

Independent Review of the Complaints and Reports Processes of the College of Registered Psychotherapists of Ontario

Prepared for the College of Registered Psychotherapists of Ontario (CRPO)
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ACKNOWLEDGEMENT

Barbra Schlifer Commemorative Clinic would like to thank, first and foremost, the complainants, reporters, witnesses and respondent registrants who openly and bravely shared with us their experiences with the College of Registered Psychotherapists of Ontario's complaints and reports process. It is their experiences which have shaped this report and our recommendations.

We would also like to thank the clinical and legal experts, as well as the psychotherapy clinical supervisors, for graciously giving us their expertise in the process and their thoughts on how it can improve.

We would also like to thank the investigator teams, Barker Hutchinson and Benard and Associates, and the College's legal counsel, SML Law, for taking the time to participate and providing us with their feedback.

We would also like to thank the College's staff and ICR Committee members for their openness and desire to make their complaints and reports process better for all of those involved.

1. EXECUTIVE SUMMARY

The purpose of this report is to review the College of Registered Psychotherapists of Ontario's ("the College" or "CRPO") complaints and reports processes and provide recommendations in order to ensure that these processes are trauma-informed and procedurally fair to all of its users. The goals of this review are to reduce barriers to making complaints and reports, to provide sufficient support to users, to increase trust and confidence in the College, and to improve current practices, particularly to ensure the College applies a trauma-informed lens to the work that they do in protecting the public. Ultimately the College recognizes the sensitive nature of the complaints process and endeavours to make this process the least harmful to users and to prevent re-traumatization to those involved in the process.

This was an exploratory review and a total of twelve users who have been involved with the complaints process were interviewed or provided submissions in writing. Due to the limited number of participants, the results are not reflective of all service users' experience with the process. The results reflect the experiences of users in some of the most challenging cases. A detailed review was undertaken of the legal frameworks, the current complaints and reports process, and the College's internal documents such as anonymized cases, policies, procedures, and communication templates.

Key areas identified in this report where improvements could be made are:

- **Communication:** The overall experience throughout the process could be improved with some changes to the way information is communicated to users, including follow-up communications once the process is complete.
- **Safety:** Interviewees shared several suggestions on what would have helped them to feel safer throughout the process. Safety concerns were identified around service users' information (such as interview notes and therapy records) and identities, hostile or vexatious complainants, fear of retribution from registrants, as well as other concerns (please see Appendix I Interview Themes for a full summary).
- **Support:** Due to the sensitive nature of the complaints process, some users suggested the College provide additional support for users going through the process, such as a list of local resources and a support person to assist them through the process.
- **Transparency:** Some service users expressed a desire for more transparency around timelines, outcomes, and how much information they should expect throughout the process. This could help in managing the expectations of users.

Recommendations

The College has already or is in the process of implementing many of the recommendations that emerged from this report. Thirty-one additional recommendations that are within the control of the College were made, as well as two recommendations that require legislative change. Many of the thirty-one recommendations involve ways to improve the process, improve communication, develop supportive materials and tools, increase support for all parties, support staff, and increase capacity.

Some of the key recommendations that are within the College's control are:

- **Improvement in process:** We recommend the College make efforts to improve the process by shortening the length of the process. Most importantly, we recommend the College conduct an audit on delays in their complaints and reports process to see how the process can be improved. We also recommend the College develop an alternative dispute resolution process to resolve complaints expeditiously and gain better service user satisfaction of the process.
- **Improved communication:** We recommend the College improve overall communication with recommendations such as requesting service users' preferred method of contact and frequency of communications so service users know how they will be contacted and how often. Furthermore, we recommend engaging a plain language expert to edit and revamp the College's written communications, including website content, to make the materials easier to read and understand.
- **Development of materials:** We recommend the College develop and implement an accommodations policy. We also recommend the College create and share a list of outside resources for service users to access support across the province. Additionally, we recommend the College create more videos about the process and frequently asked questions.
- **Increased support for all parties:** We recommend the College increase support for all parties, including building universal practices into the College's procedures that prevent harm to all parties, whether safety concerns are expressed or not. Most importantly, we recommend the College develop a new role of Public Advisor, which helps members of the public throughout the complaints and reports process. We also recommend the College provide complainants and respondents with a list of resources for grounding and support.
- **Supporting staff:** We recommend the College further support their staff by taking steps to prevent harassment against staff such as developing a harassment policy and procedure and posting it on the College's website. We further recommend the College train their staff on how to protect themselves from harassment and how they can report harassment to the College.
- **Increasing staff capacity:** We recommend the College's staff, investigators, and Inquiries, Complaints and Reports Committee (ICRC) members all undergo further training on trauma-informed practices; gender-based violence; diversity, equity and inclusion; legal bullying¹; and mental health. Further, we recommend the College enhance their training on their complaints and reports process to their staff and ICRC.

The College's commitment to its role and responsibility of protecting the public and improving their current practice is well demonstrated through its contracting of this Independent Review. Many of the recommendations are already implemented or underway, and we hope this Review provides further insight from which the College can continue making improvements to their processes.

¹ Legal bullying is the intentional misuse and manipulation of laws and legal processes (often when domestic partners split and are involved with family court) by a person to try to maintain power and control over the other party by intimidating, harassing and inducing fear. This person may use tactics to create delays, bring repeated motions on issues that have already been decided, or make complaints about others (e.g., psychotherapists, lawyers) involved in the process. (Luke's Place)

2. INTRODUCTION

In 2022, Barbra Schlifer Commemorative Clinic (“the Schlifer Clinic”) was engaged by the College of Registered Psychotherapists of Ontario (“the College” or “CRPO”) to conduct an Independent Review of the College’s complaints and reports processes. The College initiated this Review to ensure that their complaints and reports processes are responsive to those who report having experienced trauma, are trauma-informed, and are procedurally fair.

This Review was conducted from October 2022 to September 2023. The Review involved several consultations, interviews and feedback from people identified by the College as having a role in or have taken part in the process.

This report will first take you through a brief introduction to Barbra Schlifer Commemorative Clinic, the origin of the review and the review team. From there, we will provide some background on key concepts for this review – trauma and violence informed practice and intersectionality. We will then discuss the review process, including the scope of the review, the engagement process and limitations to this review. We will then cover the legal framework under which the College operates. We will provide a brief overview of the complaints and reports process. We will then set out the topics and themes which emerged. Finally, we will provide recommendations and next steps for the College.

A. ABOUT BARBRA SCHLIFER COMMEMORATIVE CLINIC

Barbra Schlifer Commemorative Clinic was created in memory of Barbra Teena Schlifer. Barbra was an idealistic young lawyer who was murdered in Toronto on the day of her call to the Bar of Ontario, April 11, 1980. She was returning home from celebrating this milestone when she was brutally sexually assaulted and killed in the basement stairwell of her apartment building.

