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## Meeting of the Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario — Sept. 22, 2010

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After the usual business of a Board meeting (call to order; approval of agenda; committee reports; Registrar's report) some special business was attended to:

- 2009/2010 Financial Statements
- 2010/2011 Budget
- Introduction of new Council members (and appointment to committees)
- Exec. Committee Terms of Reference
- Privacy Policies and Workplace Violence Policy introduced

The new Council members are:

Barbara Anshuetz: ...over twenty-five years of experience in trauma response, therapy and consulting with children, adolescents and adults.\*

Banakonda Kennedy-Kish: ...instructor in the Social Service Worker Diploma Program at First Nations Technical Institute, Tyendinaga Mohawk Territory and an Indigenous Community Development Trainer for the Canadian International Development Agency Project.\*

\*Excerpts from their biographies on [http://www.cprmhto.on.ca/pages/Home/Council/Council\\_Members](http://www.cprmhto.on.ca/pages/Home/Council/Council_Members)

The main part of the meeting was dedicated to reports on and discussion of the draft versions of two important regulations: the *Professional Misconduct Regulation* and the *Registration Regulation*.

### *Background Information:*

*Regulations are a statutory necessity and become law (part of the Psychotherapy Act). They are usually formulated relatively broadly in order to be inclusive while leaving it possible for details to be adjusted over time without having to re-open the legislative process. More details on the provisions of the regulation are usually added in two ways: 1) Detailed Provisions are separate sections within the regulations; they are still enforceable by law. 2) Practice Standards are noted outside the regulations and thus can be developed over time; they are however not enforceable by law.*

*Both regulations are currently still in the early drafting stages. The Professional Misconduct Regulation was presented by the Professional Practice Committee as a First Draft. The Registration Regulation was presented by the Registration Committee as a 'current state of thought'. Both committees will take the input from the Transitional Council (TC) into consideration, adjust their draft or formulate a formal draft respectively, and bring this back to the TC. Once the draft is approved by the Transitional Council it will be taken to the public for consultations with stakeholders. How, when, and in what fashion these consultations will take place is not yet decided and will be announced in good time to allow the public ample time to respond. The input from these consultations will be taken back to committee(s) who will adjust the draft and present it back to the TC. Upon ratification there it will be presented to the government and moved through the legislative process.*

**Professional Misconduct Regulation — First Draft as presented**

Most people conduct themselves professionally. Sometimes - by accident, design, or inattention - people don't. That is what is called Professional Misconduct. As it can harm the client and the College's mandate is to protect the public (clients), the Professional Misconduct Regulation is an important document that deserves proper attention. The current draft was based on a general template which then has been made to fit the specific requirements of the profession. Input and ideas have been drawn from

- Other National Colleges
- Independent Professional Associations
- Legal support / council
- Feedback from the Ministry
- Input from the members of the TC

The committee also met with a focus group and found that meeting to be very fruitful and helpful.

The committee presented a small number of provisions that were most controversial within the committee. All provisions were presented in writing to the members of the TC. The full draft is not currently available to the public.

The provisions presented were:

Provision 2:

*Abusing a client or a client's representative verbally, physically, psychologically or emotionally.*

**Adding 'financially' was suggested.  
Sexual abuse is already covered under the RHPA.**

Provision 6:

*Discontinuing professional services unless the discontinuation would reasonably be regarded by members as appropriate having regard to,*

- i. The member's reasons for discontinuing the service,*
- ii. The condition of the client,*
- iii. The availability of alternate services, and*
- iv. The opportunity given to the client to arrange alternate services before the discontinuation*

**Concerns were raised in two areas: agencies often restrict client's therapy hours; would that be included in this provision? EAPs often restrict the therapist from working with a client after the EAP time has run out. This restricts the client's right to choose; how does that work within this provision?**

**Generally it was explained that provision this is mostly to ensure the client's right to choose her / his therapist. It encourages therapists to make professional decisions when entering into contracts for example with EAP providers.**

Provision 7:

*Recommending or providing unnecessary treatment or continuing to treat a client where the treatment is no longer indicated or has ceased to be effective.*

Provision 12:

*Failing to appropriately supervise a person who the member is professionally obligated to supervise.*

