

Clinical Supervision Review Project: Stakeholder Survey Results

[Le résumé en français suit]

CRPO's clinical supervision stakeholder survey was open May-July 2021. The English and French surveys received a total of 780 responses.

Aggregate quantitative data are set out in tables on the following pages. Qualitative (text comment) data are also included. A small amount of text comments that could identify the stakeholder were redacted. Please contact us if you have questions about redaction.

CRPO staff are conducting research to help inform committee and Council deliberation. Next steps in this work will include evaluating the risks and benefits of any changes that may be made to the College's clinical supervision requirements and resources. We will hold additional consultations before specific measures are adopted or changed.

The following are highlights of themes raised by stakeholders.

Which professionals can clinically supervise students and RPs

1. A majority of respondents thought that registrants of all psychotherapy-regulating colleges should be able to supervise students and RPs, as long as they meet CRPO's criteria for clinical supervisors.
2. A majority of respondents thought supervisors from other colleges should have extensive psychotherapy training and experience. Some thought that supervisors from colleges whose registrants do not typically focus on psychotherapy should not be accepted or should be approved on a case-by-case basis.
3. A minority of respondents thought that supervision from an RP should be a minimum requirement. Supervisees could seek additional supervision from a registrant of another college if they choose.
4. A minority of respondents thought that only RPs should be able to supervise because CRPO's standards, guidelines, and practices are different from other colleges' and because CRPO requires more psychotherapy training.
5. Many respondents commented that only accepting supervision from RPs would have negative impacts on supervisor availability, cost, interprofessional collaboration, and quality of supervision.

Requirements to serve as a clinical supervisor

1. A majority of respondents felt that the five years' extensive clinical experience requirement should be more clearly defined.
 2. Many respondents commented that the 30 hours of directed learning requirement should be more clearly defined. The College should offer or identify specific training.
 3. Many respondents felt that supervised practice as a clinical supervisor (supervision of providing supervision) should be a requirement to ensure the supervisor's competence and their ability to identify limitations and to safeguard supervisees and clients.
 4. Some respondents felt that more than five years' extensive clinical experience should be required to ensure the supervisor's competence.
 5. Some respondents felt that a CRPO-approved/accredited clinical supervisor designation or public roster of clinical supervisors should be established. Supervisors should have to undergo ongoing supervision training at regular intervals to maintain that designation.
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Group clinical supervision limits for registration

1. A substantial number of respondents felt that group size should be limited to 8 supervisees or fewer.
2. A majority of respondents felt that 8 supervisees in a group was too many. These registrants felt that between 4-6 supervisees was a good number to have good quality supervision and to be involved in the discussion.
3. Some respondents felt that larger groups opened students/registrants up to more situations and that, with the right supervisor, engaging in supervision with a larger group is an enriching experience.
4. Some respondents felt larger groups help with the cost of supervision and that this should be taken in consideration. Smaller group supervision can be expensive for registrants starting their careers.
5. Some respondents stated it can already be difficult for registrants to obtain a supervisor for individual supervision and that further restrictions on group size could make it harder for registrants to find a supervisor.

Evaluation of supervisees during registration

1. Most respondents felt that the current attestation form is sufficient. Any concerns with supervisees should be addressed during supervision or reported to CRPO.
 2. Some respondents felt that some form of evaluation or checklist to demonstrate competency of supervisees would be beneficial.
 3. Some respondents write that supervisees should be evaluated during their education programs, not by their supervisors in professional practice.
 4. Some respondents were concerned that adding an evaluation component would increase supervisors' workload and may discourage practitioners from providing supervision.
 5. A small number of respondents commented that evaluating supervisees' competency could lead to imbalanced power dynamics, discrimination, additional fees, etc. It could give supervisors too much power in dictating the supervisees' professional future.
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Clinical Experience Ratios

1. The ratios are too expensive and time-consuming, especially for RP (Qualifying) registrants (comments that this is an equity issue – only those with enough funds can afford to meet the ratio), and most supervisors do not have room in their schedules to meet the desired ratio.
 2. Suggestion to decrease amount of supervision to 1x/week or less for RP (Qualifying) registrants (assuming ~20 clients/week).
 3. Ratios should be a suggestion; supervisor should decide how much supervision supervisee requires/supervisee should seek it out as needed.
 4. The ratios make sense.
 5. The ratios are not reasonable compared with supervision requirements for social workers, psychologists, and other professions; perceived as punitive.
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Guidance for Clinical Supervisors and Supervisees

1. There needs to be more clarity on the process for becoming a supervisor (perhaps a roadmap of how a registrant can achieve this) and the process should be more rigorous.

