CRPO
College of Registered Psychotherapists of Ontario

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Professional Practice Standards

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[2] For Standard 3.7 only, the date of coming into effect is November 24, 2016.

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Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

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The Standard

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1.1.3 Registrants reply appropriately and within 30 days to a written inquiry or request from the College.

1.1.4 Registrants fully cooperate with the College during an investigation.

1.1.5 Registrants comply with orders of a committee or panel.

1.1.6 Registrants adhere to any undertaking or agreement that they have made with the College.

1.1.7 Registrants comply with all terms, conditions, and limitations (TCLs) associated with their certificate of registration.

1.1.8 Registrants participate fully in all mandatory aspects of the College's Quality Assurance (QA) Program.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Reading correspondence and information from the College of Registered Psychotherapists of Ontario (CRPO) to remain aware of their obligations, and replying when requested;
- Meeting CRPO deadlines, e.g., for the QA Program, and notifying the College in advance if there are expected or foreseeable delays with deadline compliance;
- Ensuring that they always meet CRPO standards when also subject to another set of rules or standards, e.g., from their employer, a professional association, or another regulatory college.

Commentary

<u>Responding to the College</u>

When formally contacted in writing by the College, including by email, registrants must provide an appropriate response within 30 days. A response is appropriate if it is complete (providing all

the information requested), accurate, and provided in written format.[3] A response is also considered as appropriate if, within the 30-day period, the registrant requests and the College grants an extension based on extenuating circumstances. In this case, the registrant must provide a complete response by the extended deadline.

Participation in Quality Assurance

Promoting the continuing competence and quality improvement of registrants is an important part of the College's role. Registrants must participate fully in all mandatory aspects of the College's Quality Assurance Program. This includes participating in ongoing professional development, fulfilling self-assessment and self-reporting requirements, providing evidence of professional development activities upon request, and participating in peer and practice assessments when selected to do so.

Appearing for a Caution

In response to a complaint or report, a registrant may be ordered by the Inquiries, Complaints, and Reports Committee (ICRC) to attend a private meeting, known as a "caution." Attendance at this meeting is mandatory. During the meeting, the registrant may be advised of a concern and given an advisory and educational warning about their conduct. More information about cautions can be found here: Filing a Complaint About a Psychotherapist – College of Registered Psychotherapists of Ontario (crpo.ca).

Complying with a Suspension

The College has the sole authority to suspend a registrant's Certificate of Registration. The suspension may result from non-payment of fees or from the decision of a committee (e.g., the Discipline Committee). Registrants under suspension must refrain from practising psychotherapy and must not receive any benefit or income, either directly or indirectly, from their professional status while suspended. Registrants are expected to retain appropriate financial and other records to show that they have not benefitted from their professional status while suspended. During a suspension, a registrant may transfer the operation of their practice. As part of contingency planning, registrants should consider who will manage their practice in the event that they are suspended. In the vast majority of situations, registrants receive advanced notice of a potential suspension. In a very small number of cases (e.g., failure to carry professional liability insurance, urgent risk of harm to clients), CRPO may impose a suspension with little or no notice. Failure to comply with requirements relating to suspension may result in disciplinary action.

In certain circumstances, the Executive Committee may occasionally grant an exemption to allow a registrant to receive income indirectly from the practice of the profession (e.g., if the registrant's spouse were also registered with the College, the spouse would not be prohibited from practising during the suspension even though the suspended registrant would indirectly receive income from the spouse's work). This is determined on a case-by-case basis. In

[3] If an accommodation is required regarding the format of the reply, registrants can contact CRPO.

applying for an exemption, the registrant must make full disclosure to the College regarding the circumstances and nature of the benefit. Approval must be granted prior to receiving the benefit.

Cooperating with College Investigations

Registrants are expected to cooperate with requests from the College in a timely manner, including providing access to facilities, records, or equipment relevant to any investigation. Registrants must also exhibit appropriate behaviour during the investigation and not subject the investigator to rude, threatening, or obstructionist behaviour. Similarly, once evidence of the appointment of a formal investigator by another college is made known to the registrant, the registrant is obligated to cooperate with that investigator.

Additional Resources

Standard 1.2—Use of Terms, Titles, and Designations
Standards Section 4—Clinical Supervision
Standard 6.4—Closing, Selling, or Relocating a Practice
O. Reg. 317/12: Professional Misconduct, Provisions 44–50

Standard 1.2: Use of Terms, Titles, and Designations

The Standard

1.2.1 Registrants use terms, titles, and designations appropriately.

1.2.2 Registrants use the title conferred by the College when acting in a professional capacity, giving prominence to this title above any other qualification, designation, or title.

1.2.3 Registrants use terms, titles, or designations implying a specialization only if they are earned, conferred by a recognized credentialing body, and meet established standards and if prominence is given to the registrant's regulated title.

1.2.4 Registrants make reasonable efforts to correct others (including clients or colleagues) when they refer to the registrant using an incorrect title.

1.2.5 Registrants do not use the title "Doctor," including any associated abbreviations, when offering or providing healthcare services, including psychotherapy.[4]

1.2.6 Registrants shall not permit, counsel, or assist a person to represent themselves falsely as a registrant.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Ensuring that their title is displayed on promotional material and on other relevant material (such as letterhead and business cards), including electronic media, that is shared with clients;
- Displaying the title in their office setting;
- Reporting non-registrants to the College who hold themselves out as registered psychotherapists;
- Ensuring that the registrant's regulated title is displayed in a manner that is more prominent than any other title(s);
- Ensuring that the title used is appropriate for the registrant's class of registration;
- Using the regulated title with clients and with students in a teaching setting;
- Ensuring that the "Doctor" title is not used when offering or providing health care, even if the registrant holds a Ph.D.

Key Definitions

Earned title/credential: The term, title, or designation is not honorary and was not awarded purely through attendance. Rather, the registrant demonstrated development of the knowledge or competence associated with the term, title, or designation.

[4] A registrant may use the "Doctor" title when offering or providing health care if they are registered with one of the colleges whose members are authorized to do so (see Commentary).

Recognized credentialing body: An organization that is broadly recognized within the profession as legitimate.

Established standards: Standards that are broadly recognized within the profession as legitimate.

Acting in a professional capacity: In relation to psychotherapy, this includes, but is not limited to, clinical practice, advertising, writing in professional publications, communicating with clients, teaching, management or administrative roles, involvement in policy review/development, and electronic business communication, e.g., professional website, social media, or email.

Commentary

The *Psychotherapy Act, 2007*, restricts the use of the titles "Psychotherapist," "Registered Psychotherapist," and "Registered Mental Health Therapist," as well as any variations and abbreviations of these titles. The College has the authority to determine who may use these titles and the manner in which they may be used. The College also determines the circumstances in which registrants may use other terms, titles, and designations, including educational credentials, job titles, and specialty designations.

It is a provincial offence for an unauthorized person to use a restricted title or hold themselves out as qualified to practise psychotherapy in Ontario. The College has the ability to prosecute unauthorized persons in provincial court. The College also has the ability to bring a restraining order (an injunction) directing any person to comply with the *Psychotherapy Act, 2007*.

If a registrant is aware that an unregistered person is holding themselves out, i.e., presenting themselves, as an RP, the onus is on the registrant to intervene. The registrant may speak with the individual or inform the College of the misrepresentation where it persists.

Students and Pending Applicants

Students and applicants who have not received their Certificate of Registration are not permitted to use protected titles, e.g., "psychotherapist." Unauthorized use of protected titles may impact the College's decision to grant registration in the future.

Suggested titles for non-registrants undertaking relevant practicums are "student therapist" or "therapist in training." When communicating their title, they are expected to indicate that they are practising with clinical supervision and to name their education program.

Approved Title Variations

The following are the titles that registrants of the College must use in accordance with their class of registration:

Registered Psychotherapist

The title associated with this class shall be used in the following manner:

- Registered Psychotherapist or RP
- Psychothérapeute autorisé(e) or PA

Qualifying

The title associated with this class shall be used in the following manner:

- Registered Psychotherapist (Qualifying) or RP (Qualifying)
- Psychothérapeute autorisé(e) (stagiaire) or PA (stagiaire)

Note that “RP(Q)” or “PA(S)” are not appropriate or approved titles, as they are unclear to members of the public.

Temporary

The title associated with this class shall be used in the following manner:

- Registered Psychotherapist (Temporary) or RP (Temporary)
- Psychothérapeute autorisé(e) (temporaire) or PA (temporaire)

Emergency Class

The title associated with this class shall be used in the following manner:

- Registered Psychotherapist (Emergency Class) or RP (Emergency Class)
- Psychothérapeute autorisé(e) (catégorie d’urgence) or PA (catégorie d’urgence)

Inactive

The title associated with this class shall be used in the following manner:

- Registered Psychotherapist (Inactive) or RP (Inactive)
- Psychothérapeute autorisé (inactif) or PA (inactif)
- Psychothérapeute autorisée (inactive) or PA (inactive)

Education/Training Credentials

When acting in a professional capacity, registrants are expected to display only those education/training credentials related to the practice of the profession, specifically, the highest credential earned that is related to the practice of the profession and that meets established academic standards.

Use of Specialty Designations

At this time, the College has not established a program to formally recognize and confer specialty designations. However, registrants may use a term, title, or designation conferred by a third party, provided it meets all the conditions noted in Standard 1.2.

These conditions enable registrants to use terms, titles, and designations that are meaningful and generally recognized by the profession while maintaining the distinction between the regulated title and additional qualifications. When considering whether a term, title, or designation meets the conditions listed above, the measure is whether a panel of one’s peers would also consider the conditions met.

Examples

The following are examples of acceptable presentations of one's respective titles:

Anna Persaud, M.Ed., RP, (cert) OAMHP
Manager, Northwestern Psychotherapy Clinic

Jean-Michel Chénier, M.Sc.
Psychothérapeute Autorisé, RMFT

Sandra Smith, M.A., Registered Psychotherapist
Canadian Certified Counsellor (or CCC)

Note: By placing one's regulated title immediately after one's name and educational credential, a registrant meets the requirement to give the regulated title prominence.

The "Doctor" Title

Use of the title "Doctor" or "Dr." is protected in the *Regulated Health Professions Act, 1991* (RHPA). Registrants of this College are not permitted to use this title when offering or providing health care.

If a person is not registered with one of the health professions entitled to use the "Doctor" title (chiropractic, optometry, medicine, psychology, dentistry, naturopathy) or a social worker with an earned doctoral degree in social work, they cannot use the title "Doctor" or "Dr." when offering or providing health care. This is the case even if the person has an earned doctoral degree (e.g., the person holds a Ph.D.).

Registrants may use the title "Doctor" in other settings, such as socially or in a purely academic setting, where no clients are present.

Note: The above does not prevent a registrant from displaying a Ph.D. or other doctoral degree in their promotional material, provided that the degree is their highest credential earned and is related to the practice of the profession.

Misuse or Misleading Use of Titles

It is important to use only appropriate titles. The use of false or misleading titles or designations, including their use in advertising, is considered professional misconduct and may lead to disciplinary action.

Practice Description

Registrants may describe their field of practice, provided that it does not suggest that a specialty designation has been earned when in fact it has not, e.g., "practice in family and couples therapy" would be acceptable.

RMHT Title

At the present time, the College has deferred use of the title "Registered Mental Health Therapist." However, it is still one of the restricted titles set out in the *Psychotherapy Act, 2007*.

Additional Resources

Standard 6.2—Advertising
O. Reg. 317/12: Professional Misconduct, Provisions 33, 34

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Standard 1.3: Mandatory Reporting

The Standard

1.3.1 Registrants comply with their mandatory reporting obligations to the College and other organizations.

1.3.2 Registrants refrain from making frivolous or vexatious complaints or reports.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Periodically reviewing applicable mandatory reporting obligations;
- Documenting potential and actual mandatory reports;
- Maintaining the confidentiality of any client, unless the client has consented to disclosure or disclosure is permitted or required by law.

Key Definitions

Reasonable grounds: When a concern is based on more than suspicion, rumour, or speculation.

Commentary

Confidentiality is an essential element of psychotherapy; however, there are circumstances in which another duty overrides confidentiality. One such area is mandatory reporting. Several laws require registrants to report information for the purpose of preventing or responding to harm. These laws include, but are not limited to, the *Child, Youth and Family Services Act; Long-Term Care Homes Act; Retirement Homes Act; Health Professions Procedural Code; and Personal Health Information Protection Act*.

Registrants are responsible for familiarizing themselves with their legal reporting obligations. For example, registrants must report sexual abuse of a client by another RP or health professional. Registrants must report a child in need of protection.

Registrants are expected to use judgment in deciding whether and what to report. It may be helpful to consult with supervisors, colleagues, legal counsel, or CRPO's Practice Advisory Service. Registrants may also consult the organization for which the report may be required. Additional information about mandatory reporting to the College can be found on CRPO's website: Mandatory Reporting – College of Registered Psychotherapists of Ontario (crpo.ca). CRPO has also published guidance on Disclosing Information to Prevent Harm (crpo.ca).

Registrants may need to ask follow-up questions to clarify whether a situation requires a mandatory report; however, it is not the registrant's role to investigate in depth. Most mandatory reporting obligations only require reasonable grounds for suspecting an event may be occurring, not definitive proof of occurrence.

Making a mandatory report can damage the therapeutic relationship. Registrants are expected to use judgment in deciding when and how to inform a client about a mandatory report. Some mandatory reports (e.g., reporting sexual abuse by another regulated health professional) must be made without identifying the client, unless the client has given their written permission.

Frivolous or Vexatious Complaints

Registrants must not file complaints or reports that are trivial or have ulterior purposes. A complaint or report made in good faith to protect vulnerable parties or the general public is appropriate. A complaint or report made to further a civil dispute, to retaliate against a business competitor, or with the knowledge that it has little validity is inappropriate and may be considered slander in some cases. Repeated complaints regarding the same matter may be considered frivolous and vexatious. Abusing the complaints or reports process is unprofessional, unfair to other registrants, and a waste of regulatory resources.

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 39, 40

Standard 1.4: Controlled Acts

The Standard

1.4.1 Registrants do not perform controlled acts unless
- They are authorized to do so;
- A legal exception or exemption applies; or
- They receive appropriate delegation.

1.4.2 Registrants are authorized to perform the controlled act of psychotherapy provided they have the competence to do so in a safe and effective manner.

1.4.3 Registrants refrain from delegating the controlled act of psychotherapy.[5]

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Declining to perform a controlled act if it is beyond the registrant's competence or when doing so would, in their professional judgment, be counter-therapeutic;
- Declining to perform a controlled act under delegation if the delegating professional is not providing supervision or does not take responsibility for appropriately training or preparing the registrant receiving the delegation.

Key Definitions

Psychotherapy scope of practice*:* As defined in the *Psychotherapy Act, 2007*, "the practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication."

Controlled act of psychotherapy: As defined in the *Regulated Health Professions Act, 1991*, the controlled act of psychotherapy involves "treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning."

Delegation: A legal mechanism that enables a regulated health professional to grant another person the authority to carry out a controlled act that the person would otherwise be restricted from doing.

