CRPO / OPAO
College of Registered Psychotherapists of Ontario
Ordre des psychothérapeutes autorisés de l'Ontario

Stakeholder Feedback Form – July-September 2016 Practice Standards

Please complete this form and include it with your written submission. You may provide comments using this form (preferred), or send them in a separate document if the space provided here is insufficient. Your personal information is collected for internal statistical and informational purposes.

Please save the form to your computer, then open with Adobe Reader, prior to filling out the form. If you fill out the form in your web browser, contents may not be saved.

A. How to Submit Your Comments

1. Complete this form.
2. You may provide your comments on this form or attach comments in a separate document.
3. Submit no later than September 9, 2016, via:

EMAIL: **submissions@crpo.ca OR**

FAX: **(416) 874-4079 OR**

MAIL: **Consultations**
College of Registered Psychotherapists of Ontario
163 Queen Street East, Toronto, ON M5A 1S1

B. Your Contact Information

First name: [redacted] **Last name:** [redacted]

Email address: [redacted]

Phone number: [redacted]

I am a:

- ☐ Member
- ☐ Student
- ☐ Health care professional (describe below):
- ☒ Other (describe below):

Program director in a community mental health + addiction treatment agency which employs RPs.

- ☒ Applicant
- ☐ Member of the public
- ☐ Client or former client

C. Association

☒ I am submitting feedback on behalf of an organization or association.

If you checked the box "yes", please provide the following information:

Name of organization/ association: Ray of Hope Inc.

Your position: Program Director, Youth Addiction Services

Mailing address: [redacted]

Your email address: [redacted]

D. Consent

I understand that by ticking the checkbox below, my submission may be publicly posted on the College's website. I understand that identifying information of individuals, including name and contact information, such as address, phone number and email address, will be removed from submissions that are posted publicly.

I understand that the names of organizations and individuals submitting on behalf of organizations will be posted publicly, though contact information will not be posted.

I understand that the College will review submissions and, at its discretion, may choose not to post submissions if the content or wording is derogatory, defamatory, threatening, abusive or otherwise inappropriate, or if a submission reveals private or personal information. Negative comments about organizations or their positions on issues will also not be posted.

☒ I consent to having my submission/ comments posted publicly.

Name: [redacted] **Date:** 2le Aug 2016

E. Your Comments

Note: The response field begins on the next page. Please add additional pages if needed.

Please provide any feedback on the proposed amendments to the *Professional Practice Standards*.

Ray of Hope
Youth Addiction Services

[redacted]

rayofhope.net

August 26, 2016

Consultations
College of Registered Psychotherapists of Ontario
163 College St. E.
Toronto, ON
M5A 1S1

Re: Professional Practice Standards for Confidentiality

I am in the process of applying for membership in CRPO and am a program director for a publically funded agency that provides substance abuse/addiction treatment to youth and their families. The program I oversee employs members of the OCSWSSW and CRPO, as both have access to the Controlled Act of Psychotherapy.

It appears to me that CRPO has tended to devise professional standards that are geared toward the challenges of independent private practice with people who are not severely ill. Realistically, many RPs will work for agencies at some point in their careers. Thus, confidentiality standards need to match those of other colleges with access to the act for two reasons:

1. Smooth, effective and safe treatment and information sharing for vulnerable residents of Ontario with mental health, addiction and other significant challenges.

2. RPs compete with clinical social workers for a wide range of agency/health care jobs, and if the professional standards for PRs do not match with what has become standard for confidentiality in PHIPA and professional practice for social workers, then a bias against hiring RPs will be created.

I agree with the proposed revision that allows for informed consent regarding the sharing of client information in team/agency settings. This is absolutely necessary for smooth operations of clinics and agency services. But this is not enough to ensure effective client care.

PHIPA and its recent amendments create common ground rules for health professionals. It is obvious, given the definition of the controlled act of psychotherapy that RPs will be working with other health care professionals in the care of vulnerable residents, especially at times of elevated crisis and/or risk. This will be true whether an RP works in an independent private practice or in an agency/team/health care setting. If the professional standards for confidentiality governing RPs deviate from those that govern other health professionals under PHIPA, it is the vulnerable residents of Ontario who will suffer most.

People providing mental health and addiction treatment to vulnerable residents are already beleaguered and overwhelmed by the needs. Creating additional roadblocks to effective information sharing will not improve this situation, and will add to their general stress.

I will give a couple of practical examples to illustrate my concerns.

In order to effectively help youth with significant substance use problems and other co-occurring mental health and life challenges, we also work closely with a wide range of family members and other professional supporters to create a circle of support, and our clients often access community supports independently. These same clients often miss appointments, and then reach out for crisis supports between appointments. While we do routinely ask for formal written consent for the obvious partners in serving that youth, no one knows in advance all the possible persons or agencies who may become involved over the course of treatment, and whose resources may be needed at short notice. With some regularity, our staff team experiences situations that are sub-risk-of-death, but where the youth does require immediate support and the mobilization of their community resources to minimize risks. In these situations requiring formal written consent to disclose is impractical and potentially dangerous Documented, informed verbal consent to disclose gives staff the flexibility and accountability to serve our clients effectively.

A further example of where the requirement for written consent is discriminatory relates to coordinated mental health and addiction treatment access points. In several LHINs, including the one in which my agency works, initial assessment and intake for community mental health and addiction treatment is provided through a central access agency. Much of the work is done over the phone. Requiring written consent to disclose assessment information to facilitate a referral would mean an additional step for both the vulnerable resident and the service provider. The current policies and procedures of that organization are in compliance with PHIPA, but would not comply with CRPO standards. Thus, RPs would not be able to work in that setting, since the agency is not likely to make it harder for vulnerable residents to access services.

If the CRPO standard around confidentiality is different than that applied to members of other colleges with access to the controlled act of psychotherapy, and also different from the standards set by PHIPA, then agencies will have difficulty streamlining their policies and procedures. Since the CRPO standard is more restrictive, this will result in a hiring bias against RPs. This will be particularly true in health care settings that do not attempt to be more restrictive than PHIPA already is, and generally allow for documented verbal consent for disclosures, including about those treatments and services that are highly associated with stigma. Currently members of OCSWSSW are able to work in all of these settings without compromising service delivery, client privacy or their range of employment opportunities.

I suggest that wording similar to article 5.3.7 of the OCSWSSW 2008 Professional Practice Standards would suffice for members of CRPO.

Thank you for considering this input.

[redacted]