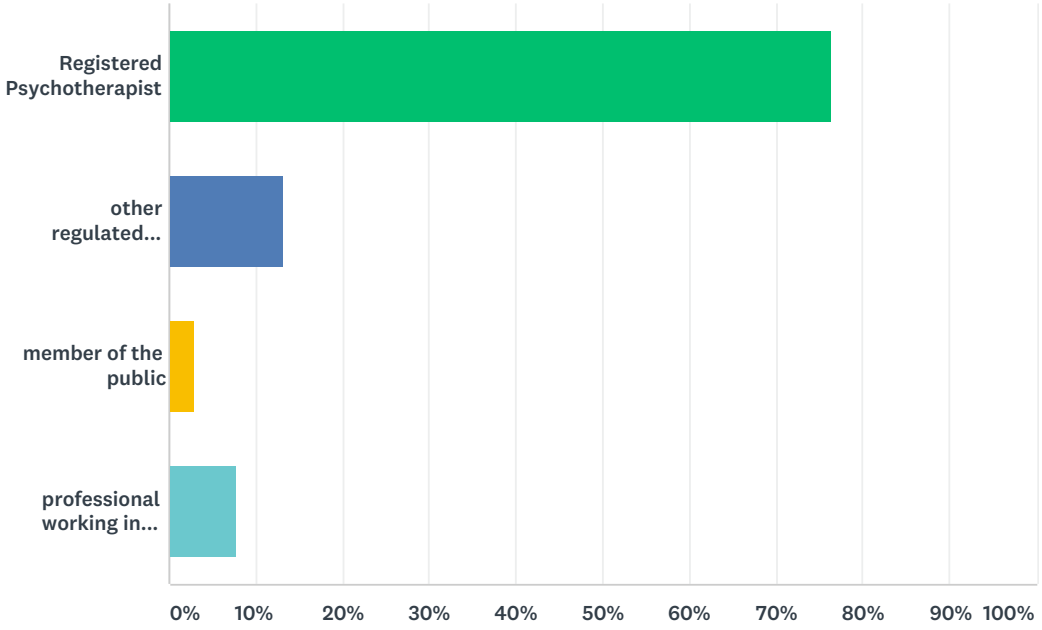
Q1 Please indicate which description best describes you:

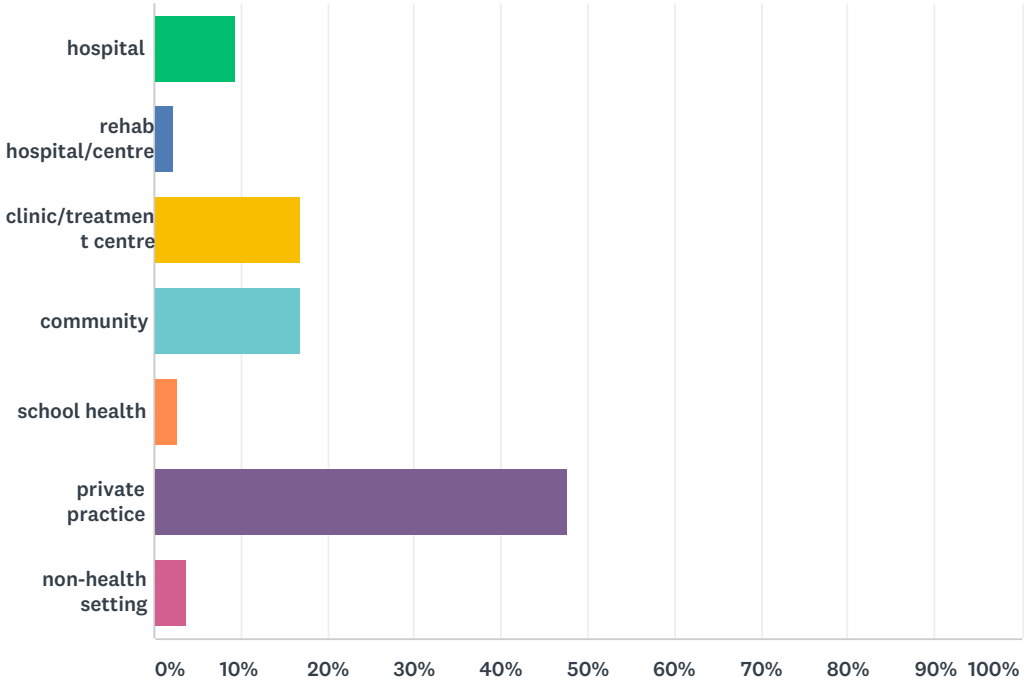
Answered: 418 Skipped: 33



ANSWER CHOICES	RESPONSES	
Registered Psychotherapist	76.32%	319
other regulated health professional	13.16%	55
member of the public	2.87%	12
professional working in regulation	7.66%	32
TOTAL		418

Q2 Practice setting:

Answered: 425 Skipped: 26



ANSWER CHOICES	RESPONSES	
hospital	9.41%	40
rehab hospital/centre	2.35%	10
clinic/treatment centre	16.94%	72
community	16.94%	72
school health	2.82%	12
private practice	47.76%	203
non-health setting	3.76%	16
TOTAL		425

Q3 Please provide your comments about the proposed regulation:

Answered: 346 Skipped: 105

#	RESPONSES	DATE
1	It would do well for more plain language for public members.	6/15/2018 11:26 PM
2	It is not clear whether or not some parts of prescribed therapies (eg. CBT groups) can be done by child and youth workers under the supervision of someone who is a member of a registered body.	6/15/2018 5:03 PM
3	I feel that the proposed regulation is generally well written and offers a comprehensive structure for clinical members of the CRPO and the general public to better understand psychotherapy. I am concerned, however, that the first line on pg.2 (repeated on pg.12) "Psychotherapy is primarily a talk-based therapy intended to help individuals improve their mental health and well-being" is misleading and inaccurate in describing the full scope of psychotherapy practice engaged in by Registered Psychotherapists. It is well understood and documented within the music therapy profession, for example, that music psychotherapy can occur non-verbally within the context of music making between client and therapist. With this in mind, I would urge the council to consider the broad scope of professionals who make up the CRPO, and not lose sight of the language of the Psychotherapy Act, 2007 which states: The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication. 2007, c. 10, Sched. R, s. 3. I ask that the council remove the text "primarily a talk-based therapy" from the regulation, and consider consultation with RPs who engage in non-verbal communication/interaction with clients as part of their regular practice to find more appropriate language that is inclusive of all psychotherapy modalities available to clients.	6/15/2018 3:46 PM
4	The Act says Council "may" prescribe--it does not say "compelled." Right? I think this is over-regulation. While I am competent in and can trace my modality/modalities back to the list, I think it is over-regulation to prohibit other therapies. See this article about the risks of over-standardization: https://www.transcend.org/tms/2018/04/homogenization-of-psychotherapy-and-counseling-scientific-professional-ethical-moral-issues-risks-and-directions/	6/15/2018 12:37 PM
5	Provides improved clarity-very helpful document.	6/15/2018 10:45 AM
6	this is too over-reaching and describes just about EVERYTHING that can be done as a helping technique. This will impact mental health services and significantly reduce and restrict mental health and service access for the public.	6/15/2018 9:49 AM
7	These therapies could be perceived to encompass and/or overlap other forms of treatment being provided by Child and Youth Care Practitioners (CYCP). The unique, researched and skilled work of CYCPs is essential as a contribution to the treatment goals of many children and youth. This overlap has perhaps been misunderstood but has caused agencies to abandon CYCPs for other regulated professionals such as Social Service Workers or Registered Nurses who lack the specialized relational focused treatment that CYCPs are trained to provide.	6/15/2018 9:48 AM
8	Am in agreement	6/14/2018 7:44 PM
9	The definitions are vague and overbroad.	6/14/2018 7:16 PM
10	1) Some concern in identifying art and music therapy under existential/humanistic category. 2) Agree that spiritual/faith guidance is NOT involving the controlled act of psychotherapy 3) Overall helpful guide to determining if a provider is entering into the controlled act of psychotherapy	6/14/2018 10:09 AM
11	I have worked with many behaviour therapists who went to st Lawrence college They are not and have not been controlled But they are supervised by regulated professionals Will they have to register as psychotherapists ?	6/14/2018 8:40 AM
12	a) Teaching psychotherapy is recognized by CRPO as psychotherapy practice. However, the self-assessment tool does not reflect this reality. b) The self-assessment tool seems to open a loophole for "counsellors" or "religious counsellors" to employ solution focused techniques for facilitated "problem solving" or guidance. c) Page 11 -- The wording of "Note: If you answered “yes” to questions 2 through 6 but cannot . . ." left me wondering if meaning is "all of 2,3,4,5,6" or "at least one of 2,3,4,5,6".	6/12/2018 7:39 PM

13	They are so general as to include almost all therapies, even beneficial human interactions. Considering the costs of performing the controlled act when not an RP and the many beneficial uses of these therapies in many personal, volunteer and other arenas the overall effect is to reduce mental health services to our population.	6/12/2018 7:29 PM
14	It's not clear to me where Mindfulness-based interventions fit into these categories. Mindfulness-based interventions are very popular, and supported by evidence, so it would be good to know where they fit. Along the same lines, I'd like to know what happens in the future when we develop new types of therapy that may not fit into these categories.	6/12/2018 12:04 PM
15	I like that it states the specific types of therapies, however, is it possible to be more clear about the parameters of each therapy	6/11/2018 4:10 PM
16	The current language of the College seems to imply that the legislation regulates the use of the title Psychotherapist and that it regulates the use of Psychotherapy. Previous publications have, in contrast, admitted to aiming to regulate only SOME Psychotherapy, ie. for serious disorders, and also only SOME Psychotherapists. Therefore, until it is made clear that the title of Psychotherapist is not to be regulated, ie. ONLY use of the title "Registered Psychotherapist", and the use of Psychotherapy techniques, such as a Psychotherapeutic Relationship, are not necessarily to be regulated, this particular individual Psychotherapist will be forced to recommend to the new Minister that they not seek approval of the Regulation in its current form.	6/11/2018 3:49 PM
17	This is far to broad and over reaching. This will hurt the mental health system and significantly reduce access to mental health services for the public.	6/9/2018 8:18 PM
18	Completely unnecessary and unrealistic and far too overreaching. This encompasses virtually any "technique" anyone can employ to help someones' well-being. That is inappropriate and appropriates techniques that do not "belong" to psychotherapy and were not even necessarily "invented" by psychotherapy. This potentially imposes on peoples civil liberties and ability to seek wellness techniques from what ever sources they wish.	6/9/2018 9:06 AM
19	There remains quite a bit of confusion about whether this regulation would apply to professionals already working with children and families in mental health agencies, schools, youth justice settings, child welfare, etc. The techniques involved in all of these therapies are used every day by those who are not registered psychotherapists, and who would not qualify for registration under the act. Does this regulation mean that I will no longer be able to practice in a role that I have held for more than 15 years as a Child and Youth Counsellor? I work with the most complex cases in my region, will I now have to do this with only sticker charts as my interventions? It would be helpful if the CRPO clarified whether the controlled act of psychotherapy applies only when there is a formal DSM disorder diagnosed, and only when the treatment involves treating the behaviours, cognition and emotions related directly to the disorder using the prescribed therapies. Clients have a range of emotions, behaviours and cognition that is not directly related to a DSM-disorder, rather they arise from the every day struggles of life. These individuals (and even the individuals with the DSM-disorder, who are experiencing challenges not directly related to this disorder) would benefit from being able to have therapeutic conversations with individuals who are not health-care professionals (ie. teachers, child and youth counsellors, social services workers, ECEs, EAs, probation officers, etc) using the knowledge and practices that are rooted in the therapies that are proposed to be regulated.	6/8/2018 1:47 PM
20	It's not at all clear. You have not explained what is meant by "prescribed" or what exactly these categories entail. How is a member of the public expected to understand this???	6/7/2018 7:18 PM
21	I do not believe that the controlled psychotherapy act should be able to control the use of these therapies as many other practitioners utilize these methods when helping clients who are not part of the regulated psychotherapy act.	6/6/2018 11:20 AM