2. The way supervision content is explained on the website is scattered/unclear/time-intensive to parse.
 3. CRPO should maintain a list of approved supervisors and/or publish information for supervisees about what they should look for in a supervisor.
 4. The question of whether non-RPs can supervise registrants and students needs to be clarified. Some respondents thought that non-RPs should be able to supervise students.
 5. There is a need for additional resources (perhaps with templates for supervision contracts, notes) or a full supervision manual from CRPO.
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Clinical Supervision for Insurance Coverage

1. This type of supervisory relationship is not a problem. It does not need to be an either/or situation; rather, supervision from a psychologist can serve the purpose of having the client be able to collect insurance benefits, and the psychologist-supervisor also provides meaningful supervision. If CRPO were to prevent this type of supervisory relationship, it becomes an equity issue as many clients would lose access to care they need. It is not in the public interest to prohibit this type of supervisory relationship, especially if meaningful supervision is also happening.
2. CRPO should advocate/lobby insurance companies to have RPs be covered and/or CRPO should be responsible for advocating for other types of systemic change (e.g., RPs not needing to charge HST) so as to prevent RPs from needing to seek out this type of supervisory relationship.
3. This is a problematic practice, though it takes place given that otherwise it can be difficult for clients to access care.
4. CRPO should distinguish between supervision for insurance purposes and true supervision, and count hours accordingly. CRPO should distinguish between clinical consultation and clinical supervision.

Projet d'examen sur la supervision clinique: Résultats du sondage à l'intention des intervenants

Le sondage sur la supervision clinique à l'intention des intervenants de l'OPAO était ouvert de mai à juin 2021. Les sondages en anglais et en français ont reçu un total de 780 réponses.

Les données quantitatives agrégées sont présentées dans les tableaux des pages suivantes. Des données qualitatives (commentaires textuels) sont également incluses. Un petit nombre de commentaires textuels qui pourraient identifier l'intervenant ont été expurgés. Veuillez nous contacter si vous avez des questions sur la rédaction.

Le personnel de l'OPAO effectue des recherches afin d'éclairer les délibérations du comité et du Conseil. Les prochaines étapes de ce travail comprendront l'évaluation des risques et des avantages de tout changement qui pourrait être apporté aux exigences et aux ressources de l'Ordre en matière de supervision clinique. Nous tiendrons d'autres consultations avant d'adopter ou de modifier des mesures particulières.

Voici les points saillants des thèmes soulevés par les intervenants.

Quelles professions peuvent effectuer la supervision clinique des étudiants et des PA?

1. Une majorité de répondants étaient d'avis que les inscrits de tous les ordres qui réglementent la psychothérapie devraient pouvoir superviser les étudiants et les PA, pourvu qu'ils répondent aux critères de l'OPAO pour les superviseurs cliniques.
2. Une majorité de répondants étaient d'avis que les superviseurs d'autres ordres devraient avoir une formation et une expérience approfondies en psychothérapie. Certains pensent que les superviseurs des ordres dont les inscrits ne se concentrent pas habituellement sur la psychothérapie ne devraient pas être acceptés ou devraient être approuvés au cas par cas.
3. Une minorité de répondants étaient d'avis que la supervision par un PA devrait être une exigence minimale. Les supervisés pourraient demander une supervision supplémentaire à un inscrit d'un autre ordre s'ils le souhaitent.
4. Une minorité de répondants estimaient que seuls les PA devraient être en mesure de superviser car les normes, les lignes directrices et les pratiques de

l'OPAO sont différentes de celles des autres ordres et parce que l'OPAO exige plus de formation en psychothérapie.

5. De nombreux répondants ont indiqué que le fait d'accepter seulement la supervision des PA aurait des effets négatifs sur la disponibilité des superviseurs, les frais, la collaboration interprofessionnelle et la qualité de la supervision.

Les exigences relatives au rôle de superviseur clinique

1. Une majorité de répondants ont indiqué que l'exigence de cinq ans d'expérience clinique approfondie devrait être plus clairement définie.
2. De nombreux répondants ont indiqué que l'exigence des 30 heures de formation dirigée devrait être plus clairement définie. L'Ordre devrait offrir ou identifier une formation spécifique.
3. De nombreux répondants ont indiqué que la pratique supervisée en tant que superviseur clinique (la supervision de la fourniture d'une supervision) devrait être une exigence pour garantir la compétence du superviseur et sa capacité à identifier les limites et à protéger les supervisés et les clients.
4. Certains répondants étaient d'avis qu'une expérience clinique approfondie de plus de cinq ans devrait être nécessaire pour assurer la compétence du superviseur.
5. Certains répondants étaient d'avis qu'il faudrait établir une désignation approuvée/accréditée de superviseur clinique par l'OPAO ou une liste publique de superviseurs cliniques. Les superviseurs devraient suivre une formation continue sur la supervision à intervalles réguliers pour conserver cette désignation.

Limites de la supervision clinique de groupe pour l'inscription

1. Un nombre important de répondants ont indiqué que la taille du groupe devrait être limitée à 8 supervisés ou moins.
2. Une majorité des répondants ont indiqué que 8 supervisés dans un groupe était un nombre trop élevé. Ces inscrits ont estimé qu'entre 4 et 6 supervisés était un bon nombre pour assurer une supervision de qualité et pour participer à la discussion.
3. Certains répondants étaient d'avis que les grands groupes ouvraient les étudiants/inscrits à plus de situations et que, avec le bon superviseur, s'engager dans la supervision avec un plus grand groupe est une expérience enrichissante.

4. Certains répondants étaient d'avis que les grands groupes contribuent au coût de la supervision et qu'il faut en tenir compte. La supervision en petits groupes peut être coûteuse pour les inscrits qui commencent leur carrière.
5. Certains répondants ont déclaré qu'il peut déjà être difficile pour les inscrits d'obtenir un superviseur pour la supervision individuelle et que d'autres restrictions sur la taille de groupe pourraient rendre la recherche d'un superviseur encore plus difficiles pour les inscrits.

