

Regulation: Enhancing the Mental Health Profession

Sarah Fraser,

Director, Registration

Sonya Teece,

Quality Assurance Program Manager

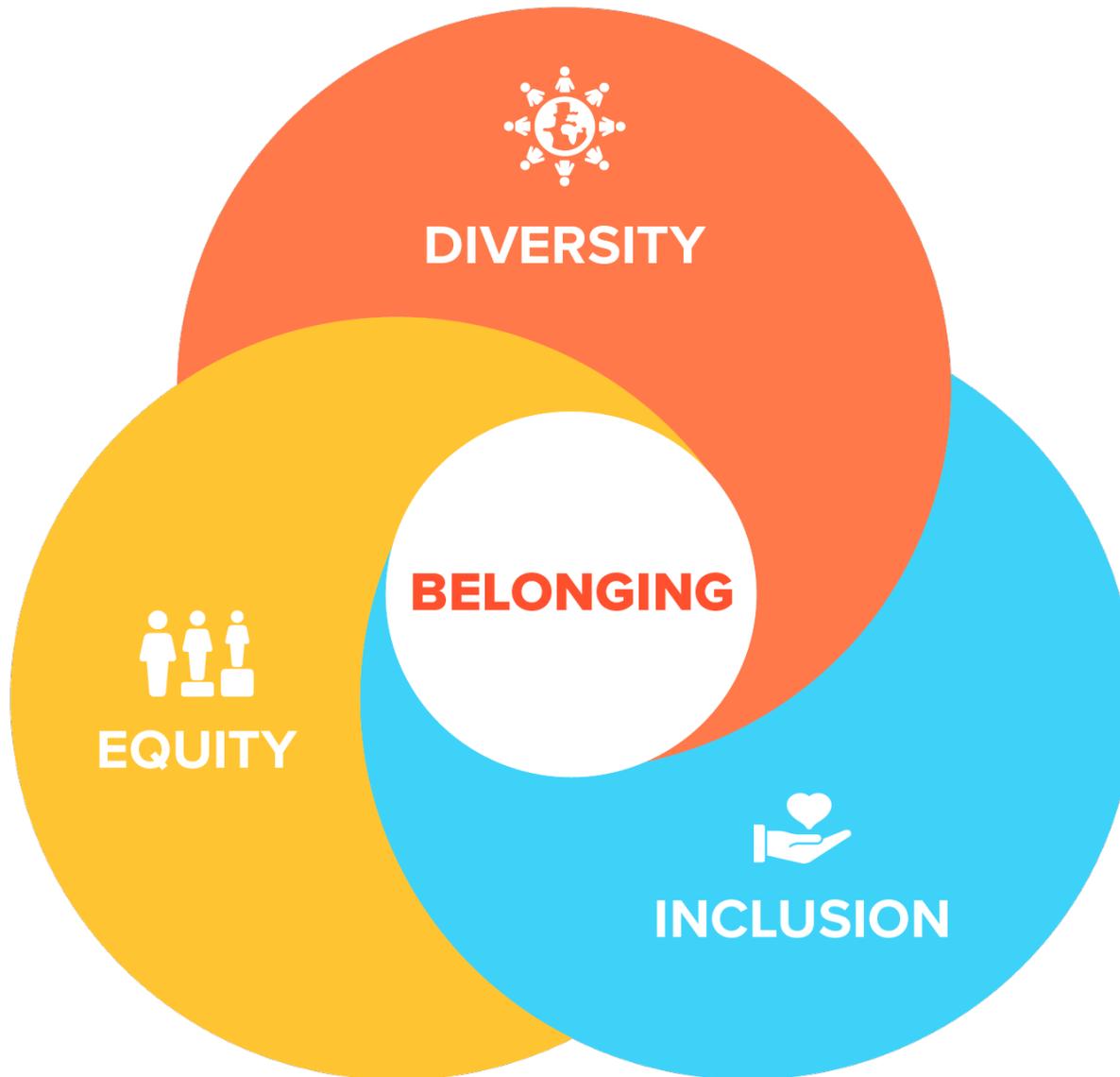
Deborah Adams,

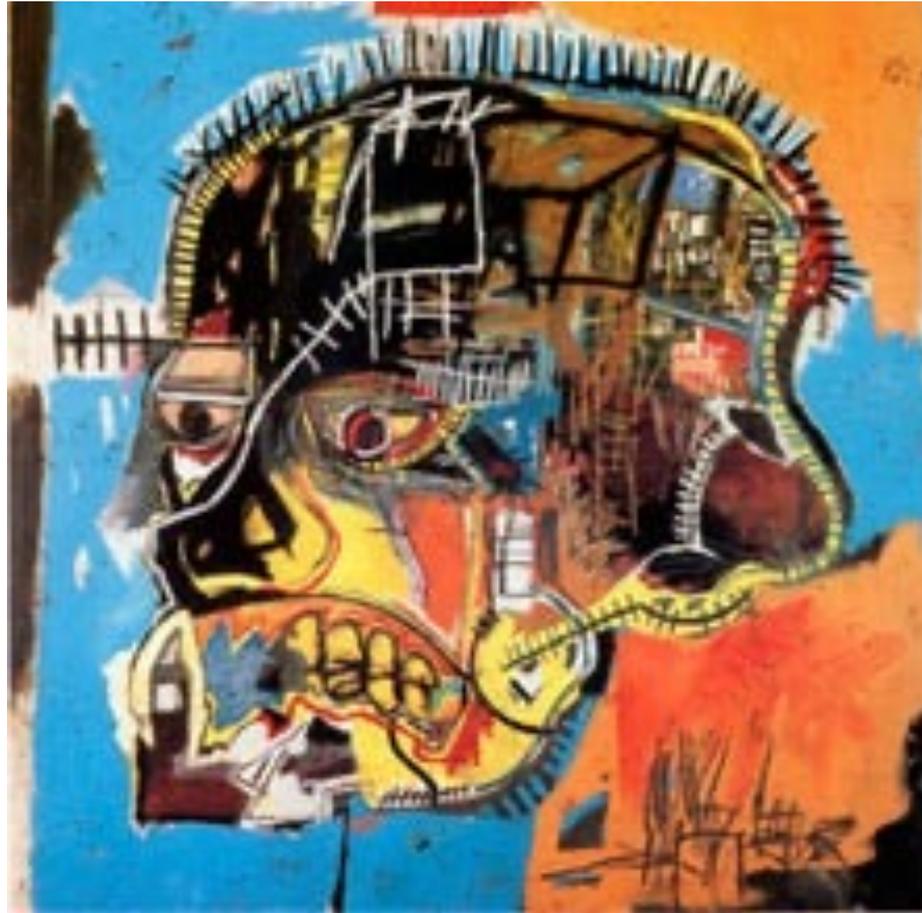
Registrar and CEO

CRPO Updates

- Current Initiatives
- Registration information and statistics
- Conduct statistics
- Quality Assurance Program enhancement

CURRENT INITIATIVES





Trauma-informed Process Review



College Performance Measurement Framework



Areas of focus for fiscal 2023

- Complete development of Council Evaluation Framework
- Continue standards review
- Develop and begin to act on Diversity, Equity and Inclusion strategy
- Implement Regulatory Risk Register and use it to report to Council
- Continue Registrant Management System implementation
- Undertake trauma-informed review of core regulatory processes
- Complete Quality Assurance Program enhancement project

REGISTRATION

- BENEFITS**
- PROCESS**
- STATISTICS**

Benefits to Registration



Applying to CRPO

Who Needs to Register?

If your work falls within the scope of the practice of psychotherapy and you are not already registered with another Ontario regulatory college whose registrants can practise psychotherapy (those that regulate [psychologists](#), [social workers](#), [nurses](#), [occupational therapists](#) and [physicians](#)), you should consider becoming a registrant of CRPO.

Not sure if this includes you? Use the [self-assessment tool](#) to ascertain whether your clinical practice necessitates registration with CRPO.

Anyone using the title “Registered Psychotherapist” must be registered with CRPO.

