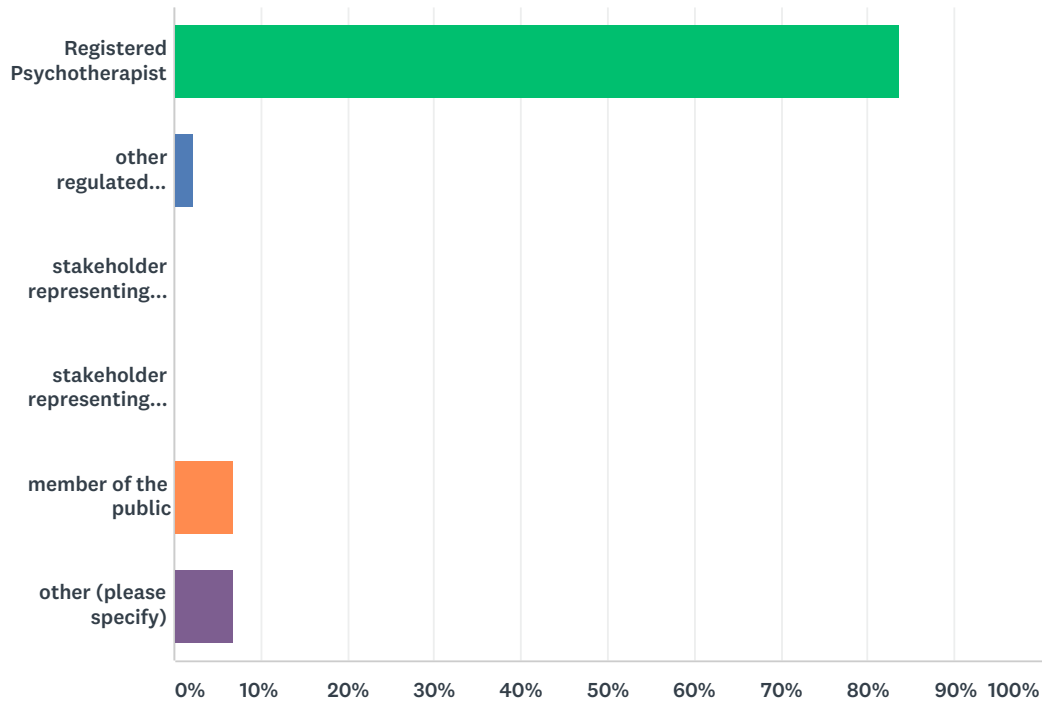


Q1 Are you a:

Answered: 43 Skipped: 0

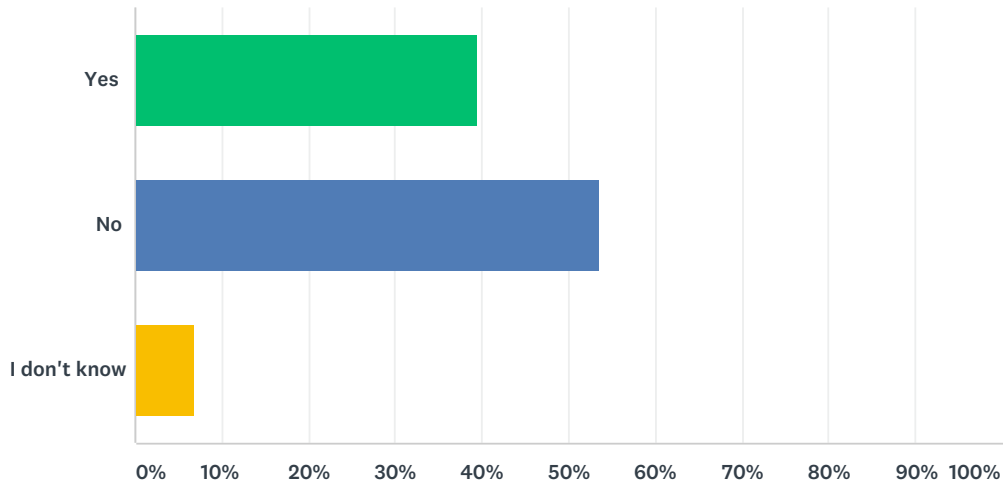


ANSWER CHOICES	RESPONSES	
Registered Psychotherapist	83.72%	36
other regulated professional	2.33%	1
stakeholder representing a professional organization	0.00%	0
stakeholder representing a service-providing organization	0.00%	0
member of the public	6.98%	3
other (please specify)	6.98%	3
TOTAL		43