Évaluation des supervisés lors de l'inscription

1. La plupart des répondants ont indiqué que le formulaire d'attestation actuel est suffisant. Toute préoccupation concernant les supervisés devrait être abordée pendant la supervision ou signalée à l'OPAO.
 2. Certains répondants ont estimé qu'une forme quelconque d'évaluation ou de liste de contrôle pour démontrer la compétence des supervisés serait bénéfique.
 3. Certains répondants ont écrit que les supervisés devraient être évalués pendant leurs programmes d'éducatifs, et non par leurs superviseurs dans la pratique professionnelle.
 4. Certains répondants craignaient que l'ajout d'une composante d'évaluation augmenterait la charge de travail des superviseurs et pourrait décourager les praticiens de fournir une supervision.
 5. Un petit nombre de répondants ont fait remarquer que l'évaluation des compétences des supervisés pourrait entraîner une dynamique de pouvoir déséquilibrée, une discrimination, des frais supplémentaires, etc. Cela pourrait donner aux superviseurs trop de pouvoir pour dicter l'avenir professionnel des supervisés.
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Ratios d'expérience clinique

1. Les ratios sont trop coûteux et prennent trop de temps, en particulier pour les inscrits PA (Stagiaire) (des commentaires qu'il s'agit d'une question d'équité – seuls ceux qui ont suffisamment de fonds peuvent se permettre de respecter le ratio), et la plupart des superviseurs n'ont pas de place dans leur emploi du temps pour respecter le ratio souhaité.
2. Suggestion de réduire la quantité de supervision à 1 fois par semaine ou moins pour les PA (Stagiaire) (en supposant ~20 clients par semaine).

3. Les ratios devraient être une suggestion; le superviseur devrait décider de la quantité de supervision nécessaire pour le supervisé ou le supervisé devrait la rechercher selon ses besoins.
4. Les ratios sont logiques.
5. Les ratios ne sont pas raisonnables par rapport aux exigences de supervision pour les travailleurs sociaux, les psychologues et d'autres professions; ils sont perçus comme punitifs.

Conseils pour les superviseurs et les supervisés cliniques

1. Le processus pour devenir superviseur doit être plus clair (peut-être une feuille de route sur la façon dont un inscrit peut y parvenir) et le processus devrait être plus rigoureux.
2. La manière dont le contenu de la supervision est expliqué sur le site web est éparpillée/peu claire/demande beaucoup de temps à analyser.
3. L'OPAO devrait maintenir une liste de superviseurs approuvés et/ou publier des informations pour les supervisés sur ce qu'ils devraient rechercher chez un superviseur.
4. La question de savoir si les non-PA peuvent superviser les inscrits et les étudiants doit être clarifiée. Certains répondants étaient d'avis que les non-PA devraient être en mesure de superviser les étudiants.
5. Il y a un besoin de ressources supplémentaires (peut-être avec des modèles de contrats de supervision, des notes) ou d'un manuel de supervision complet de l'OPAO.

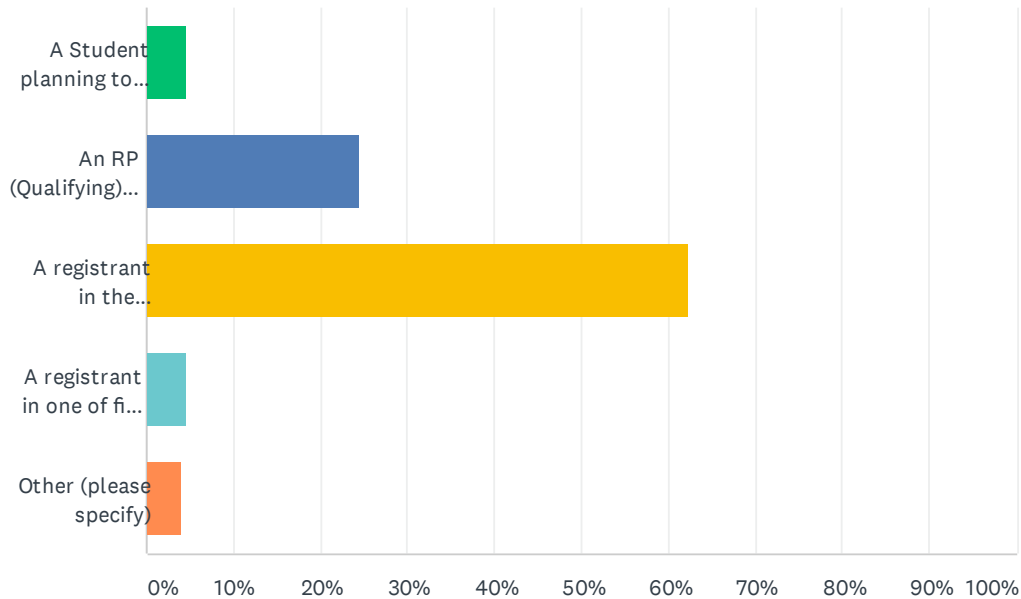
Supervision clinique pour la couverture d'assurance

1. Ce type de relation de supervision n'est pas un problème. Il n'est pas nécessaire que ce soit l'un ou l'autre; plutôt, la supervision d'un psychologue peut servir à ce que le client soit en mesure de recevoir des prestations d'assurance, et le psychologue-superviseur fournit également une supervision significative. Si l'OPAO devait empêcher ce type de relation de supervision, cela deviendrait une question d'équité, car de nombreux clients perdraient l'accès aux soins dont ils ont besoin. Il n'est pas dans l'intérêt public d'interdire ce type de relation de supervision, surtout si une supervision significative est également en cours.

