act of Psychotherapy

In order for a Registered Psychotherapist to engage in the controlled act of psychotherapy:

- there must be a **psychotherapeutic relationship** between client and Registered Psychotherapist;
- the Registered Psychotherapist must be providing treatment intended to help individuals improve mental health and well-being;
- the Registered Psychotherapist must be using a technique that is captured by the categories of prescribed therapies;
- the client must be suffering from a serious disorder of thought, cognition, mood, emotional regulation, perception or memory; and
- the client's disorder may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

Various mental health practitioners providing services may have a 'therapeutic' (i.e., beneficial / supportive) relationship with their clients and use psychotherapy techniques occasionally as an ancillary part of their duties. However, this does not necessarily constitute a psychotherapeutic relationship, where the intention is to engage in psychotherapy.

Activities that, in isolation and absent a formal psychotherapeutic relationship, are not considered by CRPO to involve the controlled act of psychotherapy include:

- **Advocating**
- **Case management**
- **Clinical follow-up/care and discharge planning**
- **Coaching**
- **Coordinating**
- **Counselling and support**
 - *advising / advice giving*
 - *instruction*
- **Crisis intervention/management**
 - *de-escalation*
 - *safety planning*
 - *referral to other services*
- **Hypnotherapy**
 - *smoking cessation*
- **Information/advice and knowledge transfer**
 - *instructing*
- **Intake and referral**
- **Mediating**
- **Monitoring**
- **Problem solving**
 - *information and advice giving*
 - *12 step program*
 - *social skill development*
 - *instruction*
 - *emotional regulation*
- **Psychometric testing and assessment**
- **Rehabilitation**
 - *helping an individual to deal with symptoms of a medical illness,*
 - *resuming activities of daily life*
 - *learning or relearning skills that assist in carrying out the activities of daily life*
- **Spiritual or faith guidance**
- **Teaching**
 - *social skill development*
 - *emotion regulation*
 - *prescriptive programs*

D. Companion Document for Registered Psychotherapists

Background

In determining the categories of prescribed therapies that involve the practice of psychotherapy, CRPO considered the significant evolution in the field over the past several decades. Operating from the position that models are orienting frameworks used to help guide or inform clinicians in having therapeutic conversations, CRPO has identified five broad categories of prescribed therapies:

- Cognitive and Behavioural therapies
- Experiential and Humanistic therapies
- Psychodynamic therapies
- Somatic therapies
- Systemic and Collaborative therapies

All psychotherapeutic modalities used by Registered Psychotherapists should fall within these categories. Based on the extensive work that has been completed to review the applications of some 7,000 individuals (approximately 6,000 of whom have been deemed to meet the entry-to-practice requirements and to be working within the scope of practice for psychotherapy), CRPO is confident that this framework will allow Registered Psychotherapists to situate their own practices within the categories of prescribed therapies. All Registered Psychotherapists will be competent in and able to draw from one or more of the categories to provide safe, effective and ethical care within the setting of a formal and clearly observable psychotherapeutic relationship.

Prescribed Therapies

Inclusive Models

The following are examples of therapy modalities that fall under the five categories of psychotherapy that will be listed in regulation. ***These examples are not intended to be exhaustive, rather are intended to help RPs situate their own practices within what are intended to be broad categories.*** CRPO is aware that some of these modalities could reasonably be seen as being part of more than one of the five categories or considered to be more accurately captured by a category other than the one in which CRPO has situated it for the purposes of this document.

Cognitive and Behavioural Therapies

- *Acceptance and Commitment Therapy*
- *Cognitive Behaviour Therapy*
- *Dialectical Behaviour Therapy*
- *Exposure Therapy*
- *Mindfulness Based Cognitive Therapy*
- *Rational-Emotive Therapy*
- *Schema Therapy*

Experiential and Humanistic Therapies

- *Art Therapy*
- *Emotion-Focused Therapy*
- *Gestalt Therapy*
- *Multi-cultural Therapy*
- *Music Therapy*
- *Play Therapy*
- *Psychodrama*
- *Rogierian Person Centred Therapy*
- *Satir Transformational Systemic Therapy*

Psychodynamic Therapies

- *Adlerian Therapy*
- *Psychoanalytic Psychotherapy*
- *Interpersonal Therapy*
- *Jungian Analysis*
- *Object Relations Psychotherapy*
- *Reichian Therapy*
- *Relational Psychotherapy*

Somatic Therapies

- *Biofeedback*
- *Ericksonian Hypnosis*
- *Emotional Freedom Therapy*
- *Eye Movement Desensitization Reprocessing*
- *Neurolinguistic Programming*
- *Sensory Motor Therapy*
- *Somatic Experiencing*

Systemic and Collaborative Therapies

- *Dialogic Therapy*
- *Family Systems Theory*
- *Interpersonal Psychotherapy*
- *Multi-systemic Therapy*
- *Narrative Therapy*
- *Solution Focused Therapy*
- *Strategic and Structural Therapies*

Activities that do not Constitute Psychotherapy

CRPO has developed a list of activities that are deemed to be *outside* the practice of psychotherapy. Psychotherapists may do some of these activities. However, a provider who undertakes these activities in the absence of a formal psychotherapeutic relationship is not practising psychotherapy. These activities include, but are not limited to:

- **Advocating**
- **Case management**
- **Clinical follow-up/care and discharge planning**
- **Coaching**
- **Coordinating**
- **Counselling and support**
 - *advising / advice giving*
 - *instruction*
- **Crisis intervention/management**
 - *de-escalation*
 - *safety planning*
 - *referral to other services*
- **Hypnotherapy**
 - *smoking cessation*
- **Information/advice and knowledge transfer**
 - *instructing*
- **Intake and referral**
- **Mediating**
- **Monitoring**
- **Problem solving**
 - *information and advice giving*
 - *12 step program*
 - *social skill development*
 - *instruction*
 - *emotional regulation*
- **Psychometric testing and assessment**
- **Rehabilitation**
 - *helping an individual to deal with symptoms of a medical illness*
 - *resuming activities of daily life*
 - *learning or relearning skills that assist in carrying out the activities of daily life*
- **Spiritual or faith guidance**
- **Teaching**
 - *social skill development*
 - *emotion regulation*
 - *prescriptive programs*

E. Self-Assessment Tool for Unregulated Practitioners

Background

Anyone whose work falls within the [scope of the practice of psychotherapy](#), and who is not already registered with another Ontario regulatory college whose members can provide the controlled act of psychotherapy, should consider becoming a member of CRPO. Anyone who fits within the following descriptions **must** be registered:

- using the title “psychotherapist”, “Registered Psychotherapist” or any abbreviation thereof; and
- holding out as qualified to practise as a psychotherapist in Ontario (no matter what title they may use).

Additionally, once the transition period built into the [December 2017 proclamation](#) of the [controlled act of psychotherapy](#) ends on December 31, 2019, anyone whose practice involves the provision of the controlled act must be registered with one of the six colleges authorized to perform that act.

Instructions

This tool is intended to assist unregulated practitioners in determining if they should be applying for registration with CRPO or another regulatory college, or if they need to consider amending their practice. There are four components assessed by this tool: the scope of psychotherapy, the controlled act of psychotherapy, the psychotherapeutic relationship and the entry-to-practice requirements. All seven questions should be answered and considered in determining what course of action a provider should be taking with their practice.