Barbra’s death changed the lives of those who were close to her and they resolved to use her tragedy as a springboard for changing the world. Two of Barbra’s friends, who had once planned to be her law partners, decided to establish a clinic in Barbra’s honour to make the difference that Barbra had hoped to make as a lawyer.

On April 11, 1985, five years after Barbra Schlifer’s death, the Mayor of Toronto, Art Eggleton, proclaimed April 11th Barbra Schlifer Day. In September of that same year, Barbra Schlifer Commemorative Clinic opened its doors.

The Clinic currently receives referrals from countless community-based agencies, as well as medical, legal and justice professionals, religious organizations and individuals concerned about violence against women.

Barbra Schlifer Commemorative Clinic offers trauma-informed legal services and representation, counselling and multilingual interpretation, and drives system transformation to support women and gender diverse people who have experienced violence. Rooted in the foundations of intersectionality, innovation, and a client-centred approach, we foster the skills and resilience of the people we serve and amplify their voices to create individual and collective change.

The Clinic’s work in all we do starts with the premise that trauma and violence informed approaches require fundamental changes in how systems are designed, how organizations function, and how practitioners engage

with people. These approaches increase safety, control and resilience for people who are seeking services in relation to experience of violence and/or have a history of experiencing violence.

B. ORIGIN OF THE REVIEW

The *Regulated Health Professions Act, 1991* (RHPA) and the *Psychotherapy Act, 2007* are the legislative scaffolding within which CRPO carries out the work of public protection. The *Health Professions Procedural Code* (the Code), which is Schedule 2 of the RHPA, comprises a comprehensive set of rules that all 26 health regulators in Ontario must follow. In setting these rules, government has worked to create a framework that is transparent, accessible and fair to applicants, registrants and the client public.

As an organization, CRPO has always had the intention of applying the principles of transparency, accessibility, and fairness with empathy, compassion and humility. Over the last several years, there have been cases that have caused Council, committee members, and staff to critically reflect on the College's approach and processes. In doing so, CRPO acknowledged the importance of being more trauma-informed and determined the need to review processes and make changes to avoid doing harm.

The College contracted Barbra Schlifer Commemorative Clinic to undertake a review of the complaints and reports process, to delve into the problems they had already identified, to determine other areas of the College's work that were not trauma-informed, and to provide recommendations for improvement. This work started with the understanding and acceptance on CRPO's part that Council, committees, and staff would need to remain open to change if they were going to transform the way in which they regulate.

The College asked us to consider the following in writing our report:

- How to improve current practices to reduce the potential for harm to all parties involved in complaints and reports.
- How to reduce barriers to making complaints or filing reports.
- How to ensure appropriate support for staff and Council members who may experience vicarious trauma as a result of this work.
- How to increase confidence in CRPO as a trusted authority.

C. REVIEW TEAM

The team working on the review and writing this report included the Schlifer Clinic's Executive Director, Deepa Mattoo; Review Coordinator, Callandra Cochrane; and Consultant, Dr. Sajedah Zahraei. In the writing of this report, we also had the support of other Clinic staff and two students working with us, Aleeza Rehman and Krystal Tsotsos, as well as the ongoing support of several other students who supported the process through note-taking, background research and compiling the information we heard.

DEEPA MATTOO, BA, LLB, MBA, PGD, LSM (SHE/HER)
EXECUTIVE DIRECTOR

Deepa Mattoo is an award-winning lawyer and intersectional feminist whose work is rooted in equity, and anti-oppressive and anti-racist practice. As the Executive Director of Barbra Schlifer Commemorative Clinic, Deepa provides leadership to the various departments and for the Clinic's intervention and advocacy work. She has appeared before Parliamentary committees and UN civil society meetings on a wide range of social justice and human rights issues.

Deepa has trained thousands of service providers to work with forced marriage survivors, racialized non-status women, and immigration law clients in the context of gender-based violence. She also shares these insights as an Adjunct Professor at Osgoode Hall Law School, and through the countless speaking engagements and interviews she grants throughout the year. In 2015, Deepa was awarded the Spirit of Schlifer Award. Deepa was the Law Foundation of Ontario's 2017 Community Leadership in Justice Fellow at Factor-Inwentash Faculty of Social Work at the University of Toronto. Deepa is the recipient of the Law Society medal in 2022 and the Women of Distinction Award in 2022 for her contribution to access to justice and advocacy work.

CALLANDRA COCHRANE, JD (SHE/HER)
REVIEW COORDINATOR

Callandra Cochrane is a feminist lawyer whose practice focuses on gender-based violence. Callie has worked with Barbra Schlifer Commemorative Clinic for over five years in various areas, such as family law litigation, providing legal advice to sexual assault survivors, public legal education, and working on a couple of projects addressing workplace sexual harassment. She also works at the Sudbury Community Legal Clinic on their Sexual Harassment in the Workplace Project. Callie values inclusivity, equity and taking a trauma-informed approach in all her work.

DR. SAJEDEH ZAHRAEI, PHD, MSW, RSW (SHE/HER)
REVIEW CONSULTANT

Dr. Sajedah Zahraei has over 27 years of professional practice experience in a variety of mental health settings, including 20 years of work experience at the Centre for Addiction and Mental Health. She is the founder of Saleemeh Wellness Centre for Women, providing counselling services to immigrant, refugee, and racialized women. She holds an MSW and PhD in Social Work from the University of Toronto. Her research interests include social determinants of immigrant and refugee mental health, women, war, structural violence and trauma.

Over the past five years, she has been working as the Senior Manager, Professional Development and Training at OCASI – Ontario Council of Agencies Serving Immigrants. In this capacity, she has led OCASI's Mental Health Promotion in Immigrant and Refugee Serving Organizations Project. This project involved a cross-sectoral collaboration with 14 project partners and the development of an Integrated Service Delivery Model for Mental Health Promotion and Trauma and Violence Informed Guidelines for the Sector.

D. TRAUMA AND VIOLENCE INFORMED APPROACH

For the purposes of this review and report, trauma will be defined as “the lasting emotional response that results from living through a distressing event.” There are many frameworks for trauma-informed practice. For our purposes, trauma-informed practice involves:

- Awareness of the prevalence of trauma
- Recognition of the signs of trauma and how trauma responses (fight, flight, freeze or fawn) may show up in the people the College protects, regulates, or works with
- Engagement in taking steps to avoid re-traumatizing people while supporting healing from past traumatic experiences

UNDERSTANDING TRAUMA

- Trauma is part of the human response. Trauma can be understood as a shock or wound that occurs as a result of an experience that overwhelms an individual’s capacity to cope.
- Trauma occurs when people experience an overwhelmingly negative event or series of events, including violence.
- Violence can take many different forms and can be experienced once or many times. Violence is often the result of intentional actions to control or abuse someone.
- Experiences of violence can also be systemic and less visible. For many marginalized populations, discrimination and systemic violence are everyday experiences.