**It was stated that there are two kinds of supervision: administrative supervision (appointments, reports, etc.) and supervised practice. It was also stated clearly that the Controlled Act (the actual provision of psychotherapy) can not be delegated. Students in training programs do not work with 'delegated' clients but are considered to be working with their clients under special and supervised circumstances.**

Provision 16:

*Acting or being in conflict of interest when in a professional capacity.*

**This provision is considered very important and will be fleshed out in much more detail later as per suggestion by the Ministry. It was considered a possible point of delay for the regulation to try to get all the possible conflict of interest situations noted in detail before the regulation was to be passed.**

Provision 20:

*Charging a block fee for ongoing care and charging a block fee for a discrete service without first specifying the following in writing:*

- *The services covered by the fee,*
- *The amount of the fee,*
- *The arrangements for paying the fee,*
- *The rights and obligations of the member and the client if the relationship between them is terminated before all the services are provided.*

**It was clarified that 'ongoing care' means not pre-determined in end-time and without a specific goal / time approach; while 'discrete service' means a contained, clearly defined service with a pre-determined start and end time. As an example was given ongoing emotional support vs. an 8-week smoking cessation program in hypo-therapy. Charging block fees for ongoing care is going to be prohibited under any circumstances.**

Provision 21:

*Failing to itemize an account for professional services if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services, or if the account includes items that are not professional services, failing too itemize those items at the actual cost to the member (including a reasonable overhead cost).*

**'Reasonable overhead cost' was added to allow therapists to provide products without loss. It was also clarified that the itemized account was only to be necessary if actually required by the client etc.**

Provision 27:

*Making a claim about a therapeutic approach, modality, remedy, treatment, device, or procedure other than a claim that can be supported as reasonable professional opinion.*

**Some discussion about the possibility of stating that treatment methods need to be evidence based. The general response was that most approaches in psychotherapy are not sufficiently researched and thus can't be said to be 'evidence based' in the scientific meaning.**

Provision 33:

*Using a term, title, or designation indicating or implying a specialization in an area or areas of practice of the profession except in accordance with any formal specialist recognition program approved by the College.*

**Meaning: members can't use words like "registered", "certified", "...-therapist" in their description of work. E.g., "Registered Marriage Therapist" is not allowed; instead "Registered Psychotherapist practising Marriage Therapy" would be allowed. Formulated to allow the public access to services without the confusion of un-regulated titles and qualifications. Also, the last part of the provision would allow the College to later acknowledge certain certification if it wants to, e.g. as "certified marriage counsellor", without having to re-open legislation.**

**Main concerns raised by TC members: there are some specializations, e.g. marriage counselling, where having the special training and certification truly makes a difference in the quality of services and thus protects the public. How can that be taken into consideration?**

Provision 35:

*Failing, without reasonable cause, to provide a report or certificate relating to a treatment performed by a member, within a reasonable time, to a client or the client's authorized representative after the client or authorized representative has requested such a report or certificate.*

**Possible reasons for not providing a such a report would be for example insufficient information, checking for background information, etc.**

Provision 37:

*Failing to promptly report to the College reasonable grounds of an incident or unsafe practice by another member. In making such a report, the member shall not include the identity of the client unless the client consents to such disclosure or such disclosure is otherwise permitted by law.*

Provision 54:

*Knowingly making a false or misleading complaint to the College about another member.*

**These two provisions were presented together as the committee found it important to ensure that members felt comfortable to report real concerns without fearing that they could be held responsible if additional information reveals good cause and proper conduct while at the same time ensuring that no one will make unfounded complaints.**

Provision 53:

*Failing to make reasonable attempts to coordinate the care of the client with the client's other relevant health care providers where such coordination is necessary for the client's health unless the client refuses to consent.*

**This provision may be extended to include 'and / or when the client requests such coordination'.**

**Some discussion was brought up here about the teaching of responsibility of the client in some approaches of psychotherapy and the hesitation of the practitioners to coordinate with other professionals for that reason.**

General concerns raised after the presentation of this draft:

It seemed to many members of the TC that the provisions work really well for individual practice but may be difficult for therapists working in agency settings and / or community settings.

Concerns were raised that this draft should be worded to also include misconduct against colleagues and other service providers.