Registration in RP (Qualifying)



Initial registration

- Jurisprudence module
- Zero DCC and clinical supervision
- Substantial completion or completion of education
- Currency
 - Substantially completed education
 - Graduated in last 12 months
 - 450 DCC and 100 clinical supervision in last 12 months
 - 750 currency hours in last 3 years
- Conduct and disclosure obligations
- Language

Indigenous Pathway to Registration



Processing Timelines



- [Month of applications being processed](#)

Program Recognition & Clinical Experience Recognition



Registration Exam



RP (Qualifying) to RP



Registrant Numbers

Total Registrants = 10,913

- 7,537 RP
- 3,201 RP (Qualifying)
- 175 RP (Inactive)

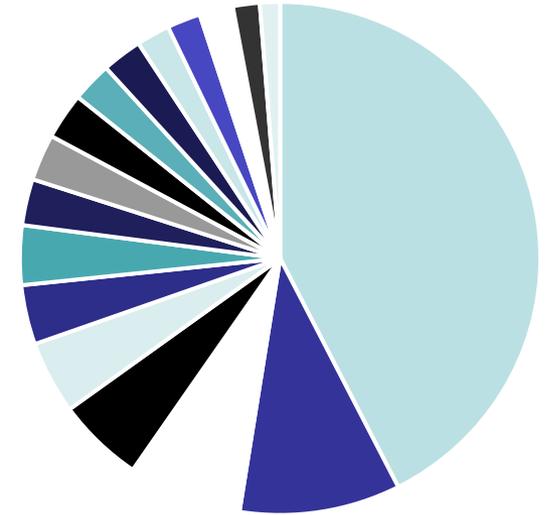
CONDUCT ALLEGATIONS AND PROFESSIONAL PRACTICE STANDARDS

Complaints Allegations

Standard	# Allegations in Complaints
<u>Section 1: Professional Conduct</u>	116
<u>Section 2: Competence</u>	13
<u>Section 3: Client-Therapist Relationship</u>	28
<u>Section 4: Clinical Supervision</u>	6
<u>Section 5: Record-Keeping and Documentation</u>	17
<u>Section 6: Business Practices</u>	12
Total Allegations	192

Complaints by Standard

STANDARD	% OF TOTAL
1.5 General Conduct	41.98%
5.0. Record-keeping and Documentation	9.88%
1.7 Dual and Multiple Relationships/Dual Practice	7.00%
2.1 Consultation, Clinical Supervision and Referral	5.35%
3.3 Communicating Client Care	4.53%
3.1 Confidentiality	3.70%
1.8 Undue Influence and Abuse	3.70%
6.1 Fees	2.88%
4.0. Clinical Supervision	2.88%
3.2 Consent	2.88%
1.6 Conflict-of-Interest	2.47%
1.4 Controlled Acts	2.47%
1.2 Use of Terms, Titles and Designations	2.06%
6.2 Advertising and Representing Yourself and Your Services	2.06%
3.5 Unnecessary Treatment	2.06%
1.9 Referral	1.65%



Reports Allegations

Standard	# Allegations in Reports
<u>Section 1: Professional Conduct</u>	34
<u>Section 2: Competence</u>	0
<u>Section 3: Client-Therapist Relationship</u>	7
<u>Section 4: Clinical Supervision</u>	1
<u>Section 5: Record-Keeping and Documentation</u>	8
<u>Section 6: Business Practices</u>	3
Total Allegations	53

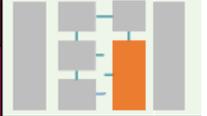
Complaints & Reports Dispositions in 2021

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:



Context Measure (CM)

CM 10. Total number of ICRC decisions in 2021

Distribution of ICRC decisions by theme in 2021*

of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	NR	NR	NR	NR	0	0	0
II. Billing and Fees	NR	NR	0	NR	0	0	NR
III. Communication	10	NR	0	NR	0	0	0
IV. Competence / Patient Care	19	NR	NR	7	0	NR	NR
V. Intent to Mislead Including Fraud	8	0	NR	NR	0	0	0
VI. Professional Conduct & Behaviour	35	7	NR	12	0	6	NR
VII. Record Keeping	6	NR	NR	NR	NR	0	NR
VIII. Sexual Abuse	0	NR	0	0	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	0	NR	NR	NR	0