2. L'OPAO devrait défendre/faire pression sur les compagnies d'assurance pour que les PA soient couverts et/ou l'OPAO devrait être responsable de la promotion d'autres types de changements systémiques (par exemple, les PA n'ont pas besoin de facturer la TVH) afin d'empêcher les PA d'avoir à rechercher ce type de relation de supervision.
3. Il s'agit d'une pratique problématique, bien qu'elle ait lieu étant donné qu'il peut être difficile pour les clients d'accéder à des soins.
4. L'OPAO devrait faire la distinction entre la supervision à des fins d'assurance et la véritable supervision, et compter les heures en conséquence. L'OPAO devrait faire la distinction entre la consultation clinique et la supervision clinique.

Q1 Please let us know if you are:

Answered: 771 Skipped: 0



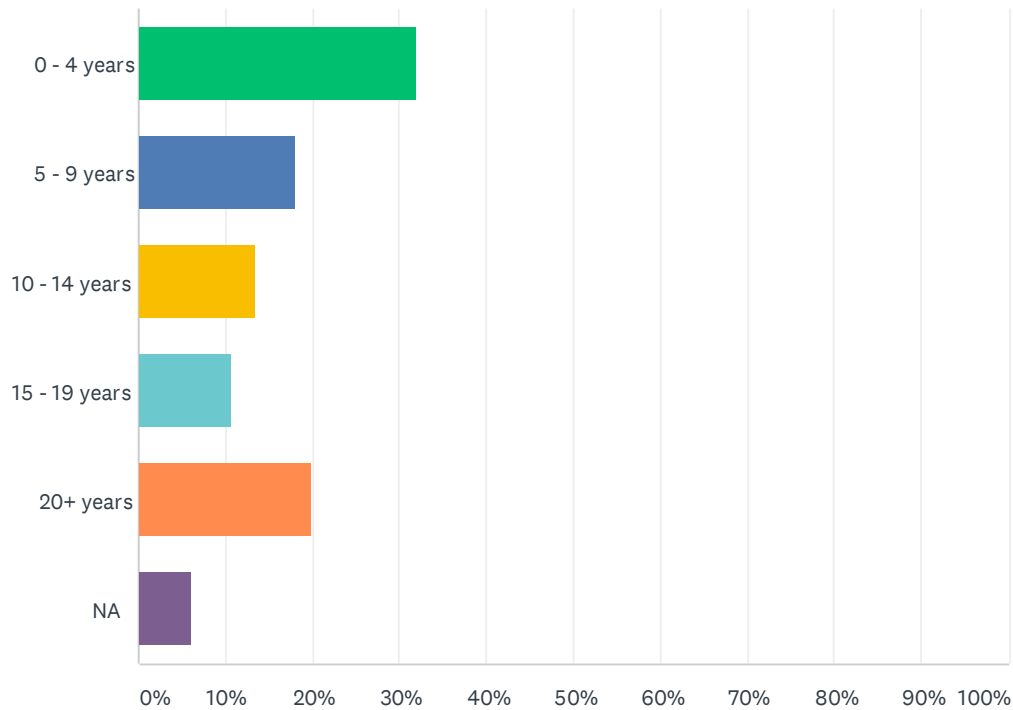
ANSWER CHOICES	RESPONSES	
A Student planning to register with CRPO	4.67%	36
An RP (Qualifying) registrant	24.38%	188
A registrant in the Registered Psychotherapist or Inactive category	62.39%	481
A registrant in one of five other Ontario colleges whose members practise psychotherapy (physician, nurse, psychologist, social worker, occupational therapist)	4.67%	36
Other (please specify)	3.89%	30
TOTAL		771

#	OTHER (PLEASE SPECIFY)	DATE
1	an RP who provides Clinical Supervision	6/15/2021 6:56 PM
2	RP	6/15/2021 9:28 AM
3	Policy Analyst working in a counselling centre	6/15/2021 9:20 AM
4	I am an	6/8/2021 4:25 PM
5	Registered psychotherapist	6/8/2021 2:18 PM
6	Registered Psychotherapist working as a Case manager	6/8/2021 2:12 PM
7	Registered Psychotherapist	6/8/2021 2:01 PM
8	Director of a CRPO Recognized program and an RP	6/1/2021 12:03 PM
9	Employer	6/1/2021 9:51 AM
10	Registered Psychotherapist	5/27/2021 1:11 PM
11	in the process of relocating from another province to Ontario, will be applying to CRPO under	5/26/2021 12:42 PM