[5] The *Regulated Health Professions Act, 1991,* and Ontario Regulation 317/12, the professional misconduct regulation governing registered psychotherapists, allow for delegation of the controlled act of psychotherapy under limited circumstances, for example, where CRPO has pre-approved the delegation. To date, CRPO has not approved an RP delegating the controlled act of psychotherapy to an unregulated provider. Delegating the controlled act of psychotherapy to an unregulated provider is expected to occur very rarely, e.g., in an emergency.

Commentary

The *Regulated Health Professions Act, 1991* (RHPA), restricts certain activities, known as controlled acts, due to the risk they carry if performed by an unqualified person. Additional information and common questions pertaining to the controlled act of psychotherapy can be found on the CRPO website: Controlled Act FAQ: Fulfilling CRPO Requirements—College of Registered Psychotherapists of Ontario.

For example, performing a procedure on tissue below the dermis is an activity that is authorized to be performed mainly by regulated professionals who are authorized to do so, such as nurses or physicians. These authorizations are set out in the legislation that governs each profession.

CRPO registrants are authorized to perform the controlled act of psychotherapy, which is defined as follows: Five elements, all of which must be present, constitute the controlled act of psychotherapy:

1) Treating,
2) by means of psychotherapy technique,
3) delivered through a therapeutic relationship,
4) an individual's serious disorder of thought, cognition, mood, emotional regulation, perception, or memory, which
5) may seriously impair the individual's judgment, insight, behaviour, communication, or social functioning.

Five other professions are authorized to perform the controlled act of psychotherapy, including nurses, occupational therapists, physicians, psychologists and/or psychological associates, and social workers and/or social service workers. These professionals perform the controlled act of psychotherapy in accordance with the regulations, requirements, and standards established by their respective regulatory bodies.

The RHPA also sets out an exemption for Indigenous Healers who provide traditional services to Indigenous persons or communities.

More information can be found regarding the five elements of the controlled act of psychotherapy in the Controlled Act Task Group Consultation Documents, available on the College website. Unregulated practitioners who are unsure whether their practice falls under the controlled act of psychotherapy may wish to consult the self-assessment tool developed by the College.

Competence

Registrants may perform the controlled act of psychotherapy, provided that they possess the knowledge, skill, and judgment to do so safely and effectively, as determined by Standard 2.1.

Legislative Exceptions to Controlled Acts

While the RHPA restricts all of the controlled acts mainly to regulated health professionals, it enables others to perform them when specific circumstances apply. For example, anyone can perform any controlled act, provided that they are

- Helping someone in an emergency, as may occur when administering Naloxone or Narcan;
- Helping someone with activities of daily living;
- Treating, by prayer or spiritual means, according to the tenets of one's religion; or
- When administering a substance or communicating a diagnosis to a member of one's household (e.g., telling one's child that they have a cold).

Other exceptions not requiring a delegation include exceptions for students, Traditional Indigenous Healers, and addictions treatment.

Exceptions for Students

Students who intend to register with CRPO may perform the controlled act of psychotherapy, provided that they

1) are in the process of fulfilling the requirements to become registered with CRPO; and
2) are receiving clinical supervision from a qualified RP for the aspects of their practice that involve the controlled act.

Additional information on student exceptions can be found on CRPO's website: Controlled Act of Psychotherapy—Everything You Need to Know (crpo.ca).

Exceptions for Traditional Indigenous Healers

In recognition of traditional practices utilized prior to the establishment of psychotherapy as a controlled act, Indigenous persons providing traditional healing to other Indigenous persons or members of an Indigenous community are exempt from the RHPA and therefore are not required to register with a regulatory college to provide care that overlaps with the scope of psychotherapy.

Exemption for Addictions Treatment

Ordinarily, CRPO registrants are restricted from performing any procedure below the dermis. However, an exemption applies for those who provide acupuncture as part of an addiction treatment program within a "health facility." Health facility is defined by legislation and includes, for example, a facility that is governed or funded by the following:

- *Public Hospitals Act*
- *Independent Health Facilities Act*
- *Alcoholism and Drug Addiction Research Act*

Registrants who perform acupuncture in accordance with the exemption may only do so if they possess the knowledge, skill, and judgment necessary to do so safely and effectively. Refer to the Professional Practice Standards, Section 2: Competence.

Receiving a Delegation

Registrants may only accept and carry out a delegation if

1. The regulated health professional who made the delegation is working within their scope of practice, following the requirements and standards established by their regulatory college, and will take responsibility for the actions of the registrant receiving the delegation;
2. Performing the delegated act does not violate therapist–client boundaries; and
3. The registrant has the competence necessary to carry out the delegation in a manner that is safe and effective. Refer to the Professional Practice Standards, Section 2: Competence.

Additional Resources

Standards Section 2—Competence
Standards Section 4—Clinical Supervision
Understanding When Psychotherapy is a Controlled Act
Controlled Act Task Group Consultation Documents
Psychotherapy Act, 2007
O. Reg. 317/12: Professional Misconduct, Provisions 10, 12

Standard 1.5: General Conduct

The Standard

1.5.1 Registrants refrain from illegal conduct relevant to their suitability to practise the profession.

1.5.2 Registrants refrain from practising the profession when they ought to know their ability to do so is impaired.

1.5.3 Registrants treat employees, co-workers, students, and other individuals with whom they are professionally or academically associated with respect.

1.5.4 Registrants at all times refrain from conduct that, having regard to all the circumstances, would reasonably be regarded by registrants as disgraceful, dishonourable, unprofessional, or unbecoming a registrant.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Practising the profession with integrity and professionalism;
- Considering the impact of their actions on the profession as a whole;
- Assessing their actions from the perspective of a panel of professional peers;
- Consulting a clinical supervisor, case consultant, or another registrant of the College if they find themselves in challenging circumstances.

Key Definitions

Incapacity: When a registrant is suffering from a physical or mental condition or disorder that makes it desirable, in the interest of the public, that the registrant's certificate of registration be subject to terms, conditions, or limitations or that the registrant no longer be permitted to practise.

Disgraceful, dishonourable, or unprofessional conduct: Behaviour occurring in the course of practising the profession that goes beyond legitimate professional discretion or errors in judgment and that constitutes misconduct as defined by the profession of psychotherapy.

Conduct unbecoming a registrant: Behaviour outside the practice of psychotherapy that casts doubt about the registrant's integrity or brings the profession into disrepute.

Commentary

Standards pertaining to behaviour apply to both in-person and online conduct.

Incapacity

It is considered professional misconduct when a registrant practises the profession while the registrant knows or ought to know that their ability to do so is impaired by any condition, dysfunction, or substance. Registrants are responsible for monitoring their physical and mental health and are expected to seek assistance when necessary.

Conduct Unbecoming a Registrant

Registrants rely on one another to conduct themselves privately and in the community in a manner consistent with the values, beliefs, and standards to which they adhere professionally. The Professional Practice Standards are generally concerned with conduct in the course of professional practice. Actions outside the practice of psychotherapy may be regarded as unbecoming a registrant, reflecting poorly on the registrant's integrity and the profession as a whole. Generally, this type of misconduct involves dishonesty (e.g., fraud) or a serious breach of trust (e.g., child abuse). Unbecoming conduct can also include online behaviour.

Unbecoming conduct does *not* include trivial behaviour in a registrant's personal life. Nor does it include aspects of a registrant's identity that would be protected under human rights legislation.

Illegal Conduct

Illegal behaviour may also be considered professional misconduct. Registrants may be held accountable by the College if they contravene any Canadian law, if the purpose of the law is to protect or promote public health (broadly defined) or if the contravention is relevant to the registrant's suitability to practise. The College has developed a policy on what is considered relevant to a registrant's suitability to practise.

If registrants are uncertain about whether particular actions are appropriate for an RP, they should consult with colleagues or the College.

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 41–43, 52, 53

Standard 1.6: Conflict of Interest

The Standard

1.6.1 Registrants assess the potential for conflicts of interest with each client on an ongoing basis.

1.6.2 When a conflict of interest arises, registrants use clinical and ethical judgment to determine whether it would be appropriate to continue care.

1.6.3 When a conflict of interest arises, registrants make reasonable efforts to disclose the conflict to the client(s) involved, unless doing so would result in breaching the confidentiality of or causing harm to any client.

1.6.4 When a conflict of interest arises and it is appropriate to continue care, registrants manage and mitigate the conflict in a manner that best protects the client's interests.

1.6.5 Registrants avoid acting while in a conflict of interest that could be detrimental to client care.

1.6.6 Registrants discontinuing services due to a conflict of interest shall provide effective referrals.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Being aware of and avoiding situations that may place the registrant in a conflict of interest;
- Carefully managing conflicts of interest by appropriately disclosing the conflict and ensuring that suitable safeguards are established and documented;
- Considering both mitigating and aggravating factors when assessing the severity of a conflict of interest;
- Seeking advice from clinical supervisors, peers, legal counsel, or the College when in doubt.

Key Definitions

Conflict of interest: A situation that could interfere with a registrant's ability to exercise appropriate professional judgment. A conflict of interest may be actual, potential, or perceived. The standard for judging a conflict of interest is to ask what a reasonable person, aware of the situation, would conclude. It is unnecessary to prove that the registrant's judgment is actually compromised.

Small community: A small community is one in which it is impractical or impossible not to have a dual relationship with a client. Communities may be geographic, racialized, equity-deserving, academic, professional, social, spiritual, cultural, or bound by any other unifying experience or characteristic, including disability, sexuality, or identity.

Commentary

Recognizing and Preventing Conflicts of Interest

RPs must be alert to any circumstance where a conflict of interest may develop or may be perceived by others and respond by taking appropriate action. Most conflicts of interest are preventable if the situation is avoided at the outset.

Managing Conflicts of Interest

Not all conflicts of interest are of equal concern. Some situations may be very serious and must be avoided entirely. There are other situations where a conflict of interest may develop, but it is unavoidable or not in the best interest of the client to avoid. These situations must be managed carefully.

An example of the latter could include working in a small or isolated community where a registrant may be the only person who can provide psychotherapy services to local residents. As a result, the registrant may provide psychotherapy to someone who is also their mechanic, hairstylist, lawyer, doctor, etc.

The following are some examples of situations that place a registrant in a conflict of interest as well as potential mitigation techniques:

Accepting a Benefit for Referring a Client to Any Other Person
A benefit is any advantage or gain, whether direct or indirect and whether or not it is monetary in nature. A conflict may exist even if the benefit is not to the registrant directly but to a related person or related corporation. A related person is someone connected with the registrant by blood, marriage, common law, or adoption. A related corporation is a corporation that the registrant or a related person wholly or substantially owns. A registrant is expected to refer a client to another service provider only if the client requires or requests the service. The registrant shall choose the place of referral solely on the basis of merit and benefit to the client and not because the registrant hopes to receive a benefit as a result of the referral.

Additionally, accepting commission fees or otherwise benefitting materially from providing referrals to other professionals is prohibited under Standard 1.9.4.

Offering a Benefit for Receiving a Referral
This situation is the inverse of the one outlined above. Referral recommendations must be made solely for the benefit of the client. Referrals for the benefit of the registrant can result in the promotion of unnecessary services.

Offering a Benefit to a Client where the Registrant's Services Are Being Paid For by a Third Party
Where a third party pays for the service (e.g., an insurance company), it is inappropriate to give the client gifts to encourage them to continue therapy. Inducing a client to come in for a service paid for by a third party through gift giving promotes unnecessary treatment and could involve fraud. The giving of a small, health-promoting product is acceptable (e.g., a free stress ball).

Accepting Materials or Equipment
A registrant shall not accept a benefit in the form of materials or equipment in return for using or recommending a supplier's product or service. The registrant's choice of product or service shall be based solely on quality for the client. This does not preclude acceptance of nominal gifts (e.g., a small number of free sample stress balls).

Using Premises or Equipment Without Reasonable Payment
This example is given to prevent registrants from placing themselves in a conflict of interest with a landlord or supplier (e.g., obtaining the use of a free or low-cost office from someone who could benefit from a registrant's recommendations to clients). Registrants are expected to pay for all premises and equipment at a reasonable, market rate. Otherwise, there is at least an appearance that the registrant will favour the landlord or supplier in the registrant's recommendations.

Entering into an Agreement or Arrangement that Interferes with the Registrant's Ability to Properly Exercise their Professional Judgment
A registrant may not enter into an agreement or arrangement, or coerce another registrant into an agreement or arrangement, that prevents the registrant from placing the needs of clients first. For example, an agreement that a registrant will provide a certain treatment to all clients is improper, because decisions must be based on an assessment of each client's individual needs. Avoiding this type of conflict reassures the public that, despite any contractual obligations, the registrant will always place the needs of clients first. Registrants may describe this rule when negotiating agreements with other parties.

Engaging in Any Form of Revenue Sharing, Except in Specific Circumstances as Set Out Below
In some practice arrangements, a registrant might not receive the entire fee paid by the client or a third party for providing professional services but may share it with others within the organization or practice. To avoid a conflict of interest, registrants may share revenue only with one or more of the following:

1) Another registrant of the College;
2) A member of another regulated health profession;
3) A health professional corporation;
4) A social worker or social service worker or a professional corporation including a social worker or a social service worker; and/or
5) Any other person, provided that there is a written contract with the person stating that the registrant will have control over, and be responsible for, their own professional decisions and will maintain professional standards.

Selling a Product to a Client or Recommending a Product that is Sold at Any Premises Associated with the Registrant, Without First Advising the Client that They May Purchase the Product Elsewhere Without Affecting the Client–Practitioner Relationship
A registrant may not pressure a client into purchasing products from the registrant's practice or the registrant's landlord. Avoiding this type of conduct assures the public that any sale or recommendation made by the registrant is in the client's sole interest. It also gives the client the opportunity to obtain products elsewhere, perhaps at a lower price or at a more convenient location. If recommending a product to a client that is sold in any premises associated with the

registrant, the registrant also is expected to issue a written description of the product. In addition, the registrant is expected to advise the client that they may purchase the product elsewhere without affecting the client–practitioner relationship.

Treating Individuals Who Know Each Other

Registrants often receive referrals of new clients from current or past clients. It is often acceptable to treat clients who know each other. However, when one of these clients discusses the other in therapy, the RP may not be able to promote the interests of all clients equally. This amounts to a conflict of interest. Treating clients who know each other could also increase the likelihood of a breach of confidentiality, as an RP may inadvertently disclose—either verbally or through body language—what another client has told them.

Generally speaking, it is best to exercise caution when separately treating individuals who know each other and to avoid treating individuals who are in conflict with one another.[6]

When deciding whether it is possible to continue the therapeutic relationship with one client who knows another, an RP must consider several factors. These include, but are not limited to,

- The ability of the RP to remain objective;
- The ability of the RP to uphold client confidentiality;
- Whether any mitigating efforts, such as limiting topics of conversation in therapy, would be fair to the clients in question;
- Whether the RP thinks they can successfully redirect a conversation that approaches the conflict of interest;
- The availability of comparable services;
- The stability of the client in question.

Practitioners in small communities are at an increased risk of encountering a conflict of interest. As a result, RPs in small communities should make an effort to mitigate potential conflicts of interest before they arise.