***Registration Regulation — Current Thoughts and Discussion Topics as resented***

The Registration Committee had three main meetings throughout the summer during which a major shift in thinking about the two protected titles (*Registered Psychotherapist* and *Registered Mental Health Therapist*) occurred out of their discussions as the natural distinction:

<b>Registered Psychotherapist</b>	<b>Registered Mental Health Therapist</b>
Working independently	Working in group settings / clinical settings
Private practice	Supportive role in community, group, or clinical practices
Mainly in one-on-one sessions	Under supervision and / or within a group mandate

The work on this Regulation has been complicated by the clear awareness of the committee that it is dealing with an existing and fully established profession. Knowing that some standards will be developing over time (e.g. educational standards can only be required if such education is available) and understanding that the College can't wait until such standards *can* be met, the committee tried to develop a grandparenting plan, attempting to make available a relatively simple process that would allow as many existing practitioners as possible to become members right from the beginning.

The TC was reminded that the presented information is not yet a formal draft but an informative overview of the current thinking of the committee.

## 1. Grandparenting:

Upon proclamation of the Psychotherapy Act all current practitioners will have the option to apply for membership in the COLlege as either Registered Psychotherapist or Registered Mental Health Therapist (RMHT).

Those that meet the full requirements of either class will become full members, entitled to use the protected title.

Because a written exam is not expected to be developed before proclamation, they will not have to write the exam at the time of their application, and if they are accepted as a Registered Psychotherapist or RMHT, they will not be required to write the exam when it becomes available.

If current practitioners do not meet the registration requirements for either category, they can apply to become grandparented members of the College. Grandparented members will be permitted to use the protected title for their membership category.

Eligibility for grandparenting will be based solely on evidence of current active practice.

**Concerns were raised about how to protect the public if the only requirement for grandparenting is proof of practice. “Incompetent people practice, too.”**

It was clarified that the Professional Misconduct Regulation would still apply to all members, incl. the grandparented ones. This means they still would have to be transparent in how they are conducting their work, not claiming success and evidence where there is none, etc. Also, a jurisprudence test would be part of the general application for everyone, incl. grandparenting applications; thus it would be ensured that all members know the basic Regulations under which they would have to practice.

Another concern was the question of how someone would get out of the grandparented status into full membership; and *why* they would want to if they were granted all rights of full membership.

It was clarified that there are several reasons for a grandparented member to move into full membership the two main ones being:

- 1) the government would not accept grandparented members as a separate category;
- 2) the grandparented membership would be time limited.

Grandparented members would be able to apply for full membership if / when they had upgraded their existing education etc. to meet the requirements for full membership; or membership could be granted on personal merit. What that would look like has not been discussed yet. Prior Learning Assessments (PLA) *may* be a possibility for a few situations but it would be thoroughly impractical to do those for all grandparented members (financially and time wise).

Finally the question was raised why examinations should not be given in retrospect as they could also serve as integration of learning tools.

It was clarified that a) an examination at this level would be solely for prediction of qualification and thus a retrospect examination would not be helpful to the registration process; and b) it would be very difficult to take back an already granted full membership in case the examination isn't passed.

## 2. Examination:

*Applicants for both categories will be required to pass a written examination, based on a set of core competencies (i.e. a competency profile).*

*The exams for both categories will be the same in many respects, and may also differ in some respects. Once the exam is available, all grandparented members and new applicants will be required to pass the exam as part of the registration requirements for their category.*

**The competency profile will be developed to move away from credential based membership requirements. It is felt by the committee that competency based requirements are important in order not to replace currently existing requirements with new ones without good reason. However, there will be some credential and other criteria in the application process, especially since some core competencies can not be proven in a written exam.**

## 3. Education:

### Registered Mental Health Therapist

*Will be required to have successfully completed, at a minimum, an undergraduate degree or a two-year college diploma in a field related to the scope of practice as set out in the Psychotherapy Act 2007.*

### Registered Psychotherapist

*Will be required to have successfully completed, at a minimum, a master's level program related to the scope of practice as set out in the Psychotherapy Act 2007 or a program in psychotherapy that is accepted as substantially equivalent by the Registration Committee.*

**Several concerns were raised here:**

**Ascertaining an 'equivalent experience' would put a huge strain on the resources of the College. How can a private training even be considered equivalent to a Masters Degree of an established university? Are university programs actually pertaining to the scope of practice as set out in the Psychotherapy Act?**