THEMES AND TRENDS IN AREAS OF RISK

Standard 1.2: Use of Terms, Titles and Designations

- Use of Doctor title
- Use of C. Psych title
- Advertising expertise in specialized area of practise
- Title and role confusion



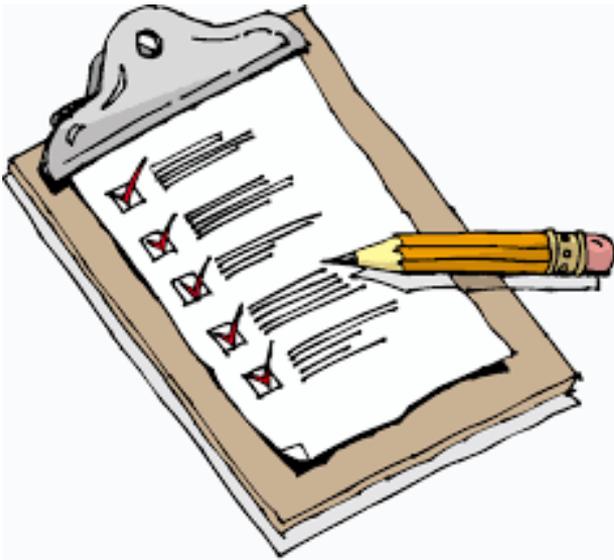
Hello
my name is

Standard 1.3: Reporting Unsafe Practices



- Failure to Report to CAS
- Failure to report client self-harm/alert appropriate authorities of imminent suicide risk.

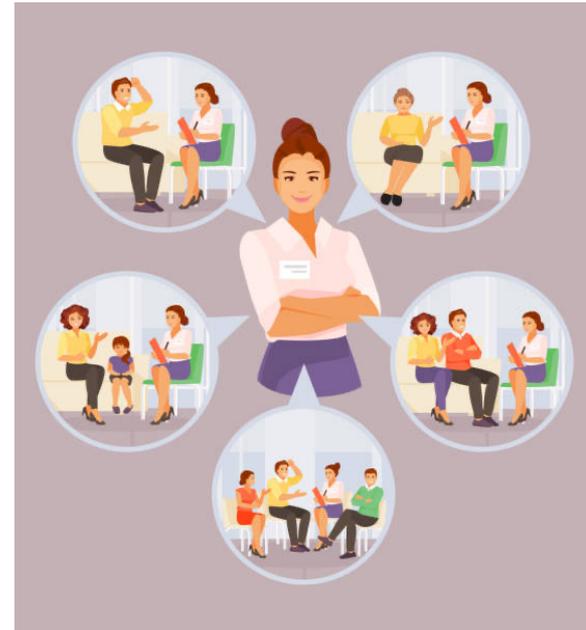
Standard 1.4: Controlled Acts



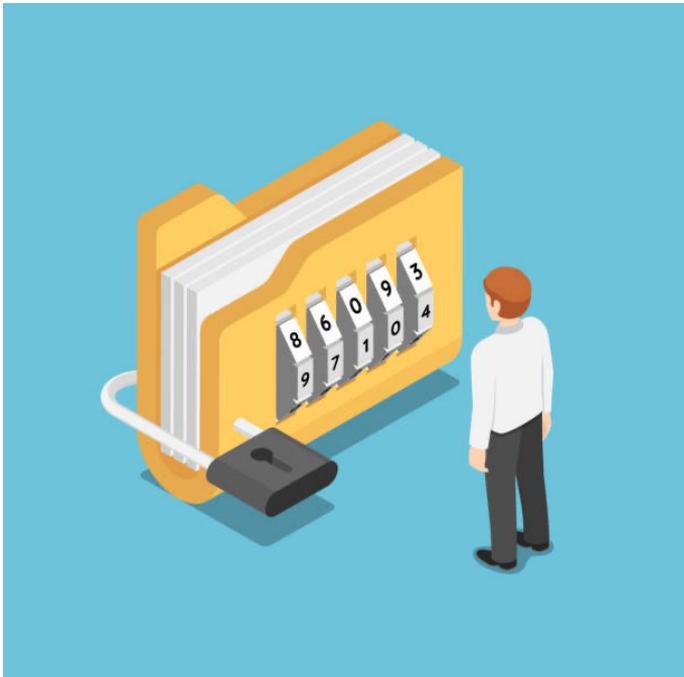
- Communicated a diagnosis to a client:
 - Verbally
 - In a report