TRAUMA AND VIOLENCE INFORMED APPROACHES

Trauma and Violence Informed Approaches (TVIA) are policies and practices that acknowledge the widespread impact of trauma, recognize the connections among various forms of violence, trauma, and negative consequences in health, functions and life satisfactions, and foster the potential paths for self-care, resilience and institutional and community capacity building². TVIA has been an area of the Schlifer Clinic’s expertise for over two decades as an organization that works with women who have experienced violence.

TVIA recognizes that violence can impact the lives of individuals at the interpersonal, collective, systemic, and structural levels. These, often intersecting, forms of violence can be in the background or foreground of the lives of service users and staff. As such, making use of TVIA policies and practices can support organizations in preparing and addressing the needs of their communities³.

² Sajedeh Zahraei & Eunjung Lee, Slides: *OCASI Guidelines on Trauma and Violence Informed Approaches* (Ontario Council of Agencies Serving Immigrants; Factor-Inwentash Faculty of Social Work, University of Toronto) at pg 21.

³ *Ibid.*

- **Generalist Practice:**
 - Universal trauma precautions provide safe care for all – embedding trauma and violence-informed approaches into all aspects of policy and practice create universal trauma precautions that reduce harm and provide positive supports for all people⁴.
 - Disclosure of violence and trauma is not the goal in trauma and violence-informed approaches. Service providers do not necessarily need to know peoples' violence histories to provide appropriate support⁵.
 - By practicing universal trauma precautions, service providers can offer safe care or support, even when individuals choose not to disclose their trauma history⁶.
 - Treating everyone as if they have been subject to trauma and violence enhances 'universal trauma precautions,' which provide positive supports for all people⁷.
 - This principle provides a common ground that creates institutional culture of addressing trauma and violence concerns, offers a basis for consistent ways of responding to people with such experiences, and helps to integrate services within and across systems⁸.

- **Preventing Re/Traumatization:**
 - Service providers and organizations who do not understand the complex and lasting impacts of violence and trauma may unintentionally re-traumatize individuals. The goal of trauma and violence-informed approaches is to minimize harm to the people you serve – whether or not you know their experiences of violence⁹.
 - Doing no harm is the base of all policies and practices of the organization in addressing violence and trauma. TVIA is not aimed at treating trauma but preventing further harm by re/traumatization¹⁰.
 - Service users can access organizational services regardless of whether they disclose their experience of violence and trauma. Staff who work with people who have experienced violence often hear difficult stories and witness the impact of these experiences, which may subject themselves into vicarious traumatization, and/or may be triggered by their existing trauma¹¹.
 - This principle ensures that staff care for themselves, and the organization supports staff in attending to that care, while they are providing ethical care and responses to other people's trauma¹².

⁴ "PHAC Trauma and Violence-informed Approaches to Policy and Practice" (last modified 2 Feb 2018), online: < <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html> > [PHAC].

⁵ *Ibid.*

⁶ *Ibid.*

⁷ Zaharei, *supra* note 2 at pg 29.

⁸ *Ibid.*

⁹ PHAC.

¹⁰ Zaharei, *supra* note 2 at pg 31.

¹¹ *Ibid.*

¹² *Ibid.*

- **Fostering Safety:**

- Safety is the foundation of all violence and trauma related works¹³.
- This principle means that the organization commits to create and ensure emotional, physical, psychological, interpersonal, social, cultural, and systemic safety for all people in all levels of services and their delivery in the environment¹⁴.

- **Continuing Growth and Community Building:**

- A strong belief in human growth and resilience despite adversities guides the organization and staff to create an environment that fosters hope. This principle highlights that the organization incorporates a strengths-based approach and fosters opportunities for choice, collaboration, and connection to support both service users and Staff in coping and growth¹⁵.

OUR APPROACH TO TRAUMA-INFORMED EVALUATION

At the Schlifer Clinic, we believe that our evaluation activities should be deeply aligned with the principles and vision that drive our work; that is, to increase access to justice for survivors of gender-based violence (GBV) in ways that are empowering, intersectional, and trauma-informed. Our Trauma-informed Evaluation, Learning & Leadership (TELL) Framework helps guide the kinds of policies, tools, and practices we use to understand the impacts of our programs and services and to enhance our capacity to learn and grow in response to the evolving needs of the people and communities whom we serve.¹⁶

The Schlifer Clinic's TELL Framework addresses a key gap in current access to justice initiatives: namely, that the tools used to measure service impacts are often not trauma informed. By trauma-informed, we refer to approaches that recognize the pervasiveness of trauma in society and adapt their practices to better account for trauma as well as avoiding practices that can re-traumatize individuals.

FIVE KEY FOUNDATIONS OF TELL FRAMEWORK

The TELL framework:

- 1. Recognizes that trauma is pervasive in society and that its effects are intersectional:**

- Trauma affects individuals and communities, it goes unchecked in our institutions, and its impacts can be intergenerational.
- We also know that the effects of trauma are intersectional: marginalized communities are more likely to experience trauma and experience systemic barriers to support.
- Institutions, including social service organizations, must recognize the pervasiveness of trauma in society and use that as a starting point.

¹³ Zaharei, *supra* note 2 at pg 33.

¹⁴ *Ibid*.

¹⁵ *Ibid* at pg 35.

¹⁶ Salina Abji & Deepa Mattoo, "Barbra Schlifer Commemorative Clinic Trauma-informed Evaluation, Learning, and Leadership Framework" online (pdf): < <https://www.schliferclinic.com/>> [https://perma.cc/S775-EQNN]

- People don't need to prove that they have experienced trauma in order to receive a trauma-informed service. Rather, all services should be designed in this way as a fundamental way of organizing our services¹⁷.

2. Is motivated to advance transformative change in order to heal and prevent trauma and violence at the individual, community, and systemic levels:

- A trauma-informed approach also requires that our evaluation methods are themselves motivated by the same principles.
- Intentionally work to prevent or mitigate against re-traumatization in how we design and administer evaluation tools.
- Where appropriate, incorporate opportunities for healing (therapeutic or otherwise) into the design of evaluation activities.
- Rather than assuming a neutral or objective position, allow for more reflexivity in how we design and evaluate programs and services. This might involve acknowledging our social location, recognizing power relations, and making our political and/or personal motivations for social change transparent¹⁸.

3. Centres people with lived experience of trauma in evaluation design and implementation:

- Recognize that marginalized groups may have traumatic histories with research and evaluation methods, particularly where they have been used to "other" minority groups or justify colonization and oppression.
- Work to build trust of diverse communities through informed consent, transparent design, and robust ethical practices.
- Always centre the agency and empowerment of research participants. This is essential for all participants, but especially true for survivors of GBV who may be re-traumatized by practices that do not centre their choices, options, and right to refuse.
- Proactively design for and address potential concerns around safety, confidentiality and privacy. For example, ensure that you can safely contact survivors for participation in an evaluation without impacting their privacy or exposing them to possible harms.
- Questions over control over personal data must operate from a recognition of the prevalence of trauma in society and the importance of agency or control over one's personal data as a key component of safety and healing from trauma¹⁹.