For example, an RP could integrate a discussion of conflict of interest into an intake session, noting an increased likelihood for a potential conflict of interest and the procedure to manage any conflicts that arise.

Additionally, RPs operating in small communities where a conflict of interest occurs must be aware of how power dynamics may transfer from the clinical space or otherwise influence social relationships and are expected to actively seek to mitigate such effects.

Additional Resources

Standard 1.7—Dual Relationships
Standard 1.8—Undue Influence and Abuse
Standard 1.9—Referral
O. Reg. 317/12: Professional Misconduct, Provision 16

[6] Different considerations apply in couples, family, and group therapy contexts.

Standard 1.7: Dual Relationships

The Standard

1.7.1 Registrants avoid dual relationships with current clients, except in extenuating circumstances, such as practising in a small community.

1.7.2 Registrants should avoid dual relationships with former clients.

1.7.3 Registrants apply and document the use of ethical and clinical judgment before engaging in dual relationships with current or former clients.

1.7.4 Registrants maintain professional boundaries, both online and in person.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Setting clear boundaries at the beginning of all therapeutic and professional relationships and documenting relevant discussions;
- Avoiding behaviours that may lead to the creation of dual relationships (e.g., non-therapeutic self-disclosure, gift giving, meeting outside the clinical setting);
- When it is impractical or impossible to avoid the creation of a dual relationship, discussing, implementing, and documenting appropriate safeguards;
- Keeping their personal profiles on social media private and using only their professional social media platforms for activities relating to psychotherapy;
- Developing a policy around social media use and communicating boundaries around use of technology with clients at the outset of therapy;
- Avoiding personal online relationships with clients as well as with clients' family members and intimate partners;
- Seeking advice from clinical supervisors, peers, legal counsel, or the College when in doubt.

Key Definitions

Dual relationship: An additional role between a registrant and their psychotherapy client. Additional roles include personal, social (e.g., overlapping events, intersecting social spaces, crossover in support services or groups), financial,[1] or a separate professional role (e.g., realtor, parenting coordinator, mediator, massage therapist). Dual relationships could be chance meetings (as may occur if an RP and client access the same services) or more in-depth.

Clinical setting: Traditionally, this has meant an office; however, many practitioners practise virtually from home or see clients in other spaces (for example, for walking therapy), with appropriate boundaries set in place.

Small community: A small community is one in which it is impractical or impossible not to have a dual relationship with a client. Communities may be geographic, racialized, equity-deserving, academic, professional, social, spiritual, cultural, or bound by any other unifying experience or characteristic, including disability, sexuality, or identity.

Commentary

Dual relationships can confuse both the registrant and the client. For example, the therapist or client may not know which relationship takes precedence at a particular time. If the registrant's additional role carries authority over the client (e.g., as an employer), the client may feel the need to acquiesce to the registrant. Dual relationships may also affect the registrant's professional judgment (e.g., the registrant might say things to a client who is also a friend that they would not otherwise say to a client). Due to the power imbalance between therapist and client, these risks exist even when the client requests or agrees with the dual relationship.

Psychotherapy Training Programs

Students in some psychotherapy education programs undertake personal psychotherapy as part of their training. Due to risks involving dual relationships, undue influence, conflict of interest, and confidentiality, instructors should not provide students with therapy. Certain safeguards can reduce the risk, for example, ensuring that a registrant providing such therapy to a student does not also evaluate their academic or other performance in the program. In any case, a student's therapist should be external to the day-to-day operation of the program.

Small Communities

Where a registrant provides psychotherapy as part of a small community, registrants are expected to employ clinical and ethical judgment and implement various safeguards.

Some clients will explicitly seek out professionals within their own communities and with whom they share identities to ensure cultural competence and increased safety. This increases the likelihood of the client and RP intersecting outside of the clinical setting. Where a dual relationship is anticipated (a new client is already known to the registrant from the community), RPs should mitigate potential issues by discussing the risks and benefits of the dual relationship as part of the informed consent process. Registrants should also have a conversation about what to do when the client and therapist encounter each other in the community.

Former Clients

Note: Sexual contact with former clients is covered elsewhere.[7] This standard relates to non-sexual relationships with former clients.

In many cases, relationships with former clients are inappropriate and potentially damaging to the parties concerned. Despite this proscription, an outright prohibition of such relationships is unworkable, especially where a relationship may develop many years later and where the original client–therapist relationship was relatively brief.

The following are factors to consider before entering a relationship with a former client:

- The likelihood of harm to the former client;
- Any power imbalance remaining over the former client;

[7] See the CRPO policies on sexual contact with former clients within five years post termination of care, and beyond five years post termination of care: https://www.crpo.ca/wp-content/uploads/2018/07/Policy-Sexual-contact-with-former-clients-beyond-a-5-year-post-term-period-June-282018-1.pdf; FINAL-draft-guideline-5-years-post-termination-of-care-29NOV2018.pdf (crpo.ca).

- The nature, length, and intensity of the former client–therapist relationship;
- The nature of the emerging relationship;
- The issues presented by the client in therapy;
- The likelihood the individual will seek therapy from the registrant again in the future;
- The length of time since the client–therapist relationship ended;
- The vulnerability of the client.

Ultimately, it is the responsibility of the registrant to assess the power and privilege they hold in relationships and determine the appropriateness of a dual role based on individualized factors.

Social Media

Dual relationships can occur on social media and other electronic messaging platforms. Actions such as “liking,” “friending,” or “following” can constitute a boundary crossing and—whether the action is undertaken by the registrant or the client—could lead to a dual relationship.

Additional risks arise from participation in large groups (e.g., online discussion or support groups), where an RP may make disclosures without knowing that clients have access to the information.

Additional Resources

Standard 1.6—Conflict of Interest
Standard 1.8—Undue Influence and Abuse

Standard 1.8: Undue Influence and Abuse

The Standard

1.8.1 Registrants are respectful of clients. They refrain from verbal, physical, psychological, emotional, and sexual abuse of clients.

1.8.2 Registrants are respectful, both during and outside of treatment sessions, of clients' representatives, family, partners, or other individuals with whom clients maintain a close personal relationship. They refrain from sexual, verbal, physical, psychological, and emotional abuse of any of these individuals.

1.8.3 Registrants do not unduly influence clients, their representatives, family, or partners, including, but not limited to, personal life decisions, the making of wills, or powers of attorney.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Practising the profession with integrity and professionalism;
- Setting, communicating, and maintaining appropriate boundaries with clients and individuals with whom clients maintain a close personal relationship;
- Refusing sexual advances from clients, their representatives, family members, partners, or other individuals who may be influenced by the therapeutic relationship and power dynamic between the RP and client;
- Acknowledging that clients are incapable of consenting to sexual contact with their RP due to an imbalance of power;
- Understanding that the imbalance of power between a client and RP will continue to grow over time spent in treatment;
- Assessing oneself for the existence and extent of personal biases or belief systems that may influence interactions with a client;
- Preventing personal biases, structural biases, or belief systems from influencing the treatment of or interactions with a client;
- Being cognizant of the individual vulnerabilities of clients and their representatives;
- Being respectful of the best interests of clients;
- Apologizing for lapses in courtesy or inappropriate language;
- Avoiding boundary violations with clients and minimizing contact with clients outside the therapeutic relationship as much as possible;
- Thoroughly documenting boundary crossings, including relevant context, justification, and safeguards put in place to protect the client;
- Using professional and ethical judgment to determine whether conduct outside the typical therapeutic relationship is appropriate;
- Consulting another RP, one's supervisor or case consultant, or the College where a registrant finds themselves in challenging circumstances.

Key Definitions

Sexual abuse: Under the *Regulated Health Professions Act, 1991* (RHPA), sexual abuse is defined as sexual intercourse or other forms of physical sexual relations between the registrant and the client; touching, of a sexual nature, of the client by the registrant; or behaviour or remarks of a sexual nature by the registrant towards the client.

Sexual nature: In the RHPA, the term "sexual nature" does not include touching, behaviour, or remarks of a clinical nature appropriate to the service provided. For example, discussing a client's sexuality, sexual experiences, or other issues in a manner relevant to their therapeutic treatment or referring a client to a sexual surrogate are not considered sexual abuse.

In the latter instance, however, the surrogate shall not be an employee of the registrant or an associate supervised by the registrant. In addition, there is an onus on the registrant to take reasonable steps to ensure that the surrogate is appropriately trained or certified and that they adhere to accepted norms and standards for sex surrogacy.

While some forms of touch or bio-energetic work may form a legitimate part of psychotherapy practice, any form of disrobing or sexual touching of clients is inappropriate conduct on the part of registrants.

Boundary crossing: "A boundary crossing occurs any time a professional deviates from the strictest professional role. Boundary crossings can be helpful, harmful, or neutral…Boundary crossings can become boundary violations when they place clients at risk for harm."[8] Generally, a helpful boundary crossing is one that is clinically indicated, modality-appropriate, and done with informed consent from the client and with safeguards in place. Harmful boundary crossings result in discomfort for either the client or practitioner and may negatively impact the therapeutic relationship. Notably, the same action—for example, supportive touch—could be helpful, harmful, or neutral, depending on the client, context, and interpretation.

Boundary violations: Boundary violations are harmful boundary crossings that place the client at risk of harm. They typically occur when therapists are engaged in exploitative dual relationships.

Undue influence: Using the therapist's position in a way that reduces the client's autonomy and advances the therapist's agenda.

Physical abuse: Pushing, shoving, shaking, slapping, hitting, or other physical force that may cause harm.

Verbal abuse: Derogatory or demeaning comments, cultural slurs, profane language, or insults.

Emotional abuse**:** Examples include threats, intimidation, insults, humiliation, harassment, dismissive behaviour, manipulation, and scolding.

[8] Knapp, S. and Slattery, J.M. (2004). Professional Boundaries In Nontraditional Settings. *Professional Psychology, 35*, 553–558.

Financial abuse/exploitation: Examples include forging a signature, theft, influencing a client to change their will, and charging exploitative or manipulative fees.

Cyber abuse: Bullying "by conveying inappropriate images or words through any form of electronic media."[9]

Client: Any individual who receives treatment from a registrant—for any period of time—is considered a client. For the purposes of sexual abuse, an individual remains a client for one year following the termination of the professional relationship.[10]

Intersectionality: "The ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination 'intersect' to create unique dynamics and [amplified] effects."[11]

Trauma-informed approach**:** A program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization.[12]

Commentary

CRPO has a zero-tolerance policy regarding sexual abuse. Sexual abuse is an extremely serious form of professional misconduct and is dealt with directly in the RHPA. The RHPA prescribes specific penalties for this grave misconduct: sexual intercourse with a client, for example, carries a mandatory revocation of registration for a minimum of five years. Other forms of sexual abuse may result in equally severe disciplinary action. The College's Client Relations Program is primarily devoted to preventing and dealing with the sexual abuse of clients.

The College's Professional Misconduct Regulation requires that registrants not inflict any form of verbal, physical, psychological, and/or emotional abuse on clients.

Clients, as well as their representatives, family members, and partners, or other individuals with whom clients maintain a close personal relationship may be emotionally and otherwise vulnerable. At the same time, clients and those in their circle may be particularly influenced by the views or suggestions of their psychotherapist. It is the responsibility of registrants, therefore, to ensure that clients feel safe and that they are not subjected to inappropriate influence or abuse.

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[9] College of Respiratory Therapists of Ontario, Abuse Awareness & Prevention: Professional Practice Guideline (2023): Abuse.pdf (crto.on.ca).
[10] The Health Professions Procedural Code defines a client, in the context of sexual abuse, as someone who was a client within the past year. However, CRPO believes sexual contact with someone who has been a client within the previous five years to be unacceptable. See CRPO's Policy on Sexual Contact with Former Clients within 5-Years Post Termination of Care. CRPO has asked the Government of Ontario to increase this time period to five years.
[11] From the Center for Intersectional Justice.
[12] From SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, prepared by SAMHSA's Trauma and Justice Strategic Initiative.

Boundary Crossings

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

RPs must avoid boundary violations with clients, as they can be a precursor to abuse. However, it is important to understand when a boundary crossing may be justifiable. The ethical principles of beneficence (promoting client well-being) and equity (promoting care for those facing barriers to access) sometimes warrant departing from customary practice. For example, RPs typically do not conduct sessions in the home of a client. However, an exception would be made for a client with severe agoraphobia or complex physical health needs, particularly in the case that they are unable to participate in virtual therapy.

It is important to note that RPs will have boundaries themselves, which clients may inadvertently or intentionally cross. When such boundary crossings emerge, it is essential to address the concern at the earliest appropriate time.

RPs should open conversations about boundaries with clients early in the therapeutic relationship to better understand and potentially adjust expectations the clients may have about conduct, communication, or other matters.

To assist in maintaining boundaries, RPs should consider establishing policies and protocols around common boundary matters like after-hours communications and scheduling procedures.

Power Dynamics and the Therapeutic Relationship

RPs are expected to understand the inherent power dynamic at play with a client and the responsibilities that come with holding such a position.

RPs are expected to be aware of how the power dynamic impacts therapeutic work, as clients may feel pressured to provide consent or positive feedback. It is important to make sure clients understand the relationship will not be impacted if they decline to try different therapeutic techniques or are not responding to treatment as intended.

Power dynamics will shift over time, likely intensifying as the client continues with treatment, and may be impacted by a number of factors.

The presence of a dual relationship between a practitioner and client will likely magnify the power dynamics within the therapeutic relationship.

Clients from marginalized communities are often at a greater risk of exploitation due to structural inequities, and as a result, RPs should be aware of intersecting identities and their influence on the power dynamic and therapeutic process. Similarly, individuals who have experienced trauma are at an increased risk of traumatization and may interpret the existing power dynamic differently.

RPs are expected to integrate intersectional and trauma-informed approaches into their work, taking into consideration the unique circumstances of individual clients within the therapeutic process.

Additional Resources

Standard 1.9—Referrals
Standard 1.7—Dual Relationships
O. Reg. 317/12: Professional Misconduct, Provisions 2, 32

Standard 1.9: Referrals

The Standard

1.9.1 Registrants take all of the following steps prior to making a referral:
1) Adequately inform the client about any referral they propose to make;
2) Obtain the client's informed consent to refer; and
3) Take reasonable steps to assure themselves of the competence and character of the professional to whom the client is being referred.

1.9.2 When registrants refer clients to an individual or business with whom the registrant has a personal or professional relationship, they do all of the following:
1) Fully disclose the extent of the relationship;
2) Provide alternatives; and
3) Assure the client their decision will not affect their care from the referring registrant.

1.9.3 Registrants avoid self-referral unless all of the following have been fulfilled:
1) The benefit to the registrant is disclosed to the client;
2) Alternative options are provided; and
3) The client is reassured that the existing relationship will not be affected by the client's decision.

1.9.4 Registrants do not accept commission fees or otherwise benefit materially from providing referrals to other professionals.