	labour mobility and becoming an RP and supervisor	
12	RP (qualifying) and Educational program manager	5/26/2021 11:45 AM
13	RP Supervisor	5/21/2021 2:07 PM
14	RP	5/19/2021 6:17 AM
15	Student who has applied to register as RP-Q, in progress	5/18/2021 5:51 PM
16	an applicant	5/16/2021 8:38 AM
17	Retired RP	5/14/2021 4:32 PM
18	public	5/14/2021 4:07 PM
19	Masters degree in Health Psychology, intentions to receive PhD in the future.	5/13/2021 11:47 AM
20	Auto Insurance	5/13/2021 11:10 AM
21	Public	5/13/2021 11:10 AM
22	Member of the Public	5/13/2021 9:31 AM
23	RP	5/12/2021 10:06 PM
24	Supervisor outside sask	5/12/2021 5:30 PM
25	admin	5/12/2021 1:07 PM
26	c	5/12/2021 12:01 PM
27	Registered Psychotherapist, Supervisor	5/12/2021 11:56 AM
28	Both a registrant of a College whose members practice psychotherapy as well as a Professional Practice Consultant supporting multiple disciplines within a hospital setting	5/12/2021 10:21 AM
29	Registered Psychotherapist	5/12/2021 10:04 AM
30	RP independent practice	5/12/2021 8:24 AM

Q2 If you are a psychotherapist, for how many years have you been practising? If you are not a psychotherapist, answer NA.

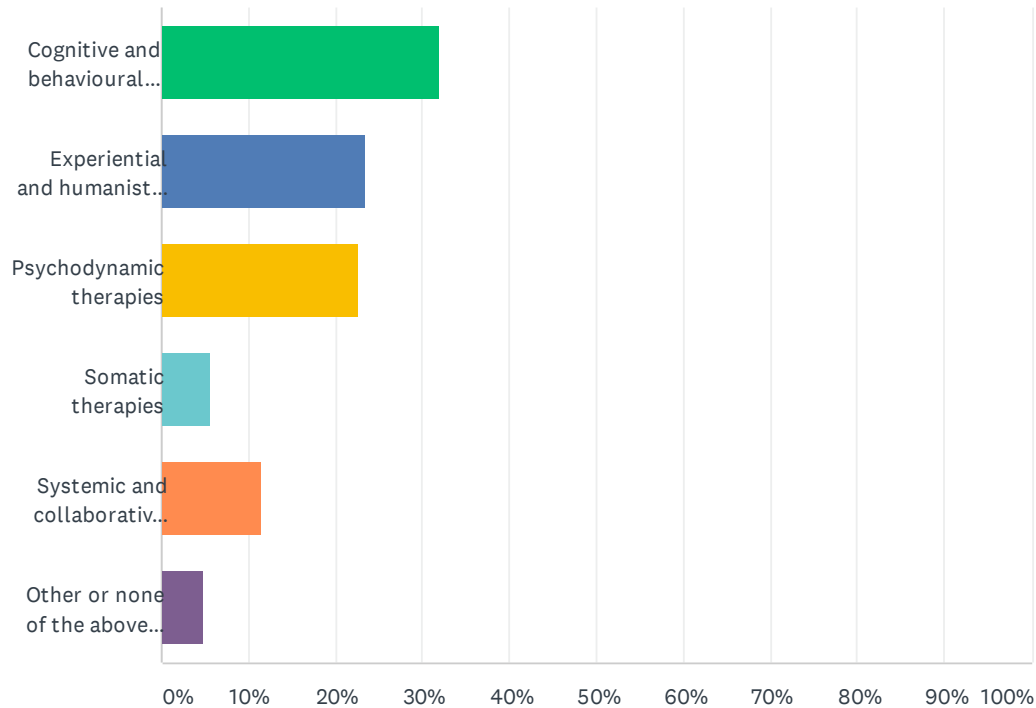
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ANSWER CHOICES	RESPONSES	
0 - 4 years	31.91%	246
5 - 9 years	18.03%	139
10 - 14 years	13.49%	104
15 - 19 years	10.64%	82
20+ years	19.97%	154
NA	5.97%	46
TOTAL		771

Q3 If you are a psychotherapist, which of the following modalities do you predominantly practise? See this list for additional information on modalities.

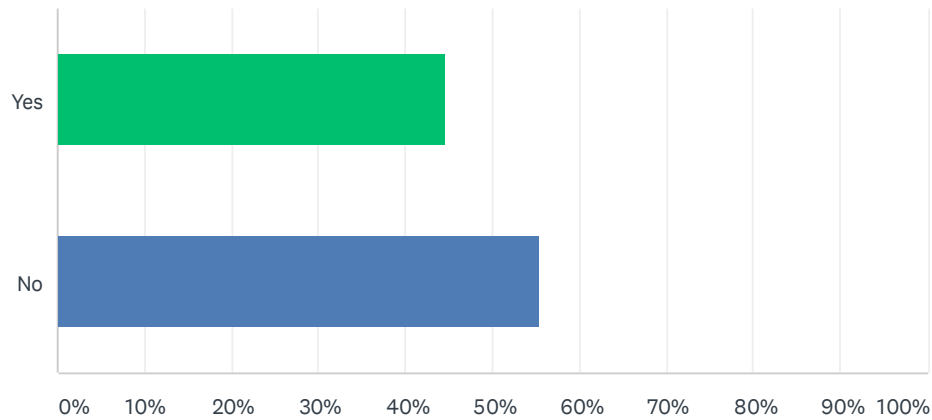
Answered: 705 Skipped: 66



ANSWER CHOICES	RESPONSES	
Cognitive and behavioural therapies	31.91%	225
Experiential and humanistic therapies	23.40%	165
Psychodynamic therapies	22.70%	160
Somatic therapies	5.67%	40
Systemic and collaborative therapies	11.49%	81
Other or none of the above predominate	4.82%	34
TOTAL		705

Q4 If you are a psychotherapist, do you meet the clinical supervisor definition?

