



Controlled Act Task Group Consultation Documents

Final Draft
Approved by Council: June 29, 2018

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

College of Registered Psychotherapists of Ontario
June 29, 2018

Ontario Regulation

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

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

Context for the Regulation

In developing this regulation, CRPO is working under authority drawn from section 11 of the *Psychotherapy Act, 2007*: the “Council may make regulations 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.”

By law, the language of the regulation must be aligned with this authorizing statute and so uses the term “prescribe” in the legal sense (“to state”) rather than in the clinical sense (“to order”) when listing the requirements related to the therapies that involve the practice of psychotherapy.

This regulation applies to all psychotherapy performed by Registered Psychotherapists (RP), both in the provision of the controlled act as it is embedded in psychotherapy and the broader scope of practice.

Two types of practitioners can operate under exceptions or exemptions to the regulation found in the *Regulated Health Professions Act*. Specifically, practitioners who are:

- individuals treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;
- Indigenous persons providing traditional healing to other Indigenous persons or members of an Indigenous community.

Registered Psychotherapists will be competent to use a treatment approach or modality that is part of one or more of the prescribed categories, or to use them in an integrative approach. The five categories in the regulation draw on both the history and recent developments in the field of psychotherapy. CRPO’s position is that all RPs will be able to find the origins of their practice in one of these broad categories.

Practitioners who are not able to trace their modality back to one of the prescribed categories are likely not working within the scope of psychotherapy and so would not need to be registered with CRPO or one of the other regulatory colleges whose members are authorized to provide the controlled act. Those who do see their modality reflected may need to seek registration or restrict their practice to refrain from performing the controlled act of psychotherapy before the end of the transition period on December 31, 2019. CRPO has developed a policy on Activities that are Not Part of the Controlled Act of Psychotherapy, and a Self-Assessment Tool for Unregulated Practitioners (both of which are included in this submission) to assist individuals in determining if they are working within the scope of psychotherapy and if they are providing the controlled act .

Draft Policy: Activities that Do Not Constitute the Controlled Act of Psychotherapy

This policy articulates CRPO's position on those activities that it does not consider to be part of the **controlled act of psychotherapy**. It is important to note that these activities may be part of the scope of practice of psychotherapy.

Various practitioners providing services in the health, education, social services, victim services and community sectors 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.

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

- there must be a **psychotherapeutic relationship** between client and RP;
- the RP must be providing treatment intended to help individuals improve mental health and well-being;
- the RP 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.

CRPO has developed a list of activities that are deemed to be *outside* the controlled act of psychotherapy. Registered Psychotherapists may do some of these activities as an ancillary activity within the scope of their psychotherapy practices, but providing only the services below would not constitute the controlled act. These activities include, **but are not limited to**:

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

Psychotherapy with a Registered Psychotherapist

Psychotherapy is primarily a talk-based therapy and is intended to help people improve and maintain their mental health and well-being. Registered Psychotherapists work with individuals, couples and families in individual and group settings. Psychotherapy occurs when the Registered Psychotherapist (RP) 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 an RP:

- 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, RPs 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);
- practise **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

Registered Psychotherapists are authorized to perform the **controlled act of psychotherapy**. By definition in the *Regulated Health Professions Act*, this involves **five elements**:

- i) treating
- ii) by means of psychotherapy technique
- iii) delivered through a therapeutic relationship,
- iv) an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that,
- v) may seriously impair the individual's judgement, insight, behaviour, communication or social functioning (*RHPA 1991*).

All five elements of this definition must be present in order for the controlled act to have taken place.

In the practice of psychotherapy, RPs use their knowledge, skills and judgement to determine whether their client's condition is serious, having considered the client's subjective assessment, the RP's own clinical assessment, and/or the assessment by another care provider.

It is important to note that all five of the elements must be present for an activity or intervention to fall within the controlled act of psychotherapy.

CRPO acknowledges the value and importance of the array of work done by unregulated providers who often establish genuine therapeutic relationships with their clients to improve health outcomes and well-being. The providers may use psychotherapy techniques as an ancillary part of their duties. However, the College does not consider these providers (many of whom work with vulnerable populations in the education, social services, victim services and community sectors) to be providing the controlled act of psychotherapy. Examples of the kind of interventions provided by unregulated providers include but are not limited to activities such as those that help to foster life skills, teach techniques for coping with acute situations, crisis intervention and de-escalation, and service coordination. Unregulated providers who believe that they are performing the controlled act may need to restrict their practice in order to ensure that they are not engaged in unauthorized practice.