**Some responses as given in by several TC members:**

**The public perception that Masters Degree means competency is one of the things the College has to struggle against. The truth is that there is an educational tradition in this profession that is based outside the university programs. Cutting that out would cut out much of the core of the profession.**

**University programs differ largely in quality and content and no two Masters Degrees are the same.**

**University training is training in critical and independent thinking, research ability etc.**

**That can be taught elsewhere. The need is to develop equivalency in competence not in academic quality.**

**Some things (like traditional healing methods) can not easily be trained on the university level.**

**Some people would argue that the training for psychotherapy in private institutions is better and deeper than it could be in a university setting.**

If the College develops a competency profile and hands that to the training institutes, they will have to adjust their programs to train towards those requirements, thus ensuring the quality of training to be the same. This may also lead to a extinction of the private institutes over time as universities may pick up the training towards those requirements.

#### 4. Clinical Experience Requirements

##### Registered Mental Health Therapist

*Will be required to have successfully completed a structured, comprehensive, supervised, and evaluated clinical experience (practicum or placement) of at least... hours.*

##### Registered Psychotherapist

*Will have completed at least 400 client contact hours and at least 150 hours of clinical supervision (any combination of individual, dyadic, or group supervision) related to those client contact hours.*

*In addition, RP members who enter with less than 1000 client contact hours would be prohibited from practicing without supervision until attaining that number of client contact hours, plus a further 50 hours of supervision.*

The committee restated that a shift in thinking about the two categories had taken place. It is because of that shift, that requirement hours for the RMHT category are in *clock hours* while those for RP are in *client contact hours*. In most of the settings that RMHT would work in (group homes, institutions, community based treatment centres etc.) one-on-one work is not done (or not frequently done) and the standard of work is in clock-hours.

#### Concerns raised:

**Q:** Many training programs are specialized; should that be made clear or should there be restrictions on this to assure the RMHT actually knows how to work in the environment he/she is in?

**A:** Part of the Misconduct Regulation. May also be part of the quality assurance program (CEU requirements etc.). Some Colleges require members to register if they shift into or add a new field.

**Q:** Group supervision is not equivalent to individual or dyadic. Should be limited within the required hours. Also, ration of original hours required / supervision (400 / 150) is very different from the additional hours required / supervision (600 / 50). Why?

**A:** The subsequent discussion revealed that most members were in agreement. There will likely be a limit on group supervision hours possible.

**Q:** Shouldn't supervision be an ongoing requirement?

**A:** Up to the practitioner at this point. Could include peer-supervision which is *not* included in this regulation.

## 5. Self-Reflective Practice

*A further requirement for RP (and possibly RMHT) will be completion of a specified number of hours of personal psychotherapy **or** other means of demonstrating the development of self-awareness and the capacity for self-reflection practice.*

**One member stated that in traditional healing methods and therapies this is a very important factor and a definite requirement. Others stated that although this is a common practice in psychotherapy training, there is no evidence that it actually changes anything for the practitioner. Many members found it important to insist on actual psychotherapy. However, legal council advised that it would be near to impossible to force an applicant to submit to what would be seen as a medical procedure at that point in order to attain membership. Other means that can be viewed as equivalent will have to be available. It was clarified that supervision is *not the same* as reflective practice in this sense. It was also mentioned that the College may have to find a different term for this Regulation since “self-reflective practice” already has been given a (quite different) meaning in other professions such as nursing. Finally, it was suggested that this requirement may not have to be part of the actual Regulation but may be better placed in the competency profile or the training requirements.**

In closing the Registration Committee mentioned that they hoped to take the input from this discussion back and include it in the formulation of a first draft which they are hoping to present in the November meeting.

The Registrar announced that the meeting schedule for 2011 should be made public very soon.

The meeting was adjourned.

Next meeting date: Nov. 17<sup>th</sup>, 2010

### Disclaimer:

The notes in this document are **not** official minutes. The author does not claim the content to be 100% correct or to express the intent of the discussions perfectly. These is purely the notes of the meeting as understood by the author from her position as silent observer.

For official minutes of the meetings, visit the College's website at [http://www.cprmhto.on.ca/pages/Home/Council/Council\\_Minutes](http://www.cprmhto.on.ca/pages/Home/Council/Council_Minutes)