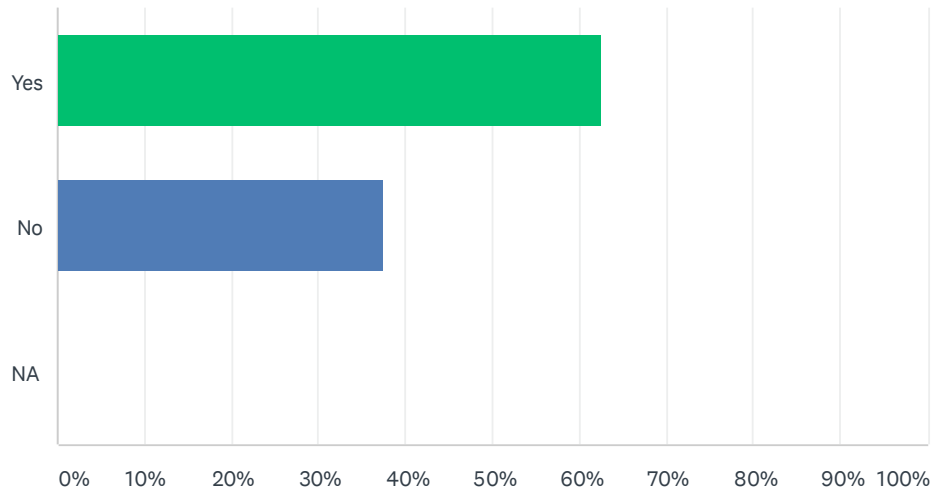
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ANSWER CHOICES	RESPONSES	
Yes	44.54%	314
No	55.46%	391
TOTAL		705

Q5 Are you currently providing clinical supervision?

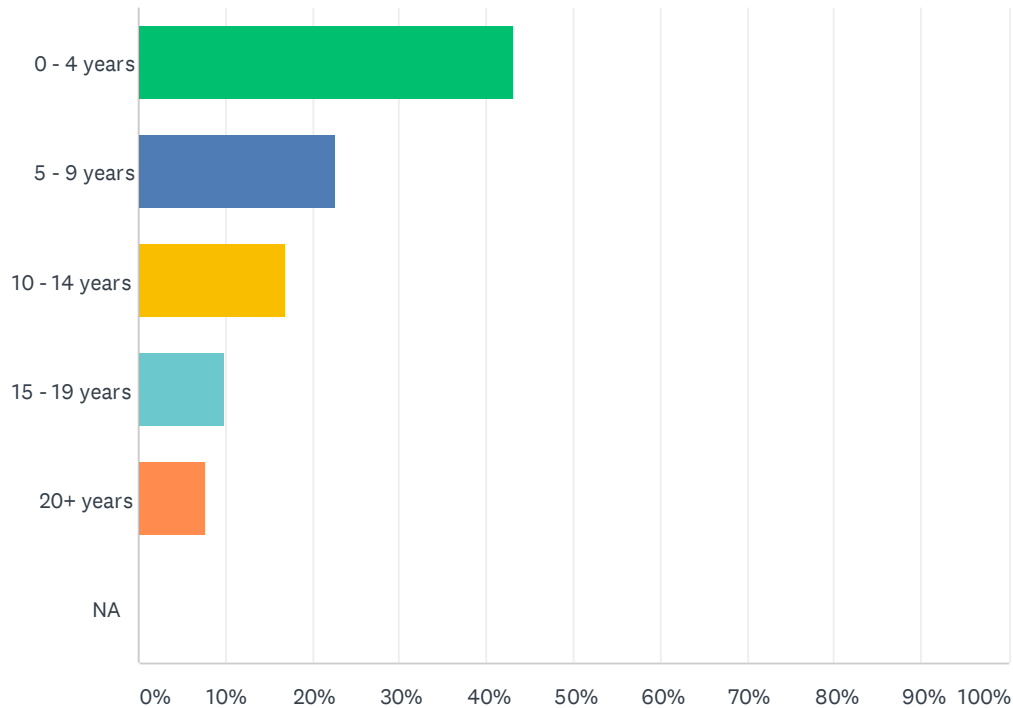
Answered: 312 Skipped: 459



ANSWER CHOICES	RESPONSES	
Yes	62.50%	195
No	37.50%	117
NA	0.00%	0
TOTAL		312

Q6 For how many years have you been providing clinical supervision?