1) Does your work primarily involve one or more of the following *in isolation* or in *the absence of a psychotherapeutic relationship*?

- **Advocating**
- **Case management**
- **Clinical follow-up / care and discharge planning**
- **Coaching**
- **Coordinating**
- **Counselling and support**
 - *advising / advice giving*
 - *instruction*
- **Crisis intervention / management**
 - *de-escalation*
 - *safety planning*
 - *referral to other services*
- **Hypnotherapy**
 - *smoking cessation*
- **Information/ advice and knowledge transfer**
 - *instructing*
- **Intake and referral**
- **Mediating**
- **Monitoring**
- **Problem solving**
 - *information and advice giving*
 - *12 step program*
 - *social skill development*
 - *instruction*
 - *emotional regulation*
- **Psychometric testing and assessment**
- **Rehabilitation**
 - *helping an individual to deal with symptoms of a medical illness*
 - *resuming activities of daily life*
 - *learning or relearning skills that assist in carrying out the activities of daily life*
- **Spiritual or faith guidance**
- **Teaching**
 - *social skill development*
 - *emotion regulation*
 - *prescriptive programs*

Answer: Yes No

Note: If you answered “yes” to question 1, you are most likely **not** working within the scope of practice of psychotherapy and do not need to be registered with one of the six colleges that are authorized to provide the controlled act of psychotherapy, even if these activities are provided to individuals with a serious disorder or impairment.

2) Are you establishing and maintaining an ongoing psychotherapeutic relationship with your clients as indicated by all of the following:

- You are responsible for having a conversation with clients about the **benefits, risks and expected outcome(s)** of the psychotherapy.
- You are responsible for gaining the client’s **informed consent**.
- You are responsible for developing, with the client, a mutually agreed upon **goal** or **plan** for the psychotherapy.
- You ensure that each therapy session has a **clear beginning** and a **clear end** where problems or concerns are presented and discussed and outcomes are explored.
- You demonstrate the appropriate use of **boundaries** to create a **safe and confidential environment**.
- You are responsible for ensuring that the client’s well-being is at the forefront of the relationship.
- You work with the client to gather relevant information that will support the formulation of a plan for psychotherapy.
- You continuously evaluate outcomes of each session and the impact on overall treatment goal(s).

Answer: Yes No

3) Are you providing treatment to clients for cognitive, emotional or behavioural disturbances to improve their mental health and wellbeing?

Answer: Yes No

4) Are you trained in, competent with and using psychotherapy modalities from one or more of the following five categories of prescribed therapies described in Regulation or policy?

Note: The modalities listed below are intended to be representative but not exhaustive.

Cognitive and Behavioural Therapies

- *Acceptance and Commitment Therapy*
- *Cognitive Behaviour Therapy*
- *Dialectical Behaviour Therapy*
- *Exposure Therapy*
- *Mindfulness Based Cognitive Therapy*
- *Rational-Emotive Therapy*
- *Schema Therapy*

Experiential and Humanistic Therapies

- *Art Therapy*
- *Emotion-Focused Therapy*
- *Gestalt Therapy*
- *Multi-cultural Therapy*
- *Music Therapy*
- *Play Therapy*
- *Psychodrama*
- *Rogierian Person Centred Therapy*
- *Satir Transformational Systemic Therapy*

Psychodynamic Therapies

- *Adlerian Therapy*
- *Psychoanalytic Psychotherapy*
- *Interpersonal Therapy*
- *Jungian Analysis*
- *Object Relations Psychotherapy*
- *Reichian Therapy*
- *Relational Psychotherapy*

Somatic Therapies

- *Biofeedback*
- *Ericksonian Hypnosis*
- *Emotional Freedom Therapy*
- *Eye Movement Desensitization Reprocessing*
- *Neurolinguistic Programing*
- *Sensory Motor Therapy*
- *Somatic Experiencing*

Systemic and Collaborative Therapies

- *Dialogic Therapy*
- *Family Systems Theory*
- *Interpersonal Psychotherapy*
- *Multi-systemic Therapy*
- *Narrative Therapy*
- *Solution Focused Therapy*
- *Strategic and Structural Therapies*

Answer: Yes No

Note: If you answered “yes” to questions 2 to 4, you are most likely working within the scope of practice of psychotherapy and should consider applying for registration with the College of Registered Psychotherapists of Ontario or one of the other five colleges whose members are authorized to provide the controlled act of psychotherapy.

In order to determine if you are performing the controlled act of psychotherapy, service providers must assess the seriousness of an individual’s disorder and impairment. This includes an individual’s disorder or impairment of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the client’s judgement, insight, behaviour, communication or social functioning. In making this assessment, service providers should consider the following:

- The client’s subjective assessment of the level of seriousness of their condition.
- The clinician’s subjective assessment of the level of seriousness of the client’s condition.
- The assessment by another care provider of the level of seriousness of the client’s condition.

Considering the above information to determine whether you are you practicing the controlled act of psychotherapy, answer the following questions:

5) Are you using psychotherapy to treat a client’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory?

Answer: Yes No

6) Could your client’s judgment, insight, behaviour, communication or social functioning be seriously impaired by the disorder referred to in question 5?

Answer: Yes No

Note: If you answered “yes” to questions 5 and 6 above, then you are most likely performing the controlled act of psychotherapy and **must** be registered with one of the six colleges authorized to provide the controlled act.

A full description of CRPO’s [entry-to-practice requirements](#) and the [registration application](#) process is available on CRPO’s website.

7) Would you meet all of CRPOs entry-to-practice requirements including:

- Have you been awarded a master’s degree in a program that has been approved by the Registration Committee or have successfully completed a program that the Registration Committee considers to be substantially equivalent?
- Have you completed 125 direct client contact hours (some or all can be completed as part of an education and training program or completed subsequently)?
- Have you completed 30 hours of clinical supervision with a supervisor who satisfies CRPO’s criteria (i.e., they are a regulated practitioner in psychotherapy in good standing with their college, who has extensive clinical experience, generally five years or more, in the practice of psychotherapy, and who has demonstrated competence in providing clinical supervision. Outside Ontario, a clinical supervisor is an experienced practitioner of psychotherapy qualified to provide clinical supervision in their jurisdiction)?

Answer: Yes No

Note: If you answered “yes” to questions 2 through 6 but cannot answer “yes” to question 7 (related to entry-to practice requirements), you may need to amend your practice in order to ensure that you are not engaged in unauthorized practice of the controlled act of psychotherapy.

F. Registered Psychotherapists: Information for Ontarians

What is psychotherapy?

Psychotherapy is primarily a talk-based therapy intended to help individuals improve mental health and well-being. Psychotherapy occurs when the Registered Psychotherapist and client enter into a psychotherapeutic relationship where both work together to bring about positive change in the client's thinking, feeling, behaviour and social functioning. Individuals usually seek psychotherapy when they have thoughts, feelings, moods and behaviours that are adversely affecting their day-to-day lives, relationships and the ability to enjoy life.

What is a controlled act?

Under Ontario law, certain acts, referred to as "controlled acts," may only be performed by authorized health-care professionals. The [Regulated Health Professions Act, 1991](#) governs those procedures or activities that may pose a risk to the public if not performed by a qualified practitioner. Examples of restricted activities include performing invasive procedures below the skin, prescribing drugs, ordering X-rays and administering anesthesia.

