

December 4, 2018

Rozalyn Werner-Arcé
Executive Director
Therapeutic Recreation Ontario
850 King Street West, suite 20
Oshawa, Ontario
L1J 8N5
Via email: ed@trontario.org

Dear Rozalyn Werner-Arcé,

Thank you for your letter from the TRO Working Group. I am happy to have the opportunity to provide answers to your questions and to engage in further follow up if required. I have done my best to be as specific as possible in the information I am providing and hope that it will prove helpful.

1. Is a practitioner who teaches, educates and/or counsels skills/components related to a therapy involving the practice of psychotherapy to individuals with a significant mental health impairment, considered practicing psychotherapy?

Unregulated practitioners may very well teach, educate or counsel about psychotherapy techniques. They may also work with vulnerable client populations, including those who have a significant mental health impairment. Examples of the kind of interventions provided by unregulated practitioners include but are not limited to activities such as those that help to foster life skills, teach techniques for coping with acute situations, crisis intervention and de-escalation, and service coordination. However, the College does not consider these practitioners to be providing the controlled act of psychotherapy or to be working in the scope of psychotherapy.

I would encourage you to look specifically at the document [Psychotherapy with a Registered Psychotherapist](#) (beginning on page 4 of the full set of controlled act documents) which details the criteria that must be met to establish a psychotherapeutic relationship and describes the key elements of both the controlled act and the broader scope of practice of psychotherapy.

Alternatively, must all components of a prescribed therapy be present to qualify as psychotherapy?

The five broad categories of prescribed therapies that are included in the proposed regulation (cognitive and behavioural therapies; experiential and Humanistic therapies; psychodynamic therapies; somatic therapies; systemic and collaborative therapies) are intended to be orienting frameworks used to help guide or inform clinicians in their therapeutic conversations. CRPO is aware that each of these categories includes a variety of therapy modalities or techniques. The College expects that RPs will be competent in and able to draw from one or more of the categories to provide safe,

effective and ethical care within the setting of a formal and clearly observable psychotherapeutic relationship.

Simply using a psychotherapeutic technique from one of these categories, in isolation or in the absence of a formal psychotherapeutic relationship (e.g., it would be absent in teaching behavioural activation or distress tolerance), does not constitute providing psychotherapy or performing the controlled act of psychotherapy.

2. What is the college's position on non-regulated health professions, who have obtained valid certifications/credentials to facilitate prescribed therapies involving the practice of psychotherapy and wish to co-facilitate psychotherapy groups, led by someone who is covered by the Act?

CRPO recognizes the potential benefit of effective interprofessional collaboration – both with regulated and unregulated providers – in providing care to many clients. Members are encouraged and expected to develop positive working relationships with other professionals and co-facilitation of group care could certainly be one way of doing so.

Members who work with an unregulated provider who may be using psychotherapy techniques in co-facilitating group care are not in contravention of any College standards or regulations provided that the co-facilitation does not involve the RP delegating the controlled act of psychotherapy. Delegation of the controlled act (except under specific, urgent circumstances) is professional misconduct (please see provision 12 of Ontario Regulation 317/12 [Professional Misconduct](#)).

Consideration should also be given to ensuring that any collaborating unregulated practitioner is not performing the controlled act, that they are not holding out as being a psychotherapist and that clients receiving care are provided with adequate and appropriate information regarding the providers. I would encourage you to refer to [the Professional Practice Standards](#), specifically 3.3 Communicating Client Care, 3.1 Confidentiality and 3.2 Consent to ensure that the RP involved is complying with requirements related to collaborative care.

3. What is the college's position on anyone who is Registered with CRPO facilitating prescribed therapies involving the practice of psychotherapy and does not have valid certifications/credentials/education regarding the prescribed therapies?

Members are expected and required to practice within their areas of competence based on both training and experience. Psychotherapists registered with the College must be competent to use a treatment approach or modality that is part of one or more of the prescribed categories, or to use them in an integrative approach.

I would encourage you to refer to the [Professional Practice Standards](#), specifically 2.1 Consultation, Clinical Supervision and Referral, and 1.9 Referral to ensure that you are aware of expectations with regards to understanding professional limitations and capabilities.

4. Would providing a disclaimer regarding the fact that Therapeutic Recreation service is not intended to be psychotherapy be acceptable to ensure transparency?

In cases where a member may be providing services that are not part of their psychotherapy practice, informed consent should address the nature of the service that is being provided.

Because of the potential for confusion, it is important that practitioners describe their practice and services as accurately as possible, taking care to clarify to the client when they are working in their capacity as a psychotherapist, or when they are working in their other professional capacity. Please see the full response to a Practice Advisory FAQ related to [dual practice](#) for members who are registered with another regulatory body, which identifies all of the relevant standards with which dual practitioners should be in compliance.

For unregulated practitioners who are not subject to the standards or other requirements of a regulatory body, I would agree that transparency and informed consent would still be best practice and should be considered.

Finally, I would note that unregulated practitioners who use psychotherapy techniques as part of their services but who are not practising psychotherapy and are not registered with a regulatory college should take care not to 'hold out'. This means that they cannot use the title "Registered Psychotherapist" or any abbreviation thereof or suggest that they are qualified to practise as a psychotherapist in Ontario.

I would note that the qualifier for all the answers I have provided is that members should use the [Professional Practice Standards](#) as a lens to review any care scenario where they are unsure of their obligations. I would also recommend that members consider contacting the [Practice Advisory Service](#) to discuss practice-related concerns and questions. Finally, I would encourage the use of the [self-assessment tool](#) for any practitioner who is not registered with one of the regulatory colleges whose members are authorized to perform the controlled act of psychotherapy and who is concerned that they may need to be registered or to amend their practice in advance of the controlled act coming into full force on January 1, 2020.

Please feel free to follow up should you have further questions or if the College can provide any further information.

Regards,



Deborah Adams, MA, MHSc, CHE
Registrar