#	OTHER (PLEASE SPECIFY)	DATE
1	MASTER STUDENT (FUTURE RP)	2/7/2019 12:45 AM
2	do not wish to disclose	1/3/2019 6:16 PM
3	Counsellor	12/15/2018 12:20 PM

Q3 Do you support the proposed regulation?

Answered: 43 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	39.53%	17
No	53.49%	23
I don't know	6.98%	3
TOTAL		43

Q4 Please provide your comments here (optional)

Answered: 30 Skipped: 13

#	RESPONSES	DATE
1	<p>I find this proposed regulation to be very inappropriate and offensive. It will create a gross differential between how RP's are treated vs how all other regulated health professionals - and all other psychotherapists - are treated. It offers no additional protective benefits for clients that existing policies, regulations and standards provide. The ONLY thing this regulation provides it the ability to provide the maximum possible punishment to its members, which is very disturbing. Here are some of the problems this proposed regulation change seems to create: - creates grossly differential standards of regulation and treatment of Registered Psychotherapists that NO OTHER Regulated Health Professionals will be subject to. (This regulation will create a standard that is QUINTUPLE that of all other regulated health professionals) for the SAME issue. This is discriminatory and without any justification. - creates severe punishments for Registered Psychotherapists that do not apply to any other regulated health professionals (ie Mandatory minimum punishments will apply to registered psychotherapists that will NOT apply to any other regulated health professional for the SAME issue) - Very likely enhances the "liability load" of Registered Psychotherapists relative to all other regulated health professionals (ie - what other liabilities may be associated with a client being deemed an "active" client for five yeas for an RP vs one year for all other regulated health professionals?... could mean anything from increased liability insurance costs - to reluctance of employers to hire RP's due to the extra liability they carry vs any other regulated health professional - to who knows what other possible legal liabilities?) - The above appears to be applied not only to therapy clients but to ANY clients of RP's (including consulting clients, instructional clients etc.) - but not for any other regulated health professional. Since the therapeutic relationship is the justification for the change in regulation there is no justification to apply this to non-therapy clients. - Stripping of disciplinary committee's powers to apply more appropriate differential penalties for lesser offences ONLY for Registered Psychotherapist - but not for any other regulated health professionals - The requirement that ALL other health professionals MUST report Registered Psychotherapists for "sexual abuse" if they suspect there has been sexual interaction Between RP's and clients for five years post-termination of service - but for no other regulated health professional.. ... This is an inference because the current CRPO policy and proposed regulation defines any perceived sexual-related contact between client and RP for five years post termination of service - even fully consensual - as automatically "sexual abuse". Because all health professionals are required BY LAW to report any sexual abuse by a regulated health professional, they will be compelled to report such contact ... but only for RP's , not for any other regulated health professional. Again this is discriminatory and singles out RP's from any other regulated health professionals. - does not recognize differences between types of clients and treatments - a client seen once for a single session of solution focussed therapy for an everyday life issue is given same weight as a severe mental health client seen for months or years. - may contravene client consent rights - clients need to consent to service and consents only last one year - this regulation will REQUIRE that a client is a client for five years. Clients have to consent to be clients for that long. Again this is ONLY for Registered Psychotherapists, no other regulated health professionals. Where is the client voice in this? -a regulation change that is enacted solely for one purpose - to force-fit a definition of "client" in order to REQUIRE the application of ONLY the maximum possible penalties to CRPO members - but not for any other regulated health professionals for the same issue. This does not reflect well on the motives and integrity of the CRPO. Why does CRPO feel the need to punish its members so harshly and well beyond the standards of any other health professional? All of the above reflects a discriminatory and punitive stance towards RP and hold RP's to standards and rules that no other regulated health professional - or any other profession - period - are held to. These concerns in no way reflect the idea that sexual interaction with client is OK - this is about the discriminatory and heavy handed way CRPO wishes to treat its members - far exceeding that of other colleges. Clients are well protected from "abuse" or inappropriate contact through all existing regulations, policies and standards. There is no need for this. This has the appearance as not being for the benefit of clients or the public but rather appears to be an abuse of power.</p>	2/7/2019 7:39 PM
2	I support some kind of time limit but believe that 5 years is too long.	2/7/2019 3:42 PM