The controlled act of psychotherapy is a smaller aspect of the overall practice of psychotherapy. In legislation, it is defined as follows: "Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning."

Who can provide the controlled act of psychotherapy?

In Ontario, six regulated professions are authorized to provide the controlled act of psychotherapy. In addition to Registered Psychotherapists, these are: practitioners who are registered with the College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers, College of Nurses of Ontario, College of Occupational Therapists of Ontario, and College of Physicians and Surgeons of Ontario.

What elements should I expect to be able to observe in my work with a Registered Psychotherapist?

- A conversation about the **benefits, risks and expected outcome(s)** of the psychotherapy and the opportunity to give their **informed consent**.
- A clearly communicated, mutually agreed upon **goal** or **plan** for the psychotherapy.
- Each therapy session has a **clear beginning** and a **clear end** where problems or concerns are presented and discussed and outcomes are explored.
- The Registered Psychotherapist demonstrates the appropriate use of **boundaries** to create a **safe and confidential environment**.

What elements make up an effective psychotherapeutic client-therapist relationship?

- the client's well-being is at the forefront of the relationship;
- work between the Registered Psychotherapist and the client to gather relevant information that will support the formulation of a plan for psychotherapy;

- continuous evaluation of outcomes of each session and the impact on overall treatment goal(s);
- the Registered Psychotherapist's practice of safe and effective use of self; and
- the Registered Psychotherapist adheres to the standards of practice for the profession.

What kinds of therapies should I expect a Registered Psychotherapist to be competent to use?

- Cognitive and Behavioural therapies
- Experiential and Humanistic therapies
- Psychodynamic therapies
- Somatic therapies
- Systemic and Collaborative therapies

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On December 30, 2017, the government of Ontario proclaimed into force the controlled act of psychotherapy with a two-year transition period to allow the mental health sector a period of time in which individuals may become registered with one of the appropriate colleges or restrict their services so that they do not perform the controlled act.

In conjunction with the proclamation, the Minister of Health and Long-Term Care directed the College of Registered Psychotherapists of Ontario (CRPO) to provide more clarity on the meaning of the controlled act of psychotherapy and what practices would not be considered to be part of the controlled act.

Specifically, CRPO was compelled to do the following:

- 1) Use its regulation-making authority under section 11 of the Psychotherapy Act, 2007 to make a regulation “prescribing therapies involving the practice of psychotherapy, governing the use of prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of psychotherapy.”
- 2) Develop policies, guidelines and other supporting resources that clearly articulate the activities that Council does not consider to be part of the controlled act of psychotherapy ... [to] assist individuals in determining whether their activities fall within the public domain or whether they would need to register with the College.

The deadline set by the Minister for the completion of this work was July 1, 2018. In response to the Minister’s direction, CRPO has developed a suite of documents – which include the required regulation and policy – that are being shared with interested stakeholders for their review and comments prior to Council’s decision to adopt any of the documents.

CRPO has drafted a regulation and policy in response to the Minister's direction. Additional resource documents have been developed to provide further clarity to the controlled act of psychotherapy as provided by Registered Psychotherapists. These documents are described below. It is important to note that the document Registered Psychotherapists: Information for Ontarians is intended as a foundational document for communicating with the public about Registered Psychotherapists and the controlled act of psychotherapy. The rest of the documents are best considered together since, as a whole, they have been developed to provide a comprehensive explanation of the services of Registered Psychotherapists, the distinction between the controlled act and the broader provision of psychotherapy as well as the delineation of activities that do not fall within the scope of psychotherapy. In particular, individuals who are using the self-assessment tool to evaluate their practice are strongly encouraged to read all of the documents in order to understand the CRPO's position.

A. Psychotherapy with a Registered Psychotherapist

This general preamble is intended to serve as a definition of psychotherapy as provided by Registered Psychotherapists (RPs).

B. Draft regulation Categories of prescribed therapies involving the practice of psychotherapy

In developing a draft regulation, CRPO has worked from the position that any regulation should not be so prescriptive as to represent a barrier to appropriate, effective, professional mental health care. In light of this, the proposed list of categories of prescribed therapies is intended to be broad enough to capture the modalities that are typically used by RPs as a framework to guide their approach to psychotherapeutic interactions with clients.

C. Draft policy Activities that are not part of the Controlled Act of Psychotherapy

This policy articulates those activities that CRPO does not consider to be part of the controlled act of psychotherapy. While RPs may perform some of these activities in conjunction with psychotherapeutic techniques and within the context of a psychotherapeutic relationship, the activities, in and of themselves, are not psychotherapy.

D. Companion Document for Registered Psychotherapists

This document has been developed to support RPs in understanding how their services fit into the regulation that articulates the categories of prescribed therapies which involve the practice of psychotherapy. The list of modalities provided in the Companion Document is not exhaustive; rather it has been composed with the intention of capturing the evidence-based and outcome-informed modalities generally in use by RPs in Ontario.

E. Self-Assessment tool for unregulated practitioners

This brief self-assessment has been developed for the purpose of assisting those providing mental health services in determining if their activities fall within the public domain, whether they should consider applying for registration with CRPO or whether they need to amend their practice. It is important to note that all of the components evaluated by the assessment tool should be considered in making any determination and that every application to CRPO will be thoroughly reviewed and given careful consideration.

F. Registered Psychotherapists: Information for Ontarians

This document is intended as a general primer for the public to assist in understanding the regulation of Registered Psychotherapists, what to expect from an RP, the controlled act of psychotherapy and the categories of prescribed therapies in regulation.

1. Are you a:

- clinician
- administrator
- Registered Psychotherapist
- Other regulated professional authorized to provide the controlled act of psychotherapy
- a stakeholder representing a professional organization/association
- a stakeholder representing a service providing organization
- other (please specify)

2. We are providing respondents with the opportunity to provide their contact information so that the CRPO may follow up with respondents, if necessary.

You may also choose to respond anonymously by skipping this question. Otherwise, enter your contact information, below:

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

Please refer to Document A, Psychotherapy with a Registered Psychotherapist, on page 2 of CRPO Controlled Act Consultation Documents when completing this section.

This general preamble is intended to serve as a definition of psychotherapy as provided by Registered Psychotherapists (RPs).

3. Did the document, *Psychotherapy with a Registered Psychotherapist*, add to your understanding of psychotherapy?

4. Was the information on the psychotherapeutic relationship clear and helpful to you in understanding psychotherapy?

5. Do you have any further comments?

Please refer to Document B, Draft regulation: Categories of prescribed therapies involving the practice of psychotherapy, on page 3 of CRPO Controlled Act Consultation Documents when completing this section.

In developing a draft regulation, CRPO has worked from the position that any regulation should not be so prescriptive as to represent a barrier to appropriate, effective, professional mental health care. In light of this, the proposed list of categories of prescribed therapies is intended to be broad enough to capture the modalities that are typically used by RPs as a framework to guide their approach to psychotherapeutic interactions with clients.

6. Do you agree that the five categories of prescribed therapies (Cognitive & Behavioural Therapies; Experiential & Humanistic Therapies; Psychodynamic Therapies; Somatic Therapies; Systemic & Collaborative Therapies) being proposed in the regulation capture the modalities that are typically used by RPs?