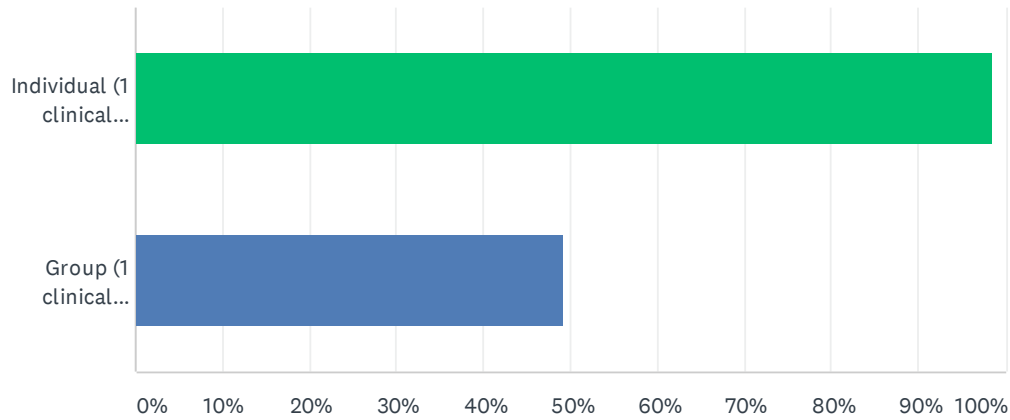
Answered: 195 Skipped: 576



ANSWER CHOICES	RESPONSES	
0 - 4 years	43.08%	84
5 - 9 years	22.56%	44
10 - 14 years	16.92%	33
15 - 19 years	9.74%	19
20+ years	7.69%	15
NA	0.00%	0
TOTAL		195

Q7 What type of clinical supervision do you provide? (Select all that apply)

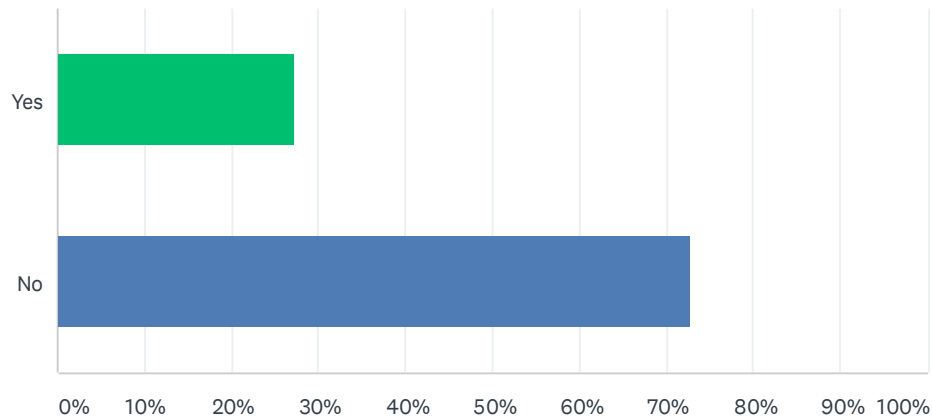
Answered: 195 Skipped: 576



ANSWER CHOICES	RESPONSES	
Individual (1 clinical supervisor and 1 supervisee) and/or dyadic (1 clinical supervisor and 2 supervisees)	98.46%	192
Group (1 clinical supervisor and 3 or more supervisees)	49.23%	96
Total Respondents: 195		

Q8 Do you have any specific designation to provide clinical supervision (e.g., from CCPA, AAMFT)?

Answered: 195 Skipped: 576



ANSWER CHOICES	RESPONSES	
Yes	27.18%	53
No	72.82%	142
TOTAL		195

#	IF YOU ANSWERED "YES," PLEASE SPECIFY THE DESIGNATION YOU HOLD.	DATE
1	I have completed the AAMFT Supervisor Course	6/15/2021 9:29 AM
2	Canadian Certified Counsellor - Supervisor (CCC-S)	6/10/2021 3:52 PM
3	CRPO	6/9/2021 10:29 AM
4	Certified Spiritual Care Supervisor-Educator (CASC/ACSS)	6/9/2021 9:28 AM
5	ICADC (addiction)	6/9/2021 8:43 AM
6	CCC	6/9/2021 8:08 AM
7	AAMFT	6/8/2021 10:08 PM
8	MPCC-S	6/8/2021 5:29 PM
9	Adler 40 hr course	6/8/2021 5:08 PM
10	Approved Supervisor AAMFT	6/8/2021 4:55 PM
11	AAMFT, CAMFT	6/8/2021 4:27 PM
12	AAMFT/CAMFT	6/8/2021 3:47 PM
13	CAMFT and formerly AAMFT	6/8/2021 2:59 PM
14	CAMFT, AAMFT	6/8/2021 2:59 PM
15	Certificate of completion supervisor course by Augustine Meier	6/8/2021 2:42 PM
16	AAMFT, CAMFT	6/8/2021 2:34 PM
17	Clinical supervision four year training certificate from the Centre de Relation d'aide de Montréal	6/8/2021 2:24 PM
18	AAMFT & CAMFT	6/8/2021 2:16 PM