1.9.5 Registrants, including individuals acting on their behalf, respond to incoming referrals within a reasonable timeframe by providing a response either confirming or denying capacity and competency to take on an additional client.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Informing clients of the reason a referral is being proposed;
- Taking steps to ensure that the other professional is qualified and competent;
- Periodically ensuring regular referral contacts remain active, in good standing with their college of registration (if any), and able to take on new clients;
- Disclosing to the client any actual or perceived conflict of interest in proposing a referral or self-referral;
- When proposing self-referral, providing at least three appropriate referral options, including the registrant themselves, and reassuring the client that the existing relationship will not be affected;
- Documenting any disclosure relating to referral or self-referral.

Key Definitions

Self-referral: When a registrant suggests that a client see them for a different or additional service (e.g., offering group therapy to an individual therapy client) or see the registrant through a different organization or program (e.g., referring an EAP client to the registrant's private practice).

Commentary

Registrants refer clients to other professionals in various circumstances: due to temporary unavailability of the registrant, a full client load, supplementing the care of a client, or where the registrant is unable to provide the kind of care required. Registrants are professionally obligated to refer a client to another professional when the registrant lacks the knowledge, skill, or judgment to offer any needed services (see Standard 2.1—Consultation, Clinical Supervision, and Referral).

When referring clients to other professionals, registrants are expected to inform clients of the reasons for and implications of referral and obtain the client's informed consent before making the referral. Registrants shall also take reasonable steps to ensure that the other professional is appropriately trained or certified, that they adhere to the accepted standards of their profession, and that any information provided by the registrant about the other professional is accurate. Whenever possible, it is advisable to provide the name of more than one professional when making a referral.

Should a registrant be unable to accept a referral or appointment request, due to reasons of competency or availability, they are not obligated to suggest alternatives or make further referrals. The original referring registrant is responsible for making reasonable efforts to provide additional referrals.

Self-Referral

Self-referral occurs when an RP working in one professional setting refers clients to themselves in another professional setting. For instance, a registrant working at an agency or as part of an Employee Assistance Program may refer a client to their own private practice.

Registrants are not prohibited from making self-referrals, provided that the following safeguards are put in place: the conflict is disclosed to the client (e.g., the registrant stands to gain by making the self-referral); options are provided (e.g., whenever possible, a list is offered of three similar service providers, including the registrant); and the client is reassured that if they choose to obtain the service elsewhere, the existing relationship and service will not be affected.

Technically, a referral to a related person or corporation places the registrant in a conflict of interest. However, there will be situations where this is appropriate. Provided that the registrant adheres to the safeguards outlined above and they document the conversation occurring around the referral or self-referral, they will not be creating an irreconcilable conflict of interest.

Additional Resources

Standard 1.6—Conflict of Interest

Standard 1.7—Dual Relationships
Standard 2.1—Consultation, Clinical Supervision, and Referral
Standard 3.2—Consent
O. Reg. 317/12: Professional Misconduct, Provisions 3, 4, 8, 9, 16

Section 2: Competence

Standard 2.1: Seeking Consultation, Clinical Supervision, and Referral

The Standard

2.1.1 Registrants understand their professional capabilities and limitations with regard to client populations served, issues treated, and modalities used.

2.1.2 Registrants only provide services that are within their knowledge, skill, and judgment, i.e., competence, to provide.

2.1.3 Registrants ensure any clinical advice or information they provide is based on reasonable professional opinion.

2.1.4 Registrants complete appropriate, verifiable education and receive clinical supervision or consultation before changing or expanding their practice area.

2.1.5 When registrants are treating a client within their practice area and encounter an issue beyond their competence, registrants receive clinical supervision or consult a more experienced colleague.

2.1.6 When consultation and clinical supervision do not provide adequate safeguards, registrants refer the client to another professional who is qualified to provide the required care.

2.1.7 Registrants receive clinical supervision when it is required for safe and effective treatment, beneficial for professional development or expanding competency, or required by CRPO.

2.1.8 Registrants practising with clinical supervision promptly notify their clinical supervisor when a client presents an issue outside the registrant's area of competence.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Considering whether they have the knowledge, skill, and judgment, i.e., competence, to work with a particular client, and doing so only when the registrant possesses the necessary competence;
- Documenting conversations during case consultations;
- When pursuing relevant study, consulting with a colleague, or seeking clinical supervision is inadequate for providing the necessary safeguards, referring the client to a qualified professional;
- Expressing reasonable professional opinions when discussing therapeutic techniques or procedures.

Key Definitions

Clinical supervision: CRPO defines clinical supervision as a professional relationship where the individual who is receiving supervision is engaged in a collaborative learning process with a clinical supervisor. This relationship is designed to

- Promote the professional growth of the supervisee;
- Enhance the supervisee's safe and effective use of the self in the therapeutic relationship;
- Foster discussion of the direction of therapy and the therapeutic relationship; and
- Safeguard the well-being of clients.

Clinical supervision can be individual, dyadic, or group in its composition.

Type	**Composition**
Individual	Clinical supervisor and one supervisee
Dyadic	Clinical supervisor and two supervisees
Group	Clinical supervisor and three to eight supervisees: In "regular" group clinical supervision, the clinical supervisor leads the group. In structured peer-group supervision, at least one member qualifies as a clinical supervisor but is an equal participant (not the leader).

Consultation: Obtaining direction or advice regarding the way forward with a particular client, clinical issues, or issues related to professional practice.

Practice area: The client populations served, issues treated, and modalities ordinarily used in one's practice.

Qualified professional: Assuming the referral is for further psychotherapy, a qualified professional in Ontario is a member of one of the six colleges able to practice the controlled act of psychotherapy.

Verifiable: The registrant is able to provide, as needed, records indicating they successfully completed education or training, and that such education or training allowed them to change or expand their practice area.

Commentary

Registrants are expected to practise within their areas of competence. Indeed, an important aspect of professional accountability is a requirement to continually assess one's knowledge, skill, and judgment, i.e., competence, including one's ability to work with particular clients and clinical issues within particular modalities.

As regulated professionals, registrants are expected to understand their professional capabilities and limitations. They must provide only those services that are within their areas of competence, based on training and experience. When a registrant encounters a client with an issue the registrant is not equipped to work with, the registrant must exercise professional judgment. Specifically, they must promptly determine whether to seek clinical supervision or consult with a colleague who has the required knowledge, skill, and judgment while undertaking relevant study, or refer the client to another practitioner who is able to provide the required care.

When a registrant receiving clinical supervision is confronted with a case outside their area of expertise, they shall promptly notify their supervisor and discuss whether it would be appropriate to continue with the client, pursue additional or enhanced supervision, or refer the client elsewhere.

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 8, 9

Section 3: Client–Therapist Relationship

Standard 3.1: Confidentiality

The Standard

3.1.1 Registrants do not collect, use, or disclose information about a client without the informed consent of the client or their authorized representative, except as permitted or required by law.

3.1.2 Registrants familiarize themselves and comply with relevant privacy laws.

3.1.3 Registrants relying on others to provide reception or other administrative support train and supervise them on matters of confidentiality and privacy.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Explaining to clients the duty of confidentiality and limits to confidentiality;
- Documenting informed consent in the client record regarding the collection, use, and disclosure of information, indicating the manner in which consent was given (verbally, by gesture, or in writing);
- Only collecting, using, or disclosing information that is reasonably required under the circumstances;
- Applying privacy principles in research settings;
- Notifying clients when disclosure of their information has been required by a court or tribunal;
- Establishing processes to protect personal health information (hard copy and electronic files) from access by unauthorized persons while it is being collected, used, maintained, disclosed, transferred, or disposed of;
- Avoiding the use of non-secure methods of communication, such as email, when transmitting confidential information, unless the client consents to the risk and there is no practical alternative;
- Promptly notifying the client and, if applicable, the Information and Privacy Commissioner (IPC) when the client's personal health information is stolen or lost or when it is used or disclosed without authority.

Key Definitions

Confidentiality: The duty to keep information secret, subject to legal limits.

Personal health information: Any identifying information about a client, in oral or recorded format (written or electronic), that relates to their physical or mental health, including their family history, payment for health care, healthcare providers, and substitute decision-makers.

Identifying information is information that directly identifies an individual or that can be reasonably foreseen to identify an individual, either alone or in combination with other information. Information that does not allow the client to be identified is not personal health information and is not subject to the *Personal Health Information Protection Act, 2004* (PHIPA).[13]

Privacy: A person's interest in restricting the collection, use, and disclosure of their personal information.

Express consent: An expression of consent that is specifically communicated, e.g., orally or in writing.

Commentary

Confidentiality is considered a cornerstone of the profession of psychotherapy and is embedded in its core values. Individuals come to therapists with sensitive, personal information, and confidentiality is required to build trust in the therapeutic relationship.

Confidentiality is also an important legal concept that applies to all regulated health professionals, including Registered Psychotherapists. The *Personal Health Information Protection Act, 2004* (PHIPA), establishes rules relating to the confidentiality and privacy of personal health information in Ontario. PHIPA requires that personal health information be kept confidential and secure.

It is a fundamental responsibility of registrants to maintain client confidentiality at all times, including when requests are made for client information by third parties such as lawyers or insurance companies.

In compliance with PHIPA, registrants must ensure that the professional relationship with the client and the client's personal information are kept confidential, within legal limitations. Registrants must explain to clients the principle of client confidentiality and the legal limits to confidentiality (see "Limits to Confidentiality" below). Registrants are also responsible for maintaining client information in a secure manner, so that unauthorized individuals do not gain access to records (see Section 5, Recordkeeping and Documentation).

Disclosure of Client Information by RPs to Other Care Providers

Due to the nature of the psychotherapeutic relationship, the sensitivity of information shared between client and therapist, and the particular weight placed on the duty of confidentiality by the psychotherapy profession, RPs must take care before disclosing client information to other care providers. While PHIPA allows providers in certain circumstances to assume a client has provided implied consent to disclose their personal health information to other providers,[14] RPs are strongly encouraged to obtain express consent. As part of the informed consent process in

[13] See Information and Privacy Commissioner of Ontario, *Frequently Asked Questions: Personal Health Information Protection Act* (2015): https://www.ipc.on.ca/wp-content/uploads/2015/11/phipa-faq.pdf.
[14] This is sometimes referred to as the "circle of care" principle; see Information and Privacy Commissioner of Ontario, *Circle of Care: Sharing Personal Health Information for Health-Care Purposes* (2015): https://www.ipc.on.ca/wp-content/uploads/resources/circle-of-care.pdf.

care team settings, such as in a hospital or agency, registrants should explain to clients what information will be shared with other providers in the team context and who will have access to their records.

In all cases, professional discretion must be employed, and only relevant and necessary personal health information may be disclosed. See Standard 3.3—Communicating Client Care for more information.

Confidentiality and Shared Records

When an individual participates in group, family, or couples therapy and requests access to the record, registrants are only authorized to provide information relating to the individual who filed the request, unless other participants have provided their consent.

Limits to Confidentiality

Normally, a registrant may only disclose personal health information with the consent of the client or their authorized representative. However, legally, there are a limited number of circumstances where consent is not required for the disclosure of personal health information. Notable limits to confidentiality include the following:

- Where the registrant believes, on reasonable grounds, that disclosure is necessary to eliminate or reduce a significant risk of serious harm (including physical or psychological harm) to the client or anyone else, e.g., suicide or homicide. Note: If the registrant believes a significant, imminent risk of serious bodily harm exists, there may be a professional and legal duty to warn the intended victim, to contact relevant authorities such as the police or crisis intervention services, or to inform a physician who is involved in the care of the client;[15]
- Where a mandatory report is required (see Standard 1.3);
- Where necessary for particular legal proceedings (e.g., when the registrant is subpoenaed);
- To facilitate an investigation or inspection authorized by a warrant or by any provincial or federal law (e.g., a criminal investigation against the registrant, their staff, or a client). Registrants should seek legal advice when they are unsure whether a warrant or law permits them to disclose personal health information;
- For the purpose of contacting a relative, friend, or potential substitute decision-maker of the individual where the individual is injured, incapacitated, or ill and unable to give consent personally; and
- Disclosing information to a college for the purpose of administration or enforcement of the *Regulated Health Professions Act, 1991* (e.g., when a complaint has been made

[15] The law in Canada concerning the “duty to warn” is complex and evolving. Registrants are advised to consult their legal advisor when faced with a situation where this exception to the duty of confidentiality may apply.

about a registrant or for assessment of the registrant's practice as part of the Quality Assurance Program).

When compelled to disclose client information for a legal proceeding, registrants should exercise prudence and are advised to consult their legal advisor to determine the best way to respond.

Police or Court Requests for Records

Registrants may be required (e.g., by order, summons, or subpoena), to disclose client information. Registrants may have options when they receive such a notice. In some situations, they may be able to negotiate an alternative or work with a lawyer to file a legal objection. Registrants should make reasonable efforts to inform the client of such efforts to require disclosure of their information.

A lawyer is in the best position to assist registrants in decisions pertaining to the legal system.

Deceased Clients

The right to confidentiality does not end upon the death of a client. In Ontario, the right to consent to the collection, use, and disclosure of personal health information about a deceased individual is held by their estate trustee or administrator. More information can be found here: Accessing the personal health information of a deceased relative - IPC.

Additional Resources

Standard 1.6—Conflict of Interest
Standard 1.7—Dual Relationships
Standard 3.2—Consent
Standards Section 4—Clinical Supervision
Standards Section 5—Recordkeeping and Documentation
O. Reg. 317/12: Professional Misconduct, Provision 5

Standard 3.2: Consent

The Standard

3.2.1 Where a client appears to lack capacity to consent to treatment, registrants assess and document the client's capacity. If the client lacks capacity, registrants identify the client's substitute decision-maker(s).

3.2.2 Registrants ensure consent is voluntary, specific, and does not involve misrepresentation or fraud.

3.2.3 Registrants only seek consent after ensuring the client understands the process of therapy, possible benefits and risks or adverse outcomes, other therapeutic options, and the implications of not proceeding with therapy.

3.2.4 Registrants ensure informed consent is obtained from the client or their authorized representative on an ongoing basis.

3.2.5 Registrants immediately comply with the withholding or withdrawal of consent by a client or their representative.

3.2.6 Registrants document conversations about and indications of consent, including the date when consent was provided, refused, or revoked, as well as the options, risks, and benefits discussed and the method of indicating consent (oral, in writing, etc.).

3.2.7 Registrants obtain express consent in every instance before using physical touch as part of psychotherapy treatment.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Providing, on an ongoing basis, relevant information to the client regarding the process of therapy, the therapist's usual approach to therapy, the therapeutic methods or specific techniques to be employed, the potential risks or adverse outcomes of therapy, and other therapeutic options;
- Communicating in a manner that is developmentally and culturally appropriate for clients when discussing matters related to consent;
- Seeking consent when therapeutic methods change;
- Seeking explicit consent for third parties to access session documentation and ensuring clients understand when documentation can be accessed and by whom.

Key Definitions

Informed consent: Under the *Health Care Consent Act, 1996* (HCCA), consent is considered informed when a person

1) Has received information about the nature of the treatment, the expected benefits and material risks, the material side effects of the treatment, alternative courses of action, and the likely consequences of not having the treatment; and
2) Has received responses to their requests for additional information about those matters.

Express consent: An expression of consent that is specifically communicated, e.g., orally or in writing.