7. Are there any categories that you would add?

8. Do you have any further comments?

Please refer to Document C, **Draft policy: Activities that are not part of the Controlled Act of Psychotherapy**, on page 4 of CRPO Controlled Act Consultation Documents when completing this section.

This policy articulates those activities that CRPO does not consider to be part of the controlled act of psychotherapy. While RPs may perform some of these activities in conjunction with psychotherapeutic techniques and within the context of a psychotherapeutic relationship, the activities, in and of themselves, are not psychotherapy.

9. Did the document, *Draft Policy: Activities that are not part of the Controlled Act of Psychotherapy*, add to your understanding of the activities that – in isolation and the absence of a psychotherapeutic relationship - are considered to be outside the scope of psychotherapy?

10. Are there any activities you would add?

11. Do you have any further comments?

Please refer to Document D, Companion Document for Registered Psychotherapists, on page 5 of CRPO Controlled Act Consultation Documents when completing this section.

This document has been developed to support RPs in understanding how their services fit into the regulation that articulates the categories of prescribed therapies which involve the practice of psychotherapy. The list of modalities provided in the Companion Document is not exhaustive; rather it has been composed with the intention of capturing the evidence-based and outcome-informed modalities generally in use by RPs in Ontario.

12. Did the document, *Companion Document for Registered Psychotherapists*, add to your understanding of the categories of prescribed therapies?

13. Considering that the examples of psychotherapy modalities are not intended to be exhaustive, are there any additional modalities that you strongly feel should be included?

14. Did the document, *Companion Document for Registered Psychotherapists*, add to your understanding of the activities that – in isolation and the absence of a psychotherapeutic relationship - are considered to be outside the scope of psychotherapy?

15. Do you have any further comments?

Self-Assessment tool for unregulated practitioners

Please refer to Document E, Self-Assessment tool for unregulated practitioners, on page 8 of CRPO Controlled Act Consultation Documents when completing this section.

This brief self-assessment has been developed for the purpose of assisting those providing mental health services in determining if their activities fall within the public domain, whether they should consider applying for registration with CRPO or whether they need to amend their practice. It is important to note that all of the components evaluated by the assessment tool should be considered in making any determination and that every application to CRPO will be thoroughly reviewed and given careful consideration.

16. Was this self-assessment tool clear?

17. Do you have any further comments?

Please refer to Document E, Registered Psychotherapists: Information for Ontarians, on page 12 of CRPO Controlled Act Consultation Documents when completing this section.

This document is intended as a general primer for the public to assist in understanding the regulation of Registered Psychotherapists, what to expect from an RP, the controlled act of psychotherapy and the categories of prescribed therapies in regulation.

18. Did the document, *Registered Psychotherapists: Information for Ontarians*, add to your understanding of psychotherapy as provided by an RP?

19. Is there any other information you would add?

20. Do you have any further comments?



Controlled Act Consultation Documents

Consultation and Survey Results

March 29, 2018

Carol Cowan-Levine, RP
Chair, CATG

Deborah Adams
Registrar



Overview

The CATG conducted in-person and phone meetings and launched a survey of stakeholders to obtain feedback on the documents that were developed in response to the Minister's direction to CRPO to develop a regulation, policy and other supporting documents to assist in bringing more clarity to the controlled act of psychotherapy as provided by RPs.

The results that follow are based on responses received up to March 20th, 2018 date.



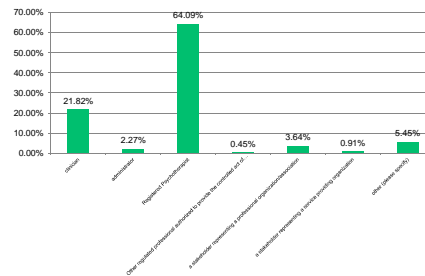
Documents under Review

- A. Psychotherapy with a Registered Psychotherapist
- B. Draft regulation: Categories of prescribed therapies involving the practice of psychotherapy
- C. Draft policy: Activities that are not part of the Controlled Act of Psychotherapy
- D. Companion Document for Registered Psychotherapists
- E. Self-assessment tool for unregulated practitioners
- F. Registered Psychotherapists: Information for Ontarians



Respondents

220 online as of March 20, 2018



A. Psychotherapy with a Registered Psychotherapist

Did the document, Psychotherapy with a Registered Psychotherapist, add to your understanding of psychotherapy?

Yes	86	... it was written in a plain and concise language.
No	20	I'm a psychotherapist. It added to my understanding of how the document understands psychotherapy.
Somewhat	8	... there is a fine line between psychotherapy, counselling, and other items on your "non psychotherapy" list. It still isn't fully clear and is obviously subject to much interpretation.

Psychotherapeutic Relationship

Was the information on the psychotherapeutic relationship clear and helpful to you in understanding psychotherapy?

Yes	95	...very helpful to delineate the broader categories AND to include activities outside the scope of practice.
No	13	... these basically outline the components of what would be expected in ANY helping profession. They are NOT unique to psychotherapy.
Somewhat	6	The definition is clear however obviously open to interpretation. This makes it difficult to narrow down what a therapeutic relationship looks like, as it is subjective to the experience of the clinician and the client.

B. Draft regulation: Categories of prescribed therapies involving the practice of psychotherapy

Do you agree that the five categories of prescribed therapies being proposed in the regulation capture the modalities that are typically used by RPs?

Yes	104	The categories are good umbrellas for subsets of specific therapeutic practices.
No	2	
Somewhat	3	While any list is necessarily limited, this one seems adequate to the task.

B. Draft regulation: Categories of prescribed therapies involving the practice of psychotherapy

Are there any categories that you would add?

- Collaborative Therapies
- Marital and Family Therapy
- Integrative Psychotherapies
- add "Existential" to Experiential and Humanistic Therapies
- Bio-psycho-social-spiritual focused Therapy
- Animal-assisted Therapies
- Bioenergetic Analysis
- Traumatic Incident Reduction
- Spiritual / Faith Guidance
- Trauma-Based / Trauma-Informed Therapy

C. Draft policy: Activities that are not part of the Controlled Act of Psychotherapy

Did the Draft Policy add to your understanding of the activities that – in isolation and the absence of a psychotherapeutic relationship - are considered to be outside the scope of psychotherapy?

Yes	85	The statement the "absence of psychotherapeutic relationship" helped clarify the difference between psychotherapy and the listed ancillary duties. This creates some space for other disciplines to provide care without having to be registered.
No	10	Because few of these actually do happen outside of the psychotherapeutic relationship as defined ...How does "coaching" (especially on a one-to-one basis) differ from the kind of role defined by the psychotherapeutic relationship?
Somewhat	3	... but still leaves some questions. For example, supportive counselling where active listening interventions are used.

C. Draft policy: Activities that are not part of the Controlled Act of Psychotherapy

Are there any activities that you would add?

- more examples (e.g., parental coordination)
- ABA
- addiction work
- Spiritual therapy

D. Companion Document for Registered Psychotherapists

Did the document, Companion Document for Registered Psychotherapists, add to your understanding of the categories of prescribed therapies?

Yes	85	I like how the subcategories encompassed the branches of psychotherapy really well.
No	10	
Somewhat	2	There are a few ways to categorize therapies, but I understand why the examples given have been included under the specified categories and the apparent rationale for the five categories.

