



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:

Last name:

Email address:

Phone number:

I am a:

Member

Student

Health care professional (describe below):

Other (describe below):

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: Canadian Association for Psychodyn⁺

Your position: Executive Director

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:

Date:

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*.



**CANADIAN ASSOCIATION FOR PSYCHODYNAMIC THERAPY
("CAPT")**

**SUBMISSION TO THE COUNCIL (the "COUNCIL") OF THE COLLEGE OF
REGISTERED PSYCHOTHERAPISTS OF ONTARIO ("CRPO")**

**COMMENTARY ON PROFESSIONAL PRACTICE STANDARDS:
1) AFFIRMING SEXUAL ORIENTATION AND GENDER IDENTITY
("SOGI");
2) CONFIDENTIALITY**

CAPT welcomes the opportunity to provide our commentary with respect to the draft standard, "Affirming Sexual Orientation and Gender Identity", and the proposed draft amendment to Standard 3.1, Confidentiality.

I. SOGI

We wholeheartedly support the provisions of Bill 77, *Affirming Sexual Orientation and Gender Identity Act*, insofar as they prohibit, in the course of providing health care services, the provision of treatment that seeks to change the sexual orientation or the gender identity of patients under 18 years of age (except those under 18 capable with respect to, and capable of consent to, the provision of the treatment).

While CAPT supports the legislation, we seek clarification of terms that can and should be further outlined in regulation, and therefore are unable to fully support the adoption of the draft standard for the reasons as outlined in Section III, below.

II. HISTORY OF MATTER (POLICY AND LEGISLATION)

As the consultation materials indicate, in April 2015, the Minister of Health and Long-Term Care wrote to the CRPO expressing the desire to work with the CRPO and other Colleges to ensure that conversion therapy is not a practice that is engaged in by their memberships. CRPO responded that it would consider developing a practice standard on the topic.

Bill 77 was passed in June 2015; we note that the legislation as originally drafted apparently included the phrase "or direct": "...that seeks to change **or direct** the sexual orientation or the gender identity of patients....". This phrase was

removed before the Bill was presented for third reading, but has been reintroduced in the draft standard.

III. CAPT COMMENTARY AND POSITION RE THE DRAFT STANDARD

A. The establishment of a comprehensive CRPO practice standard is premature at this time.

CAPT fully supports the thrust of the legislation prohibiting “conversion” or “reparative therapies” but believes that any practice standard, if established now, must only mirror the provisions of the legislation; please see Recommendations 1 and 4, below.

B. The standard may cause practitioners to avoid or restrict important discussions or explorations in this area.

CAPT believes the phrase “or direct” was removed after review precisely because it is fraught with ambiguity, whereas, “seeking to **change**” is very clear. CRPO members would quite understandably be uncertain what “direct” means in this context. In addition, some of the content of the discussions and explorations in therapy regarding sexual orientation could be misinterpreted by a client as a “direction” given by the therapist.

C. The first two requirements for “Demonstrating the Standard” are ambiguous and appear to promote “proving a negative”.

Issues relating to sexual orientation, or similar issues involving sexual curiosity, experimentation, longings, etc., can and do arise in the course of any therapy that is not focused on sexual orientation or gender identity issues per se. In addition, with respect to documenting “client goals and progress”, a client and therapist can discuss all these topics and many more without having any “goal” or progress in mind. Further, a client may discuss wishes and fantasies specifically with respect to sexuality and sexual orientation, without positing goals.

D. The third requirement seems to question a therapist’s ability to deal with issues of sexuality and the human condition in general, such that “special” training is required before a therapist is even allowed to deal with these topics.

CAPT agrees with and supports the notion that dealing with sexual orientation and gender identity is always enhanced by continuing education and experience in this area. However, to suggest that “issues relating to” these concerns cannot be broached in therapy without such training is perplexing and counter-intuitive. This requirement unnecessarily restricts practitioners and may reduce access to psychotherapy services.

IV. RECOMMENDATIONS RE SOGI

1. The legislation allows for the development of regulations clarifying the meaning of “services” (under the *Health Insurance Act*), and “sexual orientation”, “gender identity”, or “seek to change” (under both the HIA and RHPA) for the purposes of the prohibition of providing “conversion” or “reparative therapies”. **Therefore CAPT recommends that this standard not be introduced at this time or at least, be deferred. The government requires some time to consider the development of regulations under the legislation that could further inform the requirements of any such standard, and avoid potential confusion regarding the legal responsibilities of psychotherapists.**

2. **CAPT recommends that the CRPO explore the possibility of educative actions at this time rather than the development of a new standard.** The CRPO can continue to raise member awareness of the legislation and emphasize that all members are required to obey this law. In this context, CAPT believes that membership will view these educative actions as a positive support for the profession, and not as potential liabilities or hurdles that could result in less access to psychotherapy services.

3. **CAPT recommends that the CRPO also actively communicate to members that the legislation supports a broad range of services that are typical in psychotherapy and therefore, that the CRPO highlight that *“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”* are not excluded.**

4. **Should the CRPO proceed to establish a practice standard at this time, CAPT recommends that the standard essentially mirror the provisions of the current legislation and not introduce potentially ambiguous requirements with respect to training, note-taking, etc., in the context of demonstrating compliance with the standard.**

IV. COMMENTARY ON PROPOSED AMENDMENT TO STANDARD 3.1, CONFIDENTIALITY

CAPT does not support the proposed amendment to the standard. Our position is that client confidentiality must be given the highest priority, notwithstanding the acknowledged difficulties some RPs experience in hospital/agency team environments re written agreements with their clients. While clients in these environments may agree to their healthcare practitioners communicating in a general sense, the situation can be quite different when certain specifics are involved. Further, use of the word 'inform' in the proposed amendment suggests a very different tone in terms of the client's ability to provide actual consent (or

not).

We also note that, as stated in the consultation materials, CRPO plans to continue discussions with relevant organizations about improving informed consent practices, as many patients/clients are apparently not well-informed about their privacy rights. CAPT fully supports this effort.

V. RECOMMENDATIONS RE PROPOSED AMENDMENT TO STANDARD 3.1, CONFIDENTIALITY

- 1. CAPT recommends that the CRPO continue to have discussions re improving informed consent practices, and that these discussions take place before any amendment to Standard 3.1 is adopted.** We believe that these discussions may highlight the need to retain, as opposed to possibly weaken, the current requirements for consent to disclosure of any client information.
- 2. Should the amendment proceed, CAPT recommends that the standard be redrafted to more precisely set out and differentiate the responsibilities of RPs in this regard in general, and the responsibilities of RPs that are specific to operating in team environments.**

In conclusion: despite disagreement on some issues and on timing, CAPT commends the Council for adopting a principled and progressive stance in the development of the SOGI draft standard; and for responding in a practical manner to the concerns of members of team environments with respect to the proposed amendment to Standard 3.1. Your attention to both the legitimate concerns of the profession and the protection of the public is noted and appreciated.