22	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counterproductive to deny such workers access to and training in such areas simply because they do not work in a “health” or “mental health” framework. A “health” paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy.	6/5/2018 1:16 PM
23	It is often difficult to precisely define the therapeutic process with its multifaceted aspects and outcomes. In the efforts to do so, it can be diminished.	6/5/2018 10:43 AM
24	Before making this determination I would like more info on what each of the categories will cover.	6/5/2018 10:25 AM
25	The Association of Ontario Midwives supports this definition as being appropriately narrow that it does not unnecessarily incorporate the care and counselling that other healthcare providers are providing.	6/4/2018 2:10 PM
26	I would like to advocate that CRPO allow an exception and include CYCP's in the Psychotherapy Act until CYCP regulation occurs. CRPO should also be advocating for regulation of the CYCP profession. The Psychotherapy act will have a detrimental impact on the profession and work of CYCP if it excludes those in this practice.	6/4/2018 10:51 AM
27	I do not have enough information to discuss the proposed regulation.	6/4/2018 9:56 AM
28	Positive step.	6/4/2018 9:47 AM
29	Since this regulation specifies therapy categories, would there be another regulation specifying types of clinical "assessments" that are acceptable to CRPO? The practice standards specify that assessments involve the client's subjective assessment as well as the therapist's subjective assessment. However, one requirement for the therapist's activity to be called "psychotherapy" is that the client "must have a serious disorder..." and, since psychotherapists are not allowed to diagnose, how do you decide which assessment tools and methods are considered acceptable to a) determine that a "serious disorder" exists, b) without labelling or diagnosing a client, and c) using a tool and/or method that is considered acceptable in the profession? Would it make sense to change the term, "serious disorder" to "significant disturbance" or "significant disruption" to a client's ability to function? Thank you.	6/1/2018 5:54 PM
30	I am assuming that relational therapies are included under humanistic therapies. Is this assumption correct?	6/1/2018 5:47 PM
31	It would be helpful for examples of the 5 categories to be given.	6/1/2018 1:20 PM
32	I believe it impacts not only those who work in the field without this designation but minimizes the good work done without this credential as well as limiting the support for those in need. Those who have advanced diploma from an accredited college in Ontario should be recognized for this credential in order to maximize not minimize service to those most in need.	6/1/2018 9:06 AM
33	Very exclusionary. Cognitive Behavioural counselling happens in the moment 24 hours a day for Child and Youth Care Practitioner's working with children, youth and their families. It is evidence based practice for the work that CYC's do and it is unacceptable to me that this would not be allowed to continue under this Act.	5/31/2018 1:05 PM

34	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counterproductive to deny such workers access to and training in such areas simply because they do not work in a “health” or “mental health” framework. A “health” paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy.	5/31/2018 12:13 PM
35	The regulation is extremely confusing, as well as the process for being grandfathered in. It is extremely overwhelming and not at all fair for those who are simply doing their job as a Child and Youth Worker, not a Psychotherapist.	5/29/2018 7:29 PM
36	Gives clear examples of what is and what is not psychotherapy-those that use any of the prescribed therapies should be licensed	5/29/2018 11:58 AM
37	important to ensure that the public is receiving high quality services; but will be difficult in sectors such as addiction services and child and youth mental health to implement as many staff have not been members of colleges	5/29/2018 11:01 AM
38	The CRPO is asked to allow an exception to include Child and Youth Care Practitioners into the Psychotherapy act until the field of CYC becomes regulated. We are already involved in a certification process that determines competency, including proof of education, (in Ontario this is a 3-year advanced diploma), as well as 250 hours of professional development in 5 Domains of Practice; Professionalism, Cultural and Human Diversity, Applied Human Development, Communication and Relationships and Developmental Practice Methods. There is also a written exam that must be passed to ensure depth of knowledge. These practitioners are front-line with the most vulnerable children and youth in care. The CRPO should stand behind us, and assist in advocation for the regulation of child and youth workers. In the meantime, being able to practice under the CRPO umbrella would ensure that agencies and organizations that employ child and youth practitioners would need to adhere to standardized practices in hiring and supervising these practitioners who envelop the daily life space of vulnerable children and youth.	5/29/2018 10:48 AM

39	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counterproductive to deny such workers access to and training in such areas simply because they do not work in a “health” or “mental health” framework. A “health” paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy.	5/29/2018 10:29 AM
40	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counterproductive to deny such workers access to and training in such areas simply because they do not work in a “health” or “mental health” framework. A “health” paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy.	5/29/2018 9:37 AM
41	I am advocating that CRPO allow an exception and include CYCP's in the psychotherapy act until CYCP regulation occurs. The CRPO should also be advocating for regulation of our profession. I see a detrimental impact to my profession and my teaching if CYCP remains excluded/unregulated.	5/28/2018 4:27 PM
42	I believe that Child and Youth Care Practioners should be included in this legislation as a valuable member and clinician.	5/28/2018 4:20 PM
43	I as a child and youth worker struggle with this regulation as it excludes us. I have a prior diploma and did the child and youth care program fast track to enhance my studies and skills. In class, we covered the above therapies. Although we may not implement them exactly, we do use practices and take aspects of the above therapies to implement with the youth. CYC's do very one on one and practical 'therapy' with the youth every day. We call them life space interviews. If this is implemented, I assume many workplace settings would opt to choose other programs for job opportunities. Having 2 diplomas or three years of schooling specifically surrounded on best practices and how to work with youth allows me truly support the vulnerable group of clients I work with. This not only impacts me, but it impacts my youth which benefit from what I do every day. Please think about modifying your terms or allowing other professions to be involved. Sincerely, JTA	5/28/2018 1:32 PM

44	My major concern is that currently Child and Youth Care Providers, formerly Child and Youth Workers, are not included under the Act. The services provided by CYCP's are specialized and include the use of therapeutic activities to provide support and guidance to youth and their families. We are starting to see agencies concerned about regulation begin to hire SSW's in lieu of CYCP's changing entirely the type of support and specialized approach these children and youth need. The Ontario Association of Child and Youth Care is working towards regulation but this process will take time to implement. Children and youth with emotional and behavioural issues living in residential care and in the community are best served with the training of a CYCP working alongside psychotherapists as a team.	5/28/2018 12:39 PM
45	Failure to include the Child and Youth Care Profession is detrimental to the care of young person's in our province. Make them an exception until they are regulated. Also, assist the Ontario Association of Child and Youth Care (www.oacyc.org) in pushing for their regulation.	5/28/2018 12:03 PM
46	The regulation as it is currently laid out will prevent the public from an ability to access the services of RP's. This is due to supervision changes, brought about by this regulation, that will prevent our clinical supervisors who are psychologists to continue to supervise us in a formal capacity. Insurance companies need to be legislated to include RP's in their coverage plans to allow increased and improved access to mental health services for all Ontarians. This is a need that cannot fathomably be met entire by psychologists. Supervision is not only needed currently for the public to get access, but it is also important to safely practice.	5/28/2018 10:08 AM
47	There are many situations where aspects of CBT are being used in more of a self-help way (worksheets, booklets etc. as behaviour modification or to assist in client self reflection and are combined with 12 step work etc.) I do not think this reflects psychotherapy.	5/28/2018 6:22 AM
48	it is an open field and should be accessible to medical and non-medical fields	5/25/2018 12:23 PM
49	It's an open field, and should be accessible to all professions medical and non-medical	5/25/2018 12:23 PM
50	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counterproductive to deny such workers access to and training in such areas simply because they do not work in a “health” or “mental health” framework. A “health” paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy.	5/25/2018 10:03 AM

51	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counterproductive to deny such workers access to and training in such areas simply because they do not work in a “health” or “mental health” framework. A “health” paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy.	5/25/2018 8:28 AM
52	I think the proposed regulation is necessary to more clearly define the scope of practice for psychotherapists.	5/24/2018 5:29 PM
53	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counterproductive to deny such workers access to and training in such areas simply because they do not work in a “health” or “mental health” framework. A “health” paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy.	5/24/2018 1:24 PM

54	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counterproductive to deny such workers access to and training in such areas simply because they do not work in a “health” or “mental health” framework. A “health” paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy.	5/24/2018 10:32 AM
55	Seems sufficient.	5/23/2018 2:41 PM
56	It is clear but limited.	5/23/2018 1:54 PM
57	no comment	5/23/2018 11:46 AM
58	I have concerns that ppl regulated outside of one of the ascension Colleges (especially those admitted during Grandfathering) have the educational/post qualifying support to perform the Controlled Act safely. I also have concerns that those more 'independent' clinicians (and their employers) do not have a good understanding of regulation and that issues related to the Act (i.e. use of title) will be performed irregularly. A large degree of oversight will be required by the CRPO alongside clear (and regular) communication to employers.	5/22/2018 9:37 AM
59	Regulation does not provide concrete direction about what is/isn't psychotherapy and since psychotherapy can be performed by members of 6 different colleges, that all have different requirements for admission and different requirements for maintaining membership it leads to confusion when trying to staff programs. Also, we have no sense of the clinical supervision requirements for each college member and the ability of a member of one college to provide clinical supervision to a member of another college.	5/22/2018 9:28 AM
60	I think it is critical to exclude child protection workers; they do not provide "therapy" as this Act defines. Further, they are already heavily regulated by the CFSA and formal complaint procedures.	5/22/2018 7:21 AM

61	It still remains extremely confusing as to how or whether it applies to child & youth counsellors working with children and families in programs provided under regulation by schools, mental health centres, youth justice, child welfare, etc. Many practices and program components can be traced back to one or more of the five listed sources. However, the focus of such services is not on mental disorders per se, but on helping clients improve relationships, integrate better with existing social demands, and adjust behaviours to optimize well-being. This kind of work relies greatly (but not exclusively) on practices derived from the five listed areas. It is counter-productive to deny such workers access to and training in such areas simply because they do not work in a "health" or "mental health" framework. A "health" paradigm has no proprietary claim on the knowledge or practices circumscribed by these five areas - its proprietary claim should be restricted solely to the mechanisms of diagnosis and the medical practices required to cure or alleviate any suffering caused by the disorder. Children, families, and communities are far better served when such bodies of knowledge and expertise are open to a broad range of helping professions. That being said, it would be helpful if the CRPO specified that the RP designation was required solely for practitioners working exclusively with clients formally diagnosed with a DSM disorder, and exclusively on behaviours, cognition, and emotions directly attributable to the diagnosed disorder using any of the five defined therapies. It would be further helpful if the CRPO also specified that a formally DSM-diagnosed person may have challenges, problems, or needs exclusive of those posed by their diagnosed mental disorder, and that these challenges, etc., may benefit from the help of many non-health-based professions (e.g., child & youth counsellors, social service workers, teachers, ECEs, educational assistants, probation officers, etc., etc.) using knowledge and practices rooted in the five delimited areas of therapy. [By the way, I am going to mark that I do not support the legislation on the question below - but only because the issues I have outlined here are not at all clearly addressed. If the legislation had clear restrictions on RPs and clear definitions as to where it does not apply, then I might indeed support it.]	5/19/2018 7:41 AM
62	Trauma therapy needs to be added to the list.	5/18/2018 12:17 PM
63	I support the proposed regulation but question how organizations will be able to skill up their clinicians to provide this prescribed treatment. Is there money available for training?	5/18/2018 11:00 AM
64	I believe it will be very beneficial for consumers to have opportunity to locate registered psychotherapists to aide in individual treatment; particularly being able to view the type of category offered.	5/18/2018 10:56 AM
65	I appreciate that the categories are meant to be as inclusive as possible in terms of forms/models of psychotherapy. At the same time, including therapeutic approaches/schools that are not formal "therapies" per se (such as CBT and SFT), I think unnecessarily prohibits unregulated professionals from using these when in fact they are in the public domain and intended to be accessible to non-Master's level helpers. In particular, CBT and SFT (and perhaps other Cognitive, Behavioural, and Humanistic approaches) are often learned as sets of principles, strategies and language that can used effectively by Bachelor's-trained workers and others. Even more specifically, I have worked for 25 years with CYW's and CYC's who not only understand and correctly use such models, but will be severely handicapped in their work with children and youth if they are prohibited from using such models. And who will do that hour-to-hour work with children and youth in residential and day treatment programs? Masters level therapists?	5/18/2018 9:23 AM
66	Regulation lacks sufficient detail to apply on a worker by worker assessment of whether or not they should be registered...	5/18/2018 6:49 AM
67	how does assessment fit into the above categories. In hospital practice sometimes SW intervention is largely assessment would this then not constitute Psychotherapy?	5/17/2018 11:41 AM
68	It has been pretty confusing - I have concerns about where the education of these therapies will be provided outside of other regulated professions? I assume there will be accredited programs for psychotherapists, outside of accredited programs for social workers, occupational therapists, etc.	5/17/2018 10:57 AM
69	Helpful clarification, provides domains of practice	5/17/2018 10:15 AM
70	no comment	5/17/2018 10:05 AM
71	I think it is excellent. It covers the field with few limitations.	5/16/2018 12:55 PM
72	The regulations do not take into consideration a grandfathering process to meet the needs of individuals who have been in the field for a substantial period of time but do not meet the educational requirements for regulation.	5/16/2018 10:30 AM
73	In which section is EMDR?	5/16/2018 7:49 AM
74	It is good to clarify practices and therapies that are being regulated.	5/15/2018 2:48 PM