D. Companion Document for Registered Psychotherapists

Did the document, Companion Document for Registered Psychotherapists, add to your understanding of the activities that are considered to be outside the scope of psychotherapy?

Yes	77	... "in the absence of a formal psychotherapeutic relationship" is the important phrase ...
No	24	Ultimately, 'psychotherapeutic relationship' is not a helpful distinction. Many of the activities on this list also call upon an intentional helper-helped relationship that is very difficult to distinguish from a psycho-therapeutic relationship.
Somewhat	5	Some confusion , [e.g.,] "a provider who undertakes these activities in the absence of a formal psychotherapeutic relationship is not practicing psychotherapy" - if a provider "is" providing one or more of these "within" a formal psychotherapeutic relationship (e.g., seeing an EAP counsellor who is a C. Psych, RSW, or RP), would they or would they not be practicing psychotherapy, even though in that particular session they might have been more focused on say, safety planning.

D. Companion Document for Registered Psychotherapists

Considering that the examples of psychotherapy modalities are not intended to be exhaustive, are there any additional modalities that you strongly feel should be included?

- | | |
|---|---|
| <ul style="list-style-type: none"> • Spiritual and Psychospiritual Care examples • Image Transformation Therapy • Feeling State Protocol • Existential Therapy examples • Transpersonal Therapies • Brainspotting • Internal Family Systems • Structural Disassociation | <ul style="list-style-type: none"> • Accelerated Experiential Dynamic Psychotherapy • Bioenergetic Analysis • Traumatic Incident Reduction • Core energetics • Psychodrama • Cognitive Processing Therapy • Applied Metapsychology |
|---|---|

E. Self-assessment tool for unregulated practitioners

Was this self-assessment tool clear?

Yes	83	The tool was impressive in its clarity and helpful direction.
No	4	The tool is too vague to determine whether or not someone is practicing psychotherapy.
Somewhat	6	... you lay the burden on the practitioner of deciding about "serious disorder" which may "seriously impair" which is so unresolvable ... Not your fault this part is "unclear"!

F. Registered Psychotherapists: Information for Ontarians

Did the document, Registered Psychotherapists: Information for Ontarians, add to your understanding of psychotherapy as provided by an RP?

Yes	64	Really excellent document. Congratulations on grappling successfully with an unwieldy thing. You have nailed it!
No	18	The document would be confusing for the general public, in particular the section on What is a controlled act?
Somewhat	1	... still need to add examples, using regular daily language.

Specific Consultations

Consultations with CATG and staff

Health Professions Regulatory Advisory Council
 Controlled Act Colleges – CNO, CPO, COTO, OCSWSSW
 Ministry of Health & Long-Term Care

Next Steps

- March 29'18: Council review and approval of proposed regulation in principle
- April 6'18: Consultation continues
- CATG review of all feedback received
- April 12'18: (if directed by Council) Executive authorization to circulate proposed regulation
- June 28'18: Council's final approval before submission to Minister

Questions / Comments?

Committee Name:	Council
Meeting Date:	March 29, 2018
Agenda Item no.	6.0
Description:	Draft Policy for Cooling off Period
Attachments:	6.1 DRAFT Sexual Contact with Former Clients Within a Five-year Cooling off Period Policy
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision (vote) <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Please review the attached documents for discussion and decision:

- **6.1 DRAFT *Sexual Contact with Former Clients Within a Five-year Cooling off Period Policy*** (attachment below)
- **7.2 CRC** Master Resource List

Background:

Please note that this policy is being recommended for implementation in anticipation of the relevant section of Bill 87, *Protecting Patients Act, 2017*, being proclaimed into force, specifically the section that will allow the College to set out in regulation the time period for defining a “cooling off” period during which an individual would continue to fall under the definition of “client” for the purpose of the sexual abuse provisions of the *Regulated Health Professions Act (RHPA)*. This is an interim measure that is being proposed while we wait to be able to pass a regulation since it is unknown how long the regulation making process will take. The impetus for implementing this policy is to put members on notice that this will be the expected cooling off period and to start the clock so that we can use the five-year retrospective period before the regulation gets passed.

The Master Resource List (which appears in this package as 7.2) is being provided by way of context for the Client Relations Committee’s (CRC) recommendations with regards to establishing a mandatory five-year cooling off period and a guideline for a prohibition on sexual contact between RPs and former clients beyond that five-year period.

Proposed Motion:

[Be it moved] That the Council authorize the 60-day circulation of the draft *Sexual Contact with Former Clients Within a Five-year Cooling off Period Policy* as presented or amended.

6.1 DRAFT POLICY

Sexual Contact with Former Clients Within a Five-year Cooling Off Period Policy

Introduction

The College of Registered Psychotherapists of Ontario (CRPO) has a duty to protect the public interest. This mandate drives the College's work to prevent and address sexual abuse of clients by members. As regulated health professionals, Registered Psychotherapists (RPs) owe a duty of care to their clients and the general public to safeguard client well-being, including clients' physical and emotional safety. When an RP sexually abuses a client, they betray that duty of care, causing harm not only to the person they abuse, but to all Ontarians. Abuse erodes the public's trust in the profession and undermines the skill and credibility of all RPs who provide safe, effective and ethical care.

Given the harmful impacts of abuse, the College must impose penalties that will deter abuse, ensuring that individual clients and the broader public are better protected.

Purpose

Sexual abuse of a client is defined in the *Health Professions Procedural Code* (HPPC), which is Schedule 2 to the *Regulated Health Professions Act, 1991* (RHPA), as:

- a) *sexual intercourse or other forms of physical sexual relations between the member and the patient¹,*
- 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.*

Once proclaimed, a recent change to the RHPA will establish a mandatory "cooling off" period under which there may be no sexual conduct toward a former client for at least one year. The RHPA will allow individual colleges to extend this cooling off period. CRPO's Council has determined that a five-year cooling off period is appropriate for its members and will be using its regulation-making authority to make this period mandatory.

While working through the process for creating a regulation, this policy is intended to establish the five-year time as the expected **minimum** cooling off period for sexual contact with a former client. In cases where a complaint or report is referred for a discipline hearing and involves allegations of sexual abuse by a member within five years post-termination of the client-therapist relationship, the College will refer to this policy and urge the Discipline Committee to impose the most serious penalty available, revocation of the member's certificate of registration.

The College will consult with stakeholders about this before asking the Ontario government to bring this into law.

Guiding Principles

Principle 1:

CRPO's Professional Practice Standard on the Client-Therapist Relationship ([section 3](#)) identifies that the client-therapist relationship itself is the foundation of psychotherapy. RPs are expected to place client well-being at the forefront of this relationship, relying on their knowledge, skill and judgement to do so safely, ethically and effectively.

Principle 2:

¹ The Regulated Health Professions Act uses the term "patient." In keeping with the terms common to the profession of psychotherapy, CRPO uses the term "client" instead of "patient."

Because RPs possess and use professional knowledge, skill and judgment to establish and maintain the therapeutic relationship, an inherent power imbalance exists between RPs and their clients. As a result, it is not possible for an RP to have a sexual relationship with a client where the balance of power can be considered equal.

In light of the principles described above, the College believes sexual contact between an RP and their client (including with an individual who received therapy or other services from the RP within the past five years) must be strictly prohibited.

Members should understand that it may never be appropriate to enter into a romantic or sexual relationship with a former client, specifically where a power imbalance continues to exist between the member and the former client, which places the former client at risk of undue influence, harm or exploitation.