4. Empowers people with lived experience of trauma in leading or meaningfully informing evaluation policies, tools, and practices:

- Non-intrusive approaches are important to consider in any trauma-informed practice, because we want to make the best use of peoples' time and energy and not place the burden of program development on people who are marginalized. This might include analysing the

¹⁷ Abji & Mattoo, *supra* note 16 at pg 3.

¹⁸ *Ibid* at pg 4.

¹⁹ *Ibid* at pg 5.

data we already have in our databases, incorporating data from service providers, and conducting literature reviews.

- At the same time, we still want to ensure that programs are responsive and informed by survivors at multiple levels and with varying degrees of participation.
- Remove barriers to participation in consultation with survivors: provide compensation along with access to transportation, childcare, and language interpretation in order to minimize barriers to participation. Consistent with a trauma-informed approach, any engagement with survivors (or service users) addresses issues of confidentiality, informed consent, and access to a registered clinician and a quiet space for participants who choose to access these supports during or following the sharing of feedback.
- Enhance the value of engagement for survivors, beyond a one-way extraction of information. Wherever appropriate, include a skill development component for participants in order to enhance the therapeutic value of participation in the activity²⁰.

5. Emphasizes transformative learning²¹ and collaboration over scarcity and competition.

- We believe that a more holistic, internally driven focus for evaluation is trauma-informed because it roots performance indicators and measures for success in the needs of service recipients and their communities.²²

E. INTERSECTIONALITY

Intersectionality is a concept introduced by Professor Kimberlé Crenshaw which recognizes how multiple forms of an individual's identity overlap and shape a person's experiences including oppression, barriers, harm and trauma. These multiple social identities such as gender, race, and disability can compound, leading to multiple disadvantages. The term intersectionality is based on the metaphor of the traffic intersection to delineate the 'flow' of discrimination as multi-directional, and the resulting injury as seldom attributable to a single source:

*Consider an analogy to traffic in an intersection, coming and going in all four directions. Discrimination, like traffic through an intersection, may flow in one direction, and it may flow in another. If an accident happens in an intersection, it can be caused by cars traveling from any number of directions, and sometimes from all of them.*²³

Using an intersectional lens can help us understand service users' experiences and the various factors that affect their health and well-being. A person who belongs to multiple disadvantaged groups will likely face increased marginalization in health-care service encounters.²⁴

An intersectional approach acknowledges:


²⁰ Abji & Mattoo, *supra* note 16 at pg 6.

²¹ Transformative learning is a theory of learning which holds that learners can shift their worldview as they obtain new information while also critically reflecting on their past ideas and understanding.

²² Abji & Mattoo, *supra* note 16 at pg 7.

²³ Kimberle Crenshaw, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics* 1989 U. Chi. Legal F. 139 1989, 149.

²⁴ Canan Corus & Bige Saatcioglu, "An intersectionality framework for transformative services research" (2015) 35:7-8 *Serv. Ind. J.* at 416.

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- Service users have multiple social identities and may experience greater harm due to the compounding of these identities.
 - Each individual's experience will vary depending on their identity and lived experience.

3. REVIEW PROCESS

A. SCOPE OF THE REVIEW

This limited focused Review was only of the complaints and reports process and did not include the disciplinary process (which begins if a complaint or report is formally referred for a hearing). We conducted a document review and engaged stakeholders through consultations, interviews and written submissions.

Collaboratively with the College, we designed this process to be as inclusive and trauma-informed as possible with the intent of causing the least possible amount of re-traumatization. Participants were offered support by the review team throughout the data collection.

DOCUMENT REVIEW

We asked the College to provide a selection of documents for us to review. The College provided internal documents, selected cases for case review, and their complaints and reports statistics. We also reviewed the *Regulated Health Professions Act*, the *Psychotherapy Act* and their respective regulations.

The College's internal documents included:

- Relevant policies and procedures
- Complaints intake form
- Witness informed consent documents
- Registrant notification and response letters
- Case management update/extension letters
- Disclosure approach
- Decision & Reasons language
- Appeal responses

We began reviewing these documents in October 2022 and continued throughout the course of this review.

Most of the case reviews were complaints about alleged dual relationships²⁵ on the part of the registrants, third party complaints²⁶, or frivolous and vexatious complaints²⁷. We reviewed one incapacity²⁸ case. These cases involved intimate partner violence, sexual assault, harassment, police involvement, mental health issues and other complicating factors. The review therefore included some of the College's most difficult cases of the past few years.

²⁵ Dual relationships are when the psychotherapist has a relationship with their client in addition to their professional one, such as friend or employee.

²⁶ That is, where the person filing the complaint is not the client (or not the only client) whose care by the respondent registrant is being complained about. For example, the complainant could be filing a complaint about the care the registrant provided to their spouse or child.

²⁷ Frivolous complaints refer to complaints that have no merit or are completely without factual or legal basis. Vexatious complaints are complaints made with an improper purpose, such as to harass or injure someone.

²⁸ Incapacity cases refer to cases where the psychotherapist has a physical or mental condition that limits their ability to practice as a psychotherapist. As such, the College may place limitations placed on the psychotherapist's practice or revoke their membership in order to protect the public interest.

STAKEHOLDERS

Collaboratively with the College, the following were identified as system partners in the complaints and reports processes for the Schlifer Clinic to engage to provide their feedback on the current processes:

- Staff from the College’s Professional Conduct department
- The College’s external legal counsel
- Lawyers who have represented registrants and complainants
- Contract investigators
- Council members appointed to Inquiries, Complaints and Reports Committee (ICRC)
- Non-Council professional ICRC appointees
- Professional association representatives
- Clients who have been complainants / witnesses
- Registrants (also referred to as “RPs”) who have been reporters / witnesses
- Students who have been complainants / witnesses
- Registrants who have been respondents to complaints or reports
- Experts who can contribute intersectional perspective that considers intimate partner violence, racism, Indigenous inter-generational and other trauma (legal, clinical, ethics).

B. ENGAGEMENT PROCESS

Our engagement process involved general consultations, expert consultations, individual interviews and written submissions. Flyers used in the engagement process for outreach to stakeholders are attached as an Appendix.

GENERAL CONSULTATIONS

We held six general consultations with four different groups of stakeholders—staff, ICRC members, independent investigator firms (Barker and Hutchinson and Benard and Associates), as well as the College’s legal counsel, SML Law. The College invited these stakeholders to take part in these consultations. We held these consultations over the course of several weeks between January and March 2023.

EXPERT CONSULTATIONS

We held three consultations with three different groups — clinicians, lawyers and college-mandated supervisors of registered psychotherapists who have been through the complaints and reports processes. The College identified these experts and invited them to participate. We held these consultations during April 2023.