Implied consent: Actions that can be reasonably interpreted as an informed agreement. For example, ongoing consent is often implied through a client continuing to attend sessions with a psychotherapist after being informed of the risks, benefits, and alternatives.

Commentary

Ongoing Consent

Normally, psychotherapy is not a one-time intervention but continues regularly or intermittently over a period of time. Similarly, informed consent is not simply obtained at one point in time and never considered again. Ongoing consent is implied by the continuing attendance of a client at therapy sessions. However, any change in the therapeutic approach or the techniques employed shall be documented in the client record, along with a note regarding the client's express or implied consent.

Some therapy techniques, e.g., physical touch used as part of somatic therapies, require express consent in each instance. A registrant must not assume they have the client's implied consent to touch them, even if they used similar techniques with that client in the past.

A client may withdraw consent at any time. Withdrawal of consent shall be documented in the client record and should include the reason for the change.

Written Consent

Healthcare professionals often use standardized forms to obtain written consent from clients. A signature on a form does not necessarily constitute informed consent. The elements of informed consent (see above) are usually obtained through discussion between the registrant and the client. Only following discussion can the client provide informed consent. The signature of the client is only partial evidence that they have provided informed consent.

Age of Consent

There is no minimum age for consent. Clients under 18 years of age can, if they are capable of understanding and appreciating the consequences of their decision, give consent. For minors, consent must be considered on a case-by-case basis in light of the young person's capacity and applicable laws. The HCCA contains detailed information on Ontario's healthcare consent laws.

Incapacity and Consent to Treatment

Informed consent requires that a client be capable of providing such consent. This means that the client must be cognitively capable, i.e., able to understand the information provided and to appreciate the consequences of their decision.

All healthcare professionals, including RPs, are responsible for identifying when a client is incapable of providing consent to treatment.[16] Generally, registrants may assume that a client is capable. Registrants are not required to scrutinize each client's capacity to provide consent unless there are reasonable grounds to believe the client may not be capable. The therapist assesses the capability of the client by discussing the proposed therapy or therapeutic process with the client. The purpose is to see whether they understand the information and appreciate any possible risks or consequences, including the implications of not proceeding with therapy.

A client may be incapable with respect to certain issues and capable with respect to others (e.g., a client may be capable of discussing personal matters but incapable of managing their finances). When a client is found to be incapable, the therapist must identify a substitute decision-maker who can provide informed consent on behalf of the client. The substitute must be at least 16 years of age (unless a parent who is less than 16 years old is acting as substitute decision-maker for their child) and must be a capable person who is willing and able to act. The substitute decision-maker is usually a spouse, parent, friend, or other relative. Potential substitutes are ranked in law (see below for the ranking of substitutes). Normally, the person ranked highest is asked to serve as substitute decision-maker, if able and willing.

Rankings for the Substitute Decision-Maker

As per the HCCA, the ranking of substitute decision-makers is as follows (from highest-ranked to lowest-ranked):

- A court-appointed guardian of the person;
- A person who has been appointed an attorney for personal care. The client would have signed a document appointing the substitute to act on the client's behalf in healthcare matters if the client ever became incapable;
- A person appointed by the Consent and Capacity Board to make a health decision in a specific matter;
- The spouse or partner of the client. A partner is defined in the HCCA as "either of two persons who have lived together for at least one year and have a close personal relationship that is of primary importance in both persons' lives." This means a partner does not need to be a spouse or sexual partner of the client;
- A child of the client or a parent of the client or the Children's Aid Society, who has been given wardship of the client;

[16] RPs are not authorized to become "evaluators" under the *Health Care Consent Act* for the purpose of formally assessing whether an individual is capable of consenting to admission to a care facility or with respect to a personal assistance service. Similarly, RPs are not authorized to become "assessors" under the *Substitute Decisions Act* for the purpose of formally assessing whether an individual is capable of managing property. However, RPs, like all other health professionals, must be able to identify when a client is incapable of providing consent to treatment.

- A parent of the client who does not have custody of the client;
- A brother or sister of the client;
- Any other relative;
- The Public Guardian and Trustee if there is no one else. If there are two equally ranked substitute decision-makers (e.g., two sisters of the client), and they cannot agree, the Public Guardian and Trustee may then make the decision.

Additional Resources

Standards Section 5—Recordkeeping and Documentation
O. Reg. 317/12: Professional Misconduct, Provision 3

Standard 3.3: Communicating Client Care

The Standard

3.3.1 Registrants make reasonable attempts to communicate with a client's other relevant healthcare providers respecting the client's care. This obligation does not apply if any of the following conditions are present:
- The client refuses to consent to such communication;
- The communication would be counter-therapeutic; or
- The communication is unnecessary.

3.3.2 When registrants deny another care provider access to a client's information, they enter the decision and reasons for doing so into the clinical record and discuss the decision with the client.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,
- Ensuring that decisions to share client information are in compliance with Standard 3.1—Confidentiality and Standard 3.2—Consent;
- Documenting discussions with clients related to information sharing;
- Sharing client information only when necessary and when doing so is likely to have a positive effect from a therapeutic perspective;
- Not sharing client information if the client requests that it not be shared;
- Noting unsuccessful attempts at communication of client care in the clinical record.

Commentary

Interprofessional Collaboration

Registered Psychotherapists are expected to create and sustain positive working relationships with other professionals encountered in practice. Clients are entitled to have their care coordinated by their healthcare providers when it is necessary and appropriate to do so and when the client explicitly authorizes such collaboration. In addition, regulatory colleges are required under the RHPA to take steps to enhance interprofessional collaboration.

Appropriate communication is a key component of successful interprofessional collaboration and may help reduce conflicting or inconsistent information or advice being given to clients. Appropriate communication between providers contributes to enhanced safety for clients and better professional relationships.

Communication

In general, registrants can expect to communicate with other professionals providing care to a client, when the client has provided consent to do so. This may include those who provide care to the client, other healthcare providers within a multidisciplinary setting, and other healthcare providers as referred by the registrant.

Good communication can be achieved in a number of ways, including written communication between healthcare providers, conference calls, team meetings, meetings requested by the client, and family meetings. Such communication shall be documented in the clinical record.

Registrants shall make reasonable efforts to communicate with other providers when the client consents to such communications and it is likely to have a positive effect therapeutically. A registrant cannot be held responsible, however, when another professional refuses to communicate or does not respond to the registrant's reasonable efforts to communicate about a client's care.

Client Instruction

It is important to understand that the client controls collaboration and communication in specific circumstances. If a client is uncomfortable with any aspect of this communication, they may direct the registrant not to share information. Registrants should explain to clients the potential benefits of interprofessional collaboration as well as the implications of not permitting the therapist to share information with other providers.

Release of Information by RPs

For more information about confidentiality as it applies to releasing information to other healthcare providers, see Standard 3.1—Confidentiality.

Emergency Situations

There are circumstances where obtaining prior consent to share information with other professionals is not possible. Such cases may include, for example, when a client is admitted to hospital. Disclosure may be reasonably necessary for the provision of health care, and it may not be possible to obtain the individual's consent in a timely manner. In these cases, the registrant is permitted to disclose necessary information, provided that the client has not prohibited them from doing so.

Additional Resources

Standard 3.1—Confidentiality
Standard 3.2—Consent
O. Reg. 317/12: Professional Misconduct, Provisions 5, 54

Standard 3.4: Electronic Practice

The Standard

3.4.1 Registrants adhere to all professional standards, whether their practice is electronic, by telephone, in person, or a hybrid thereof.

3.4.2 Registrants obtain informed consent from clients regarding the use of electronic communication media in the provision of services.

3.4.3 Registrants take reasonable steps to ensure that the technology employed is secure, confidential, and appropriate, given the needs of the client.

3.4.4 Registrants ensure that their professional liability insurance provides sufficient coverage for electronic services prior to treating clients.

3.4.5 Registrants comply with relevant professional licensing requirements in the jurisdictions where clients are located.

3.4.6 Registrants offering modalities requiring written communication (secure text- or email-based) include copies of correspondence and treatment-related communication in the clinical record.

3.4.7 Registrants do not rely on information obtained from computer-generated assessments, reports, or statements without exercising their own professional judgment.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Ensuring that clients provide consent to receiving professional services via a specific electronic communication technology;
- Working with clients to establish “backup plans” in the case of a technological failure mid-session;
- Providing therapy while physically located in a private and professional setting;
- Ensuring clients understand what safety and privacy protections have been put in place and how they differ from those in an in-person practice;
- Familiarizing oneself with crisis intervention services in the client’s area in case of an emergency;
- Ensuring that clients understand any potential risks associated with the technology;
- Taking reasonable steps to ensure that the technology is secure, confidential, and appropriate;
- Refraining from using social media (including, but not limited to, Facebook, Twitter, and Instagram) as a platform for providing therapy.

Key Definitions

Electronic practice: Providing assessment or treatment to a client by means of communication technology, e.g., telephone, text, email, video-calling.

Commentary

Technology provides additional ways of communicating with clients and may also enhance registrants' ability to work with clients who have limited mobility or live in isolated areas or to continue providing therapy during public health emergencies. It also poses new challenges.

Generally, rules that apply to the provision of professional services also apply to the provision of services by electronic means. For example, registrants must follow established professional practices, such as assessment, developing a plan of therapy, maintaining records, and communicating appropriately with other providers. Confidentiality must be maintained regardless of the medium used.

Communication Technologies, Consent, and Confidentiality

A registrant may provide professional services using electronic communication technology only when the registrant receives consent from the client for use of such technology. In addition, the following apply:

- Before providing services via electronic communication technologies, a registrant is expected to enter into an agreement with the client concerned. This does not preclude using electronic communication technologies in developing the agreement.
- Registrants should outline appropriate uses of technologies with clients (e.g., emailing or texting only for booking appointments, secure online platforms for the provision of therapy).
- Registrants must not provide psychotherapy to anonymous clients.
- Registrants should employ caution in providing advice, clinical assessment, or clinical information accessible to the general public on websites, blogs, forums, or other communication platforms.

Registrants must take reasonable steps to ensure that the electronic communication technology employed is secure, confidential, and appropriate for the circumstances. When a registrant intends to use an electronic medium, clients should be made aware of any potential risks, particularly an inability to ensure security and confidentiality, that could arise from the use of the technology.

Additional information about information security in electronic practice can be found here: Security Practices Checklist: Electronic Practice.

Professional Liability Insurance and Electronic Practice

Registrants must ensure that services provided through electronic communication technologies are covered by their professional liability insurance. Insurance coverage varies and may not cover all clients or clients in all locations. Registrants should consult their insurance provider.

Clients in Other Jurisdictions

One unique aspect of electronic practice is the potential for clients to be located in a different province, territory, or country than the registrant. Some jurisdictions require those practising psychotherapy or counselling to have a license. Some may have restrictions with regard to titles or activities (similar to the controlled act of psychotherapy in Ontario). Some jurisdictions do not regulate psychotherapy or counselling. Registrants should familiarize themselves with the limits on practising in particular jurisdictions where potential clients may be located.

In emergencies, registrants may need to know who to contact in other jurisdictions, e.g., a client's emergency contact, emergency services, crisis lines, child welfare agencies.

Additional Resources

Standard 3.1—Confidentiality
Standard 3.2—Consent
CRPO Electronic Practice Professional Practice Guideline
IPC Privacy and security considerations for virtual health care visits
IPC Fact Sheet: Safeguarding Personal Health Information

Standard 3.5: Unnecessary Treatment

The Standard

3.5.1 Registrants provide or continue therapy only when there is a reasonable prospect of benefit to the client.

3.5.2 Registrants involve clients in determining whether therapy offers a reasonable prospect of benefit.

3.5.3 When it appears that therapy is no longer indicated or has ceased to be effective, registrants discuss the option of discontinuing therapy.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Developing, and periodically reassessing, goals for treatment through conversation and collaboration with the client;
- Documenting the rationale for offering a particular assessment or treatment as well as any discussion with the client regarding the option to continue or discontinue treatment.

Key Definitions

Reasonable prospect of benefit: Some likelihood that the client's condition or well-being will stabilize or improve with treatment, as determined by clinical judgment.

Indicated: Suggested by symptoms or assessment, as appropriate.

Commentary
Effectiveness of Therapy

It is important for registrants to ensure that any assessment or therapy offers a reasonable prospect of benefit to the client. Unnecessary therapy poses a risk of harm by raising false expectations and wasting the client's time and money. One of the goals of therapy is to foster independence and autonomy from therapy. It should be noted that clients with similar issues may respond differently to the same treatment. Registrants must exercise judgment about whether treatment is unnecessary, as informed by the condition of the client, the modalities used in treatment, and the input of the client.

Additional Resources

Standard 6.3—Discontinuing Services
O. Reg. 317/12: Professional Misconduct, Provision 7

Standard 3.6: Complaints Process

The Standard

3.6.1 As part of the consent process, registrants inform clients that the registrant is registered with CRPO and that CRPO is the organization that sets the rules for and considers complaints about registered psychotherapists.

3.6.2 If asked, registrants inform individuals of their right to file a complaint with the College.

3.6.3 If asked, registrants provide the College's contact information.

3.6.4 If asked, registrants inform clients that the College's mandate is to regulate registered psychotherapists in the public interest and that the College has standards and policies available on its website.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Providing general information about the College to clients, their authorized representatives, and members of the public;
- If asked about filing a complaint about their professional conduct, informing individuals of their right to file a complaint with the College.

Commentary

CRPO's ability to regulate the profession in the public interest requires people to be aware of the College's existence and role. Clients, their authorized representatives, and members of the public have a right to file a complaint with the College regarding a registrant's professional conduct. Registrants must advise individuals of such if asked. If a person asks for general information about regulations, their rights, practice standards, or to whom they can complain about the registrant's professional conduct, it is the registrant's responsibility to advise the person to contact the College.

Additional information for clients regarding the complaints process can be found on CRPO's website: Filing a Complaint About a Psychotherapist (crpo.ca).

Contact information for the College is as follows:

College of Registered Psychotherapists of Ontario
375 University Avenue, Suite 800, Toronto, ON M5G 2J5
Tel: 416-479-4330 or 1-844-712-1364, Fax: 416-639-2168
complaints@crpo.ca

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 14, 15

Standard 3.7: Affirming Sexual Orientation and Gender Identity

Background

Introduction

The College affirms that there are a range of sexual orientations and gender identities.

Affirming Sexual Orientation and Gender Identity Act

In June 2015, the Ontario legislature passed Bill 77, the Affirming Sexual Orientation and Gender Identity Act. The Act applies to anyone who provides healthcare services in Ontario and relates to efforts to change an individual's sexual orientation or gender identity (sometimes referred to as "conversion therapy" or "reparative therapy"). The Act amends the Health Insurance Act and the Regulated Health Professions Act, 1991.

New Offence

It is now an offence in Ontario, and therefore professional misconduct, to provide any treatment that seeks to change the sexual orientation or gender identity of a person under 18 years of age who lacks the capacity to consent to the treatment. While the Act does not apply to adults or to minors who have the capacity to consent to treatment, the College strongly advises registrants to refrain from providing any such services. Seeking to change or direct a person's sexual orientation or gender identity is not "therapy," is not supported by the profession, and does not respect the diversity and dignity of all persons.