Mandatory Penalty: Sexual Abuse of Current and Former Clients (Within the Past Five Years)

The College believes sexual conduct by a member toward a current client or former client (within five years of termination) must be strictly prohibited. Once the College makes a regulation to this effect, the mandatory penalty will be a reprimand and revocation of the member's certificate of registration for five years, regardless of the circumstances. Prior to this, the College will rely on this policy in recommending revocation and a reprimand in discipline cases involving allegations of sexual misconduct by a member toward a former client.

Committee Name:	Council
Meeting Date:	March 29, 2018
Agenda Item no.	7.0
Description:	Draft Guideline on Post-cooling off Period
Attachments:	7.1 DRAFT GUIDELINE Sexual Contact with Former Clients Beyond the Cooling off Period Guideline 7.2 CRC Master Resource List
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision (vote) <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Please review the attached documents for discussion and decision:

- **7.1 DRAFT DRAFT GUIDELINE** *Sexual Contact with Former Clients Beyond the Cooling off Period Guideline* (attachment below)
- **7.2** CRC Master Resource List

Background:

In deliberating on the mandatory cooling off period, the Client Relations Committee considered the possibility of an outright prohibition on sexual contact between Registered Psychotherapists and their former patients. While in most cases, relationships with former clients are inappropriate, inadvisable, and potentially damaging to the parties concerned, the committee considered that the experience of some regulatory colleges is that an outright prohibition of such relationships is unworkable especially where a relationship may develop many years later, and the original client/therapist relationship was relatively brief.

In light of this, the committee made the recommendation to Council that CRPO adopt a five-year mandatory “cooling off” period, and are further proposing a guideline for sexual contact with former patients beyond this time frame. This guideline is intended to provide direction to members in their consideration of circumstances under which sexual contact with a former client would never be appropriate and to screening and discipline panels in assessing complaints and reports about sexual contact beyond the mandatory “cooling off” period.

Draft Motion:

[Be it moved] That the Council authorize the 60-day circulation of the draft *Sexual Contact with Former Clients Beyond the Cooling off Period Guideline* as presented or amended.

7.1 DRAFT GUIDELINE Sexual Contact with Former Clients Beyond the Cooling off Period Guideline

Introduction

The College of Registered Psychotherapists of Ontario (CRPO) has a duty to protect the public interest. This mandate drives the College's work to prevent and address sexual abuse of clients by members. As regulated health professionals, Registered Psychotherapists (RPs) owe a duty of care to their clients and the general public to safeguard client well-being, including clients' physical and emotional safety. When an RP sexually abuses a client, they betray that duty of care, causing harm not only to the person they abuse, but to all Ontarians. Abuse erodes the public's trust in the profession and undermines the skill and credibility of all RPs who provide safe, effective and ethical care.

Given the harmful impacts of abuse, the College must impose penalties that will deter abuse, ensuring that individual clients and the broader public are better protected.

Purpose

Sexual abuse of a client is defined in the *Health Professions Procedural Code (HPPC)*, which is Schedule 2 to the *Regulated Health Professions Act, 1991(RHPA)*, as:

- a) *sexual intercourse or other forms of physical sexual relations between the member and the patient¹,*
- 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.*

Once proclaimed, a recent change to the RHPA will establish a mandatory "cooling off" period under which there may be no sexual conduct toward a former client for at least one year. The RHPA will allow individual colleges to extend this cooling off period. CRPO's Council has determined that a five-year cooling off period is appropriate for its members and will be using its regulation-making authority to make this period mandatory.

This guideline is intended to address how, in some cases, sexual conduct with a former client will never be appropriate. In these cases, the Discipline Committee may make a finding of professional misconduct in the event a complaint or report is referred for a hearing.

The College will consult with stakeholders about this before asking the Ontario government to bring this into law.

Guiding Principles

Principle 1:

CRPO's Professional Practice Standard on the Client-Therapist Relationship (section 3) identifies that the client-therapist relationship itself is the foundation of psychotherapy. RPs are expected to place client well-being at the forefront of this relationship, relying on their knowledge, skill and judgement to do so safely, ethically and effectively.

Principle 2:

¹ The Regulated Health Professions Act uses the term "patient." In keeping with the terms common to the profession of psychotherapy, CRPO uses the term "client" instead of "patient."

Because RPs possess and use professional knowledge, skill and judgment to establish and maintain the therapeutic relationship, an inherent power imbalance exists between RPs and their clients. As a result, it is not possible for an RP to have a sexual relationship with a client where the balance of power can be considered equal.

In light of the principles described above, the College believes sexual contact between an RP and their client (including with an individual who received therapy or other services from the RP within the past five years) must be strictly prohibited.

Members should understand that it may never be appropriate to enter into a romantic or sexual relationship with a former client, specifically where a power imbalance continues to exist between the member and the former client, which places the former client at risk of undue influence, harm or exploitation.

Mandatory Penalty: Sexual Abuse of Current and Former Clients (Within the Past Five Years)

The College believes sexual conduct by a member toward a current client or former client (within five years of termination) must be strictly prohibited. Once the College makes a regulation to this effect, the mandatory penalty will be a reprimand and revocation of the member's certificate of registration for five years, regardless of the circumstances.

Guideline: Sexual Conduct toward Former Clients (More than Five Years Post-termination)

Even if more than five years has passed since the last day of treatment, RPs must refrain from sexual conduct toward a former client where a power imbalance continues to exist and that places the former client at risk of undue influence, harm, or exploitation. Where there is a risk of undue influence, harm or exploitation, CRPO takes the position that the RP is guilty of professional misconduct, and may recommend that the member's certificate of registration be suspended or revoked by the Discipline Committee.

In assessing the risk of exploitation or harm that sexual contact with a former client may carry, members should consider if a reasonable RP would determine that:

- the contact would likely demonstrate an impairment in objectivity, competence or effectiveness of the psychotherapist; or
- the dual relationship would likely cause impairment to the former client.

The College will look at the following factors to determine whether there is the risk of undue influence, harm, or exploitation:

- the nature and length of the former client-therapist relationship;
- the issues presented by the client in therapy;
- the length of time since the client-therapist relationship ended; and
- the vulnerability of the client.