3	I have a lot of issues with the manner in which the CRPO has gone about creating this regulation. I find the changes lack evidence and rationale disproportionately effects RPs (versus members from other colleges also performing the controlled act of psychotherapy); I find the definition of client and abuse much too broad for such severe consequences.	2/7/2019 3:10 PM
4	This proposal creates grossly differential standards of regulation and treatment of Registered Psychotherapists that no other Regulated Health Professionals will be subject to	2/7/2019 1:28 PM
5	I am concerned that the regulation might not be aligned with that for other psychotherapists (psychologists, physicians, social workers, etc.), so the standard set might represent inequality.	2/7/2019 6:46 AM
6	- creates a grossly differential standards of regulation and treatment of Registered Psychotherapists that NO OTHER Regulated Health Professionals will be subject to. (regulation will create a standard that is QUINTUPLE that of all other regulated health professionals) for the SAME issue. - creates severe punishments for Registered Psychotherapists that do not apply to any other regulated health professionals - ie Mandatory minimum punishments will apply to registered psychotherapists that will not apply to any other regulated health professional for the SAME issue - Extends the definition of when a client ceases to become client from one year for ALL other regulated health professionals - to five years - ONLY for Registered Psychotherapists - no other regulated health professionals - Very likely enhances the "liability load" of Registered Psychotherapists relative to all other regulated health professionals (ie - what other liabilities may be associated with a client being deemed an "active" client for five yeas for an RP vs one year for all other regulated health professionals?... could mean anything from increased liability insurance costs - to reluctance of employers to hire RP's due to the extra liability they carry vs any other regulated health professional - to who knows what other possible legal liabilities?) - Automatic and required application of the definition of "Sexual Abuse" of ANY perceived sexually-related interaction - not just sexual intercourse - but also just touch or verbal comments -no matter what the context (ie. hugging) for a five year period - ONLY for Registered Psychotherapists but not for any other regulated health professional - The above appears to be applied not only to therapy clients but to ANY clients of RP's (including consulting clients, instructional clients etc.) - but not for any other regulated health professional - Stripping of disciplinary committee's powers to apply more appropriate differential penalties more to lesser offences ONLY for Registered Psychotherapist - but not for any other regulated health professionals - The requirement that ALL other health professionals MUST report Registered Psychotherapists for "sexual abuse" if they suspect there has been sexual interaction Between RP's and FORMER clients - but for no other regulated health professional... This is an inference because the current CRPO policy and proposed regulation defines any sexual-related contact between client and RP for five years - even fully consensual - as automatically "sexual abuse". Because all health professionals are required BY LAW to report any sexual abuse by a regulated health professional, they will be compelled to report such contact ... but only for RP's , no one else. - does not recognize differences between types of clients and treatments - a client seen for a single session of solution focussed therapy for an everyday life issue given same weight as a severe mental health client seen for months or years. - may contravene client consent rights - clients need to consent to service and consents only last one year - this regulation will REQUIRE that a client is a client for five years. Again ONLY for Registered Psychotherapists, no other regulated health professionals -a regulation change that is enacted solely for one purpose - to force-fit a definition of "client" in order to REQUIRE the application of ONLY the maximum possible penalties to CRPO members - but not for any other regulated health professionals	2/6/2019 8:22 PM
7	Unjust unfair over regulation that seeks to question the ethics of RP's vs other health care professionals and places immediate and potential undue stress upon professional practice through increased liability. I will have all our associates urge representative bodies to very publicly sue the OCRP sighting abuse, breach of mandate and intent to harm for financial gain, should this proceed.	2/6/2019 7:13 PM