Valid Services Not Affected

The prohibition is not intended to prevent services that provide acceptance, support, or understanding of a person or the facilitation of a person's coping, social support, or identity exploration or development, nor to preclude any services related to gender-affirming activities (e.g., living as one's gender identity, hormone treatment, surgery). Registrants providing services that focus on sexual orientation or gender identity issues are expected to ensure that they have the competence (knowledge, skill, and judgment) to do so. See, for example, The World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th ed. (WPATH, 2013), page 13 (Competency of Mental Health Professionals Working with Children or Adolescents with Gender Dysphoria) and pages 22–3 (Competency of Mental Health Professionals Working with Adults Who Present with Gender Dysphoria).

The Standard

Registrants refrain from providing services such as conversion or reparative therapy, which seek to change or direct a person's sexual orientation or gender identity.

Demonstrating the Standard

A registrant demonstrates compliance with the standard by, for example,

- Obtaining informed consent to work with a client on issues relating to sexual orientation or gender identity;
- Documenting discussions with clients about sexual orientation or gender identity, including client goals and progress;
- Ensuring they have adequate training, experience, and supervision to provide services relating to an individual's sexual orientation or gender identity.

Additional Resources

Standard 1.9—Referrals
Standard 2.1—Seeking Consultation, Clinical Supervision, and Referral
Standard 3.2—Consent
O. Reg. 317/12: Professional Misconduct, Provisions 1, 3, 8, 9, 28, 42, 52
Regulated Health Professions Act, 1991, Section 29.1

Section 4: Clinical Supervision

Standard 4.1: Providing Clinical Supervision

The Standard

4.1.1 Registrants provide clinical supervision only if they are qualified to do so.

4.1.2 Registrants appropriately supervise persons whom they are professionally obligated to supervise.

Demonstrating the Standard

A registrant demonstrates compliance with the standard by, for example,

- Undertaking supervisory responsibilities only when the registrant has the necessary competence to provide clinical supervision in general and to supervise the services being provided in particular;
- Entering into a written clinical supervision agreement that sets out the responsibilities of the supervisor and supervisee as well as the expectations of both parties;
- Signing and maintaining the clinical supervision agreement in their records;
- Meeting according to a pre-determined schedule, taking into consideration the needs of the supervisee;
- Documenting discussions between clinical supervisor and supervisee, e.g., focus of the discussion, particular issues addressed, etc.;
- Supporting and evaluating the progress of the supervisee.

Commentary

Competence to Serve as a Clinical Supervisor

Providing clinical supervision is not an entry-to-practice competency. It requires additional training and experience. CRPO's definition of a clinical supervisor sets out the minimum qualifications for providing clinical supervision. These apply regardless of whether the clinical supervision is for CRPO registration purposes. Clinical supervisors also need to be competent to supervise the area of practice that the supervisee is providing to clients.

Responsibility of Clinical Supervisors

Taking on the role of a clinical supervisor can be a rewarding experience. It can complement one's practice, facilitate the professional growth of others, and promote safe, effective client care. It is also a significant responsibility. Clinical supervisors are responsible for the supervision they provide. The scope of clinical supervision required will vary depending on various factors, including the following:

- The experience and competence of the supervisee: Newer practitioners will require more intensive engagement, for example, more frequent or longer meetings.

- Whether the supervisee is a student or a registrant: Students beginning practice require broad oversight over all aspects of their work. This responsibility is shared by the clinical supervisor and the student's education program. Registrants who have graduated from their psychotherapy education program may receive more focused clinical supervision on particular areas of challenge or growth.
- The practice arrangement: Where there is a shared business or practice arrangement, the clinical supervisor may also need to provide some degree of administrative supervision.

The Clinical Supervision Agreement

Clinical supervision is characterized by a formal relationship between the clinical supervisor and supervisee. It is expected that registrants providing and receiving clinical supervision have a written agreement in place. The details of supervision agreements will depend on the particular circumstances, including the therapeutic approach or model of supervision used. The agreement is to be signed and maintained in the records of all parties.

The agreement shall include the following:

1) Optional: Relevant background information on clinical supervisor and supervisee (training, designations, professional approach, etc.).
2) Goals or purpose of clinical supervision.
3) Responsibilities of clinical supervisor and supervisee(s).
4) Clarification regarding who has ultimate responsibility for clients (e.g., is the supervisee treating their own clients, the supervisor's clients, or clients of an agency or clinic?).
5) Supervision format (individual, dyadic, or group); modalities of treatment to be supervised (psychodynamic, cognitive behavioural, systemic, etc.); method of reviewing supervisee's clinical work (self-report, video recording, live observation, thematic, etc.).
6) Meeting arrangements (physical location or online platform, frequency, duration, cancellations, emergencies, and fees where applicable).
7) Expectations regarding the sharing of client information and informing clients about clinical supervision.
8) Provisions regarding the confidentiality of information shared between clinical supervisor and supervisee.
9) Fees for supervision services, if any.
10) Processes for
    a) providing evaluation and feedback;
    b) emergency or off-schedule contact between supervisor and supervisee;
    c) resolving conflicts; and
    d) renewing or terminating the agreement.

Record of Supervision Provided

Clinical supervisors are expected to keep a detailed record of the clinical supervision provided. In particular, records should include the names of supervisees, dates of attendance, number of

hours provided, any fees paid, issues discussed, and any directions given. Group clinical supervision records may be maintained in a group file, while keeping individual files for any supervisees seen individually.

Professionalism as a Clinical Supervisor

Clinical supervisors are expected to act professionally toward supervisees. Similar to the therapist–client relationship, there is a power imbalance between clinical supervisor and supervisee. Many of CRPO's practice standards apply by analogy to providing clinical supervision. For example,

- Clinical supervisors are expected to avoid conflicting roles with supervisees, such as dual personal–professional relationships or supervising and providing therapy to the same person.
- Sexual misconduct, undue influence, and abuse of supervisees are unacceptable.
- Clinical supervisors maintain confidentiality, subject to agreed-upon limits, of information provided by supervisees.
- Clinical supervisors are expected to make mandatory reports if supervisees engage in unsafe practice. "Unsafe practice" does not refer to any mistake or error. It is an acceptable part of a supervisee's learning process to share and learn from mistakes. Rather, "unsafe practice" refers to professional misconduct or incompetence that places clients at risk.

Additionally, clinical supervisors need to have a heightened awareness of their own abilities and use of self in order to ensure that both they and their supervisees are practicing within their areas of competence. Clinical supervisors have an ethical responsibility to seek consultation or supervision of their own supervision when needed regarding transference or content that is not their specialty.

Supervising Unregulated Individuals

RPs supervise a variety of individuals, for example, office and communications staff. It is the RP's responsibility to oversee anything done on their behalf. Some RPs may *clinically* supervise an unregulated practitioner, such as an addictions counsellor or child and youth worker. In such cases, registrants must ensure the unregulated practitioner is not misrepresented as a psychotherapist and does not engage in the controlled act of psychotherapy.

Additional Resources

Standard 2.1—Seeking Consultation, Clinical Supervision, and Referral
Standard 4.2—Practising with Clinical Supervision
O. Reg. 67/15: Registration
O. Reg. 317/12: Professional Misconduct, Provision 11

Standard 4.2: Practising with Clinical Supervision

The Standard

4.2.1 Registrants practise with clinical supervision when they are required to do so because of their registration category, when encountering a challenging client situation, when expanding their area of practice, or by order of a CRPO committee.

Demonstrating the Standard

A registrant demonstrates compliance with the standard by, for example,

- Entering and adhering to a clinical supervision agreement;
- Keeping a record of clinical supervision received;
- Informing clients of the supervisory arrangement, including, where appropriate, the identity and contact information of the clinical supervisor and the client's right to contact the supervisor;
- Ensuring clients are informed that a clinical supervisor has access to their identifying information if this is the case;
- Receiving clinical supervision with reasonable frequency, as determined in agreement with the clinical supervisor;
- Participating in clinical supervision in a professional, curious, and engaged manner.

Commentary

Registrants required to practise with clinical supervision are expected to participate meaningfully to promote the purpose and effectiveness of clinical supervision. Meaningful participation includes such things as communicating a case history, presenting issues and assessments, and raising complex clinical or ethical issues encountered during treatment.

<u>Frequency of Clinical Supervision</u>

Clinical supervisors and supervisees have a shared responsibility to apply professional judgment to determine the appropriate frequency of clinical supervision. Determining factors may include the following:

1) The level of experience and the competency areas of the supervisee (a newer practitioner will require more frequent clinical supervision);
2) The nature of the therapy (modality, clientele, presenting issues);
3) Caseload (a supervisee seeing a larger number of clients will require more supervision);
4) Other supports available (peer group, consultation, administrative supervision).

Setting regular meetings in advance is an important practice for making clinical supervision habitual and ensuring issues are addressed promptly. For example, a relatively new practitioner, such as an RP (Qualifying) registrant, should receive a recommended minimum of approximately one hour of clinical supervision per week, while a more experienced practitioner, such as an RP working toward independent practice, should receive a recommended minimum

of approximately one hour every two weeks. Additionally, shorter meetings can be held as needed.

When the required clinical supervision hours have been completed, registrants must continue to meet with their supervisor on a regular basis, until such time as they have met all of the requirements for "independent practice," i.e., practice without clinical supervision.

Supervision Records

It is the responsibility of supervisees to maintain a record of the supervision received. The record shall include the following:

1) Name and contact information of the clinical supervisor;
2) A copy of the supervision agreement;
3) Dates and number of hours of clinical supervision received;
4) Format (individual, dyadic, or group); and
5) Issues discussed at meetings or in correspondence with the clinical supervisor.

Informed Consent and Confidentiality

Registrants are expected to inform clients if they are required to practise with clinical supervision. Registrants should also inform the client that they may contact the clinical supervisor directly to ask questions or express concerns about services provided by the supervisee. Where information identifying the client will be shared with the clinical supervisor, the supervisee must obtain the informed consent of the client. This would be the case, for example, where the clinical supervisor is reviewing the clinical records of a newer therapist.

Additional Resources

Standard 2.1—Seeking Consultation, Clinical Supervision, and Referral
Standard 4.1—Providing Clinical Supervision
O. Reg. 317/12: Professional Misconduct, Provision 44

Section 5: Recordkeeping and Documentation

Standard 5.1: Clinical Records

The Standard

5.1.1 Registrants keep an accurate, complete, and legible clinical record for each client.

5.1.2 Registrants provide access to and disclosure of client records in their custody as permitted or required by law.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Including a complete client profile in the clinical record;
- Including in the clinical record a plan for therapy that is reflective of the modality or modalities used;
- Ensuring a record of client communications is included in the clinical record;
- Including a record of any therapeutic assessments, including methods used and outcomes;
- Including a record of conclusion or termination of the therapeutic relationship, reasons and explanatory notes, and referrals or follow-up recommendations in the clinical record;
- Retaining records of incidents and mandatory reports as warranted;
- Ensuring the clinical record is accessible, updated in a timely manner, legible, and written in plain language, with key information in English or French;
- Ensuring that amendments show changes and original entries.

Commentary

The clinical record serves as an important reference document for several reasons:

- Assisting the registrant with recalling and planning therapy as well as tracking progress;
- Providing information for other professionals who may provide services to the same client; and
- In an investigation or legal proceeding, as evidence of the client's condition and the registrant's actions.

<u>Maintaining Clinical Records</u>

Registrants are expected to maintain a clinical record for each client. All of the materials forming the complete clinical record should be stored together to avoid incomplete or lost information.

The *Personal Health Information Protection Act, 2004* (PHIPA), uses the term "health information custodian" to describe the individual or organization responsible for managing health records. When practising alone, the registrant is the health information custodian. When an RP is working as an employee of an agency or hospital, they are expected to follow the record

management policies of their employer in compliance with PHIPA. When the registrant is practising in a shared or group practice arrangement, it is important to clarify in writing at the outset who owns the records (the registrant, clinical supervisor, or group practice). In general, the health information custodian keeps the original record and provides copies when disclosing the record to others with authorization.

Language of Records

Key information in the clinical record is expected to be maintained in English or French. Key information includes the client profile and anything else, such as a summary, that needs to be readily accessible to other healthcare providers in an emergency. Progress notes may be recorded in the language in which therapy is taking place.

Joint Records

When more than one person (e.g., a couple or family) attends therapy, records may be maintained in one file, provided that the couple or family attends the sessions in the same combination. When the couple or family attend in different combinations, the registrant should generally keep separate files or sub-files for each individual. For example, if one member of a couple attends an individual session, a file for the individual session should be maintained separately from the file for the couple.

Similarly, in a group therapy setting, the registrant may maintain separate files for each individual or one file for the group. When a client in the group receives individual therapy with that registrant, the registrant is expected to maintain a separate file for that client's individual therapy.

Registrants should explain to joint clients how records are kept and how they may access those records. Clients may access the entire record if all participants consent or submit a joint request (e.g., both members of a couple request access to the couple's therapy record). If only one participant requests access to a joint record, and the others do not consent, they are entitled only to the information about themselves as well as any communal information (e.g., general themes) that is not attributable specifically to another participant.

Record Format

Records may be maintained in hard copy or electronic format. When maintaining a hard copy record, each entry should include the client's name or unique identifier,[17] the date, and the name or signature of the registrant. Electronic records should similarly include, for each entry, the client's name or unique identifier, the date, and the registrant's signature or initials, i.e., evidence that the registrant made the entry.

[17] A unique identifier is a code (e.g., a number) that allows the registrant to identify that client without using the client's name or other direct personal information. A unique identifier is one way to distinguish one client from other clients. Registrants must securely maintain a key linking each client to their unique identifier.

Contents of the Clinical Record

The following are relevant categories of information or documents contained in the clinical record.

Client profile	The client's full name, address, telephone numbers, date of birth, and unique identifier (if applicable). It also contains relevant information regarding the client's legally authorized representatives (if any, as described in the *Health Care Consent Act, 1996*), as well as the full name and contact information of any professional who referred the client, along with the reason for the referral. If the client was self-referred, this should be noted as well.
Assessment	A record of any therapeutic assessment, including methods used, results, conclusions, problem formulation, or other professional opinion regarding client status.
Plan for therapy (or Therapy Plan)	The plan for therapy will depend on the particular circumstances, including the therapeutic approach or model used. The record shall minimally indicate the plan or direction that the therapy is intended to take and log the client's initial and subsequent consent(s), as necessary. It will also include any reports on tests administered to the client. As the therapeutic relationship continues, changes in the therapy plan will also form part of the record.
Progress notes	Notations of the client's statements and therapist's observations, impressions, and proposed plans in response.
Work product	Photographs, copies, or descriptions of objects made, e.g., artwork.
Consultations and referrals	The date and relevant details of every consultation the registrant receives from or provides to another healthcare provider with regard to the client. This would also include specific information related to any referral made by the registrant regarding the client.
Client contact	A notation of all in-session and out-of-session contacts with a client or their authorized representative. Examples of out-of-session contacts with clients include letters, emails, texts, and telephone calls. Copies of written communications, documents, or forms are also included.
Reports	A list and copy of all reports sent or received with respect to the client.
Incident reports	For any major, unexpected negative outcome, a clear record of the incident as well as any action and follow-up.
Mandatory reports	Registrants keep a copy of all written reports they make in compliance with their mandatory reporting obligations. Where registrants make only a verbal report, they prepare a written summary of the discussion and include it in their records.
Closing	A record of conclusion or termination of the therapeutic relationship, including reasons and an explanatory note, such as a summary of outcomes attained, a record of referrals, and follow-up recommendations.