75	Will the CRPO register experiential therapists such as Horticultural Therapists who have demonstrated training & experience?	5/15/2018 11:05 AM
76	does this not limit the inclusion of prescribed psychotherapies in the future? what if an RP is also using a technique not on the list?	5/15/2018 9:49 AM
77	The categories appear to cover the main modalities of therapies.	5/14/2018 8:30 PM
78	It seems to be a large umbrella covering all kinds of therapeutic modalities.	5/14/2018 8:03 PM
79	What is hypno-psychotherapy? Hypnotherapy is often used on its own, as a simple relaxation therapy, or it may be integrated with other forms of psychological treatment. This integrative approach is known as hypno-psychotherapy. It can include many therapeutic applications, such as: cognitive behavioural therapy (CBT) neuro-linguistic programming (NLP) psychodynamic Humanist Gestalt mindfulness This integrative approach uses both hypnotherapy and psychotherapy to help with deeper problems.	5/14/2018 7:43 PM
80	They seem appropriate although some seem more "current" than others.	5/14/2018 4:48 PM
81	I have been certified as an EMDR clinician for the last 15 years-belonging to EMDR Canada and EMDR international I am hoping this is also recognized	5/14/2018 4:31 PM
82	Where does EMDR Therapy fit in?	5/14/2018 4:05 PM
83	I find the definition of the Controlled Act confusing and creating chaos among psychologists and psychotherapists. It looks like this new legislation will harm the public if it limits the ability of the psychologists to supervise psychotherapists when doing the Controlled Act of Psychotherapy. It is when providing services to the most severe conditions that they need the more supervision, not the less. It doesn't make any sense to most of our colleagues psychologists and psychotherpists and we don't understand what are the basis for this or the benefits. The only harmed with these limitations will be the Ontarians, which will be deprived of having access to higher level supervision of their providers when is most needed.	5/14/2018 4:03 PM
84	It will be important to identify which elements of each of these constitutes psychotherapy - for instance, thought records, challenging core beliefs, cognitive restructuring, etc.	5/14/2018 2:33 PM
85	Support it.	5/14/2018 2:28 PM
86	There may well be overlap with two or more of the proposed categories of therapy. It would be helpful to have thorough, concise definitions for each. Therefore an RP utilizing a combination of therapies in their practice, or learning new skills, would have a clear understanding of where to place themselves.	5/14/2018 1:48 PM
87	It is inclusive of various therapies to allow for eclectic approaches.	5/14/2018 1:06 PM
88	I feel it is limited. What about practices around narrative therapy, emotionally focused therapy for couple. The therapist described seem to fit individuals more than couples and families.	5/14/2018 12:19 PM
89	Please include Creative Arts Therapies, as this type of psychotherapy is now on the rise!	5/14/2018 12:12 PM
90	Good as it is specific.	5/14/2018 12:05 PM
91	The categories should also include emotion focused therapies	5/14/2018 11:07 AM
92	The first category, (Cognitive and Behavioural therapies) and the fourth, (Somatic therapies) I find to be clear and acceptable. The second, (Eperiential and Humanistic therapies seems confusing. O have the same trouble with the fifth category, (Systemic and Collaborative therapies). The third category, (Psychodramatic therapies) I find to be oddly specific to one particular branch of psychotherapy, when there are over 200 listed in a recent book on options in psychotherapy.	5/14/2018 11:02 AM
93	Would your main training delineate which school or focus of psychotherapy only and if not how much additional training would qualify you for a second or third category?	5/14/2018 10:45 AM
94	RNs working in the mental health field maintain the knowledge, skill and judgement with the theoretical BScN education to perform psychotherapy without a doctor's order, similar to a SW or OT. It is collaborating with the colleges in a meaningful dialogue to support clients / patients with RNs who are competantly trained to perform the aforemented prescribed psychotherapies under the CNO Standards and Code of Conduct.	5/14/2018 8:25 AM

95	I find it strange to hear that the controlled act concerns aspects of the noted modalities yet all can be practiced up to certain points without being regulated. The concern is the ambiguity for both the public and non-regulated persons in knowing when they have crossed from one realm into another. When a boilerplate is boiled down to being dependant on the concerned parties opinions it protects no one.	5/13/2018 10:39 AM
96	Please include clarification regarding Behaviour Therapists who may enter the controlled act. It is interesting that you do not include this in the draft document. It is, after all, one of the first wave therapies.	5/7/2018 9:26 PM
97	While I get categorizing types of therapies I think it misses the point-the proposed categories are therapeutic modalities that are very broad in scope and therefore not very useful for the purpose of defining psychotherapy. More useful would be what is being attempted in therapy and client distress level, vs the therapeutic style. High vs Low intensity interventions may be a better way to categorize mental health work, with high intensity being clients at greater risk or more severe symptoms. High intensity work may require more specialized psychotherapy training and interventions, and low intensity more in the realm of counselling, which is the foundation skillset that psychotherapy builds upon. Another useful categorization may be the interpretation of psychosocial interventions by the Alberta Health Services that defines more clearly what delineates types of interventions and what the Controlled Act actually entails in Alberta. In summary, I do not support this version of the regulation as too vague.	5/7/2018 7:47 PM
98	I believe this proposed regulation will have many negative effects to client's and recipients of mental health services. Most all therapeutic methods fall under those 5 categories and expecting all treatment providers to be regulated who may use very simple modalities is unrealistic. Eg. pet therapy, aromatherapy, reiki, accupuncture	5/6/2018 2:37 PM
99	As a Reg N and certified psychiatric nurse I perform treatments as describe above on a daily basis in an Out Patient Clinic for adolescents with mental health issues and addiction issues. There is not a doctor attached to our program. I'm the MRC (most responsible clinician). I have been serving in this role for 9 years. This regulation has created a very difficult problem for my program and team.	5/6/2018 11:03 AM
100	I think it's fairly clear. I like that it differentiates between psychotherapy and normal activities of care in an acute inpatient setting. Nothing stood out to me as confusing or ambiguous. My only suggestion would be to put the definition of a psychotherapeutic relationship earlier in the document - I had to go looking for a definition the first time it was mentioned.	5/5/2018 1:09 PM
101	? Addictions	5/4/2018 6:04 PM
102	I think it could limit the services provided to clients	5/4/2018 12:35 PM
103	I think the proposal is positive however, I am not sure how this will be rolled out in our agency.	5/4/2018 12:29 PM
104	I think the expectations are becoming extreme. Many extra's are being expected with little/no compensation.	5/4/2018 12:00 PM
105	There is no recognition of therapy modalities that are not explicitly talk-based, which does a disservice to those who practice from those modalities as well as those who benefit from them.	5/4/2018 11:52 AM
106	When doing counselling, even grief couselling ,you are working with a thinking, emotional human being whom you are going to help. It is very hard to not use some cognitive, behavioral and emotional interventions. Counsellors in this day and age have been well trained in CBT and should be allowed to use it to benefit their clients.	5/4/2018 10:49 AM
107	I feel counsellors should be registered to ensure proper education and knowledge of the various therapies they are using. My nursing degree made me aware of the therapies but I did not clinical experience in delivering the therapy to clients. I probably use many of the techniques in my role as a CDE but would not consider myself a mental health counsellor	5/4/2018 9:32 AM
108	Needs more studies re implications	5/4/2018 12:46 AM
109	Support regulation.	5/3/2018 7:23 PM

110	As a mental health nurse who has been working in the field for 12 years since graduation, I have had many opportunities training in CBT, DBT and CPT (PTSD therapy). I have worked with adults and children, in hospital and community settings, with targeted populations such as the military as well as marginalized groups that have no money for therapy. Due to the nature of mental health service in Ontario, and the growing need for affordable treatment, most of my patients are not able to get on the lengthy wait lists for therapy that is covered through a community agency. I have had not only to use my skills but to develop them by taking on extra training and education in the field. There are those, like me, that wrote the CNA exam and have their certification in mental health nursing which speaks to their expertise and continued commitment to career long continued learning. The process of grandfathering requires calculating a number of hours that is supervised however, the nature of supervision in hospitals is often done in group's and as the process as it stands is nearly impossible to go through as an experienced mental health nurse. I have known nurses to have to go back to school for up to 4 years to qualify though this process does not acknowledge or give credit to the mental health nurses knowledge and skills. I am not sure what solutions to offer, however I do believe that there is a class of mental health nurses that could be considered grandfathered (those who took the CNA exam for exam) or other ways to determine someone's eligibility to meet the requirements. As mental health nurses, many of us feel like we have fallen through the cracks with the new regulations and it is often not clear whether we could provide therapy (either privately or publicly funded) in a system where there is a huge demand with a lack of resources. Thank you for your consideration on the matter and I hope that this survey sparks more discussion and thorough into a wider discussion on how to meet the needs of a growing need for mental health treatment that includes treatment.	5/3/2018 5:04 PM
111	As a mental health nurse it will limit the scope of practise specifically to the specialty of mental health, psychiatric and addictions.	5/3/2018 4:12 PM
112	none	5/3/2018 4:08 PM
113	With 35 years of nursing including over 10 workshops and course work about CBT,including front line supervision, Courses in DBT with a year of supervision, Courses in Motivational interviewing with supervision, I take offense that you expect us now to complete further regulation. I would recommend some sort of grandfather clause. I am supervised by a psychiatrist, with access to support in the clinic setting. As a registered nurse with the certification in mental health nursing, this is short sighted and does not take into account the work already completed over 35 years. I don't want to be called a psychotherapist however nurses have been using these therapies for years! we do so using strong clinical judgement and with the support of our team. I'm an RN with a speciality in mental health and I use treatment modalities as indicated.	5/3/2018 3:52 PM
114	Rather than the word "prescribed",which has connotations of a medical prescription with some authority or requirement to apply it, I would recommend a term such as "recognized".	5/2/2018 4:08 PM
115	As it takes a certain amount of education, training and experience to use any of the above therapies in a safe and helpful way, it is important that only those qualified to do this are using this.	5/1/2018 11:06 AM
116	I think that it will be very difficult to regulate the specifics of what different therapists provide. For example, in the case of someone registered with CRPO, they are required to follow specific steps. With other colleges, for example the College of SSW's and SW's, the title is being used and nothing more that paying a membership to the college is required.	4/30/2018 3:22 PM
117	It is limiting . To be able to utilize techniques that can help and develop relations with the client - often involve a tool box of "therapeutic " used broadly ,modalities .	4/30/2018 1:56 PM
118	I am still unclear what kinds of counselling would not be considered psychotherapy. If I do couple counselling or grief counselling, is this practising psychotherapy?	4/29/2018 9:52 PM

119	Yes. I am for the proposed regulation I would like to add the following points. 1. This document actually led to more confusion than clarity. This is because the document describes the controlled act of psychotherapy and psychotherapeutic modalities as essentially intertwined with the psychotherapeutic setting. This was both misleading and unhelpful. It was misleading because it presents as normative one setting in which psychotherapeutic modalities MUST occur. It was unhelpful because it does not recognize and therefore regulate anyone practicing psychotherapeutic modalities and the controlled act of psychotherapy outside of that setting. Furthermore, the normalization of one setting for psychotherapeutic modalities in the controlled act of psychotherapy is classist. It only protects those that have the ability to receive psychotherapy in the setting of an office. Rather than ensuring the ethical practice of psychotherapy wherever and in whatever setting it takes place. This is the only to protect the public and vulnerable populations. 2. Yes, the document accurately stresses the foundation of all therapeutic alliances as the client therapist relationship. However, the document would benefit greatly from further clarifying how a safe and effective use of self as a psychotherapist is different from other forms of care such as counseling. This can be done by making clear SEUS as the foundation of self-awareness upon which the psychotherapeutic relationship is built and from which are skills as registered psychotherapists are deployed. Also, adding language that speaks about, the building of rapport, joining, and the essential importance of SEUS and getting out of the way so that as a therapist can be present and aware for his or her client. 3. Yes, this was a helpful portion of the draft policy However, well it is true that spiritual counseling is not a form of psychotherapy. A psycho-spiritual therapist trained in the prescribed therapies mentioned should be regulated within this act. This further educates the public on the quality of psychotherapy and protects them from abuse. Therefore, there must be a distinction between spiritual and religious counseling and spiritual psychotherapy. Spiritual psychotherapy should be covered and regulated by this act to ensure the public's safety and to distinguish it from non-licensed regulated professionals practicing spiritual counseling with no training in spiritual psychotherapy. 4. It would be extremely helpful if you change the wording “Spiritual or religious guidance” to “Spiritual or religious counseling.”	4/29/2018 4:29 PM
120	I agree	4/29/2018 3:18 PM
121	As far as I know, the categories above cover all of the therapies I might use in my practice	4/28/2018 11:03 AM
122	I am against this level of regulation for so many reasons that they cannot be listed here. Bottom line is I do not think it serves the safety of the public, however I do think it serves the financial interest and egos of those pushing for such regulation.	4/28/2018 8:33 AM
123	What I'm not sure about is if we are using a workbook in a group setting which our staff are leading and the materials involve CBT Therapy principles would we have to discontinue using these materials? Most of our staff are BSW and some have their addiction certification so we do not have MSW's to lead these groups. Also our staff have one on one groups with the clients where they may use Motivational Interviewing skills. Can they do this if they do not have their MSW?	4/27/2018 2:45 PM
124	I support most of the regulation, except for the phrasing that describes psychotherapy as ‘primarily a talk-based therapy.’ This is absolutely inaccurate. Many art therapists, music therapists, and expressive arts therapists, to name only a few disciplines, have qualified as RPs and yet many or even most of us would not describe our work as ‘primarily talk-based,’ even if and when it is entirely psychotherapeutic. I believe that this phrasing also contradicts the category ‘Experiential therapies,’ which by definition is often ‘primarily’ about a non-verbal experience.	4/27/2018 2:26 PM
125	The "Activities that are Not Part of the Controlled Act of Psychotherapy and a Self-Assessment Tool for Unregulated Practitioners" seem to negate most of the act as they all use some form of the categories.	4/27/2018 12:59 PM
126	It's a thorny issue...counselling, which is not regulated, can legitimately make use of the same modalities	4/27/2018 10:41 AM