8

Civil Rights: As a member of the general public I am alarmed that this proposed regulation could actually potentially transpire when it so blatantly imposes upon and violates my civil rights. Only I can decide who is my health practitioner at any given time, no one can dictate to me who my health provider is. It is a breach of power to impose an arbitrary time line (5 years) on the public that is not based on any relevant facts. The standardly excepted time line of one year after treatment concludes (before a personal relationship is allowed between client and practitioner) is based on self evident, generally accepted reasons. Facts: The new proposed five year timeline assumes that psychotherapists as a group have a substantially elevated risk occurrence of criminal sexual behaviour over all other professions. Are there ANY facts to base this on ? Presumably there are no facts to support this. Whatever facts there may be no doubt would in the very least demonstrate trained mental health professionals are at no greater likelihood of sexual crimes than any other profession or person on the street (and presumably they are much less likely to commit such offences). The Real Risk: The potential crime and victimization of the general public seems to be more in the hands of the irresponsible and un-insightful legislative powers than in the behaviour of the psychotherapists they are regulating / policing. This proposed detrimental legislation demonstrates where the actual threat lies, and it's not with psychotherapy as a profession. Prejudicial: This proposed regulation is also to a form of prejudice, viewing mental health clients as basically 'handicapped' by stereotyping (legal-aged) clients as basically mentally or emotionally incompetent to judge whether their relationships with anyone falls under the definition of " consenting adults " or not....as if mental health clients are somehow less capable than your average person. One year is understandable (when there is some reason to guard against a potential 'differential of power' syndrome when clients are possibly more vulnerable in themselves) but 5 years might as well be 125 years for the amount of logic involved. Momentum: The primary concern I have as a member of the public is: Power corrupts. When you are in a position of power (creating and imposing legislation) that can severely impact the lives of countless others (practitioners and the public) you have to 'rise to your station' and look at every contingency before you become the violator. Just because you think you 'can' do something is not the reason to do it...no matter how powerful it may make you feel. Just because you have 'momentum' and it may be hard to apply the brakes and re-think, does not mean you shouldn't. Courts: If a case was to be brought under a civil rights lawyer, it seems to me you'd be on very shaky ground. Clarity of Purpose: It is time to challenge this proposed regulation on every level before committing to it. Get complete clarity of purpose and you will find that you can draft very good legislation. The 5 year proposed legislation is disastrous on many levels for many reasons for you, the practitioners and the public. Don't do a Donald Trump.