The following are generally *not* considered part of the clinical record.

Rough notes	Rough notes do not need to be maintained in the clinical record, though they may be included. If not retained, they should be used to complete the clinical record and then destroyed promptly, i.e., on the same day.
Developmental notes	Notes on the therapist's own process, which may be used in clinical supervision; these do not identify the client.

Amending Records

Every entry into the clinical record is expected to indicate who made the entry and when. When an amendment to a record is needed, the amendment should indicate what change was made, when, by whom, and why, making sure that the original entry is still legible.

Accessibility of Records

Clients have a general right to obtain a copy of their personal health information under the PHIPA; however, this right is subject to certain exceptions under Sections 51–54. Regardless of how the information is structured or stored, client records must be easily accessible and legible. Registrants may charge a reasonable cost-recovery fee. For example, a fee of $30 for the first 20 pages and 25 cents for each additional page has been held as reasonable.[18] The fee must not be a financial barrier to access.

Retention

Where the RP is the custodian of the clinical record, they are expected to retain the record for at least 10 years from the date of the last interaction with the client, or for 10 years from the client's 18th birthday, whichever is later. For example, if a child is seven years old at the time of the last interaction, the record would be kept until the client's 28th birthday.

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 25–27

[18] Information and Privacy Commissioner of Ontario, *Frequently Asked Questions—Personal Health Information Protection Act* (2015): https://www.ipc.on.ca/wp-content/uploads/2015/11/phipa-faq.pdf, page 41.

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Standard 5.2: Requests for Reports

The Standard

5.2.1 Upon request, registrants provide, within a reasonable timeframe, a report or certificate relating to the treatment performed, unless there is reasonable cause not to do so.

5.2.2 When providing a report or certificate, registrants indicate whether they are providing opinion, stating objective fact, or summarizing information provided by a client.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Responding fully to a request for a report or certificate from a client or their authorized representative;
- Ensuring compliance with Standard 3.1—Confidentiality throughout the reporting process;
- Delivering the response within 30 days of receiving the request;
- When a delay is unavoidable, alerting the party initiating the request, sharing the reason for the delay, and providing a firm date by which the request will be met.

Key Definitions

Report or certificate: A report or certificate includes a letter, summary, or form, whether formal or informal, regarding the treatment of a client. It does not include providing a copy of the client record itself, which is addressed in Standard 5.1.

Commentary

One reason registrants maintain effective recordkeeping systems is for issuing timely reports when requested by a client or their authorized representative. When a registrant has any doubt as to whether another person is acting on a client's behalf, they should verify with the client that they have agreed for the person to do so.

A proper response is one that is delivered in writing and responds fully to the request, insofar as the registrant is able to do so within their scope of competence. That is, registrants must not state facts that are outside their knowledge or opine on matters outside their expertise.

In many cases, the information or document requested is required for legal proceedings, employment, or insurance matters. When a registrant reasonably believes that a requested report would contain sensitive information, they should explain to the client the nature of the information that would be included. The registrant should document whether the client wishes to proceed with having the report prepared and released.

Delays in the time taken (or refusal) to satisfy the request could seriously disadvantage a client. Reasonable causes for delay might include the unavailability of a critical piece of information, illness of the registrant, or the need to inform other individuals, e.g., a family member who

attended some of the sessions. In complex situations, the registrant may require time to obtain legal advice.

There are also situations where it may be appropriate for an RP to refuse to provide a requested report. These situations are limited, but can include the following:

- Not having the competence to provide the information sought, although a registrant may still be able to provide factual information, such as treatment dates and presenting issues;
- Not having the appropriate consent or legal authorization to disclose the information;
- Where a report could cause significant harm (not in the best interests of a child, for example).

Registrants are generally permitted to charge reasonable fees for preparing requested reports, provided that they have first given the payer an estimate of the fee. For example, it would be appropriate for registrants to base the fee on their pro-rated hourly therapy fee. However, registrants cannot refuse to prepare a requested report or release a requested document simply because the client is unable to pay. Similarly, registrants cannot refuse to prepare a requested report or release a requested document simply because of a dispute with the client.

Providing Information to Clients About Services

Registrants must reply appropriately to a reasonable request by a client or a client's authorized representative for information about a service or product provided or recommended by a registrant.

Confidentiality and Reporting

Upon receiving a request for a report, registrants should first seek express consent from their client or their authorized representative to provide the report and discuss the requested content. Registrants should ensure that only relevant and requested information is provided and should provide clients the opportunity to review the report prior to submission. Finally, registrants must ensure that reports are sent through secure means.

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 4, 37

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Standard 5.3: Issuing Accurate Documents

The Standard

5.3.1 Registrants ensure that documents they sign or transmit in a professional capacity, or allow others to do so on their behalf, contain accurate and complete information.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Exercising care to ensure the accuracy of information presented in documents prepared for their signature and transmittal;
- Considering how the reader will interpret the information and using clear language that minimizes the likelihood of it being misconstrued;
- Refusing to sign or send documents containing misleading or false information or allowing others to do so on their behalf;
- Issuing invoices, bills, and receipts that are accurate. This includes listing the correct provider, fee, date, registration number, and duration of services provided.

Key Definitions

Report or certificate: A report or certificate includes a letter, summary, or form, whether formal or informal, regarding the treatment of a client. It does not include providing a copy of the client record itself, which is addressed in Standard 5.1.

Commentary

Registrants are trusted by clients and the public. To maintain this trust, any document from a registrant needs to be accurate and complete. Examples of documents include records, reports, letters, invoices, bills, and receipts.

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 17, 26, 27

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Standard 5.4: Appointment Records

The Standard

5.4.1 Registrants maintain an appointment and attendance record for each client.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Documenting the date, time, and duration of each professional encounter with the client, as well as cancelled or missed appointments;
- Maintaining appointment records for at least ten years from the last interaction with the client or from the client's 18th birthday, whichever is later.

Commentary

Appointment records assist with time management, boundaries, and maintaining a history of client contact. They may be maintained centrally, e.g., in an office calendar or billing system, or separately in each client's clinical record. Like other records, registrants need to maintain them securely to avoid unauthorized or unnecessary disclosure.

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 25–27

Standard 5.5: Financial Records

The Standard

5.5.1 Registrants keep a financial record for all clients for whom a fee is charged for therapeutic services.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Ensuring financial records include a clear identification of the person(s) providing the service, their title, and a clear identification of the client or clients to whom the service was provided, including the client's full name and address and their unique identifier (if applicable);
- Identifying or describing the service provided, the cost of the service, and the date and method of payment received;
- Identifying fees charged for services provided by supervised personnel;
- Indicating the reason or reasons why a fee may have been reduced or waived;
- Ensuring that if fees were charged to a third party, the full name and address of that party is included in the record;
- Indicating any balance due or owing;
- Including (if applicable) information documenting the retention of an agency for the collection of any outstanding balance.

Commentary

Most registrants engage in financial transactions with clients or third-party payers such as insurance companies. Financial records contain the details of these transactions, including invoicing, payments, and supporting documents (e.g., insurance forms).

Financial records should be retained for at least ten years from the last interaction with the client or from the client's 18th birthday, whichever is later. They may be kept separately from clinical records but must be maintained with due regard for security and should be easily retrievable.

Additional Resources

O. Reg. 317/12: Professional Misconduct, Provisions 25–27

Standard 5.6: Record Storage, Security, and Retrieval

The Standard

5.6.1 Registrants take steps that are reasonable under the circumstances to ensure that personal health information is protected against theft, loss, and unauthorized use, disclosure, modification, or disposal.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Developing recordkeeping policies when the registrant is a health information custodian or following the policies of the registrant's group practice or employer when they work for a health information custodian;
- Organizing records in a logical and systematic fashion to facilitate retrieval and use of the information;
- Maintaining records in such a way as to support an audit trail.

Commentary

Whether records are on paper or electronic, there are various safeguards and measures to maintain the security and integrity of personal health information, including the following:

<u>Physical Safeguards</u>

- Securing paper records and electronic devices in locked spaces;
- Ensuring screens displaying personal health information are not viewable by individuals without authorization;
- Securely disposing paper files, e.g., micro-cut shredding.

<u>Electronic Safeguards</u>

- Firewalls, encryption, virus protection, and system security updates;
- User ID and password protection;
- Automated backups at reasonable intervals, recovery tests;
- Record integrity and audit capability to capture
    - Date, time, and author of each entry, including changes that preserve the original entry;
    - Who has viewed the record and when; and
    - Log of data exports and exchanges with other systems;
- Alternate recordkeeping method in case of system failure;
- Secure deletion of client records once retention period has ended.

<u>Administrative Safeguards</u>

- Need-to-know access;
- Confidentiality agreements with anyone who can view personal health information;

- Privacy training;
- Log to track when files are to be disposed of.

Registrants are also expected to make reasonable efforts to maintain the security of client records during transmission or disclosure (for example, by using mail or courier with tracking or encrypted electronic transmission).

Registrants need to ensure that any electronic recordkeeping system they use allows them to meet their recordkeeping obligations. These obligations include, but are not limited to, the ability to retrieve, transfer, amend,[19] and securely destroy records.

Additional Resources

Standard 3.1—Confidentiality
CRPO Electronic Practice Professional Practice Guideline
IPC Privacy and security concerns for virtual health care visits
IPC Fact Sheet: Safeguarding Personal Health Information
O. Reg. 317/12: Professional Misconduct, Provision 25

[19] The system must also maintain the original entry.

Section 6: Business Practices

Standard 6.1: Fees

The Standard

6.1.1 Registrants establish a standardized fee schedule and make it available to current and prospective clients. Registrants inform clients of their fee schedule prior to providing services.

6.1.2 Registrants charge fees that are reasonable in relation to services provided; fulfill the terms of agreements established with clients; and provide itemized accounts upon request.

6.1.3 Registrants do not offer discounts or incentives for pre-payment or prompt payment of services.

6.1.4 Registrants do not charge for services that are not provided, with the exception of late cancellations, missed appointments, or deposits.

6.1.5 Registrants do not unduly restrict methods of payment and do not provide discounts for preferred methods of payment.

6.1.6 Registrants should not barter their services with clients due to the risks of dual relationships and conflicts of interest.

6.1.7 Registrants offering block fees to clients ensure there is a written agreement in place detailing the services covered by the fee, the total fee, arrangements for paying the fee, and refund requests and procedures.

6.1.8 Registrants do not sell or assign debt owed for professional services.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Charging and remitting sales tax as required by law;
- Sharing the price of services upon request;
- Ensuring clients understand any consequences of non-payment;
- Notifying or reminding clients of upcoming charges, even if payment is automated, e.g., if the client's credit card information is securely stored on an online payment platform;
- Advising clients of alternative services accessible to the client before discontinuing services for non-payment;
- Ensuring clients understand promotional rates are for a fixed term and that they are provided access to the general fee schedule prior to the onset of any services;
- When requested, and within a reasonable time, providing full or partial refunds, as appropriate, to clients who paid a block fee but decided not to receive all the services;

- Issuing receipts that clearly state the name of the client; name of the registrant and their title; the registrant's registration number; name, date, and duration of the service provided; and cost of the service and method of payment.

Key Definitions

Fee schedule: A listing of the fees normally charged by a given healthcare provider for specific therapies and procedures provided. This also includes administrative fees (record release, report writing, etc.) or fees imposed for missed appointments. Late cancellation fees shall be reasonable for the circumstances.

Reasonable fees: While CRPO does not set fees for registrants, it expects registrants to set fees that are non-exploitative.

Reasonable timeframe: In terms of providing refunds for block fee arrangements, RPs are expected to provide refunds to clients within seven days of the decision to terminate services, with limited exceptions for extraordinary circumstances.

Block fees: An up-front payment where the registrant agrees to provide a set of services for a set price. This may involve a set number of sessions for a particular price or a time-based (e.g., monthly) therapy "subscription" fee.

Barter: Exchanging professional services for anything other than monetary payment.

Commentary

The College does not set the fees that registrants may charge for services. However, a registrant may not charge or accept a fee that is excessive or unreasonable in relation to the service provided. Registrants also may not offer a discount or rebate to a client for prompt payment of fees, nor charge more than the registrant's usual fee for a service where a third party is paying for the service. Registrants may accept payment on a sliding scale, i.e., a variable fee depending on the ability to pay. Registrants must ensure that clients are aware of their fee schedule before commencing services and must provide an itemized account of services upon request.

Free Consultations and Service Agreements

Registrants may provide free initial consultations without further obligation and must provide the service promised and as advertised. For example, registrants must not offer an "hour" of therapy assuming that clients know this means 50 minutes.

If a registrant chooses to increase their fees, they shall provide reasonable notice to clients and should not discontinue therapy because a client cannot afford the higher fee.

Non-Payment of Fees

If a client fails to pay a registrant in accordance with agreed-upon terms, this is not grounds for immediately discontinuing services. While the registrant is entitled to be paid for their services, they must place the needs of the client first. Before discontinuing services for non-payment, the registrant should advise the client of alternative services/service providers that are accessible to

the client. At the start of the relationship, if applicable, the registrant shall make sure the client understands that they are required to pay for services and that services will be discontinued if payment is not received.

While registrants are permitted to use the services of a debt collection agency in order to recover unpaid fees, they are prohibited from selling or assigning client debts. This does not prohibit registrants from accepting payment by credit card.

Equity and Forms of Payment

Registrants are expected to create and adhere to fee schedules; however, there may be cases where clients are unable to pay the full posted rate. In the interest of equity, registrants are permitted to offer fee reductions in accordance with set policies. For example, a “sliding scale” may be appropriate for low-income clients.

Registrants must not unduly restrict forms of payment. For example, if a client does not have a credit card, the registrant should explore whether another method of payment is feasible. Conversely, registrants should not charge clients more for paying by credit card, for example, by passing on the credit card processing fee to the client.

Forms of payment should be appropriate with regard to the type of therapy practice. For example, it would be reasonable for an RP with an electronic practice to generally require electronic forms of payment (e-transfer or credit card).

Bartering with clients should be a last resort due to the risks involved, and in all but extraordinary cases would not be appropriate. Bartering inherently creates a boundary crossing and dual relationship, which puts the client at risk. In many cases, there are alternatives to bartering, e.g., sliding-scale or pro bono work, that may promote the same equity considerations. In communities where bartering is the norm, registrants must be careful to apply safeguards should they barter for their services. This includes, but is not limited to, contracts detailing the method and value of payment, careful consideration of the conflict of interest being developed, strict documentation of conversations surrounding the method of payment, and conversations with the client around mitigating the conflict of interest and dual relationship that may be developed through bartering.