127	I strongly oppose the statement that psychotherapy is "primarily talk-based". As a music therapist, much of the work that I do definitely falls under the scope of practice for psychotherapy, however, a lot of it is done non-verbally. One of the reasons I feel music therapy is so effective is that it does not rely solely on talk. By describing psychotherapy as talk-based you are omitting the effective and evidenced based work that creative arts therapies provide. I would also argue that other psychotherapists (not in the realm of arts) likely use non-verbal techniques in their work. Lastly, many clients who benefit from working with a registered psychotherapist ARE non-verbal. People who are unable to speak, and therefore do not "talk" are left out of this definition as well. By using the term "primarily" I can understand that you are leaving room for "other forms", however, by only voicing talk-based therapy in the definition the public are not receiving the full picture. Perhaps a phrase that uses words that focus on different forms of "communication" rather than "talk" might start some new ideas to help make a change here. Below, I will state that I do not support the proposed regulation. Should the language change regarding the area of my feedback, I would be in support.	4/27/2018 8:42 AM
128	No comment	4/26/2018 3:59 PM
129	Does this cover those who use psyco-spiritual therapies? Eg those who integrate spiritual along with the noted therapies	4/26/2018 1:36 PM
130	I feel that that many of these approaches also fall outside of the scope of psychotherapy. The net cast here too broad, there are many other professions that may employ such approaches who are not practicing the 'act of psychotherapy (example, teachers, coaches, mind-body practitioners)	4/26/2018 12:21 PM
131	I do not believe that we need a Controlled Act when psychotherapy is already a registered profession. This would effectively criminalize life coaching, non-psychotherapeutic hypnosis, Reiki and other forms of spiritually based healing, and other things from which people derive significant benefit.	4/26/2018 11:20 AM
132	One does regulate a profession or an approach but actions within that profession such as the act of "communicating diagnosis" in psychology.	4/26/2018 11:02 AM
133	These categories seem clear and comprehensive.	4/26/2018 10:25 AM
134	If i understand correctly nurses will be required to undergo extensive training in order to perform the above controlled acts. Nurses working in community settings are often the care provider who is the first access point to people who would not other wise access care in an office setting. In my role i work with street involved individuals who WILL NOT seek out a therapist in office so i do what i can with training to help them out of crisis, commonly this involves using one of those five approaches. This could impact the lives of people who are in need of help but leave nurses in an ethical dilema of choosing to use a controlled act inappropriately or knowing that they are leaving a client in a compromised stated related to fear of reprimand or criminal charges. The was the eligibility criteria is set out is UNFAIR and seems to be a barrier for professionals who are interested in getting certification. These guidelines need to be crystal clear for registered health professionals with appropriate steps communicated for getting the certification.	4/26/2018 10:06 AM
135	Art, Play and expressive therapies need to be included. I suppose they could be considered experiential therapies. Also you have not listed EMDR which I suppose is both experiential and somatic	4/25/2018 11:41 PM
136	I think this summarizes the most of the psychotherapeutic modalities used in practice that have been studied and empiricially validated.	4/25/2018 8:21 PM
137	Most of the regulation is acceptable, except that some wording describes psychotherapy as ‘primarily a talk-based therapy.’ This inaccuracy does not include the art therapists, music therapists, and expressive arts therapists, and more, who have qualified as RPs though our work is not specifically or limited to being described as ‘primarily talk-based,’ despite being psychotherapeutic. The category "experiential therapies" itself refers to the presence of non-verbal methods of interaction in the therapeutic experience.	4/25/2018 4:41 PM
138	Hiring qualified counsellors in remote northern areas is already challenging and these regulations are going to limit us even more creating gaps in services for our communities.	4/25/2018 3:17 PM
139	It is good that individual or several categories of psychotherapy (in an integrated approach) are being considered.	4/25/2018 2:36 PM

140	Due to the confluent changes allowing Registered Social Workers to also be able to register as Psychotherapists my concern is that these changes will only cause further confusion in the distinction between our two practices, especially considering they would likely not have the training to perform these and other modalities. As this lack is investigated my follow-up concern is that those of us in practice would also be either audited to confirm our competence or that the College will make additional changes effecting new practitioners.	4/25/2018 8:52 AM
141	I agree with the proposed regulation.	4/24/2018 9:59 PM
142	In favour of proposal	4/24/2018 9:07 PM
143	What do you do about people practicing CBT who are not regulated? Ie CYW and B.A.s Also how do you say SSW can practice psychotherapy but CYWs can't? If SSW can, then why did I work to get a masters degree?	4/24/2018 12:29 PM
144	I support the proposed regulation.	4/24/2018 11:00 AM
145	I would need greater clarification about what types of psychotherapy would meet the criteria to fall into each of these categories. Does EMDR, for example, fit into one of these areas?	4/24/2018 10:18 AM
146	I disagree with the inclusion of some of the somatic therapies as psychotherapy, such as Reike and Tapping (emotion freedom technique). The research regarding these therapies is less sound and robust and I believe it should not be compared to established and soundly researched therapies like CBT, Humanistic, Psychodynamic and Systemic therapies.	4/24/2018 9:29 AM
147	Among other things - I would assert that the “Controlled Act of Psychotherapy” is not in the best interest of the public and aught to be withdrawn. Stigma is already a huge issue (most wait 6-23yrs) and there aren't enough services to provide support (supply-demand). This legislation will result in many great clinicians to lose their jobs and livelihood and will result in fewer resources to address an already taxed system. The research does not support the need for this act and appears to have been initiated under an environment lacking in the full facts about the issue that those of us who are on the ground are very aware of. A few points to note: It is missing many other therapies that are extremely helpful to address mental health issues e.g. mindfulness, ACT, solution focused. It also has lacks insight and understanding of what a therapeutic relationship truly is, client-centred therapy and defines it as a variety of protocols and process. It's missing: Risk Assessment to determine risk of harm to self and others - as well as an addictions/substance use screen to determine the presence of an addiction or substance abuse issue. “the client must be suffering from a serious disorder of thought, cognition, mood, emotional regulation, perception or memory” - this criteria is incomplete becuase it does not speak to the important element of client risk and that the words “...and has been assessed to be at significant risk to themselves or to others and/or has been assessed to have a significant addiction or substance use issue”... “self assessment tool for unregulated practitioners”. I would request that that the question “Are you using psychotherapy to treat a client’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory?” should be modified to include the idea of risk of harm by adding “...where there is a significant risk of harm to self or others and/or a significant addiction or substance abuse issue present” to that question. Reviewing the Council HPRAC packages: Please note that when citing from the documents I will be using the actual page number of the document instead of the page number a pdf reader generates. The task that was set before the CATG (Controlled Act Task Group) was monumental with a short time frame to accomplish all the tasks set before them. Many times, throughout the HPRAC documents it was mentioned that the HPRAC had a tight deadline, for example, on HPRAC Vol 2, page 1 of the report. In it’s effort to become a College, CRPO took time, in fact years, to meet the requirements of the Ministry of Health and Long-Term care. Yet, when it comes to the important matters of clarifying the controlled act of psychotherapy, who can and cannot provide services, and what defines risks to clients there is a rush. This is unacceptable as, in the HPRAC reports, there is a clear indication that research was cut short or items were by-passed due to the lack of time. It would have been more appropriate to ask the Minister of Health for an extension for a more thorough examination of the issues There was not enough time to engage more stakeholders, how services would be impacted by limiting what non-registered practitioners could do or not do, and how these decisions would impact clients? The Minister of Health and Long-Term Care required that by July 1, 2018 clarification be provided by the CATG to clarify the controlled act of psychotherapy, to provide a comprehensive explanation of RPs and the distinction between the controlled act and the broader provision of psychotherapy, as well as the delineation of activities that do not fall into the scope of psychotherapy. Since the controlled act of Psychotherapy was proclaimed in force December 30, 2017 what need is there for further clarification? While the act may have some issues with wording, particularly when it comes to the interpretation of the word “serious”, it has already clarified who can (RPs) and cannot provide services (Non-RPs) under the controlled act. If the act is law then it can only apply to those who “treat by means of psychotherapy technique delivered	4/23/2018 9:10 PM

through a therapeutic relationship an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impact the individual's judgement, insight, behaviour, communication or social functioning" otherwise it has no force on those who do not provide services under the controlled act. While the HPRAC is trying to distinguish between the controlled act and the broader provision of psychotherapy the basis they are doing this on is flawed. They are stepping outside of the bounds of the act itself which already makes the distinction between who can and cannot perform the controlled act of psychotherapy. Therefore anyone who is not a registered psychotherapist should be able to perform the act of psychotherapy but not the controlled act. The CATG is attempting to prescribe "therapies involving the practice of psychotherapy, governing the use of prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of psychotherapy." (P.2 Council Package). This is a static view of therapies and does not take into consideration the dynamic evolution of therapies in general. If Jay Haley, Chloe Madanes, Virginia Satir, or Salvador Minuchin were alive and practicing in Ontario then they would be in violation of the regulations of the College as their psychotherapeutic modalities would be new and not recognized by the College. This leaves very little room for research and new therapies to be developed. In fact, any new therapies could be considered a criminal act if practiced. Most therapies have evolved and are often works in progress and if they are main-stream they continue to evolve to this day. (It should be noted that Jay Haley had a degree in Communication from Stanford University and was invited by Gregory Bateson (an anthropologist) to join him in a communication project that became one of the driving factors in the creation of family therapy.
(https://en.wikipedia.org/wiki/Jay_Haley). In the Council document the statement is made that "Individuals usually seek psychotherapy when they have thoughts, feelings, moods and behaviours that are adversely affecting their day-to-day lives, relationships and the ability to enjoy life"(page 5); but, does that mean that they fall under the controlled act which states "of seriously impact[ing] the individual's judgement, insight, behaviour, communication or social functioning"? Most people come to talk, find solutions and move on. Most practitioners who have been in the psychotherapy field for a significant time and with proper training can deal with this without being registered. Also, most competent practitioners know when to refer on when it comes to significant mental health issues. On page 5 there are listed key elements which have been the mainstay of practitioners for a long time before regulation and taught at academic institutions. These are accepted practices whether regulated or not. On page 6 the following are categories of prescribed therapies involving the practise of psychotherapy: 1. •Cognitive and Behavioural therapies 2. •Experiential and Humanistic therapies 3. •Psychodynamic therapies 4. •Somatic therapies 5. •Systemic and Collaborative therapies Most of these therapies are used by other practitioners such as coaches, life coaches, spiritual directors, and mentors just to mention a few. Whether they call it psychotherapy is up for debate, but all of these therapies have had an influence on other relationships that occur in quality management, executive coaching, team building, addiction counselling, and life coaches. These same therapies that CRPO is trying to regulate also occur at retreats, workshops, self-help group and support groups. How would you define and regulate these? And how would you regulate the relationships outside of the therapeutic relationship. The reality is that therapeutic relationships occur in many spheres of life. Other modalities, such as using mind-mapping, visual boards, or automatic writing are being used in psychotherapy, so keeping track of what is happening in the real world can be difficult and regulating their use becomes more an act of policing than concern how it may help a client. On page 7 of the Council document it acknowledges that "various mental health practitioners providing services may have a 'therapeutic (i.e. beneficial/supportive) relationship with their clients and use psychotherapy techniques occasionally as an ancillary part of their duties" implies that psychotherapy techniques can be use by others and do not fall under the controlled act. However; I would contend that any therapeutic relationship providing support or is beneficial is psychotherapy. The word psycho has it's root in the Greek word "psykho" meaning mind, spirit, mental, or unconscious. The word therapy has its root in the Greek word "therapeia" meaning curing, healing, service done to the sick, waiting on or service. A combination of those words would imply a curing, healing, service done to the sick of the mind, spirit, mental or unconscious. In essence anytime you have a "therapeutic (beneficial/supportive) relationship you are always dealing with the mind or spirit in some form or fashion and the very acts we perform have an influence on the mind whether this is changing someone's bed pan or listening to the hardships they are enduring. In all my years as a Registered Marriage and Family Therapist, my intention has been to be client-centred, treating the whole person and taking into consideration all aspects of that person's life. As well, I have been incorporating psychotherapeutic techniques to help the client achieve their goals. My intention has always been to get to know the person and form a relationship from the "I-Thou perspective" (Martin Buber) or what Carl Rogers called "unconditional positive regard". I believe it is the relationship that allows the client to move forward. You cannot force or regulate a relationship, even a psychotherapeutic one. On page 11 one must register if you are "holding out as qualified to practise as a psychotherapist in Ontario (no matter what title they may use)". What I question here

