

Instructions for Employer / Supervisor

1. Download and save this fillable form.
2. Type your answers in the boxes and sign the document.
3. Save the document.
4. Email it to the applicant/member.
5. The applicant/member will upload it to the "Documents" tab of their CRPO user account and notify CRPO staff in a message.

Note: This form can be used at initial registration or following approval to update direct client contact (DCC) hours in order to transfer categories or to satisfy independent practice requirements.

Definition

Direct client contact is any activity in which the client and the therapist are directly and formally engaged in the psychotherapeutic process. Ordinarily, this process occurs face-to-face, but other forms of direct contact, for example, using telephone, Skype, video-link, or even email (with appropriate considerations for privacy and confidentiality) are relevant. The client may be an individual, couple, family or group.

Also included in direct client contact are:

- interviewing for intake, as long as this activity is clinical in nature and then used to determine the nature and course of the therapy;
- interviewing, administering a test or conducting a formal assessment as part of a clinical interaction with the client; and
- facilitating or actively co-facilitating therapeutic sessions.

The following are not considered direct client contact:

- observing therapy without actively participating or providing follow-up to the client immediately after the observed session;
- record-keeping;
- administrative activities, including report-writing;
- conducting a psychometric assessment that primarily involves administering, scoring and report-writing, with little or no clinical interaction with the client; and
- providing or receiving clinical or other forms of supervision.

Note: A standard 45 or 50 minute session qualifies as one hour of DCC.

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.

Do you understand CRPO's definition of direct client contact and the scope of practice of psychotherapy?

YES NO

Nature of Direct Client Contact Hours

1. Please provide the applicant's/member's job title and describe the client contact that the role entailed (e.g. intake, assessment, individual or group therapy, etc.).

2. Please provide examples of presenting issues the applicant/member addressed with clients in this role.

3. Please elaborate on the techniques and modalities the applicant/member used in this role.

4. Please confirm the duration of a typical session and for how many sessions each client would generally attend over the course of treatment.

Confirmation of Direct Client Contact

I confirm _____ (applicant/member name)
completed _____ hours of psychotherapy direct client contact from _____ (start date –
month/day/year) to _____ (end date – month/day/year) at
_____ (name of practice site).

Employer / Supervisor Information

Full Name: _____
Last *First*

Credentials and job title: _____

Phone: _____ Email: _____

Disclaimer and Signature

I hereby affirm that the information above is true and accurate.

Employer / Supervisor
Signature: _____ Date: _____