7.2 CRC Master Resource List

Measures for Prevention and Response to Sexual Misconduct - review of Canadian Jurisdictions

*psychologists, massage therapists, physical therapist – surprisingly not enough guidelines in BC & NS

Regulatory Body	Measures for Prevention	Response to Sexual Abuse
<p>College of Registered Nurses of British Columbia</p>	<p>Practice Standards → Boundaries in the Nurse-Client Relationship</p> <ol style="list-style-type: none"> 1. Principles 2. Applying the principles to practice <p>https://www.crnbc.ca/Standards/PracticeStandards/Pages/boundaries.aspx</p> <p>Case Studies & Practice Resources → Ethics → Nurse – client relationship – Boundaries</p> <ol style="list-style-type: none"> 1. Resources 2. Case studies <p>https://www.crnbc.ca/Standards/resourcecasestudies/ethics/nurseclientrelationships/Pages/Default.aspx</p> <p>You asked us → Ethics → Nurse-client relationship</p> <ol style="list-style-type: none"> 1. Questions asked & answered <p>https://www.crnbc.ca/Standards/FAQs/Pages/Default.aspx</p>	<p>Patient Relations Program – establishes expectations for the nurse-client relationship and seeks to protect clients from abuse, including but not limited to sexual misconduct.</p>

7.2 CRC Master Resource List

Measures for Prevention and Response to Sexual Misconduct - review of Canadian Jurisdictions

*psychologists, massage therapists, physical therapist – surprisingly not enough guidelines in BC & NS

<p>College of Occupational Therapists of British Columbia</p>	<p>Current Practice Guidelines → Guidelines for Establishing Professional Boundaries to Prevent Sexual Misconduct</p> <p>https://cotbc.org/wp-content/uploads/DrawingtheLine_Guidelines.pdf</p> <p>Within the guideline some things that stand out are:</p> <ol style="list-style-type: none"> 1. Decision Making Tool (please see Appendix A) 2. Practice Scenarios – include warning signs/risk factors and ways to mitigate the risk. (please see Appendix B) <ul style="list-style-type: none"> - Scenarios were developed by occupational therapists and are grounded in practice. 3. Practice Checklist – how close do you come to “crossing the line” (please see Appendix C) 4. Evaluation of these Guidelines for feedback (please see Appendix D) 	<p>Public info – Sexual Misconduct</p> <p>This communique provides information to the public about when to report and how to report.</p> <p>https://cotbc.org/wp-content/uploads/PublicInfo_SexualMisconduct.pdf</p> <p>Client Relations Committee</p> <p>The Client Relations Committee makes recommendations to the board regarding programs for the prevention of misconduct of a sexual nature. These programs may include educational requirements for registrants, guidelines for conduct, and measures for addressing sexual misconduct.</p>
<p>College of</p>	<p>Patient Relations Program</p>	

7.2 CRC Master Resource List

Measures for Prevention and Response to Sexual Misconduct - review of Canadian Jurisdictions

*psychologists, massage therapists, physical therapist – surprisingly not enough guidelines in BC & NS

<p>Dietitians of British Columbia</p>	<p>1. Professional Boundaries in Therapeutic Relations “Where’s the line?”</p> <p>http://www.collegeofdietitiansofbc.org/home/documents/2012/Prof-Boundaries-final-Jan-24-12.pdf</p> <ul style="list-style-type: none"> - A small PDF addressing therapeutic relationship, what to do when a boundary has been crossed and sensitive practice as a standard precaution 	
<p>College of Physiotherapy Alberta College + Association</p>	<p>Physiotherapists → Resources to help you meet practice standards → Therapeutic Relationship</p> <p>1. Therapeutic Relationship – Establishing and Maintaining Professional Boundaries: a resource guide for physical therapists</p> <p>https://www.physiotherapyalberta.ca/files/guide_therapeutic_relations.pdf</p> <ul style="list-style-type: none"> - Includes “atypical behaviours that may be acceptable.” Provides an excerpt and things to consider, provides an example and discussion. (see example in Appendix E) 	
<p>Nova Scotia College of Social</p>	<p>Practice → Ethical Decision Making Tool</p> <p>http://ethical.nscsw.org/</p>	

7.2 CRC Master Resource List

Measures for Prevention and Response to Sexual Misconduct - review of Canadian Jurisdictions

*psychologists, massage therapists, physical therapist – surprisingly not enough guidelines in BC & NS

Workers	<p>Though this interactive tool isn't solely focused on sexual misconduct, it is a good way for professionals to critically reflect on ethical dilemmas.</p> <p>Please see Appendix F for example.</p>	
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7.2 CRC Master Resource List

Measures for Prevention and Response to Sexual Abuse - review of International Jurisdictions

Regulatory Body/Association	Measures for Prevention	Response to Sexual Abuse
NCMIC Malpractice Insurance - DC	<p>Though this is not a regulatory professional body, they had one sample form to gauge comfort level of comfort of patients</p> <ol style="list-style-type: none"> 1. https://www.ncmic.com/webres/File/risk-management/BoundariesGuide.pdf (please see Appendix G) <p>Tips include:</p> <ol style="list-style-type: none"> 1. Risk management practice tips for common patient scenarios 2. Identifying and preparing for high-risk situations 3. Taking action when a boundary violation may have already occurred 4. Ways doctors can avoid behaviour that can lead to a boundary violation 5. Spectrum of sexual misconduct 6. Nonsexual relationships with current and former patients 	
National Council of State Boards of Nursing	<ol style="list-style-type: none"> 1. Practical Guidelines for Boards of Nursing on Sexual Misconduct Cases https://ncsbn.org/Sexual_Misconduct_Book_web.pdf HIGH-PROFILE CASE ON SEXUAL MISCONDUCT <ul style="list-style-type: none"> - Provides real cases - Provides discussion/recommendations - Conclusion & how to utilize the Guidelines provided in the PDF 2. Professional Boundaries in Nursing Video: https://ncsbn.org/464.htm <p>Maintain professional boundaries and strengthen the therapeutic nurse-patient relationship. This video helps explain the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct.</p>	<p>Practical Guidelines for Boards of Nursing on Sexual Misconduct Cases https://ncsbn.org/Sexual_Misconduct_Book_web.pdf</p> <ul style="list-style-type: none"> - Sexual Misconduct Pathway (See Appendix H). - Washington's 2009 Mandatory Sanction Schedule Sexual Misconduct or Contact (See Appendix I)

7.2 CRC Master Resource List

Measures for Prevention and Response to Sexual Abuse - review of International Jurisdictions

	<p>3. A Nurses Guide to Professional Boundaries https://ncsbn.org/ProfessionalBoundaries_Complete.pdf</p> <ul style="list-style-type: none">- A continuum of professional behaviour – Nurses can use the continuum as a frame of reference to evaluate their behaviour and consider if they are acting within the confines of therapeutic relationship or if they are under-or overinvolved in their patients' care.- Questions and answers- Red flag behaviours	
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7.2 CRC Master Resource List

References - Primary use resource list

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7.2 CRC Master Resource List

CRPO Regulatory Tools Related to Sexual Abuse - Current inventory

Committee	Tool	Requirement
Registration	Registration Guide: Information and Requirements for Registration	See Appendix A for more information <ul style="list-style-type: none"> ○ Each applicant required to provide information about general and professional conduct
	Registration Regulation	See Appendix A for more information <ul style="list-style-type: none"> ○ Provision of accurate and honest information ○ Previous conduct must be disclosed to ensure that applicants possess the character to practice the profession safely, professionally and ethically (See Appendix A)
Quality Assurance	Mandatory Reporting Obligations for Registered Psychotherapists	See Appendix B for more information <ul style="list-style-type: none"> ○ Health Professions Procedure Code: <ul style="list-style-type: none"> - a member shall file a report if there is reasonable grounds to believe another member has sexually abused a patient ○ Mandatory Self-Reporting: <ul style="list-style-type: none"> - Any other event that would provide reasonable grounds for the belief that the Member will not practise psychotherapy in a safe and professional manner. ○ Participation Expected: <ul style="list-style-type: none"> - If a Member persistently refuses to cooperate or to participate, the QA Committee may find it necessary to report the Member's name and the allegation to the ICRC as it is considered professional misconduct to contravene a provision of the <i>Psychotherapy Act, 2007</i> or the RHPA.
	Peer and Practice Review: assessing knowledge, skill and judgement <ul style="list-style-type: none"> ○ Remote Interview ○ Onsite Assessment 	See Appendix C for more information <ul style="list-style-type: none"> ○ Step 1 - Remote Interview includes: <ul style="list-style-type: none"> - Practice of "Safe and Effective Use of Self" which identifies whether the member has integrated awareness of self in relation to professional role - Professional boundaries which establishes and maintains core conditions for therapy. ○ Step 2 – In-Person Interview includes: <ul style="list-style-type: none"> - Safe and Effective Use of Self in therapeutic relationship - Recognizing and managing ethical dilemmas, decision making process and professional responsibilities.