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 their 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 (RP) 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 RPs to situate their own practices within the categories of prescribed therapies. All RPs 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 they 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 reflected in 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 / Emotionally-Focused Therapy*
- *Gestalt Therapy*
- *Multi-cultural Therapy*
- *Music Therapy*
- *Play Therapy*
- *Psychodrama*
- *Rogerian Person Centred Therapy*

- *Spiritually Integrated Psychotherapy*
- *Satir Transformational Systemic Therapy*
- *Sex Therapy*

Psychodynamic Therapies

- *Adlerian Therapy*
- *Existential Therapy*
- *Psychoanalytic Psychotherapy*
- *Interpersonal Psychotherapy*
- *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*
- *Multi-systemic Therapy*
- *Narrative Therapy*
- *Solution Focused Therapy*
- *Strategic and Structural Therapies*

Activities that Do Not Constitute the Controlled Act of Psychotherapy

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

- Advocating
- Applied Behavioural Analysis
- Case management
- Clinical follow-up/care and discharge planning
- Coaching
- Coordinating
 - *parental coordination*
- Counselling and support
 - *advising / advice giving*
 - *instruction*
 - *assisting in resolution of dilemmas*
 - *assisting in improvement of coping strategies*
- Crisis intervention/management
 - *de-escalation*
 - *safety planning*
 - *referral to other services*
- Hypnotherapy
 - *smoking cessation*
- Information/advice and knowledge transfer
 - *instructing*
- Intake and referral
- Mediating
- Milieu therapy / milieu-based interventions
- 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 the physical symptoms of a medical illness*
 - *resuming activities of daily life*
 - *learning or relearning skills that assist in carrying out the activities of daily life*
- Single session counselling
- Spiritual or faith guidance/counselling
- Teaching
 - *social skill development*
 - *emotion regulation*
 - *prescriptive programs*

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.

No one may use the title “Registered Psychotherapist” or any abbreviation thereof unless they are registered with CRPO. Members of the other professions that are authorized to provide the controlled act may use the title “psychotherapist” and hold out as qualified to practise as a psychotherapist in Ontario provided they do so in compliance with the regulations and bylaws set out by their regulatory colleges.

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 consider applying for registration with CRPO or another regulatory college, or if they need to consider restricting 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.**

Questions:

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

- Advocating
- Applied Behaviour Analysis
- Case management
- Clinical follow-up / care and discharge planning
- Coaching
- Coordinating services
 - *parental coordination*
- Counselling and support
 - *advising / advice giving*
 - *instruction*
 - *assisting in resolution of dilemmas*
 - *assisting in improvement of coping strategies*
- Crisis intervention / management
 - *de-escalation*
 - *safety planning*
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 - *emotional regulation*
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 - *helping an individual to deal with the physical symptoms of a medical illness*
 - *resuming activities of daily life*
 - *learning or relearning skills that assist in carrying out the activities of daily life*
- Single session counselling
- Spiritual or faith guidance/counselling
- Teaching
 - *social skill development*
 - *emotion regulation*
 - *prescriptive programs*

Answer: Yes No

Unregulated providers (many of whom work with vulnerable populations in the education, social services, victim services and community sectors) often establish genuine and therapeutic relationships with their clients to improve health outcomes and well-being. While the providers may use some psychotherapeutic techniques as an ancillary to their duties, the goals for meeting and the relationship created are not, nor intended to be explicitly psychotherapy.

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

- There is an explicit intent to engage in psychotherapy.
- 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

Psychotherapy occurs when the Registered Psychotherapist (RP) 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.

While psychotherapy and counselling are two distinct interventions, there is or may be a continuum of care where *Registered Psychotherapists* may include interventions that could be classifiable as 'counselling' as part of the provision of psychotherapy. For instance, RPs may work with a client to address a specific and current dilemma in a particular session by offering information or advice to assist with practical coping. Likewise, counsellors may employ psychotherapeutic techniques to support the fostering of skills to assist clients in increasing their ability to cope with a specific dilemma. In spite of this overlap, providers and observers should be able to discern the distinct difference between psychotherapy and counselling in its intention and focus.

3) Are you providing treatment to clients for cognitive, emotional or behavioural disturbances to improve or maintain 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*

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

Experiential and Humanistic Therapies

- *Art Therapy*
- *Emotion-Focused / Emotionally-Focused Therapy*
- *Gestalt Therapy*
- *Multi-cultural Therapy*
- *Music Therapy*
- *Play Therapy*
- *Psychodrama*
- *Rogerian Person Centred Therapy*
- *Spiritually Integrated Psychotherapy*
- *Satir Transformational Systemic Therapy*
- *Sex Therapy*

Somatic Therapies

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

Psychodynamic Therapies

- *Adlerian Therapy*

Systemic and Collaborative Therapies

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

Answer: Yes No

The controlled act of psychotherapy is defined as: i) Treating, ii) by means of psychotherapy technique, iii) delivered through a therapeutic relationship, iv) an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that, v) may seriously impair the individual's judgement, insight, behaviour, communication or social functioning (*RHPA 1991*). All five elements of this definition must be present in order for the controlled act to have taken place.

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. Assessment is a process that is ongoing and issues that may require the controlled act are not always immediately identifiable. 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.

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

5) Are you using psychotherapy technique 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

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?

Answer: Yes No

Answer Key

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.

If you answered “yes” questions 2, 3 and 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.

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

If you answered “yes” to questions 5 and 6, 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.

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 restrict your practice in order to ensure that you are not engaged in unauthorized practice of the controlled act of psychotherapy.