2/6/2019 6:43 PM

9	<p>Automatic loss of licence is already mandated by law for sexual contact during the first year after termination of therapy. The proposed change would extend this period to five years after termination. So far as I can determine, the College's definition of sexual contact is broad enough to include such things as a therapist responding in kind to a playfully flirtatious or ribald remark or gesture by a "client", in this case, former client. So far as I am aware, the College has presented no evidence or reason to think that this change would reduce the incidence of sexual abuse by therapists. The only advantage would appear to be that the College is relieved of the task of determining whether in a particular case the therapist has in fact abused the the client. I would argue that this responsibility comes with the territory and is part of our commitment to our core values. One of problems here is that different meanings of "psychotherapy" are conflated and confused. We use the same word for psychotherapy as defined in the controlled act of psychotherapy that we use for any session with a professional licensed to perform the controlled act. They are not the same thing. While a supportive stance and common purpose (therapeutic alliance) are needed in all that we do, some of our work is essentially the same as might be done by a coach, friend, or workshop instructor. In my experience with short term therapy, including short term dynamic therapy, emotional dependency is usually absent or minimal and fleeting. Some typical examples would be CBT (when that is sufficient and deeper work is not required), hypnotherapy for chronic pain, assertiveness training, help with parenting, psychoeducation, or providing grounding and support while someone thinks through a difficult decision. The proposed change would affect clients as well as therapists. I think that it would be reasonable to consult the general public, which consists of psychotherapy clients, former clients and potential future clients, before adopting such a measure. If we tell them that we are pursuing a zero tolerance policy toward sexual abuse of clients and protecting their autonomy, the College's stated aims, I expect they will be in favour. But if they are informed that the actual proposal is to further limit their options for socializing and choosing a life partner they might well see this as reducing their autonomy. This measure would be especially onerous in small communities, where the pool of potential companions is much smaller, and it could deter people from seeking counselling. In addition to people who live in small centres, this would apply to members of ethnic, religious or sexual minorities who prefer to seek counselling with one of their own. We must also take very seriously the damage that the revocation of a therapist's licence would do to her clients. Even if they are doing short term therapy they may have to start all over again with a new therapist. If they are engaged in long term therapy and emotionally dependent on the therapist, not only have they lost their time and money, but they will be re-traumatized; the feeling of safety that they were working to build will be turned on its head as they experience at a gut level that their world is indeed unpredictable and unsafe. We might also consider that a small centre could lose its only therapist. Rather than indiscriminately handing out penalties, the best way to forestall sexual abuse of clients would be to develop thoughtful, humane and evidence-based guidelines. This is also a better way to promote buy-in and respect for the College's rules from both therapists and the general public.</p>	2/5/2019 2:47 PM
10	5 years is a ridiculously long time. 2 years is usually the standard for personal contact of any kind after the termination of therapy. Not sure why 5 years adds any benefit?	2/3/2019 9:04 AM
11	Looks good	1/21/2019 4:42 PM
12	I have concerns about mandatory sentencing and a strict, rigid definition of sexual abuse that leaves no room for context or nuance to be considered.	1/16/2019 8:05 AM
13	Such a regulation would be discriminatory against RP's if only one college has this regulation. All other colleges have a different time line. Sexual exploitation of a former client is never acceptable regardless of the time. Putting a time line of 5 years does not differentiate circumstances.	1/15/2019 7:27 PM
14	I believe that other regulated health providers should be strengthening their policies to make them closer in line to what the CRPO is proposing. Due to the profoundly vulnerable position of the client in psychotherapy, the potential for clients to return to therapy after treatment has concluded to address new or recurring issues, and the potential profound negative impact of a sexual relationship between a client and therapist, I support this legislation and proposed timeline.	1/14/2019 12:28 PM
15	I think 5 years is unusually long -- particularly in smaller cities where people run into each other more often. While I am married and not worried about this for myself, I find 5 years unreasonable, unfair and unrealistic.	1/14/2019 12:20 PM
16	Five years is too long....why not 3 or 2?	1/14/2019 12:10 PM