7.2 CRC Master Resource List

CRPO Regulatory Tools Related to Sexual Abuse - Current inventory

ICRC and Discipline	General Complaints	See Appendix D for more information <ul style="list-style-type: none"> ○ Filing a Complaint about a Member: <ul style="list-style-type: none"> - Provides information and process about filing a complaint - A complaint form is available - CRPO's Complaints Form
	Sexual Abuse	See Appendix E for more information <ul style="list-style-type: none"> ○ Preventing and Addressing Sexual Abuse by Members: <ul style="list-style-type: none"> - CRPO mandates for all Members the position of “zero tolerance” concerning sexual abuse - Role of Client Relations Committee - Complaints and reports of sexual abuse: information - Mandatory reporting of sexual abuse - Under RHPA, CRPO is required to have a program to provide funding for therapy for counselling for persons who, while clients, were sexually abused by members.
	Bill 87: The Protecting Patients Act, 2017	See Appendix F for more information <ul style="list-style-type: none"> ○ Changes in funding, mandatory revocations, increased fines, interim suspension and minister prescribed functions took place.
Jurisprudence	Handbook provides information on the ethical and legal framework within which RP's practice in Ontario	See Appendix G for more information <p>Section 1: Professionalism and Regulation</p> <p>B. Ethics, Professional Standards, Professional Misconduct, Incompetence & Incapacity</p> <ul style="list-style-type: none"> - Code of Ethics sets out certain principals of professional practice <p>Section 2: Client-Therapist Relationships</p> <p>C. Boundaries:</p> <ul style="list-style-type: none"> - discusses dual relationships, touching and disrobing <p>D. Sexual abuse:</p> <ul style="list-style-type: none"> - discusses examples of sexual abuse

7.2 CRC Master Resource List

CRPO Regulatory Tools Related to Sexual Abuse - Current inventory

		<ul style="list-style-type: none"> - treating a spouse or partner - dating former clients and handling sexual/romantic feelings for clients - handling of allegations of sexual abuse by College <p>Section 3: Law</p> <p>B: Regulated Health Professions Act (RHPA)</p> <ul style="list-style-type: none"> - Iv. Mandatory reports need to be made to the college as a Member - Also mandatory for operator of a facility to file a report
Standards	Professional Practice Standards For Registered Psychotherapists	<p>See Appendix H for more information</p> <p>Section 1: Professional Conduct</p> <p>1.3 – Reporting Unsafe Practices</p> <ul style="list-style-type: none"> o Members have a legal obligation to report to the College of another Member’s unsafe practice or behaviour <p>1.5 – General Conduct</p> <ul style="list-style-type: none"> o Standard state that members should refrain from illegal conduct related to the practice of the profession <p>1.7 – Dual or Multiple Relationships</p> <ul style="list-style-type: none"> o Members should avoid dual or multiple relationships with clients in addition to their professional one <p>1.8 – Undue Influence and Abuse</p> <ul style="list-style-type: none"> o The College’s Professional Misconduct Regulation requires that members not inflict any form of verbal, physical, psychological and/or emotional abuse on client. o RHPA prescribes penalties – sexual intercourse with a client carries a mandatory revocation of registration for a minimum of five years
Competencies	Entry-to-Practice Competency Profile for Registered Psychotherapists	<p>See Appendix I for more information</p> <ul style="list-style-type: none"> o The competency profile lists the competencies that must be possessed by individuals entering the profession for the first time, in order for them to practice safely, effectively and ethically across a variety of practice settings o A Member must: <ul style="list-style-type: none"> 2.2 Maintain effective relationships 3.1 Comply with legal and professional obligation

7.2 CRC Master Resource List

CRPO Regulatory Tools Related to Sexual Abuse - Current inventory

		<ul style="list-style-type: none">3.2 Apply an ethical decision making process4.2 Establish and maintain core conditions for therapy4.3 Ensure safe and effective use of self in the therapeutic relationship4.5 structure and facilitate the therapeutic process
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7.2 CRC Master Resource List

Ontario Regulatory Online Resources Related to Sexual Abuse - Current inventory

CPSO has the following:

- Website page about claiming the funding with forms to fill out: <http://www.cpso.on.ca/Policies-Publications/Make-a-Complaint/Information-About-Funding-for-Therapy-and-Counseling>

- Funding for counselling FAQ document:

http://www.cpso.on.ca/CPSO/media/documents/Policies/complaints/Funding_for_Therapy_and_Counseling_FAQs.pdf

- What to consider when choosing a therapist:

<http://www.cpso.on.ca/CPSO/media/documents/Policies/complaints/Things-to-consider-when-choosing-a-therapist-or-counsellor.pdf>

- Making a complaint, connecting to resource person

https://www.youtube.com/watch?v=nUVHnt_FPbw&feature=youtu.be

Physiotherapists have the following:

- Funding for Therapy website page including forms to fill out:

<http://collegept.org/public/protectingthepublic/fundingforthepublicandcounseling>

- Funding for Therapy overview document:

<http://collegept.org/Assets/website/Public/Funding%20for%20Therapy%20and%20Counseling%202010.pdf>

- Fact Sheet about how to recognize appropriate and inappropriate touching, available in 10 languages:

<http://collegept.org/Public/ProtectingthePublic/SexualInvolvementFactSheet>

RCDSO has the following:

- Video about appropriate patient boundaries on their sexual abuse page:

<http://www.rcdso.org/publicprotection/sexualabuseprogram>

- Practice Advisory for Members about the Prevention of Sexual Abuse and Boundary Violations:

http://www.rcdso.org/Assets/DOCUMENTS/Professional_Practice/Practice_Advisory/RCDSO_Practice_Advisory_Prevention_of_Sexual_Abuse_and_Boundary_Violations.pdf

- Funding for therapy page:

<http://www.rcdso.org/publicprotection/sexualabuseprogram/fundingforthepublicandcounseling>

- Funding for therapy form:

http://www.rcdso.org/Assets/DOCUMENTS/Forms/Application%20for%20Funding%20Therapy%20and%20Counseling/RCDSO_ApplicationforFundingforTherapyandCounseling.pdf

- Support for individuals page:

<http://www.rcdso.org/publicprotection/sexualabuseprogram/supportforindividuals>

- Legal support for individuals page:

<http://www.rcdso.org/publicprotection/sexualabuseprogram/legalsupportforindividuals>

7.2 CRC Master Resource List

Ontario Regulatory Online Resources Related to Sexual Abuse - Current inventory

- List of Community Resources for Sexual Abuse Victims:

http://www.rcdso.org/Assets/DOCUMENTS/Professional_Conduct/RCDSO_CommunityResourcesforVictims%20ofSexualAbuse_ACC.pdf