Block Fees

Block fee arrangements are permitted if registrants adhere to the expectations set out in Standard 6.1.7. Registrants should use caution in offering block fee arrangements. Registrants must not pressure clients to continue in treatment because they have paid up front and must take care to ensure clients do not feel an obligation to continue until the pre-determined end date. If a client ends treatment partway through the prepaid sessions, registrants are expected to refund fees for services not yet provided. RPs are expected to provide refunds within seven days of the initial request.

Fulfilling Agreements With Clients

If a registrant agrees, either verbally or in writing, to provide a course of therapy for a regular set fee or a negotiated fee, the registrant must fulfil this commitment to the client. This does not preclude a registrant from raising fees with proper notice, as mentioned above.

Additional Resources

Standard 1.6—Conflict of Interest
Standard 5.5—Financial Records
Standard 6.3—Discontinuing Services
O. Reg. 317/12: Professional Misconduct, Provisions 18–24, 51

Standard 6.2: Advertising

The Standard

6.2.1 Registrants ensure their advertising is truthful, accurate, factual, and verifiable.

6.2.2 Registrants do not request or solicit testimonials or use them in their advertising.

6.2.3 Registrants solicit only in accordance with applicable regulations (see Commentary).

6.2.4 When advertising, registrants do not

- Promise a result that cannot be delivered;
- Use comparisons to others, superlatives, or suggest that their practice is unique;
- Appeal to a person's fears.

6.2.5 Registrants ensure paid advertisements of their practice are identifiable or recognizable as an advertisement.

6.2.6 Registrants take reasonable steps to ensure that advertising placed by others on their behalf meets College requirements.

6.2.7 Registrants advertise an area of practice only if they have verifiable training in that area of practice.

6.2.8 Registrants ensure it is clear whether an advertisement pertains to psychotherapy or different products/services that the registrant offers.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Avoiding misleading or subjective claims in advertising;
- Refraining from pressuring individuals into engaging the registrant's services;
- Identifying themselves to clients using the name (or nickname) that appears on the Public Register of the College.

Key Definitions

Advertising: Any message communicated in a public medium intended to influence an individual's choice, opinion, or behaviour, including referring to business names associated with a registrant's practice. Advertising includes paid or in-kind promotions on any platform, registrant websites, and registrant social media accounts, among other forms of media and communication.

Testimonial: A statement by another person about the quality of the registrant's services.

Endorsement: A type of testimonial publicly showing support for a registrant or their practice, whether by a client or non-client.

Review: A type of testimonial, generally collected and posted by third-party internet sites (that is, sites not under the control of the registrant or their business, employer, or clinic). Reviews

include statements as well as rankings and ratings, e.g., “five-star rating” or “top three psychotherapists in the city.”

Superlative: An expression, typically exaggerated or unprovable, used to convey the highest degree. Examples include “best psychotherapist in Toronto” or “fastest path to stability.”

Practice area: Refers to the client populations served, issues treated, and modalities ordinarily used in one’s practice.

Commentary

Clients rely on registrants to provide accurate and verifiable information about their qualifications and experience and to be transparent in the way they represent themselves and their services.

Advertising

Registrants may advertise their professional services, provided that the information provided is relevant and assists prospective clients in making an informed choice regarding healthcare services. Advertising must be truthful, factual, clear, and easily understood.

Registrants must ensure that advertising does not convey information that misleads clients or confuses the public. This includes omitting relevant information or including irrelevant, false, or unverifiable information that may be misleading.

Examples of inappropriate statements in advertising could include the following:

- “You’ll get the job you always wanted.”
- “The best therapy available.”
- “The most caring treatment.”
- “Avoid being alone, come in for therapy.”

Registrants must take reasonable steps to ensure that advertising placed by others (e.g., employers, employees, marketing consultants) meets these same objectives. Related, registrants must not falsely advertise someone else as a registered psychotherapist (e.g., referring to an unregistered practicum student as a “psychotherapist”).

In advertising, registrants may

- List psychotherapy-related education and qualifications but not degrees unrelated to the provision of psychotherapy;
- Describe areas of practice or specialization and populations served in alignment with Standard 2.1, but must not exaggerate the conditions they can treat or the modalities they are competent to use;
- Outline a philosophy or approach to practice; and
- Identify registration with the College, but must not use the College logo in advertising or suggest that they are recognized by the College as qualified in a specialty area.

Advertising Areas of Practice

Some online directories require therapists to use dropdown menus or pre-filled selection options to display psychotherapeutic techniques, issues treated, and client populations served. RPs must take special care to review each individual selection. Registrants who do not have verifiable training in a particular area of practice must not advertise or provide that service. Some specialized issues (e.g., addictions, eating disorders, etc.) may require advanced training beyond entry-to-practice requirements.

Testimonials, Reviews, and Endorsements

Testimonials from clients, former clients, or other persons regarding a registrants' practice are not permitted in advertising. Testimonials are subjective and may be unreliable. They may also be misleading, as each client is unique and each situation is different; a technique that works well for one client may not work for another. A client's plan of therapy shall be based on the individual client's needs, not on the experiences of others. Testimonials may also lead to concerns that clients have been pressured into providing them, which is not in the best interest of the client or the therapist.

This rule does not prevent clients or others from reviewing or endorsing registrants (e.g., on third-party internet sites for rating professionals), provided registrants do not request them to do so and provided registrants do not influence which reviews or endorsements are published.

Similarly, registrants are expected not to advertise or promote third-party reviews or endorsements of themselves, as doing so could be misleading. For example, a therapist's five-star average rating does not imply that the registrant is in the best position to treat a particular client.

Soliciting

Soliciting individuals in a way that pressures them to engage the registrant's services is not acceptable. Registrants are permitted to solicit individuals only in accordance with the Professional Misconduct Regulation, as follows:

1) The person who is the recipient of the solicitation must be advised, at the earliest possible time during the communication, that
    a) the purpose of the communication is to solicit use of the registrant's professional services, and
    b) the person may elect to end the communication immediately or at any time during the communication if they wish to do so; and
2) The communication must end immediately if the person who is the subject of the solicitation so elects.

These rules are not intended to prevent registrants from contacting clients to provide reminders about appointments and follow-up services.

Registrant's Name

Clients are entitled to know the name of the registrant with whom they are dealing and to verify the registration status of any registrant. In addition, the College must be able to identify and locate a registrant if it receives a complaint or report about the registrant.

In their professional role, a registrant must identify themselves using the name recorded in the Public Register of the College. This applies when identifying themselves orally or in writing on documents such as invoices, business cards, and pamphlets. Registrants may use nicknames or other variations of their name with clients, provided that these names are registered with the College.

Registrants may also create and use business names (e.g., Riverside Therapy Services), provided that they use their own name (as set out in the College Register) on official documents and when identifying themselves to clients.

Easily Identifiable Advertising

CRPO expects advertisements to be easily identified as such. This means paid advertisements must not give the appearance of an independent review, endorsement, or testimonial. Websites or social media accounts owned by registrants shall be clearly labelled as such. Additionally, any paid placement on blogs or in media (for example, an article exploring local psychotherapy or mental health services) must be clearly identified as a paid placement.

If an RP is unsure whether their advertisement, websites, or social media accounts are easily identified as such, additional measures shall be taken to ensure clarity.

Additional Resources

Standard 1.2—Use of Terms, Titles, and Designations
Standard 1.6—Conflict of Interest
Standard 3.5—Unnecessary Treatment

Standard 6.3: Discontinuing Services

The Standard

6.3.1 Registrants discontinue professional services only when appropriate.

6.3.2 Registrants do not refuse or discontinue treatment based on grounds protected by the Ontario Human Rights Code (race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, or disability).

6.3.3 When discontinuing services to clients who are interested in further treatment, registrants make reasonable efforts to provide referrals to other providers.

6.3.4 When discontinuing services, registrants clearly communicate and document the reason(s) for discontinuing services and the conversation they have with the client.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Discontinuing services only when the decision to do so is made in good faith;
- Ensuring the clinical record includes the reasons for discontinuing service, the condition of the client at the time of discontinuation, the client discharge plan (including the transition to other services, if applicable), and a record of the conversations held with the client regarding the discontinuation of service.

Key Definitions

Appropriate discontinuation of services: Under Ontario Regulation 317/12, this refers to a situation where registrants would reasonably regard the discontinuation as appropriate, considering the registrant's reasons for discontinuing services, the condition of the client, the availability of alternate services, and the opportunity given to the client to arrange alternate services prior to the discontinuation.

Commentary

It is a registrant's professional obligation to ensure that they act in the best interests of clients at all times, including when discontinuing services. Once a registrant begins working with a client, the relationship should continue as long as the client is benefiting from therapy or wishes to continue receiving services. Registrants shall not unilaterally discontinue services to clients without good reason. There are several legitimate reasons for discontinuing services to clients, including the following:

- The registrant lacks the necessary competence to continue working with a client;
- The registrant believes the client will not benefit from continued therapy;
- The registrant would be at risk of serious harm if they were to continue working with the client, e.g., the client threatens or assaults the registrant;
- The registrant is closing their practice or reducing their hours;

- The registrant is changing the client population they serve or the therapy modalities they use;
- When, by prior agreement, a fixed number of sessions is to be provided; or
- When the client has not met their obligation to pay fees as agreed (see Standard 6.1—Fees).

In all cases, the registrant is expected to make reasonable efforts to inform the client of the reason for discontinuing services and refer the client to another service provider, as appropriate. The registrant is also expected to document the reason for discontinuing services.

Discrimination and the Duty to Accommodate

Registrants shall not decline to provide services or discontinue services for personal reasons where, for example, the therapist does not agree with the client's political views.

Registrants must not refuse to work with a client or discontinue therapy because of a client's disability. The Human Rights Code requires that persons with disabilities be accommodated, unless this causes undue hardship for the therapist. Registrants must make reasonable efforts to accommodate the needs of persons with disabilities. A decision to end therapy shall always be made in good faith. For example, a therapist must not tell a client that they are ending the therapeutic relationship because the therapist lacks the competence to work with the client, when the real reason lies elsewhere. To avoid confusion and concerns about discrimination, the therapist shall always clearly communicate the reasons for ending the therapeutic relationship and document the discussion in the client's file.

Discontinuation on the Basis of Registrant Safety

RPs are permitted to discontinue care of a client if they or their staff feel threatened by a client's behaviour or have been subjected to ongoing abuse or directly threatened by a client.

Disagreements with clients over treatment plans, incompatibilities in personality, and general use of foul language are not considered abusive behaviour and would not meet the standard for appropriate discontinuation of service under the Practice Standards.

Conflicts of Interest and Discontinuing Care

RPs must be aware that when discontinuing service to a client due to an irreconcilable conflict of interest, they must uphold all relevant confidentiality standards and laws.

For example, if the conflict exists because the registrant realizes two of their individual clients are talking about each other in session, the RP will not be able to fully explain the reason if they need to discontinue care with one or both of them. RPs are expected to note an existing or emergent conflict of interest without providing any details that could identify another client receiving services.

Additional Resources
Standard 6.1—Fees
Standard 6.4—Closing, Selling, or Relocating a Practice
O. Reg. 317/12: Professional Misconduct, Provision 6

Standard 6.4: Closing, Selling, or Relocating a Practice

The Standard

6.4.1 Registrants intending to close or relocate their practice take reasonable steps to give appropriate notice of the intended closure or relocation to each client for whom the registrant has primary responsibility.

6.4.2. Registrants have a contingency plan in place to promote continuity of care in the event of an unexpected interruption to their practice.

6.4.3 Registrants who are health information custodians provide the College with up-to-date information about who would take custody of the records in their care in the event of the registrant's death or long-term inability to fulfill their obligations related to this position.

6.4.4 Registrants acting as health information custodians maintain records in a secure manner for the period set out in Standard 5.1, even after the closure of their practice, unless the records are transferred to another health information custodian.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example,

- Providing as much notice to clients as reasonably possible when closing or relocating a practice, with an expected minimum notice of 30 days for foreseeable closures;
- Providing information to clients about alternative services;
- Ensuring that each client record is
    - retained securely by the registrant in compliance with the *Personal Health Information Protection Act, 2004,* and the College's recordkeeping and documentation standards;
    - transferred to the registrant's successor; or
    - transferred to another practitioner if the client so requests;
- If the retention period has passed, ensuring records are disposed of in a secure manner;
- Informing their health information custodian successor of their obligations under the law, including that they may be contacted by clients for copies of their clinical record.

Key Definitions

Adequate notice: In the case of a pre-planned move, retirement, or practice closure for other reasons, adequate notice generally constitutes a minimum of 30 days. In cases of emergency or sudden and unexpected incapacitation, registrants or their representatives shall provide as much notice as reasonably possible.

Heath information custodian: The person or organization that has custody of personal health information, as defined by section 3 of the *Personal Health Information Protection Act* (2004).

Health information custodian successor: The person taking over responsibility for a registrant's original client records following the planned or unplanned sale or closure of the registrant's practice or following the registrant's death.

Commentary

Registrants are obliged to advise their clients and those whose records they possess if they intend to close, sell, or relocate their practice. Notice should be given well in advance or as soon as is reasonably possible. The purpose is to provide time for clients to seek alternate services. Where possible, the registrant shall assist the client in identifying alternative services. If a registrant is leaving an organization rather than closing, selling, or relocating their practice, they shall still make reasonable efforts to notify active clients about their upcoming departure.

When closing or relocating a practice, registrants are expected to first attempt to provide direct notice (in person during a scheduled appointment or through a telephone conversation, direct letter, personal email, etc.) of the change to clients. If not all clients can be reached, registrants are expected to use at least two forms of indirect notice (posting a message on one's website, using an automatic reply on emails, updating a voicemail to note closure or sale, publishing closure in a newspaper, etc.).

Regardless of the method of communication, registrants are expected to document their attempts to alert clients.

Registrants must ensure that client records are transferred to the registrant's successor (if there is one) or to another registrant if the client requests this. Client records that are not transferred must be retained or, if the retention period has lapsed, disposed of in a secure manner in accordance with the *Personal Health Information Protection Act, 2004,* and the College's recordkeeping and documentation standards.

Contingency Planning

Registrants must have in place a plan to address unforeseen interruptions to their practice, such as unplanned leave, illness, or death and even natural disaster. These plans should promote continuity of client care and allow others to manage, transfer, or close a practice in the event that a registrant is unable to do so. The plan should include backup and storage of contact lists and, where possible, client records, directions for contacting clients or their authorized representatives, and contact information for alternative service providers.

The registrant's next of kin or the executor of their will should be made aware of this contingency plan and have appropriate contact information for the health information custodian successor.

CRPO strongly encourages registrants to select qualified successors, with knowledge of healthcare privacy law. In order to best ensure compliance with CRPO standards, the College suggests selecting another registrant when possible.

If individuals (such as clients or colleagues) become aware of an abandoned or interrupted practice, they should contact the College.

Additional information on contingency planning and expectations of the College can be found here: Practice Matters—College of Registered Psychotherapists of Ontario (crpo.ca).

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Additional Resources

Standards Section 5—Recordkeeping and Documentation
O. Reg. 317/12: Professional Misconduct, Provision 38