Standard 1.6: Conflict of Interest

Real and/or
perceived conflict of
interest with
couples and
families



Standard 3.1: Confidentiality



- Disclosed client records to a third party without informed consent, for example:
 - To a lawyer without subpoena
 - In a report
 - Failure to obtain written informed consent, only verbal
 - Couples therapy
 - If client is a minor and parents want the record
 - Sharing information with family members

Standard 3.2: Consent

- Informed consent involving a child/minor
 - Custody/access dispute
 - Child's capacity to consent on their own
 - No consent from one of the parents to treat/assess
- Failure to obtain consent from all parties to write a report used in court



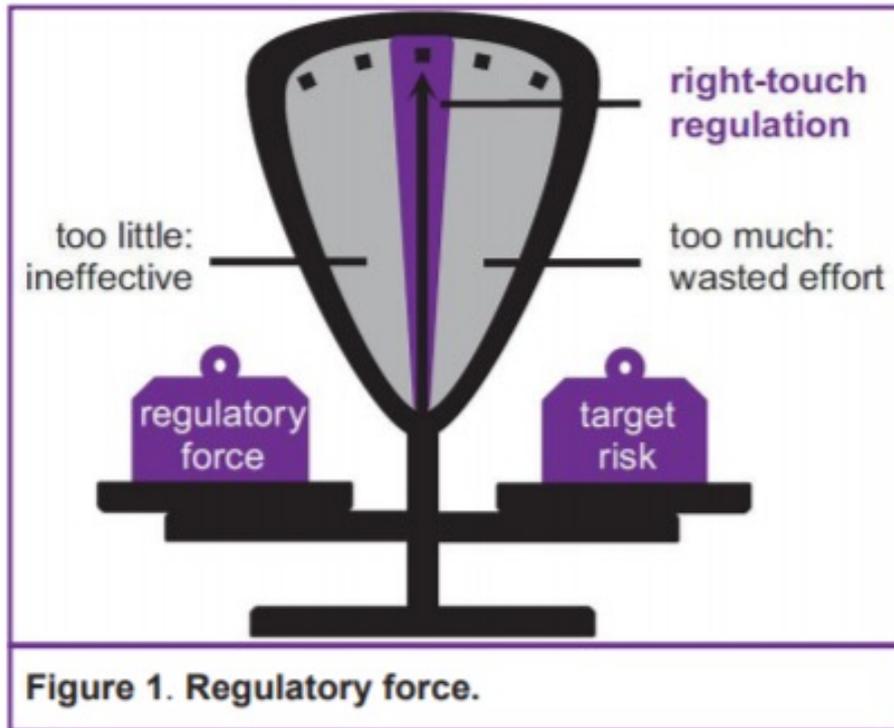
Practice Advisory Enquiries

Standard	# Enquiries
<u>Section 1: Professional Conduct</u>	439
<u>Section 2: Competence</u>	92
<u>Section 3: Client-Therapist Relationship</u>	1081
<u>Section 4: Clinical Supervision</u>	92
<u>Section 5: Record-Keeping and Documentation</u>	262
<u>Section 6: Business Practices</u>	305
Total Enquiries	2271

Quality Assurance Program Enhancement



Right Touch / Risk-based



- Right touch, risk-based
- Resource optimization
- Program sustainability
- Meaningful engagement
- Appropriate support

Benefits of Sound Assessment

- Framework
- Resources
- Participant knowledge, skills and judgement
- Catalyst to continuous learning
- Source of professional renewal

Sound Assessment is best achieved when:

- Clear
- Aligned
- Done ***with*** participants and not ***to*** participants
- Meaningful role for RPs

Sound Assessment is best achieved when:

- Characteristics of adult learning
- Self directed
- Experiential
- Background knowledge
- Relevant to current roles
- Motivated participants

Integrating Sound Assessment, QAP and CPD

Reflective practice



Reflective practice (RP) is critical and deliberate inquiry into professional practice in order to gain a deeper understanding of oneself, others, and the meaning that is shared among individuals. This can happen during practice and after the fact, and can either be done alone or with others (Forrester, 2010; Peters, 1991; Schön, 1983).