SERVICE USER INTERVIEWS & WRITTEN SUBMISSIONS

We heard from twelve people who have been involved in the complaints and reports process. The College specifically invited people who were involved in cases where it was acknowledged that the process had been challenging for one or more of the parties. We interviewed seven people and received written submissions from five people. We are calling them “service users” for the purposes of this report.

We interviewed and received written submissions from:

- 2 complainants
- 3 respondent registered psychotherapists
- 3 reporters
- 4 witnesses

The invitations were sent to people involved in matters that had decisions issued between January 5, 2018 and July 7, 2022. During this time, the College received a total of 502 complaints and reports (specifically, 214 reports and 288 formal complaints).

We held the interviews over the course of several weeks in April and May 2023. Steps were taken to both protect their privacy and to ensure that their participation was anonymous to the College. To protect their private contact information, the College identified potential participants and sent them an invitation we drafted. The service users were instructed in the invitation to reach out to us directly so they were not identified by the College. The College invited more service users than there were interview slots available so they could not identify who decided to participate. We have further protected participants’ identities by not including any identifying information in this report.

In designing the interview process, we were cognizant of preventing re-traumatization. We recognized that some service users may have had difficult experiences and may have been traumatized by the process itself. The College and the Schlifer Clinic were both mindful that participating in this Review could be upsetting and triggering for service users. Therefore, we designed the process with that in mind. The number of interviews conducted was intentionally chosen and kept small so they could be given the time needed to fully share their experiences and receive the support they needed to do so.

Participants were compensated for their time for participating by interview or by writing. Those who participated in an interview were given a \$100 gift card and participants who submitted responses in writing were given a \$50 gift card. We also offered interview participants a free, one-time session with a Registered Social Worker.

We provided those who participated by writing with a set of questions taken from the interview questions. Most of the questions were open-ended to allow the participants to fully direct their answer. They were given no word limit and were told they could skip any questions. The interview questions were longer, and the interviews were also participant-directed. Participants were informed they could decline to answer any question and could end the interview at any time. All the participants were open and candid in their answers and we are thankful for their participation and feedback.

Emerging themes from the interview process with the service users are summarized in Appendix I.

PROFESSIONAL ASSOCIATIONS

We presented what we had heard from participants thus far to representatives from professional associations in June 2023. The College identified the professional associations and invited them to attend our presentation.

We had participants from:

- Canadian Art Therapy Association
- Canadian Counselling and Psychotherapy Association
- Ontario Association of Mental Health Professionals
- Ontario Expressive Arts Therapy Association
- Ontario Society of Registered Psychotherapists

C. LIMITATIONS OF THIS REVIEW

The results of this focused Review must be interpreted with caution. Please note the small sample size for the service user interviews and written submissions. We interviewed and received submissions from twelve people, while the College had 502 complaints and reports from the same time period. Therefore, this is not a conclusive review of service users' overall experience in the process, but rather a snapshot of some service users' experiences in cases the College had identified as being challenging for one or more parties.

The Clinic's location of being a specialist working with survivors of gender-based violence and our inherent trauma-informed approach might be perceived as a limitation by some readers.

Additionally, some of the themes that were identified during the Review process included a desire for increased supports from the College, more transparency, communication during the process, providing opportunities for feedback and information on the outcome, as noted in some interviews of witnesses and reporters. While the College has some discretion in how to administer its complaints and reports process, there are also limits in the RHPA, for example preventing disclosure of confidential information about an investigation, and the high threshold for deeming a complaint to be frivolous or vexatious.

Finally, this Review was intended to be exploratory and not conclusive. Our recommendations come from our observations, which are in no way findings about the totality of the College's work. These limitations should be kept in mind in the reading of this report.

4. LEGAL FRAMEWORK

A. REGULATED HEALTH PROFESSIONS ACT AND ITS REGULATIONS

In Ontario, all regulated health professions are governed by the *Regulated Health Professions Act* (“RHPA”) and each profession’s respective profession-specific Act. The practice of psychotherapy is governed by the RHPA and the *Psychotherapy Act*. The RHPA establishes the framework for the health regulatory colleges to regulate the profession in the public interest.²⁹ Each health regulatory college is responsible for ensuring that members³⁰ provide health services safely and ethically. The *Psychotherapy Act* outlines the scope of practice of what the profession does as well as the controlled acts registrants are authorized to perform.

The Health Professions Procedural Code (“the Code”) sets out rules on registering members, handling complaints, conducting investigations, administering a quality assurance program, mandatory reporting, funding for victims of sexual abuse, and on alternate dispute resolution.³¹ For example, the Code contains procedural requirements on complaints and reports, such as giving the complainant and registrant notice of receipt of the complaint, a general explanation of the process, as well as notice and a copy of the College’s decision.³²

B. PSYCHOTHERAPY ACT AND ITS REGULATIONS

The *Psychotherapy Act* establishes the College.³³ Under this Act, only members of the College are able to use the title “registered psychotherapist” or to hold themselves out as a registered psychotherapist.³⁴ A violation is an offence and on conviction can bring fines of up to \$25,000 for a first offence and up to \$50,000 for a subsequent offence.³⁵ It is important to note that members of five other regulated professions in Ontario are permitted to use the title “psychotherapist” and perform the controlled act of psychotherapy. These include nurses; occupational therapists; psychologists and psychological associates; physicians and surgeons; and social workers and social service workers.

The *Psychotherapy Act* has three regulations which outline registration, the quality assurance program, as well as professional misconduct respectively. The Registration Regulation outlines how applicants may apply to the College, the varying classes of registration, particular terms of being registered, examinations and appeals, as well as suspension, revocations, and reinstatements.³⁶ The Quality Assurance Program Regulation mandates each member participate in professional development, self and peer assessments, and a mechanism for the College to monitor members’ compliance with the program.³⁷ The Professional Misconduct Regulation outlines 55 examples of acts that are classified as misconduct.³⁸ This includes but is not limited to abuse towards a client, violating confidentiality requirements, charging excessive fees, and treating a condition that a member does not have the knowledge or skills to do so.³⁹

²⁹ *Regulated Health Professions Act, 1991*, SO 1991, c 18, s 3 [RHPA].

³⁰ The term “member” and “registrant” are used interchangeably and refer to an individual regulated health professional.

³¹ *Ibid*, sched 2.

³² *Ibid*, sched 2, s 25(5).

³³ *Psychotherapy Act, 2007*, SO 2007, c 10, sched R, s 5.

³⁴ *Ibid*, ss 8(1)–8(2).

³⁵ *Ibid*, s 10.

³⁶ O Reg 67/15.

³⁷ O Reg 34/13, s 2(1), 4.

³⁸ O Reg, 317/12.

³⁹ *Ibid*, s 1.

5. THE COMPLAINTS & REPORTS PROCESS

There are two ways the College can bring a registrant-specific matter to the ICRC – complaints and reports. In both processes, the College’s jurisdiction is over any registered psychotherapist regarding events that happened while the person was a registrant, or while the registrant was suspended. With narrow exceptions, the College cannot investigate complaints or reports regarding alleged conduct that happened before the registrant joined the College. In the case of former registrants, the College only has jurisdiction over conduct that allegedly took place while the person was registered or suspended.