17	I was made aware that no other regulated professional allowed to practice psychotherapy from any of the colleges has as long of a restriction - the other 5 colleges range from 1 to 2 years. While I personally find this topic very important and want to protect client safety, I don't understand why we aren't aligned with the other colleges. Why are we so far out of line with their mandates? What is the goal for why the differential treatment, and to what end? I also feel there should be some differentiation between intensity of therapy relationship somehow... a 5 year wait time for a long term client would be more than reasonable, however if someone was just interacted with a time or two during and intake or screener, or a solution focused or career focused session, this should maybe be considered differently. The blanket 5 year policy seems broad without differentiation for the different types of interactions people have, and could be limiting to minorities, LGBTQ groups, or rural communities where population is small and overlapping.	1/14/2019 11:54 AM
18	This proposed extension to the regulation is extremely problematic and feels very much as if the CRPO is a puppet of a conservative government who likewise killed the sexual education curriculum for our children, and is attempting to oppress minorities. Although I understand that the CRPO is working with in the majority of hetero normative culture, this means you are doing so from an initial proposition that all sex and sexual contact is problematic. Within certain communities this is simply not true. I'm particularly I would like to point out that Gay male cultures identity was founded in their claiming of their bodys' and how they chose to use their body. They have many programs including "the body electric" which are absolutely a therapeutic experience to process trauma and absolutely include working with a skilled provider and includes physical touch. This community prides them selves in being able to define sex for sport which has no commitment or emotional attachment and making love. I recognize within the heterosexual community is this is not easily understood. Your mandate is to protect the public just not the public that you understand, relate to, or the current government chooses to support. I would encourage you to do extensive consultation among those who are in the margins, and recognize that this is a learning opportunity for you, not an opportunity to overregulate based on contemporary cultural fears and mandates.	1/10/2019 10:05 AM
19	5 years seems like a long time - couldn't it be 2-3? Doctors, OTs and SW have a 2 year provision. Why would it be longer for RPs?	1/8/2019 8:45 PM
20	I believe extending the time period from one to five years is necessary to protect clients and service providers. Personally I see it as a minimum standard. A sexual relationship with a client with sexual abuse history should never wver happen period.	1/6/2019 8:30 AM
21	I think the proposed length of time is too long and, will be enforced in a manner that is biased towards checking the behavior of male and ethnic minority therapists in some cases ruining their careers. I think the punishment of revocation of license is unduly harsh if the unwarranted act is simply a remark. Even possibly touching can often be misinterpreted . Having over the top, 'colonial era' rules like this in place make therapist act like robots rather than human beings. Are the people proposing these changes saints themselves ? It certainly comes off that way ! Stop pointing the finger !	1/3/2019 6:16 PM
22	While 1 year is not enough, 5 years is too long. We need to consider that a therapist and client may find themselves having a real connection/attraction and would prefer to follow the possibility of a personal relationship as opposed to a therapist/client relationship. Could there be somewhere the therapist and former client can go that could help them assess if there is a power imbalance existing or it's safe enough for the client? What if within a few sessions this happens? Can provisions be made for this occurrence? Someone through CRPO or a psychologist? This could avert a therapist hiding the truth and possibly even destroying the file to have the relationship. Again, I definitely believe protection for the client is extremely important but, we need to make it realistic.	1/1/2019 3:35 PM
23	I fully support the proposed regulation and believe any contact between a member and a client must remain professional at all times, even after therapy has ceased.	12/15/2018 11:20 PM
24	I think that 5 years is not long enough to wait before a relationship could develop between an RP and a client.	12/11/2018 4:14 PM
25	What are the expectations in regards to a colleague who has an intimate relationship with a colleague's current or recent client, when they are aware that this client is receiving services from a colleague, client is potentially vulnerable, etc, as we have had this occur before?	12/11/2018 9:41 AM
26	Good idea to extend the regulation to 5 years after termination of therapy.	12/10/2018 9:33 PM
27	I think 5 years is way too long and really unrealistic. 2 years seems a long enough time for a sexual relationship to start after a client- therapist relationship has ended.	12/10/2018 2:17 PM

28	<p>Although I understand the believed intent of this legislation, I also believe it is predicated in archaic concepts about the patient/therapist relationship. The concept of self disclosure and authentic relationships as best practice has evolved beyond the days where "Doctor knows best" and there was an unhealthy power differential. Today the role all of the psychotherapist can also include, and be limited to, situational advice such as career coaching. These relationships are short term, and don't include problematic power differentials. Imposing such long reaching gross regulations is simply believing that we can manage this profession with "one-size-fits-all" rules. That's wrong. We cannot do so and respect the evolution of what therapy has become. As much as the Public should be protected, enacting regulations which dictates behaviour as if regulated professionals will not proved best duty of care is not ideal nor reflects the contemporary role of therapists in 2018.</p>	12/10/2018 1:22 PM
29	<p>One year is a ridiculously small time frame. Even the 2 years that exist in some codes of ethics is really not sufficient. 5 years at a minimum seems reasonable. One point of clarification. If a potential client sees a RP and then decides not to engage in therapy with the RP, are they considered a client for these purposes?</p>	12/10/2018 11:47 AM
30	<p>I think the period needs to be longer than five years. In fact, I don't think a therapist should ever be allowed to become involved with a former client, and if they do, I think they should be required to leave the profession (lose their license). I think that having to choose between the relationship and their profession might be the only thing that compels therapeutic professionals to take this issue seriously enough. However, I have difficulty imagining that this position will ever have enough support, so I will agree that it should be changed from one year to five years, with the caveat that I think "never" is the ideal.</p>	12/10/2018 11:20 AM