Registered Psychotherapists: Information for Ontarians

What is psychotherapy?

Psychotherapy is primarily a talk-based therapy intended to help people improve mental health and well-being. Some psychotherapy may also include non-verbal activities like music, art or play therapy. Registered Psychotherapists (RPs) work with individuals, couples and families in one-on-one and group settings. Psychotherapy occurs when the RP 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. People 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 controlled activities include performing invasive procedures below the skin (such as administering injections), prescribing drugs, ordering X-rays and administering anesthesia.

What is the controlled act of psychotherapy?

By definition in the *Regulated Health Professions Act*, the **controlled act of psychotherapy** involves five elements:

- i) Treating,
- ii) by means of psychotherapy technique,
- iii) delivered through a therapeutic relationship,
- iv) an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that,
- v) may seriously impair the individual's judgement, insight, behaviour, communication or social functioning (*RHPA 1991*). All five elements of this definition must be present in order for the controlled act to have taken place.

RPs use their knowledge, skill and judgement to determine whether their clients' condition is serious. They do this by considering the client's own assessment, the RP's own clinical assessment, and/or the assessment by another care provider.

All five elements must be present for an activity or intervention to fall within the controlled act of psychotherapy.

Who can provide the controlled act of psychotherapy?

In Ontario, members of six regulatory colleges are authorized to provide the controlled act of psychotherapy provided they do so in compliance with the regulations and the bylaws established by their regulatory colleges. 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.

Counsellors, life coaches and other professionals who are not registered with a [regulatory college](http://www.ontariohealthregulators.ca/) [hyperlink to <http://www.ontariohealthregulators.ca/>] whose members are authorized to provide the controlled act are not permitted to provide the controlled act or represent themselves (“hold themselves out”) as psychotherapists.

Indigenous persons providing traditional healing to other Indigenous persons or members of an Indigenous community are also exempt from the RHPA and therefore are not required to register with CRPO in order to provide care; however, CRPO is establishing an Indigenous pathway [link to <https://www.crpo.ca/wp-content/uploads/2017/08/Indigenous-Pathway.pdf>] for those practitioners seeking CRPO registration.

Spiritual leaders or clergy who practise on the basis of their religious beliefs (such as using prayer or other spiritual means) are generally not considered to be providing psychotherapy. This is because the care they provide (and the way they provide it) does not fit the definition of the controlled act of psychotherapy. Moreover, there is provision in the *Regulated Health Professions Act* (RHPA) that exempts individuals treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment. This means that clergy are not required to register with CRPO in order to do their jobs.

However, some spiritual care practitioners who provide spiritually integrated psychotherapy who are indeed required to register with CRPO. These care providers use psychotherapy technique to provide spiritually integrated psychotherapy that may or may not be religiously informed, but faith and religion do not drive or limit the psychotherapeutic conversation. Like all RPs, these spiritual care practitioners are required by CRPO to have the knowledge, skills and judgement to provide care that is safe and ethical and that puts the best interests of their clients first.

What should I expect in my work with a Registered Psychotherapist?

When you choose a RP as your care provider, you should expect:

- A conversation about the **benefits, risks and expected outcomes** of the psychotherapy and the opportunity to give your **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 RP demonstrates the appropriate use of **boundaries** to create a **safe and confidential environment**.

Why should I choose a regulated provider?

The Regulated Health Professions Act created governing bodies (called colleges) to regulate the care provided by professionals in the province of Ontario. In order to ensure that the care provided by its members is competent, safe, ethical and effective, each regulatory college is required to develop:

- entry to practice competencies
- professional practice standards
- a code of ethics
- a quality assurance program
- continuing competence measurements
- a sexual abuse prevention program
- professional misconduct regulations

Regulated health care providers are accountable to their college. If there is a concern about the conduct of a regulated provider or the care they have provided, a complaint can be made to their college. It is then the responsibility of the college to investigate and address that complaint.

What makes an effective psychotherapeutic relationship?

The client-psychotherapist relationship is the foundation of psychotherapy. This psychotherapeutic relationship is central to the provision of safe, effective and ethical care. Psychotherapeutic relationships are based upon trust and the development and maintenance of appropriate and professional boundaries established in a confidential environment.

In an effective psychotherapeutic relationship:

- your well-being is at the forefront;
- you will work with your RP gathering relevant information that will support the formulation of a plan for psychotherapy;
- there will be continuous evaluation of outcomes of each session and the impact on overall treatment goals;
- your RP will practise **safe and effective use of self**;
- your RP will adhere to the **standards of practice** for the profession.

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

All RPs care for people using at least one of these types of therapies:

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

Some RPs have greater expertise in certain types of therapy than others and may use a variety of techniques and approaches in your sessions together. Ask your RP what kind of therapy they provide, and address any questions or concerns you may have with them.

What is the difference between counselling and psychotherapy?

In counselling, the focus is on providing information, giving advice, encouragement or instruction. For example, a counsellor may work with you to foster life skills, teach you techniques for coping with immediate causes of stress or anxiety, or offer crisis intervention.