A. COMPLAINTS vs. REPORTS

The following explains the different features of complaints and reports.

COMPLAINTS

- The complaint must express some concern about the registrant’s conduct.
- The person making the complaint is referred to as the “complainant.”
- The complainant does not need to be a client of the registrant.
- The complainant is a party to the investigation.
- The complainant may have the opportunity to submit a written reply to the psychotherapist’s response to the complaint.
- The complainant will be kept up to date on the progress of the complaint.
- The complainant will receive a written decision at the end of the process.
- The complainant can appeal to an independent tribunal, the Health Professions Appeal and Review Board (“HPARB”), unless the decision is to refer the matter to discipline or incapacity proceedings.

A complaint must be in a permanent medium. It is usually in writing but can also be in a recorded audio or video format. In appropriate cases, the College also connects potential complainants with a facilitator to help them formulate their complaint in writing if they are unable to do so. The complaint must identify a specific registrant. In rare cases where the complainant does not know the name of the registrant, College staff can assist in identifying the registrant. The complainant must identify themselves. The College cannot formally act on anonymous complaints.

REPORTS

- Reports can come from any source of information apart from a formal complaint.
- A person who makes a report is referred to as the “reporter.”
- The reporter is not a party to the investigation.
- In reports, the only party is the registrant interacting with the College. There is no complainant. There may be witnesses.
- Due to the confidentiality provisions in section 36 of the RHPA, the College has limits in what it can share with reporters and witnesses.
- The reporter will not be kept up to date on the progress of investigation except to the extent that it impacts their participation as a witness.

- The reporter will not be given the investigative report, the psychotherapist's response, or the decision and reasons.
- The reporter will not be informed by the College of the decision at the end of the process.
- There is no appeal route to HPARB for reports.

There are several mandatory reporting obligations under the RHPA, outlined under sections 85.1-85.5. These are not formal investigation reports but can become the basis for one. Under section 75(1)(a) of the Code, if the College has reasonable and probable grounds to believe a registrant engaged in professional misconduct or is incompetent, it may appoint an investigator, and bring the results of the investigation, including the registrant's submissions in response, to the ICRC for a decision.

B. THE PROCESS

Once a complaint is received, the College must provide notice in writing to the complainant and registrant within 14 days. The College must give the registrant 30 days (except in exceptional circumstances) for a response. The College is expected to give the complainant the opportunity to reply to any new information in the response requiring their comment. The College aims to be transparent where possible and generally provides the registrant's response and investigative documents received to date, back to the complainant for comment.

The College may decide what information to provide back to a complainant. If the complainant is not the client, or if there are safety concerns, the College may choose to provide some or none of the response back to the complainant.

The RHPA sets a 150-day timeline for resolution of complaints, with allowances for providing extension letters to the parties. The College can only dismiss complaints if they are frivolous, vexatious, made in bad faith or otherwise an abuse of process. This is a high bar meaning it is rare for a complaint to be considered as such.

Parties (complainant and respondent registrant) receive the complaint decision and any reasons. The parties can appeal the decision to HPARB, unless the decision is to refer to discipline or incapacity proceedings.

For reports, once the investigation is complete, the registrant is provided notice of the report within 14 days and given 30 days to respond. There is no set timeline for the resolution of reports.

C. POSSIBLE OUTCOMES⁴⁰

In both complaints and reports, the ICRC assesses whether the issues are serious enough to warrant a discipline hearing, and if so, whether there is enough evidence to support a finding at a hearing. If not, the ICRC determines what other action, if any, is necessary for public protection. The ICRC considers the level of risk to the public in arriving at a decision. Possible outcomes include one or more of the following:

⁴⁰ Information provided by CRPO

1. Take no action.
2. Issue written advice.
3. Enter into a voluntary, remedial agreement whereby the registrant engages in self-directed learning and reflection.
4. Enter into a voluntary, remedial undertaking whereby the registrant engages in outside learning, e.g., ethics course, clinical supervision.
5. Require the registrant to participate in a specified continuing education or remediation program (SCERP).
6. Require the registrant to appear before a panel of the ICRC to be cautioned.
7. Enter into a voluntary restrictive undertaking whereby the registrant promises to restrict their practice in specific ways.
8. Refer specified allegations of professional misconduct or incompetence to the Discipline Committee.
9. Refer the matter to incapacity proceedings.

As required by the RHPA and College by-laws, outcomes 1-3 and 9 are confidential while outcomes 4-8 are posted on the registrant's public register profile.

6. TOPICS & THEMES

For the consultations and interviews, we organized the questions around four main topics:

- **Process barriers:** focused on identifying the current barriers in the process and the challenges all parties experience in their roles
- **Fostering safety:** asked questions about the College's privacy and safety practices and the limitations and challenges they may experience in addressing privacy and safety
- **Trauma-informed practices:** focused on identifying usage of trauma-informed practices and interactions among College staff, investigators and ICRC members, as well as how trauma-informed the participants perceive the College to be
- **Harm and re-traumatization:** designed to see how the process may have caused harm and re-traumatization and what the College has done to support people.

A theme we identified during this Review was a desire for increased supports and communication during the process. This is also addressed in section 2C. Limitations of This Review, above.

Abuse of process, such as frivolous and vexatious complaints, was a theme we identified between interviews, written submissions and case reviews. However, the overall review informs us that the limitation of the sample size is very much present when considering this as an emerging theme, as the bar for such complaints is high and the College reports there is insufficient information to substantiate a significant number of such complaints.

7. RECOMMENDATIONS

A. RECOMMENDATIONS ALREADY IN PROGRESS OR COMPLETED

Considering some cases reviewed went as far back as 2018, some of the recommendations we have made have already been initiated or implemented by the College. We applaud the College for taking or beginning the following steps to make their complaints and reports process more trauma and violence informed.

1. Continue to advocate with the Ministry of Health to modify the *RHPA* to allow the process to be more time efficient.
2. Prepare a reports form to provide to reporters to fill out and submit.
3. Develop a policy for third-party complaints that takes into account the privacy of clients and abuse of process by abusive partners and ex-partners of clients or parents of the client.
4. Write and implement a policy to not release client's therapy records to complainants in third-party complaints.
5. Gather, analyse, and publish information on third party complaints and frivolous and vexatious cases.
6. Conduct risk assessments on complaints and reports which are kept in the file.
7. Develop a system that classifies files according to risk and prioritizes high-risk files.
8. Create guidelines for staff making decisions regarding safety concerns of service users.
9. Early in the complaint or report, have a meeting to determine what information is relevant and needed. Only request information, such as therapy records, that is relevant and needed.
10. Inform complainants and respondents of any delays in the process and the cause of those delays.
11. Develop a standard of practice that specifically addresses Diversity, Equity, and Inclusion and cultural safety.
12. Within the boundaries of the restrictions on information that can be provided to reporters and non-complainant witnesses, establish preference for information sharing and provide more frequent follow up with service users with updates regarding the timeline and the current process stage (e.g. investigative interviews, waiting for a review date by ICRC, waiting on ICRC decision).