is the fact that many long-term practitioners using psychotherapy (and who are not a RP) are well qualified (some with Doctoral degrees like myself) and CRPO would deny people the services of these practitioners. They are qualified to practice, and by CRPO saying they are not qualified, does not make it so. On page 11 the question is asked “does your work primarily involve one or more of the following in isolation or in the absence of a psychotherapeutic relationship” in order to determine if one needs to register with one of the identified Colleges. The term psychotherapeutic relationship could be applied to all of those items listed. The definition of therapeutic relationship from the following website: https://medical-dictionary.thefreedictionary.com/therapeutic+relationship) is as follows: The ongoing relationship between a therapist and a client/patient established to support the client’s/patient’s therapeutic goals. A therapeutic relationship is one of service and is a helpful resource for the client/patient. Characteristics of a healthy therapeutic relationship include personal awareness and insight, trust, respect, safety, authenticity, acceptance, empathy, and collaborative agreement. This is a more comprehensive definition and exhibits more caring and compassion than the CRPO definition. Also, this definition could be applied across a broad spectrum of relationships including mentoring, coaching, etc. The therapeutic relationship does not only occur in a psychotherapist’s office. Page 27 includes “Charts of the Respondents of the online survey”. I find it interesting that of the 220 respondents, RPs represented 64.09% or 141 respondents; however, of the approximately 6000 RPs currently registered this represents only 2.35% of the population, hardly a good sample size. On the same chart Clinicians (whoever they are) represented 21.82% or 48 of the respondents. Who are they and who do they represent? Where are all the other stakeholders? This sample size is inappropriate to the questions asked and decisions that will be made. If this was university level research it would be rejected. I find it difficult to fathom that this was not questioned. On Page 28, respondents were asked what else they would add. One individual added Traumatic Incident Reduction and this needs clarification. Does this include CISM? CISM is not psychotherapy and its purposes are entirely different. On Page 29, the question is asked about what you would add to the controlled act. This is an inappropriate question as the controlled act has already been defined and proclaimed. It is misleading to what is really being asked. HPRAC Volume 1 On page 8 of the HPRAC document volume 1, it mentions “the government should consider creating a robust registry of individuals who provide psychotherapy outside of the controlled act”. So, this recognizes that the government would allow practitioners to practice psychotherapy outside of the controlled act, and in that case one would not have to be an RP. Yet these practitioners can’t call themselves psychotherapists? What would be the purpose of this registry and how would this information be used? This is a serious issue as it could be viewed as a new form of carding targeting unregistered practitioners. HPRAC Volume 2 “Over 90 references from both the RAEB documents and from online sources were identified and cited. Due to time and personnel restraints, the review was expedited, and the search was limited to sources from English-speaking jurisdictions, and therefore, may not capture the full extent of initiatives in non-English speaking countries.” (page 2). However, I have concerns because we a multicultural society and our clients do not all come only from English speaking jurisdictions. We have clients who will be familiar with practices from many other parts of the world. I believe, the Committee should have gone back to the Minister for an extension. “Subsequent research revealed that little consensus exists regarding how a determination is made on the seriousness of mental health disorders. The limited findings indicate mixed results in what constitutes a” serious” mental disorder. In some cases, serious disorders were defined or determined by the jurisdiction or legislation.” (page 6). Again, it can be noted that the HPRAC found there are “limited findings”, so this indicates that this whole area has not been given enough time and thought. In the Jurisprudence Review many of the cases involved physicians who committed professional misconduct, hence saying very little about the practice of psychotherapy: 1. R. v. Gordon: when following the link given it goes to a Quebec case, not the case cited. Cannot get details to verify what the issue was. I did not check the other links to see if they were valid or not. 2. Norberg vv. Wynrib: this was a physician that had inappropriate behaviour. 3. R. v. Baig: this was a case of a psychologist engaged in the practice of psychology contrary to the Medical Practitioners Act. Issue of protected title, not about being a psychotherapist or not. 4. L.T. v. McGillivray: physician who sexually abused a client. This should have been a criminal matter. The fact that he practiced psychotherapy without having training is not about psychotherapy rather it is about do something he should not have been doing. To use Fiduciary Responsibilities of a Psychotherapist against the doctor when he’s not one is irrelevant. He broke the Fiduciary Responsibilities of a Doctor. 5. Leibl v. College of Physicians and Surgeons of Ontario: again, this is a doctor misusing his doctor-patient relationship. 6. Lussier v. The Queen: This is tax law case; how does this have any application about the defendant’s abilities to provide psychoanalysis? 7. College of Physicians and Surgeons of Ontario v. McNamara: Another example of a physician, not a psychotherapist doing harm. 8. College of Physicians and Surgeons of Ontario v. Ghabbour: A doctor crossing the boundaries into professional misconduct by beginning a sexual relationship. Most people including psychotherapists know this in crossing a boundary. 9. College of Physicians and Surgeons of Ontario v. Shantz: A doctor who did not

	practice psychotherapy in an ethical manner. This is an example of boundary violations and not taking into consideration the safety of the clients nor the clinician. 10. Osheroff v. Chestnut Lodge: Improper diagnosis and treatment protocol by a physician 11. X (Re) Immigration and Refugee Board: Who would rely on a psychotherapist giving a diagnosis since it is currently contrary to the Regulated Health Professions Act? Many of the cases cited involved doctors being disciplined under their own colleges or boards for professional misconduct. In all of these cases nothing is relevant to the efficacy of psychotherapy. The B.C. case is about someone who inappropriately used the titles of psychologist and misrepresented himself. In my experience most people who have a Master's Level in psychotherapy and are a member of a Professional Association operate in a safe manner to protect their clients and themselves. They were doing this long before CRPO came along. In the document, there are jurisdictions who still allow unregulated practitioners to practice and there appears there was no attempt to determine how that is working. Most of these other jurisdictions require minimum standards of education and that practitioners need to be part of a professional association. Up to the controlled act of psychotherapy this model appeared to work well in Ontario. You can never prevent people from doing things that mar a profession, but that doesn't mean all practitioners are bad. It seems that the gist of what is being said is that all practitioners will do these horrendous things to their clients, yet there is little evidence to support that. I find there is no attempt to have a dialogue with those who did not register with CRPO and while they stated there were stakeholders, it is unclear (other than the Colleges involved, and some organizations that were represented on page 20 & 21 HPRAC Vol 1) who those other stakeholders were. Nowhere in the document did I read that there was any attempt to include the Ontario Association of Marriage & Family Therapy nor the Canadian Association for Marriage and Family Therapy for their input. I have read Phil's letter, so I won't rehash it here. I think he makes many valid points. HPRAC did not address the issue of addiction workers, of which there are probably hundreds or thousands of unregulated counsellors working in Ontario. While there is a 2-year window for people to register if they are performing the controlled act, many would not meet the educational standards required. This would leave those clients they are working with at risk with no support. The other issue here is the new bill that is before the provincial parliament, Bill 149, Ministry of Mental Health and Addictions Act, 2017 which would establish a new ministry that would address Mental Health and Addictions. It has passed second reading and ordered referred to the Standing Committee on Finance and Economic Affairs. How will this change and impact psychotherapy, addiction workers, mental health and addiction services? It is interesting to note that the HPRAC document volume 1 is dated November 1, 2017 yet the first reading of Bill 149 was September 11, 2017 and the second reading September 14th, 2017; however, there is no mention of this bill in the document. The impact on non-registered practitioners regarding their careers, livelihoods and economic impact (they collect HST on behalf of both levels of government) has not been addressed. It basically states fall into line with the law or you are out. Hardly a collaborative model. I think that many of the issues raised could have been avoided by simply having people be part of a professional association that has educational requirements and practice standards (such as AAMFT/OAMFT). Then educate the public on what psychotherapy is and if there is a complaint against a therapist have a mechanism that deals with complaints and the therapist (if misconduct was found), through someone such as a Psychotherapy Consumer Ombudsman.	
148	These professionals are being allowed too much freedom with respect to their areas of practice. They are being allowed to treat clients of any age and in any modality of treatment whereas other medical professionals are restricted to particular ages of clients or patients and particular treatment modalities.	4/23/2018 9:08 PM
149	Some therapies claim to be evidence based but the research is flawed. Some therapy approaches do not seek to be called evidence based but are highly effective. Let us not get trapped into trying to say if it is not evidenced based it is not a valid approach.	4/23/2018 7:12 PM
150	There needs to be a grandfathering mechanism put in place for seasoned support personnel with out a degree associated with one of the registering colleges	4/23/2018 6:01 PM
151	I support most of the regulation, except for the phrasing that describes psychotherapy as a 'primarily a talk-based therapy.' This is absolutely inaccurate. Many art therapists, music therapists, and expressive arts therapists, to name only a few disciplines, have qualified as RPs and yet many or even most of us would not describe our work as 'primarily talk-based,' even if and when it is entirely psychotherapeutic. I believe that this phrasing also contradics the category 'Experiential therapies,' which by definition is often 'primarily' about a non-verbal experience.	4/23/2018 4:51 PM
152	The provincial government announced new net for increasing access to psychotherapy in primary care settings, I am not clear on the impact given regulation of the act.	4/23/2018 3:38 PM
153	The interpretation seems clearer. I am pleased to see that child and youth workers, who are ineligible to be registered by CRPO should be able to continue their practice, assuming there are no further changes to the contrary resulting from the consultations.	4/23/2018 3:25 PM

154	The original definition of psychotherapy was very broad and included many scopes of practice. This purposed regulation is incredibly specific. I believe this is going to create a great deal of confusion for those already registered who maybe fit within the more broadly defined scope of practice but do not necessarily fit within this purposed regulation. How will this impact those individuals? Will they no longer be qualified to be registered?	4/23/2018 2:52 PM
155	I really like the draft write up showing different categories of service and what is and is not considered psychotherapy. The document is very helpful. One concern I have, however, is the assumption that all somatic therapies involve the practice of psychotherapy. This is not true for somatic therapies, in particular Somatic Experiencing. Somatic Experiencing is also performed by people who are not psychotherapists, such as bodyworkers and a whole host of other professions (such as pastoral counsellors, yoga teachers, life coaches, and so on). While somatic therapies like Somatic Experiencing are often integrated into psychotherapy, they are not necessarily always psychotherapy, if that makes sense. For instance, Somatic Experiencing training is administered through the Somatic Experiencing Trauma Institute in Boulder, Colorado. It allows professionals from different scopes of practice to learn Somatic Experiencing and apply it in their practice. So it is not limited to psychotherapists, and indeed many other professionals take it as well and implement it in their work. It wouldn't make sense for the CRPO to claim that Somatic Experiencing involves psychotherapy and limit its use to only psychotherapists - it would be the only place to do so, to my knowledge, and this would create major issues for the non-psychotherapists in Ontario who took SE training under the understanding that they could use it in the scope of their work as non-psychotherapists. If you click here: https://traumahealing.org/learn-se/#apply and then click on "Admission and Application Requirements", there is a list of all the different professions that take SE training and include in their work. Psychotherapists are but one... In his lengthy review of body-oriented psychotherapy and the use of touch in psychotherapy, Dr. Ofer Zur, PhD, states: "According to the Foundation for Human Enrichment, Somatic Experiencing is not considered as a form of psychotherapy, it stands on its own as an approach to healing trauma. The Foundation is clear that SE is neither a psychotherapy nor a bodywork technique, but lends itself well to being integrated into these and other treatment modalities." That quote can be found here: https://www.zurinstitute.com/touchintherapy.html#body I am glad that body-oriented psychotherapy recognized by the CRPO through the inclusion of somatic therapies (being a member of the US Association for Body Psychotherapists, I think this is a really wonderful acknowledgment). And I think the wording concerning prescribed therapies needs to be adjusted to reflect the issue I'm bringing forth. This issue also pertains to using energy therapies in psychotherapy. There are Integrative Energy Therapists out there who are not psychotherapists, and there are psychotherapists who bring energy therapy/psychology into their work. If the wording can be adjusted to reflect that it is possible and acceptable for psychotherapists to use body/somatic/energy oriented modalities in their practice (but that these modalities themselves are not limited to psychotherapists), then that would be a more accurate reflection of their use.	4/23/2018 2:11 PM
156	I support most of the regulation, except for the phrasing that describes psychotherapy as a ‘primarily a talk-based therapy.’ This is absolutely inaccurate. Many art therapists, music therapists, and expressive arts therapists, to name only a few disciplines, have qualified as RPs and yet many or even most of us would not describe our work as ‘primarily talk-based,’ even if and when it is entirely psychotherapeutic. I believe that this phrasing also contradics the category ‘Experiential therapies,’ which by definition is often ‘primarily’ about a non-verbal experience.	4/23/2018 1:56 PM
157	I support most of the regulation, except for the phrasing that describes psychotherapy as a ‘primarily a talk-based therapy.’ This is inaccurate. Many art therapists, music therapists, and expressive arts therapists, to name only a few disciplines, have qualified as RPs and yet many or even most of us would not describe our work as ‘primarily talk-based,’ even if and when it is entirely psychotherapeutic. This phrasing also contradicts the category ‘Experiential therapies,’ as experiential therapies are, by definition, not primarily verbally based.	4/23/2018 1:38 PM
158	It will make it much more difficult for the community to obtain the help they need and deserve, should they try to ban 30,000 qualified alternative therapists', along with all of their clients whom rely on them	4/23/2018 12:16 PM
159	I don't believe that Art and Music Therapy are always practiced as psychotherapy, even if they fall under the category of "experiential". I believe these professional practices require more clarification regarding scope of practice.	4/23/2018 8:33 AM
160	I agree that we have to move ahead whatever we take to be as RSW and psychologist.	4/23/2018 8:20 AM