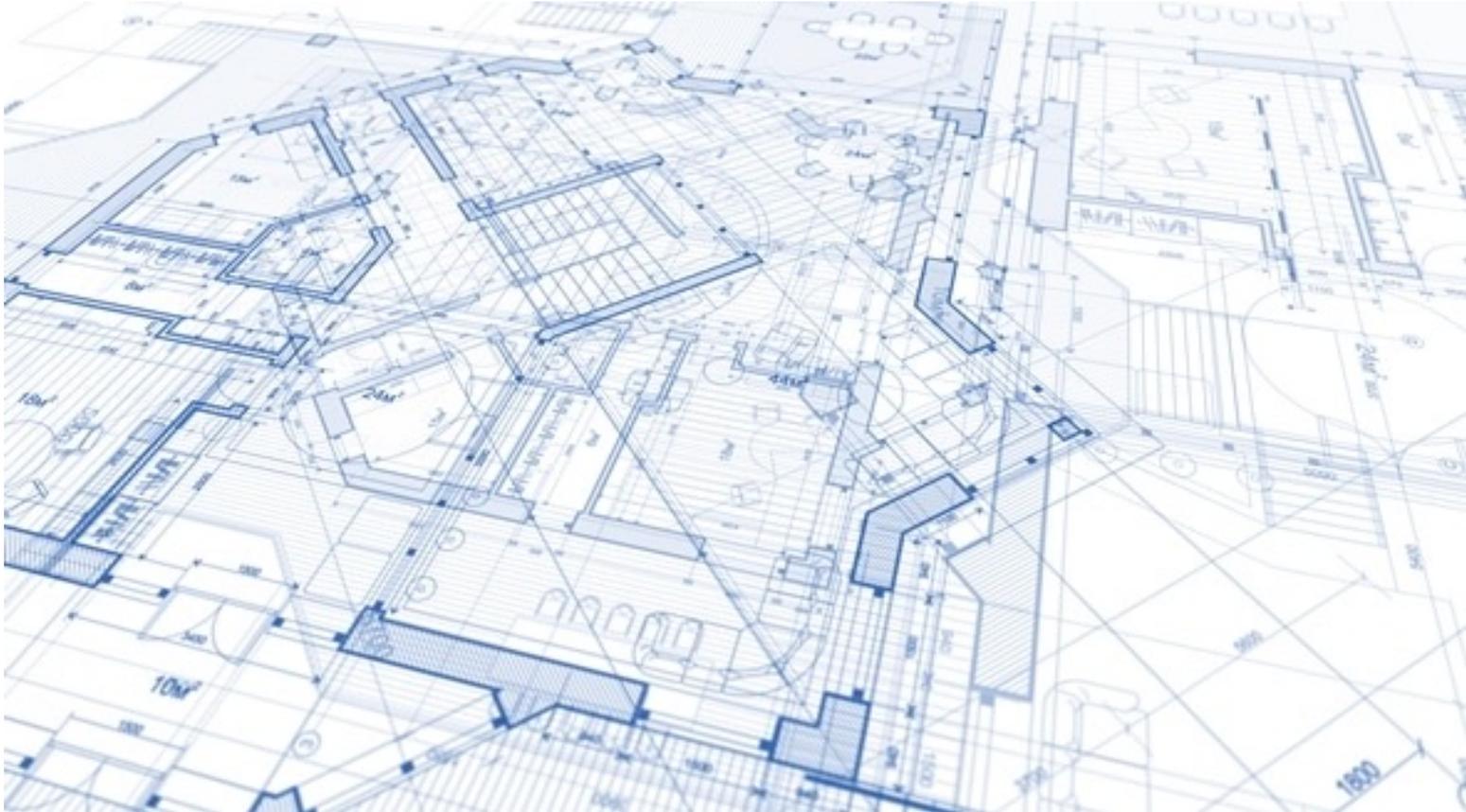
Feedback to Candidates

Assessment ↔ Standards

Recommendations ↔ Actionable

Tone ↔ Constructive

Recommendations ↔ Resources



Assessment Blueprinting



Standard Setting

Assessment Outcomes

Self-directed

**No identified
competence gaps**

**Self-directed
with a plan
and resources**

**Opportunities to
develop
competence**

Peer assisted

**Significant
competence gaps
identified**

Case Example

Scenario

(Standard 1.4 – Controlled Acts)