B. RECOMMENDATIONS FOR CHANGES WITHIN THE COLLEGE'S CONTROL

1. Conduct an audit of the process to determine where delays are occurring and how they can be prevented, mitigated or resolved.
2. Similar to other Colleges (e.g. CPO [FAQs – CPO Public](#)), consider allowing anonymous reports to be made, clarifying that an investigation may not be able to be completed with an anonymous report.

3. Engage a plain language expert to edit and revamp the College's communications and website content to be easier to read and understand the various processes for people with limited Official Language capacity.
4. Build on already existing resources of the process and each service user's role in the process that is provided in written or electronic format to service users at the beginning of a complaint or a report. This would include the role, obligations, limitations, requirements for each service user, complainant, reporter, witness, and respondent.
5. Create more videos on the process and frequently asked questions (FAQs) and post them on the College's website.
6. Provide more information to RPs about the complaints process and what they can do if they receive a complaint about themselves.
7. Contact clients before requesting their files from the registrant to provide them with information about the process, what to expect and who to contact to address any concerns they may have.
8. Inform clients involved in third-party complaints that the Health Professions Appeal and Review Board can disclose the full file contents, including client therapy records, to complainants during the appeal process.
9. Improve the implementation of Practice Standard #3 Client-Therapist Relationship, that RPs must inform clients about the complaints process as part of the informed consent conversation at beginning of the therapeutic practice.
10. Dependent upon resources available, explore feasibility and develop a new role of Public Advisor with a toll-free number for potential complainants and reporters to call. The role of the Public Advisor should be to:
 - a. Help members of the public choose if they want to make a complaint or a report.
 - b. Determine if members of the public have a complaint that can be addressed by the College.
 - c. Provide trauma-informed support and guidance throughout the complaints and reports process.
 - d. Help survivors of sexual abuse or assault by an RP to apply for funding and find a new therapist or other professional.
 - e. Follow up with the complainant, reporter or witness throughout the process, including eventually informing them about the outcome if permissible.
11. Provide complainants and respondents with a list of relevant resources or offer one free support session after complaint has been made.
12. Develop a list of outside resources across the province for service users that can be given to them when they require more support.
13. Expand on existing information for clients in cases involving allegations of sexual abuse with more information about how the funding for therapy and counselling can be used and which professionals and therapeutic modalities are covered.

14. Write and implement an accommodations policy which includes a list of accommodations available to service users at each point in the process.
 - a. Ensure staff are aware of this policy and the list of available accommodations.
 - b. This policy should be made publicly available on the College's website.
 - c. Offer service users accommodations and provide them with the list of accommodations.
 - d. Follow up with service users consistently throughout the process to see if they need accommodations.
15. Develop an alternative dispute resolution process to resolve complaints more expeditiously and to gain better service user satisfaction of the process and the outcome.
16. Include a section on the complaints form and in the request for the registrant's response where the service user can indicate if they would like to participate in alternative dispute resolution.
17. Build universal practices into the College's procedures to prevent harm for all parties, regardless of whether the service user has expressed safety concerns or not. Consider for example, informing all service users a certain number of days before a new document is provided to the other side.
18. Develop guidelines for the use of the undertakings and interim orders, which outline the possible restrictions the College may impose or agree to and in what circumstances.
19. Collect, analyze and publish race-based data of the complaints being made and against which demographic of registrants.
20. Request service users' preferred method of contact and frequency of communications if frequent communication is applicable.
21. Offer service users an opportunity to do a feedback interview with the Public Advisor, if the role is created, (for complainants, reporters and witnesses) or the Registrar or their designate (for respondent RPs) after cases are concluded.
22. Regularly hold debrief sessions for ICRC to discuss past cases and changes that could be made.
23. Within the boundaries of confidentiality, where possible provide clinical supervisors providing College mandated supervision with the opportunity to connect with other supervisors or share resources directly with them.
24. Create a decision-making model to include in the Code of Ethics that RPs can follow and rely on when making decisions about their practice.
25. Review the written language of ICRC decisions to further simplify for service users to read and understand.
26. Enhance current training on policies and procedures to include the complaints and reports process for staff and ICRC, providing details on the jurisdiction and authority of the College and ICRC.
27. Provide staff, investigators, and ICRC with further training on the following subjects:

- a. Trauma-informed practice
 - b. Gender-based violence, including intimate partner violence
 - c. Diversity, equity and inclusion, including intersectionality
 - d. Legal bullying, including frivolous and vexatious cases
 - e. Mental health symptoms and pathologizing
28. Develop a harassment policy and procedure which addresses harassment staff and ICRC members may face from service users.
29. Post a harassment policy on the College's website on the pages related to making complaints and reports.
30. Develop a privacy policy for ICRC members to protect them from harassment. Consider taking the names off the ICRC decisions and instead use position names, such as Chair and the number of members, or only last names.
31. Provide staff with training about how to protect themselves against harassment, including online harassment, and how they can report harassment they experience to the College.

C. RECOMMENDATIONS REQUIRING LEGISLATIVE CHANGE

1. Advocate for legislative or regulation changes so that sexual abuse funds do not expire.
2. Advocate for witnesses and reporters to be able to choose to be informed of the investigation progress and outcome.

8. CONCLUSION

It was a privilege to be contracted by the College to work on this Review. The College's commitment to initiate an Independent Review of its practices and processes is commendable. Organizational change is not an easy road and it takes time to implement change smoothly within a trauma-informed approach. Identifying potential areas for improvement is just the first step in the process.

As noted in this report, the cases we reviewed were some of the most difficult the College had processed, which was intentional in order that we could maximize the opportunity to identify those areas that might need the most improvement. By its very nature, a Review like this focuses on areas that need attention and improvement within a trauma-informed lens. Its purpose was not to review everything the College does or areas that are effectively managed on an ongoing basis. As also acknowledged in the report this Review process had many limitations, for example the sample size and confinement by legal processes. Trauma-informed practice at the Clinic informs us that sometimes, substantive law and procedural processes are not equal to the outcome people desire, there are areas within the purview of legislation that must be adhered to.

It is noted that many of the recommendations made in this Review have already been implemented or are in the process of implementation, since some of the cases we reviewed were older and the College had already initiated change since the cases were in process.

Intentional organizational change helps organizations to become better at delivering on their purpose. Various considerations will come into play when reviewing the content of this Review, including what is within the purview of the College vs. the need for law/policy change, available resources where there is a high cost involved, developing and implementing training for members and staff on any new change, and so on.

The College has committed itself to improving their current practices to reduce the potential for harm to all parties involved in complaints and reports. We hope this Review will assist the College in achieving their goal of applying a trauma-informed lens to their work of public protection.