161	I understand the need for regulations. The definition continues to be too broad. It may be better to list professions rather than skills. For example, will addictions counsellors be considered? Many addiction practitioners do not have degrees, and certainly not Master's. Agencies do not have the dollars to pay staff with those credentials..... Most do not see themselves as providing psychotherapy, per say, though many use tools that would fall under your definitions. And all of us create a "therapeutic alliance" with our clients with all that this entails - or we shouldn't be in business!.	4/23/2018 7:48 AM
162	Regulations seem to well cover the psychotherapist responsibilities	4/22/2018 8:53 PM
163	Could you please comment on those practioniers who are trained in ABA and CBT; behaviour consultants, analysts etc.	4/22/2018 5:39 PM
164	I support most of the regulation, except for the phrasing that describes psychotherapy as a “primarily a talk-based therapy.” This is absolutely inaccurate. Many art therapists, music therapists, and expressive arts therapists, to name only a few disciplines, have qualified as RPs and yet many or even most of us would not describe our work as “primarily talk-based,” even when it is entirely psychotherapeutic. I believe that this phrasing also contradics the category “Experiential therapies,” which by definition is often “primarily” about a non-verbal experience.	4/22/2018 4:23 PM
165	I agree with with the prescribed categories.	4/22/2018 8:44 AM
166	I am concerned that this will restrict those who use more then one method of counselling.	4/21/2018 10:52 PM
167	I agree with the mentioned categories of prescribed therapies because these therapies are widely used in practice and are evidence based treatment methods.	4/21/2018 10:48 PM
168	Supportive	4/21/2018 4:01 PM
169	It is true that these therapies involve the practice of psychotherapy. However, they can be practiced without the use of the controlled act of psychotherapy. Therefore, what is the point of the proposed legislation? You reassured us that CRPO was not intending to take over the whole realm of psychotherapy, just the controlled act.	4/21/2018 3:08 PM
170	I would hope that the regulation facilitates insurance coverage for clients of psychotherapy. I would also home for HST GST exemption as clients find the added cost a burden. I appreciate the extra quality control and authority made possible by the Regulation.	4/21/2018 2:07 PM
171	This field of therapies is too narrow	4/21/2018 12:44 PM
172	I agree	4/21/2018 12:25 PM
173	There can be other prescribed therapies that can be used in therapy: such as, Existential, Gestalt.	4/21/2018 12:17 PM
174	I think there are people trained in CBT/DBT and are providing or teaching skills based programs such as in hospital settings and only those portions of programs who are not practicing other forms of "psychotherapy" and should not be limited from doing so, I would say the same with somatic therapies-if a person has training in a specific therapy and that program has decided their qualifications are enough for them to take the training that should suffice, this is actually going to limit people from getting help, and then there are people with the credentials who are able to practice modalities they actually know less about.	4/21/2018 10:51 AM
175	I think the definition of psychotherapy as a protected act is not clear enough. What defines a “serious” problem? Who will determine whether a problem is “serious” enough to be treated by the protected act as opposed to being treated by a counsellor, life coach, or other professional???	4/21/2018 9:41 AM
176	Working with our definition of psychotherapy, I want to note that the 'therapeutic relationship' underlies all therapies (prescribed therapies being the realm of 'psycho-therapeutic means'). I am concerned that we don't have a category for developmental, attachment, and emotion oriented therapies (Diadic Developmental Model, Emotion-Focused Therapy, Attachment-based Developmental approach, just to name a few). Working within and on 'attachments', informed by developmental models, and working with the complexity of emotion, have been always-present, ever-present, and an intuitive aspect of what we do. It is also an emerging area of key insight and focus as increasingly articulated via solid neuroscience. I understand these areas underlie all modes and therapies so we can rationalize their placement inside each category of prescribed therapy, but I wonder about the added clarity of including them in our list to cover the emerging 'art and science' around them as currently (and clearly) evolving in our field.	4/21/2018 9:12 AM

177	Scope is too broad. Competence through education, supervised practice, and testing in each therapy claimed is needed to be proved before RPs are working with the public. RPs are providing controlled act therapies for undiagnosed persons. The wrong/ineffective or unnecessary therapy may be provided resulting in real potential harm to the public. This should be considered unethical behavior and is unacceptable. Diagnosis by the appropriate medical professionals should be required before RPs engage in therapy. The same RP will provide cognitive behavior therapy along with chakra realignment and healing touch. Science should not be mixed with pop culture. Such practices, outside of their use in a religious or first nations community, should not be acceptable practice. It calls other scientifically based treatments and therapies into disrepute and confuses the public as to what is effective, evidence based, and valid treatment. Harm can be caused by getting ineffective treatment for serious issues or through dissuading individuals from pursuing effective medical treatment because "Isn't it all just mumbo jumbo and doesn't really work anyway". RPs should be RPs and their actions should be governed by the regulations at all times. They cannot choose to be RPs at one moment and pop culture healing energies practitioners at another.	4/20/2018 11:49 AM
178	It can be s a positive step to bring unification and standards to the industry	4/20/2018 11:24 AM
179	I am concerned that the title Liscenced Counselling Therapist be recognized by Ontario as practioners of Psychotherapy as required by AIT	4/20/2018 11:22 AM
180	Please define "Somatic treatments". Nobody has any idea what these are.	4/19/2018 10:24 PM
181	I have strongly mixed feelings on the proposed regulation based on the fact that there is no understood minimum level of education and training required to be a "Psychotherapist" and member of the CRPO (at least, it is not known to members of the public who will not understand that a PhD Psychologist has completed at least 8-10 years minimum intensive training and supervision in the provision of psychotherapy. What level of training does a member of the CRPO have?).	4/19/2018 10:02 PM
182	I think it's ridiculous that you are recommending no supervision for cbt and ipt when these treatment approaches originated based on diagnostics . Furthermore the progress in treatment must be monitored by ongoing psychidagnaitic evaluation. I'm not impressed by what I have seen as an RP to date with this college.	4/19/2018 4:55 PM
183	Using 5 bullets to describe categories of therapies fails to provide sufficient detail to survey participants to make an adequate evaluation of the scope of the Controlled Act. These categories are concerningly broad and could contain therapies that are currently understood to not fall under the Controlled Act.	4/19/2018 4:49 PM
184	1. delete "prescribed" and replace with evidenced-based therapies	4/19/2018 4:48 PM
185	No, not part of the Act: "serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning."	4/19/2018 4:36 PM
186	I am thrilled that the draft includes EFT emotional freedom techniques as a somatic therapy since it is a somatic therapy however I hope that there will be more investigations around including all EP (Energy Psychology) interventions as I believe these practices are the leading edge of profound agents of change. Please research ACEP (Association of Comprehensive Energy Psychology) in the United States for further information and research.	4/19/2018 3:47 PM
187	The definition of these categories can be subject to different interpretation. It might be helpful to give specific examples of modalities within each category, e.g. IPT, DBT, EFT, etc.. to avoid confusion and misunderstanding.	4/19/2018 3:26 PM
188	I don't believe the proposed therapies should be considered "psychotherapy" in and of themselves. It depends on the client population being treated. According to the controlled act, two of the five components must involve an individual with a serious disorder of thought, and the disorder may seriously impair the client's judgement, insight, etc. If someone is using the proposed therapies with high functioning individuals without serious disorder of thought in a counselling setting, I do not think it should fall under the category of psychotherapy in the controlled act.	4/19/2018 3:01 PM
189	I think it is a good idea	4/19/2018 2:42 PM
190	Where does Solution Focused Therapy fit in?	4/19/2018 11:33 AM
191	I believe very strongly that a regulation for therapists should be implemented.	4/19/2018 9:57 AM
192	Im troubled that other colleges - such as OT and social service workers - can conduct psychotherapy without having done training in 1:1 psychotherapy.	4/19/2018 9:30 AM

193	In years to come this regulation may limit practitioners in the pursuing new therapies that maybe proven more effective, when restrictions apply does that make us as a proactive as we need to be in the pursuit new modalities therapies, we are just on the edge of massive research re: mental health care neurosciences behavior etc. I would never want any thing that might limit us as professionals practitioners in healing, never to restrict or limit as professionals we should know when we integrate therapies in practice and why we do it, and it is never without consultation with the client.	4/19/2018 9:28 AM
194	I have three reactions/comments regarding the aforementioned five therapies constituting the practise of psychotherapy. Firstly, for clarity sake each one of these psychotherapies should be operationally defined in accordance with the empirical research literatures. Secondly, there should be some descriptive statement that each psychotherapy listed above consists of 1) particular theoretical and empirical discussions about psycho-social phenomena/client problem being addressed; practise interventions used; change process in identified client; diagnostic and/or assessment instruments used to generate new information and changing interventive practices; theoretical and practical considerations for ending a psychotherapy with a client; and the nature of the evidenced based literature supporting such a psychotherapy. Thirdly, does the the phrase "systemic and Collaborative therapies" include family and clinically oriented group therapies used by many psychotherapists? If not , I would suggest that a sixth phrase be inserted into this list as "Family and Clinically Oriented Group Therapies." Thank you so much for allowing me to share these comments with you at this time. Sincerely, Joel Majonis, M.A., M.S.W., Ph.D. 905-326-7146.	4/19/2018 9:24 AM
195	Does this include Emotional Freedom Technniques? I support the draft if it does. If not, I do not support it.	4/19/2018 9:23 AM
196	Therapy may use one or more modalities,. Even within one session, depending on what the client is responsive to. Will the regulation make it difficult to be responsive and flexible?	4/19/2018 7:04 AM
197	I do not understand the need for sub categories of regulation as it seems to negate the true complexity of care for an individual receiving psychotherapy.	4/19/2018 4:38 AM
198	It feel it should be expanded to other therapies	4/18/2018 10:32 PM
199	I’m concerns about the use of the term prescribed it sounds like too medicalized.	4/18/2018 8:57 PM
200	I appreciate the list of 5 categories as they are evidence based and have in depth courses and training. I also am glad to see the range includes cognitive as well as experiential and somatic styles	4/18/2018 8:23 PM
201	NO COMMENTS	4/18/2018 8:07 PM
202	It would appear that the regulation covers those therapies in general use.	4/18/2018 7:38 PM
203	THERAPIST MAY WORK IN AREAS MORE THAN THESE AND USE THEM IN COMBINATION. LIKE emdr	4/18/2018 7:22 PM
204	I don’t really understand it. Does this mean if I offer narrative therapy I can practice without becoming a CPRO member? Also, while I understand what is meant by “prescribed” the general public and other practitioners might take this to mean “prescribed by a doctor”.	4/18/2018 6:49 PM
205	Where would 'parts' psychotherapy fit in, such as psychotherapy informed by Internal Family Systems and Ego State therapies? Would EMDR, Gestalt and Emotion Focused Therapy fall under experiential and humanistic therapies and Sensorimotor Psychotherapy under somatic therapies? Sometimes a client is only ready for or only wants supportive counselling. Under what category would this fall?	4/18/2018 6:38 PM
206	I am in support with the caveat that the CRPO recognizes how diversity in work environment shapes how the prescribed therapies are delivered. For example: in office vs in community setting. Context matters.	4/18/2018 6:16 PM
207	I find it limiting	4/18/2018 6:10 PM
208	Good	4/18/2018 5:39 PM
209	Ridiculous. Confining. Not in the best interest of the public. Too prescriptive and short sited	4/18/2018 12:18 PM
210	The thing is that therapist evolve. We and learning all the time but including only specific types of therapies are we limiting ourselves as the field and research on outcomes evolves?	4/18/2018 10:50 AM
211	The prescribed therapies are reasonable and comprehensive.	4/18/2018 9:54 AM
212	sounds right to me	4/18/2018 8:57 AM

213	This looks comprehensive.	4/18/2018 8:19 AM
214	This classification does not look clear enough. Where should client-centered, gestalt, narrative therapies or psychodrama belong to? Wouldn't be better to formulate the criteria for prescribed therapies and list them?	4/17/2018 10:45 PM
215	i agree with the proposed regulation	4/17/2018 9:46 PM
216	None	4/17/2018 6:24 PM
217	As an psychotherapist with training in art therapy, I am assuming that I would be covered under Experiential therapies though I do utilize many approaches including CBT, Narrative and some aspect of somatic therapy in my work in addition to an experiential approach. I think that as a first step, identifying modalities is key to an understanding of the tremendous scope of psychotherapy. I look forward to continued discussion and opportunity to provide feedback.	4/17/2018 6:03 PM
218	The categories are appropriate and helpful to identify	4/17/2018 4:28 PM
219	The proposed regulations seem to be well thought out.	4/17/2018 4:15 PM
220	The categories listed seem to capture the most prominent therapies in the field, especially those that are evidenced base. I think these also provide enough flexibility for RPs to use specific therapies that fall within the categories.	4/17/2018 3:39 PM
221	I was only given this info 3 months ago from my employer and missed the grandfather period. I will not be able to get the credentials needed before 2019. After 24 years of service I will lose my job.	4/17/2018 3:11 PM
222	I think that the 5 categories describe the regulation well.	4/17/2018 3:09 PM
223	This sounds reasonable and helpful for RP’s and other mental health workers- those who are RP’s will be able to quickly do a mental check when planning for interventions/with clients about which morality to work from; and those who are thinking about entering the practice will quickly be able to tell if their training and practice is one that qualifies as psychotherapy specifically rather than mental health care/work.	4/17/2018 2:36 PM
224	are you including post modern therapies in collaborative such as narrative, solution focus?	4/17/2018 2:02 PM
225	Will there be a breakdown of modalities within each theoretical framework to assist practitioners in outlining their practice I believe practicioners should be grounded in a theoretical framework and I feel this is a reasonable expectation. I want to ensure everyone is using the same frame of reference when completing our experience profiles. Lastly, there should be room for expansion and clear guidelines as to CRPO expectations in practitioners adopting new modalities and/or populations into one's practice.	4/17/2018 12:54 PM
226	I worry that many people will still seek support for mental health problems from unqualified professionals because so much is not considered a controlled act.	4/17/2018 12:00 PM
227	Seem to capture most practises	4/17/2018 11:51 AM
228	Above mentioned evidence based therapies make psychotherapy practice more reliable and consistent to bring positive change in mental health of the society	4/17/2018 11:37 AM
229	The spectrum of identified therapies avoids the one shoe fits all clients attitude. Given that individuals have different needs and that needs may change over the course of treatment this allows for flexibility.	4/17/2018 11:06 AM
230	I agree with the list of categories for psychotherapy. I have serious concerns about the fees for psychotherapists as they are exorbitantly expensive. The fees are more than that of social workers (who often do the same work) or that of other professional colleges such as teachers or lawyers. This needs to be adjusted!!	4/17/2018 10:51 AM
231	I think that the proposed regulation is needed, as prior to it the practise of psychotherapy was unregulated (anyone could call themselves a psychotherapist, which was a concern). One concern is that Universities and Colleges have not adequately shared this information with their students- there are several young people finishing post secondary school who do not meet the educational criteria for registration (i.e. completed a BA and a post graduate diploma in a psychotherapy related field), and will not have the grandfathering option - these students will need to return to school for further education to meet registration requirements.	4/17/2018 10:12 AM
232	I feel that these cover the majority of therapeutic approaches available.	4/17/2018 9:58 AM