A client reaches out to an RP and reports that they want to reduce obsessive-compulsive disorder (OCD) symptoms as they are affecting their academic performance. The RP works with this post-secondary student for eight sessions on managing OCD symptoms, at which point the client sends the RP documentation from their university's accommodations office asking the RP to confirm the diagnosis of OCD.

Options

*Rank the following options the RP or RP (Qualifying) should select according to which one **most** successfully demonstrates the CRPO professional standard to which one **least** successfully demonstrates the standard.*

- A. The RP declines the client's request for documentation because their symptoms seem to be improving with treatment.
- B. The RP explains that Registered Psychotherapists cannot provide any mental health diagnoses because it is a controlled act limited to medical doctors, nurse practitioners, and psychologists, and is not part of the controlled act of psychotherapy.
- C. The RP provides the documentation requested with the RP's title and registration number clearly displayed and the statement that the RP provides psychotherapy to the client to address OCD symptoms.
- D. In lieu of a diagnostic report, the RP offers to write a letter about the client's mental health challenges and how they affect school performance.
- E. The RP explores other mental health providers who are authorized to diagnose OCD that the client has access to and encourages them to reach out to the appropriate parties.

Participant Poll

What is the **least correct** course of action?

- A. The RP declines the client's request for documentation because their symptoms seem to be improving with treatment.
- B. The RP explains that Registered Psychotherapists cannot provide any mental health diagnoses because it is a controlled act limited to medical doctors, nurse practitioners, and psychologists, and is not part of the controlled act of psychotherapy.
- C. The RP provides the documentation requested with the RP's title and registration number clearly displayed and the statement that the RP provides psychotherapy to the client to address OCD symptoms.
- D. In lieu of a diagnostic report, the RP offers to write a letter about the client's mental health challenges and how they affect school performance.
- E. The RP explores other mental health providers who are authorized to diagnose OCD that the client has access to and encourages them to reach out to the appropriate parties.

Least correct

B, E, D, C, A

A The RP declines the client's request for documentation because their symptoms seem to be improving with treatment.

Rationale: There is no information that suggests OCD isn't impacting school success the client's symptoms are improving, and it misses the standard of focus entirely with this the answer does not mention the Standard (controlled acts).

Participant Poll

What is the **most correct** course of action?

- A. The RP declines the client's request for documentation because their symptoms seem to be improving with treatment.
- B. The RP explains that Registered Psychotherapists cannot provide any mental health diagnoses because it is a controlled act limited to medical doctors, nurse practitioners, and psychologists, and is not part of the controlled act of psychotherapy.
- C. The RP provides the documentation requested with the RP's title and registration number clearly displayed and the statement that the RP provides psychotherapy to the client to address OCD symptoms.
- D. In lieu of a diagnostic report, the RP offers to write a letter about the client's mental health challenges and how they affect school performance.
- E. The RP explores other mental health providers who are authorized to diagnose OCD that the client has access to and encourages them to reach out to the appropriate parties.

Most correct

B, E, D, C, A

B is the option most aligned with the standard because the controlled act of diagnosis is not within the scope of practice of an RP. The RP provides education to the client around the limits of their role and what type of practitioner may be able to provide them with a diagnosis.

Rationale: Provides education to the client and aligns with the standard.

We are recruiting!

Are you interested in helping to make sure CRPO's new **Quality Assurance Assessment** is a useful, right-touch, risk-based tool? CRPO will be piloting the enhanced assessment in November 2022. Please click [HERE](#) to learn more about the pilot and to sign up to participate.