APPENDIX I: Interview Themes

There are several emerging themes from the interviews and written submissions received from 12 service users – abuse of process, communication, safety and transparency. These emerging themes were considered, along with a review of best-practices in trauma informed approaches, in developing the 31 recommendations within the College’s control. These include recommendations for improvement in process, improved communication, the development of materials, increased support for all parties, supporting staff, and increasing capacity.

Abuse of Process

- The Review process engaged with three cases that service users believed to be frivolous and vexatious complaints which caused harm and trauma to them. This issue needs to be identified and addressed expediently.
- The Review identified the need for a more robust system or policy to identify and prevent frivolous and vexatious complaints from moving through the process. This would free up staff time and potentially reduce delays for legitimate complaints.
- The review process informed that College staff and ICRC members would benefit from additional training on intimate partner violence, abuse, and common abuser behaviour in order to efficiently identify complainants who attempt to use the complaints process to further abuse their victims.

Communication

- Overall, the communication provided by the College was positive, particularly for complainants. Witnesses found College staff were kind and supportive. Respondents had mixed experiences in their communication with the College. One respondent had trouble navigating the website when looking for information. Another respondent said the communication they received was unclear, unhelpful and made them feel uncomfortable. The third respondent reported communication from the College was professional and transparent.
- The College is not legally permitted to share the outcome of an investigation with reporters or witnesses. The witnesses and reporters interviewed were not aware of this constraint and expressed that they had hoped to receive information about the College’s decision. If this constraint were explained to them at the outset, it may have managed their expectations, as expressed by one service user.
- Several service users interviewed would have liked to have more information provided to them, or some follow-up communication throughout the process. The College could improve communications by clearly outlining what information will be shared with users throughout the process.

Safety

- Considering the sensitive and serious nature of the complaints process, safety was a key theme identified throughout the review. Complainants, witnesses, and respondents all shared safety concerns as well as suggestions on what would have helped them feel safer throughout the process.
- Some of these suggestions include:
 - the ability to report anonymously;
 - the option to have a support person;
 - the opportunity for debrief sessions if needed; and
 - the practice of contacting clients prior to accessing their files for an investigation.

- Respondents that were interviewed generally felt as though they were less supported than complainants throughout the process, which had a significant impact on their level of trust with the College. The investigation process can have a harmful effect on respondents. The College could improve the experience for respondents by providing additional support to them.
- Several users interviewed had safety concerns around their information (such as their identity, client file, or interview notes) as well as their well-being. Two users expressed concern that a third-party complainant was provided access to a former client's interview files. This complainant was an abuser to the client resulting in serious safety concerns. One of these users suggested that special safety considerations, such as a conversation with the College about safety issues, should be given to domestic violence cases.

Transparency

- Some users hoped for more transparency throughout the process as well as in terms of the outcomes, likely due to not realizing that the College is bound by certain rules regarding sharing the outcomes of investigations.
- One reporter expressed wanting more transparency around timelines as well as the process itself. One reporter felt it was unfair that they did not receive follow-up information on the investigation despite the reporter being required to put all their information "out there" in the report. Another reporter found that the College did provide a lot of information about the process on the website.



Let Your Voice Be Heard Participants Needed for CRPO's Complaints and Reports Processes Review

What is the Review about?

Barbra Schlifer Commemorative Clinic (BSCC) has been engaged by the College of Registered Psychotherapists of Ontario (CRPO) to conduct an Independent Review of the College's complaints and reports processes.

The College has initiated this Independent Review to ensure that complaints and reports processes are responsive to those who report having experienced trauma, are trauma-informed, and are procedurally fair.

Who Can Participate*?

- Anyone who has filed, been a witness, or responded to a complaint or a report against a registered psychotherapist of CRPO
- Other identified stakeholders

Why Participate?

Your opinions and thoughts are essential to help us to understand better any potential harm of current practices to the parties involved in complaints and reports and the barriers to making complaints or filing reports.

Who are we?

Barbra Schlifer Clinic is a non-profit charitable organization that provides holistic and accessible social services to diverse women who have experienced gender-based violence, including legal representation, counselling, interpretation services, and advocacy. We cultivate women's skills and resilience by fostering their safety, dignity and equality, and we amplify women's voices to create individual and collective change.

**Language interpretation and accessibility accommodations
are available upon request,**

*Your participation will be anonymous. All your information will be held confidential and will be used only for the purposes of the Review.

BSCC information:

www.schliferclinic.com

To participate, email BSCC's Review Team at:

CRPOpeer-review@schliferclinic.com

Let your voice be heard!



An invitation to participate in the CRPO's Complaints and Reports Processes Review

What is the Review about?

The College of Registered Psychotherapists of Ontario (CRPO) engaged the Barbra Schlifer Commemorative Clinic (the Clinic) to conduct an Independent Review of the College's complaints and reports processes. The College has initiated this Independent Review to ensure that their complaints and reports processes are responsive to those who report having experienced trauma, are trauma-informed, and are procedurally fair.

What does participation involve?

The Clinic's Review Team will conduct individual interviews and collect information through written responses. Interviews will be approximately 1 hour to 1.5 hours long and will be held by videoconference, with the option of attending via telephone. If you participate, you will receive a gift card (\$100 for an interview or \$50 for a written response).

Why am I being invited to participate?

The College identified that you were involved in a complaint in the last few years. If you do not want to participate, simply disregard this invitation. You do not need to let us or the College know you wish to decline this invitation.



Why participate?

Your opinions, views, and thoughts are essential to help us better understand any potential harm from the College's current practices when responding to complaints, reports, and barriers to making a complaint or filing reports.

What is the Barbra Schlifer Commemorative Clinic?

The Clinic is a non-profit charitable organization that provides holistic and accessible social services to diverse women who have experienced gender-based violence. The Clinic's services include legal representation, trauma-informed counselling, interpretation services, and advocacy.

Why should I trust you?

Your participation will be anonymous to the College. While the College has identified you as a potential participant, they will not know if you have decided to participate. All your information will be held confidential by the Clinic and used only for the Review.

We know that this may be a hard topic to discuss. If you participate in an interview, you will be offered a free, one-time session with a registered social worker.

How can I participate?

To express your interest in participating, email the Clinic's Review Team at the email below. Please let us know if you want to be interviewed or submit written responses. Please do not email the College to express interest in participating.

Kindly note that there are limited interview spots. Expressing your interest in participating via interview does not guarantee that you will be interviewed. If you do not get an interview spot, you can still participate by responding in writing if you wish.

Language interpretation and accessibility accommodations are available upon request.

To participate,
email the Clinic's Review Team at:

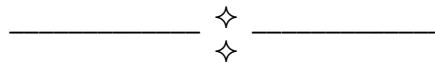
CRPOpeer-review@schliferclinic.com

For more information on
the Clinic:

www.schliferclinic.com



www.crho.ca



For more information on the work of the Clinic, please visit:

www.schliferclinic.com

October 2023