233	It's not clear to me which category mindfulness-based interventions (besides MBCT) would fall into. Given the current prominence of mindfulness, I'm surprised it's been overlooked. I'd also like more information about how a type of therapy could span multiple categories. It might be helpful to have criteria for each of the categories, rather than just examples.	4/17/2018 9:52 AM
234	it is great	4/17/2018 9:49 AM
235	this sounds reasonable	4/17/2018 9:48 AM
236	I agree with the above listed therapies. My concern still remains in the vague definition of what constitutes the controlled act. There are CYW's in private practice, saying that they provide psychotherapy because they are facilitating manualized CBT based programs or have a general understanding of the principles of CBT. In my opinion these practitioners are not practicing the controlled act, not should they have been accepted into the college. Speaking as a Master's Level clinician, the acceptance of these practitioners into the college somewhat negates the work that I do when we are both given the RP designation.	4/17/2018 9:47 AM
237	This is a clear approach and of benefit in determining psychotherapeutic relationships and parameters. The definition of competence and categories of achievement could benefit from clarity as well. Would this include academic degrees, certificate training, workshops, experiential and other aspects considered toward accreditation competence?	4/17/2018 9:44 AM
238	Proving that the activities you can use under the 5 categories are really beneficial to the client.	4/17/2018 9:31 AM
239	please advocate for higher salaries for psychotherapists practicing in settings funded by Ministry of Health next.	4/17/2018 9:17 AM
240	The proposed regulation makes sense and the categories would allow a clearer understanding of the scope and practice of psychotherapy.	4/17/2018 9:14 AM
241	Our membership fees are already too high, compared to other Colleges.	4/17/2018 9:10 AM
242	Broad categories seem fine; perhaps consider adding subcategories outlining each individual therapy that falls under each broad category.	4/17/2018 9:04 AM
243	I understand that there should be regulation over therapies delivered to the individuals served by these therapies, due to the vulnerability of the individuals being treated. However, I think that there should be some sort of "grandfathering" mechanism whereby people who have been working in the field for a certain length of time are exempt from needing to go back to school to obtain the required diploma or degree required to register with one of the colleges. For example, there is a 25-year veteran at the agency that I work for. This person was originally employed as a vocational rehabilitation specialist for clients receiving addiction treatment, and he was then hired into the addiction counsellor role. For someone who has been loyal to the agency and the clients supported by the agency for 25 years - and who has taken seminars, etc. - should be given special consideration, in my opinion.	4/17/2018 9:02 AM
244	I feel it is a positive and needed legal process to meet our common goals as practitioners in the future. Ex: being covered by insurance plans, not charging/paying HST on our services.	4/17/2018 9:01 AM
245	It would be ideal to operationally define this further for better understanding for the public and practitioners. I am also wondering if better clarity could be provided through the common outcomes achieved through these therapies.	4/17/2018 8:58 AM
246	What exactly is the definition of these "prescribed Therapies"?	4/17/2018 8:52 AM
247	I believe it will help clarify for the public what to expect and where to go to receive psychotherapy and also for psychotherapists to know where they stand.	4/17/2018 8:52 AM
248	Categories are good but quite open. Could it be helpful to add a qualifier? E.g. University accreditted training programme.	4/17/2018 8:31 AM
249	I am very excited for these regulations to come forward. I am curious to know about how this will impact community non-profits. Many run group and individual programs that are structured with a CBT, REBT, Multi-Systemic, Experiential and other therapy theories as their foundation. I also noticed that skills training is part of the non-psychotherapy practices but skills training is also a major part of the psychotherapy process. How will the line be drawn between psychotherapy skills training and non-psychotherapy skills training? Thank you for all of your hard work on these regulations.	4/17/2018 8:25 AM

250	Under the examples for Experiential and Humanistic therapies, Drama Therapy is not listed, while other Creative Arts Therapies are. Psychodrama is listed, however. Drama Therapy and Psychodrama share similarities but are distinct from each other. Psychodrama tends to focus on more direct enactments of the client's life, while Drama Therapy tends to use a more distanced, metaphorical approach. Since Art and Music Therapies are listed, I suggest that Drama Therapy be listed as well.	4/17/2018 8:20 AM
251	Would like to see emotionally focused therapy and relational Psychotherapy on the list if not already	4/17/2018 8:16 AM
252	I am in support of the proposed regulation	4/17/2018 8:13 AM
253	It is great!	4/17/2018 7:11 AM
254	Agree	4/17/2018 6:57 AM
255	Where would narrative therapy as well as feminist, and multicultural counselling/ therapies fit ? Post modern therapy modalities	4/16/2018 11:22 PM
256	I find the 5 categories comprehensive but able to maintain a talk therapy scope.	4/16/2018 11:01 PM
257	It might put limits on scope of Psychotherapy	4/16/2018 10:38 PM
258	It should include play therapy in treating children and adolescents	4/16/2018 10:30 PM
259	I have concerns about the definition of psychotherapy stating it is primarily a talk based therapy and the category of experiential and humanistic therapies, which includes music therapy. We work with clients who may be non verbal but still express themselves in another modality	4/16/2018 10:21 PM
260	Those who have not studied these therapies don't even know if they engage in them. I.e. those saying they are "counsellors," yet have no degree or designation in counselling and have been 'winging it,' without a basis in ethics, nor a personal experience of therapy for their own personal issues and therefore are often 'blind' as to their potential harm to the public and how they practice	4/16/2018 9:09 PM
261	The draft says primarily talk based psychotherapies while the examples in the list include many non-talk based examples...Somatic Therapies and Arts Based Therapies.	4/16/2018 8:56 PM
262	I would recommend to add Transpersonal oriented therapy to the proposed list.	4/16/2018 8:56 PM
263	The categories appear to encompass the practice of psychotherapy	4/16/2018 8:39 PM
264	Seems to cover most of the modalities out there - likely they would all fall into one or more of these categories.	4/16/2018 8:39 PM
265	It doesn't make sense to me to draw these rather artificial lines. This will make it impossible to develop new therapeutic approaches in Ontario. Or the categories can be used in such a broad sense that they are essentially useless. I would rather embrace a system where a therapeutic approach needs to fulfill certain criteria in order to be "prescribed". Most of all, I would prefer that the freedom of a client to choose and the freedom of a psychotherapist to choose the most effective approach for a client be honoured.	4/16/2018 8:09 PM
266	Inclusive	4/16/2018 8:08 PM
267	It would be helpful to have an expansion of where you consider certain therapies to fall. For example, mindfulness based therapy, narrative therapy.	4/16/2018 8:05 PM
268	The regulations seem eminently reasonable and encompass the major modalities that have proven to be successful in the practice of psychotherapy.	4/16/2018 7:19 PM
269	a clear outline of what therapies an RP uses might be helpful, my concern is that new therapies can evolve over time that may not fall under these categories, I'm worried that RPs would then be limited in their ability to use these new types of therapies.	4/16/2018 7:18 PM
270	Psychotherapy's strength in Ontario when it was unregulated was the tremendous variety and diversity of it. I know from the '70's of people who used dance, singing, astrology, numerology and other ways to connect with clients that provided a focus from which they could use their therapeutic insights to help people. It would be a great shame if the college stopped such creative explorations of how to help people.	4/16/2018 7:01 PM
271	Clarification is very beneficial and clear	4/16/2018 6:45 PM

272	I am not clear about above categorization of psychotherapy, but I know there are some related schools and methods that should be included in this classification. for example, Rational Emotive Behavioral Therapy or other kinds of behavior therapy.	4/16/2018 6:44 PM
273	I think that the process of defining and then enforcing just exactly what constitutes psychotherapy and not simply counselling is a task that has no easy answers. I also think that identifying those modalities that typically involve a far greater level of competency and thus a far greater potential for harm is a very important place to begin. I believe that the categories which have been identified are representative of some very broad offerings with some very diverse levels of training involved but do represent a good starting point.	4/16/2018 6:01 PM
274	Looks good to me.	4/16/2018 5:50 PM
275	Sounds reasonable!	4/16/2018 5:47 PM
276	Pretty unclear. I have no idea what that paragraph means despite being pretty smart.	4/16/2018 5:42 PM
277	I wondered about emotion-focused therapies - as it seems like a category that isn't necessarily mentioned here. Having said that - it would likely fall into experiential and humanistic and psychodynamic.	4/16/2018 5:36 PM
278	I believe these five categories are sufficient to cover the modalities used in psychotherapy	4/16/2018 5:21 PM
279	Regulation is necessary for the safety of clients. It is important for therapists who are registered with the CRPO to offer only services that are beneficial to the client and proven to be effective	4/16/2018 5:10 PM
280	They seeem broad enough that the major theoretical orientations to psychotherapy should fit in.	4/16/2018 4:58 PM
281	Overall impression: most of the draft makes sense and is clear. Section A is a nice summary. Section D makes sense, but I feel that it applies more to individuals in private practice who can tailor their own practice according to their training should it fall within the proposed guidelines, not necessarily to public-posted positions (which tend to be more vague and immediately demanding). However I feel that this draft regulation may impact future CRPO regular-route applicants should their job change its requirements to include registration with a regulatory body, even if their position is now not considered under the controlled act of psychotherapy. When I entered into my Master's counselling program, I was excited to have found a career that fit my goals. Unfortunately since the beginning of my journey applying to CRPO, I have experienced (and seen among others I know in similar situations) significant barriers between the requirement of licensing with CRPO (or college of social workers for example) and what current jobs are looking for in their candidates. The draft presents greater risk of doing work once presumed to contribute therapeutically to a client, and it now not being counted by the college. I of course understand the importance of regulation to protect and serve clients best; however for those starting out in the profession, it's been far more challenging than expected to continue along this career path. There are discrepancies in timelines between approval by the college (particularly if you weren't currently already working in the field) and when career positions began listing registration as a requirement. In my case for example, it took over 6 months to get RPQ status (I understand there's numerous files to get through and expected some time of course!). In that time frame every position I applied to that would give me strong experience towards CRPO's requirements (and with the knowledge I could do the work with my training, CCPA certification, etc.) was unsuccessful, citing lack of registration. Unfortunately I could not afford to be unemployed while waiting for CRPO (potential) approval and ended up securing work beyond normal psychotherapy. I understand the expansive therapies noted in the draft under those 5 broad categories and agree that they should be counted under the controlled act of psychotherapy. However I hope to raise awareness on the realistic barriers for CRPO registrants who are not currently able to secure paid work providing direct psychotherapy, even if that's the end-goal - i.e. many of the acts deemed not under the controlled act (e.g. advising, other facts of counselling, case workers, assessment, intake, etc.). Every intake position I have seen posted in the last 3 months requires CRPO (or affiliate) college standing. I see similar registration requirements for case managers, counsellors (community, post-secondary, addictions, etc.), relief support roles for crisis services and even a few psychometric roles that require membership with CRPO specifically. Whether that's misinformation or misunderstanding on the employer's part, I don't know - it's simply the reality for those seeking these positions. I would argue that for the numerous acts deemed not under the controlled act of psychotherapy, the roles themselves have a place in CRPO's tracking of direct client hours in some way. Whether it be assigned a factored percentage towards a traditional "hour of psychotherapy" (e.g. crisis management 1 hour = 20% of an hour DCC), many of the roles listed do support individuals' well-being, development, resilience and on-going mental health maintenance. They may not constitute long-term therapy according to a specific theory, but they are important support positions to clients who are lucky enough to have their own "traditional" therapist. With today's continually more expensive living conditions, I've been having to take work outside the proposed categories of	4/16/2018 4:44 PM

	psychotherapy in order to pay my bills and stay afloat. I have not yet had the experience of being paid to do the counselling work I've invested in and have only been able to practice occasionally via volunteerism. Still great experience, but unsustainable and has regrettably led me to question my place in this career path. While my title is "academic advisor", my role involves constant communication with a post-secondary adult population, resource referral based on preliminary assessment of issues and crises, actual crisis management and long-term academic planning for my students. We're often the first point of trusted contact for students and need to be a "jack-of-all-trades" to best serve them where they're at in the moment. Wait-times with counselling services can be weeks, and while therapeutic/professional boundaries are definitely established as needed, I know my colleagues and I aren't comfortable turning students away in crisis if we know they can't be seen that day. This draft has left some questions that have lingered for me for the past year during this registration process: -If the current job market requires CRPO registration but the hours at these positions won't count towards CRPO's DCC requirements, how will this be remedied? e.g. are these individuals then expected to do additional jobs or volunteer to get hours that will "count", at the risk of burnout? Will there be a process to connect employers and CRPO to better clarify why registration may be needed for a position that no longer falls under the controlled act requirements? - How is CRPO ensuring it remains an accessible avenue for potential applicants who may not be in the best financial/location/timing situation to acquire DCC that "count"? i.e. there's the option to go inactive as a full member, but a time-limit with no inactive option for qualifying members that may not apply to everyone's financial situation beyond the time of application (e.g. needing paid work vs volunteering for hours, not wanting to pay for everything again just for the sheer administration component). -Can the DCC hours be specified more clearly with exact examples for positions in grey-areas like advising, crisis, intake, general counselling, etc.? Thank you sincerely for considering my thoughts above. I hope they make sense and describe the challenge I (and I'm sure many other members) are grappling with. I think the draft changes are certainly important in distinguishing what works and what doesn't work, and they lay out a lot of clear role distinctions. I am concerned for the amount of positions that seem to be support and/or therapeutic in nature that will not have any implication anymore towards CRPO hours - particularly with conflicting information and requirements in job postings for these positions as of late. I fear some employers may be trying to cover all their liability bases by requiring their employees to be registered (despite it being a lengthy and expensive process), without fully understanding if registration is needed for that role. I hope more clarity will be a product from these draft consultations and that clarity will find its way to the job market as a whole. King regards.	
282	Liberally applied as "tracing treatment modality back to origins" in one or more of the five above seems inclusive to me. I am concerned that the College seems to defining psychotherapy in a very limited individualistic treamtnet modality and seems to be excluing couples or famiiles form the definition of psychotherapy. That is a significant shortcoming for protection of the public. I am aware of couples reporting to me recieing coulpe therapy form pracitcin0ers with little to no formal training or supervision in the treatment of couples. How will the College protect those receiving psychotherapy as couple or family?	4/16/2018 4:42 PM
283	Appears quite clear	4/16/2018 4:38 PM
284	I agree with regulation to date	4/16/2018 4:33 PM
285	The proposed areas of psychotherapy appear to be inclusive and descriptive of a variety of differing viewpoints across the field. I am comfortable with these.	4/16/2018 4:27 PM
286	Is it really necessary? Especially considering all the hoops we jump through to get registered in the first place? I feel its disrespectful.	4/16/2018 4:21 PM
287	Clear, simple and concise.	4/16/2018 4:19 PM
288	It is fine. I do CBT and Psychodynamic therapies.	4/16/2018 4:15 PM
289	Support the Regulation, need to give people time to get regulated.	4/16/2018 4:09 PM
290	The categories are comprehensive, however, some have higher stardards and longer training periods than others. To be a psychoanalyst (psychodynamic therapy) one has four years of academic seminars plus extensive supervised clinical practice of clients, plus personal psychotherapy.	4/16/2018 4:03 PM
291	No comment.	4/16/2018 4:02 PM
292	Evidence based, proven effectiveness. I support this.	4/16/2018 4:01 PM

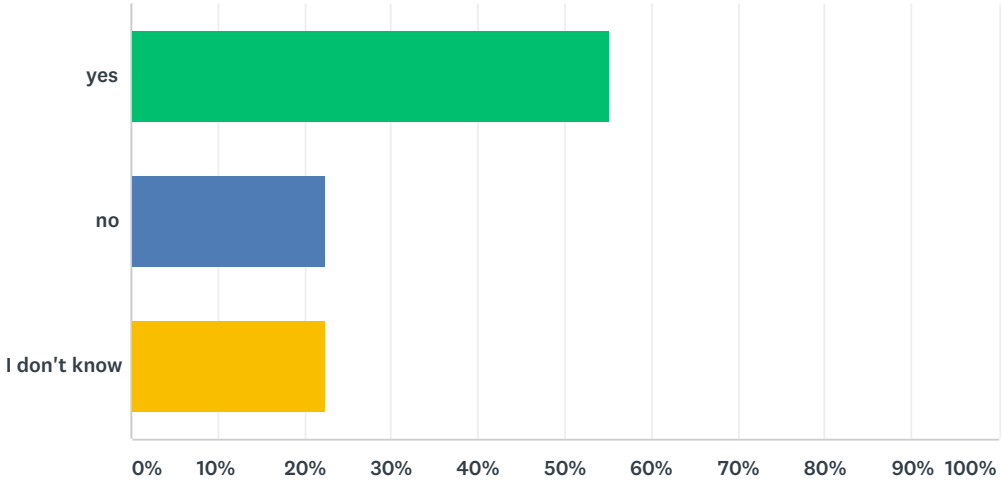
293	1. In 1, "practice" as a noun should be spelled with a "c" not an "s". 2. Behavioural therapy was historically anti-psychological, so it is not a psychotherapy. Cognitive-behavioural, however is a psychotherapy. 3.While I consider that the proclamation of the controlled act was done in bad faith and that the Minister's commission to the CRPO is really quite silly in the circumstances, I must commend you for being so vague and inclusive that you do not even inhibit the future fertility in forms of Psychotherapy 4.So what you have offered does no harm and is good enough if we have to have "prescribed therapies"	4/16/2018 3:55 PM
294	It might be helpful to come up with a list of theoretical frameworks the college considers represented in each of these broad categories.	4/16/2018 3:49 PM
295	None	4/16/2018 3:41 PM
296	I am still quite concerned that some of our CYWS who work in our mental health treatment facility with teens are not registered nor would they qualify but do have therapeutic relationships and use some Psychotheraputic techniques some of the time. I am quite concerned that they may no longer be allowed to give the level of support to our adolescents given the parameters you are setting out. There is no “clear beginning or end” as they support youth throughout the days. And they follow the treatment plan set by the residential supervisor.	4/16/2018 3:39 PM
297	It's good to get clear on this.	4/16/2018 3:37 PM
298	I highly support the proposed regulation	4/16/2018 3:35 PM
299	It seems good	4/16/2018 3:34 PM
300	I think this is a good idea to provide a consistent standard of quality to this critical field. However, the fee to become and maintain registration is quite high, and I would like to see this be reduced, particularly for those working in the non-profit sector. I also feel that the "grandfathering" period should be extended to December 2019, as awareness of this act being implemented was very low, so many professionals did not have the same opportunity to apply; this should be given to all in the field.	4/16/2018 3:20 PM
301	Well expressed	4/16/2018 3:11 PM
302	I am in agreement	4/16/2018 3:09 PM
303	- relieved to have regulation for those in the field who are properly trained and supervised. Too many practitioners with degrees in Psychology/Sociology practicing as Psychotherapists. This regulation goes a long way to acknowledge the education and supervision required.	4/16/2018 3:09 PM
304	It is imparative to have better knowledge of scope and realm of RPs within medical model	4/16/2018 3:05 PM
305	In agreement with the proposed regulation governing who and how counselling is provided.	4/16/2018 3:00 PM
306	I think this gives more clarity.	4/16/2018 2:58 PM
307	Positive	4/16/2018 2:58 PM
308	seems comprehensive and important to list categories of prescribed therapies, these categories are broad enough to cover most modalities	4/16/2018 2:56 PM
309	This is a necessary clarification for the practice of psychotherapy which has evolved and has become much more research-based vis-a-vis outcomes. I think standardization is needed to support best practices, regardless of the modality. Of course the bedrock of "do no harm" is at the essence of safe practice.	4/16/2018 2:51 PM
310	These five areas seem to cover all the modalities well.	4/16/2018 2:48 PM
311	the categories should have definitions attached. For instance, as an RP, I am not aware of what systemic and collaborative therapies entail. Also, experiential therapies is far to broad a category to respond to	4/16/2018 2:46 PM
312	sounds reasonable. does EMDR fit as a somatic therapy I guess?	4/16/2018 2:45 PM
313	More specific sub-categories, listing other types of treatment, would be helpful for types not mentioned in the five broader categories.	4/16/2018 2:41 PM
314	Somatic Therapy gives us good results as other types of Psychotherapy!!	4/16/2018 2:40 PM

315	I think it is great that the CRPO has provided more specific guidelines as to what classifies or does not classify as psychotherapy. However, I do have concerns that some of the therapies specific do not have a strong evidence base behind them. I wonder if there is a way that the CRPO could only classify approaches that have solid evidence in efficacy, as I feel it would bring more credibility to our profession as a whole.	4/16/2018 2:40 PM
316	Adding to clarity of pracitice	4/16/2018 2:40 PM
317	I agree with the proposed regulation	4/16/2018 2:37 PM
318	Very comprehensive	4/16/2018 2:29 PM
319	I believe this will help to regulate our field and create more opportunities to make this a more widely recognized field.	4/16/2018 2:28 PM
320	I think this proposed regulation covers a broad range of practice orientations within the scope of psychotherapy.	4/16/2018 2:21 PM
321	Many practitioners use the term 'life coaching' however use these techniques unlicensed. Possibly something to be added here about specific modalities of these therapies.	4/16/2018 2:20 PM
322	Regulation is neede to ensure the proper treatment & safety of client by trained psychotherapists.	4/16/2018 2:19 PM
323	The modalities I practice would mainly fit uncer cognitive and behavioural therapies.	4/16/2018 2:16 PM
324	none - seems accurate	4/16/2018 2:12 PM
325	Makes sense and provides a better framework in which to work from	4/16/2018 2:12 PM
326	somatic therapies may or may not be Psychotherapeutic - not at all clear and certainly not appropriate all somatic therapies would come under this College	4/16/2018 2:10 PM
327	Good idea	4/16/2018 2:08 PM
328	sounds reasonable to me	4/16/2018 2:05 PM
329	How are these distinct from the services a "counsellor" provides? I think it is important that we take a careful look at what other professions are doing. For instance, Ontario colleges offer a "mental wellness & addictions worker" program which holds itself out as providing the training to qualify as a mental health worker or addictions counsellor. It is a two-year, diploma program. I fear many people will look at the credentialing requirements of an RP and opt for lesser training. Clients, on the other hand, may go for the professional who charges less but has less training. We will need to do a really good job of messaging to the public the distinction between what we offer and these fields offer, as well as what the value is in what we offer.	4/16/2018 2:03 PM
330	Well designed	4/16/2018 2:02 PM
331	I agree with the proposed categories of prescribed therapies in the practice of psychotherapy, as they all have been drawn from evidence-based and well researched psychotherapy models that have proven to be highly effective in producing excellent outcomes during the psychotherapy treatment, when performed by trained psychotherapists.	4/16/2018 1:57 PM
332	This is a very short list of modalities involiving psychotherapy. It must be more comprehensive!	4/16/2018 1:57 PM
333	broad frames should cove most practitioners it seems to me. At the same time I am wary of anything that limits new approaches or idiosyncratic wrinkles...our clients are arguably even more idiosyncratic	4/16/2018 1:56 PM
334	good	4/16/2018 1:56 PM
335	I am very pleased with the details provided in the CATG's Consultation Documents. I agree with the 5 categories of prescribed therapies. I appreciate the detailed therapies in each categories. I also appreciate the list of "Activities that do not Constitute Psychotherapy" in the same documents. These are very helpful to RP's as well as workers who were not sure if their tasks constituted psychotherapy or not.	4/16/2018 1:55 PM
336	The proposed regulation should include, within these parameters, the work of RP's who integrate these psychotherapeutic treatment modalities in emergency, highly emotional situations. As long as these modalities are understood "broadly" then the legislation is fine.	4/16/2018 1:54 PM
337	I think you've covered the main approaches to psychotherapy.	4/16/2018 1:53 PM
338	I agree with the proposed regulation	4/16/2018 1:52 PM

339	I feel that the five categories of prescribed therapies are sufficiently comprehensive.	4/16/2018 1:48 PM
340	Solution-Focused Therapy should be included.	4/16/2018 1:47 PM
341	While my practice is rooted in family systems, I often drawn on ideas and modalities from the growing area of ecotherapy. Does ecotherapy fall into one of these five categories? Is it officially recognized by CRPO?	4/16/2018 1:47 PM
342	It feels narrow in its focus	4/16/2018 1:46 PM
343	Can you ensure that Group Therapy work is included, as this is something that RPs practice? Also, I'm assuming that Somatic Therapies covers sensorimotor work - if not, this should be added as a category. Thank so much.	4/16/2018 1:46 PM
344	I would like to see emotion-focused therapies added to this list.	4/16/2018 1:44 PM
345	Looks good to me	4/16/2018 1:42 PM
346	I think that it does a good job of covering most therapies	4/16/2018 1:42 PM

Q4 Do you support the proposed regulation?

Answered: 434 Skipped: 17



ANSWER CHOICES	RESPONSES	
yes	55.30%	240
no	22.35%	97
I don't know	22.35%	97
TOTAL		434