Supervision Review Stakeholder Survey

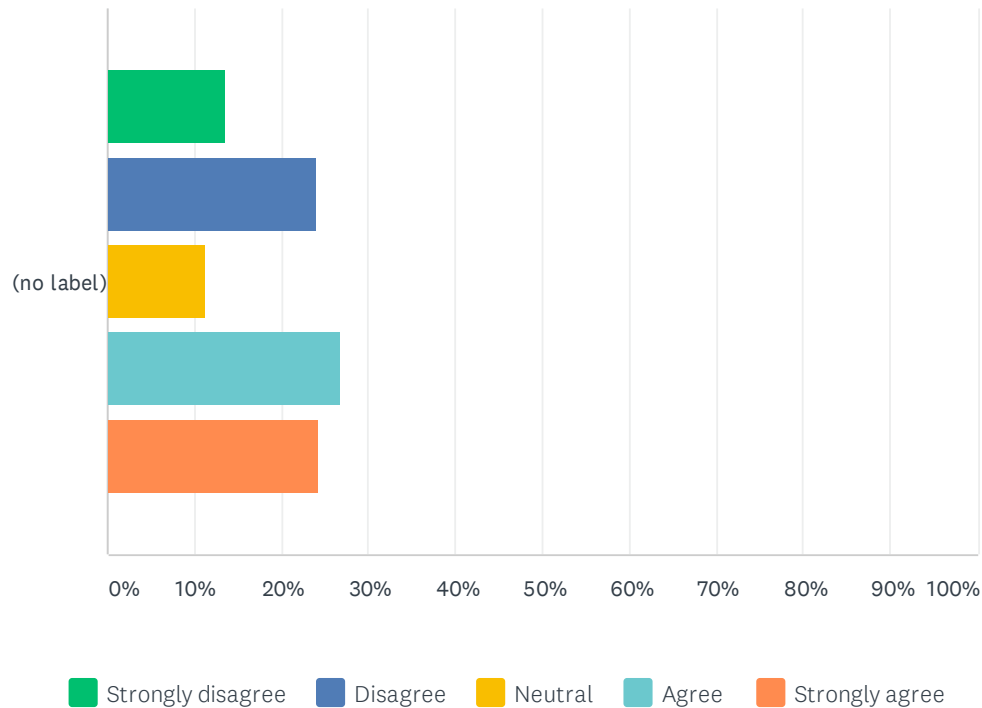
SurveyMonkey

19	AAMFT and certified play therapy supervisor	6/8/2021 2:08 PM
20	I am an MTA (Certified Music Therapist) with supervision training Level 1 & 2 from CAMT in addition to course work	6/8/2021 2:04 PM
21	30 hr training AAMFT	6/8/2021 2:02 PM
22	supervisor-trainer with OTSTCFQ	5/30/2021 11:01 PM
23	CCC-S from CCPA	5/28/2021 11:36 AM
24	CAMFT-S	5/27/2021 7:40 PM
25	AAMFT,CAMFT	5/21/2021 2:08 PM
26	CAMFT Supervisor-Mentor	5/19/2021 10:07 PM
27	I am qualified through CCPA, but chose not to go through the process of applying for designation	5/18/2021 3:19 PM
28	RP-S	5/18/2021 12:57 PM
29	Institute for Self-in-Relationship Psychotherapy approved by CCPA	5/17/2021 3:22 PM
30	Clinical Supervisor Training-Adler Graduate School	5/17/2021 9:46 AM
31	C. Psych. Assoc.	5/16/2021 8:28 AM
32	AAMFT Approved Supervisor	5/15/2021 6:55 PM
33	Approved AAMFT supervisor	5/14/2021 8:37 PM
34	CCC-S from CCPA	5/14/2021 12:19 PM
35	Director of Hospital Program	5/14/2021 11:09 AM
36	experience	5/13/2021 6:22 PM
37	I am seeking credentials with CAMFT	5/13/2021 3:28 PM
38		5/13/2021 12:43 PM
39	Current CAMFT Approved Supervisor and Supervision-Mentor, Past AAMFT Approved Supervisor and Supervision-Mentor	5/13/2021 12:04 PM
40	AAMFT	5/13/2021 11:47 AM
41	CCC-S	5/13/2021 9:12 AM
42	Emotionally Focused Therapy Supervisor	5/13/2021 7:01 AM
43	CAMFT RMFT-SM	5/12/2021 5:31 PM
44	Affiliate supervisor for CAMFT	5/12/2021 4:08 PM
45	I have taken the CCPA ED 5850 Counselling Supervision: Theory and Practice course offered through University of Lethbridge	5/12/2021 2:28 PM
46	AAMFT	5/12/2021 1:55 PM
47	CAMFT - Registered Marriage and Family Therapy + Approved Supervisor (RMFT-S)	5/12/2021 1:24 PM
48	Supervisor-Educator with CASC - Canadian Association of Spiritual Care	5/12/2021 12:20 PM
49	Certified Supervisor -Educator (CASC)	5/12/2021 12:01 PM
50	CAMFT	5/12/2021 10:02 AM
51	OATR & RCAT	5/12/2021 9:33 AM
52	CAMFT	5/12/2021 9:17 AM
53	Certified Educator/Supervisor with CASC	5/12/2021 8:56 AM
54	Took a course and got certificate	5/12/2021 8:22 AM

55	Ccpa	5/12/2021 8:05 AM
56	I have supervisory training from aamft and previously held the CCC supervisory status with the counselling association but since registering with Crpo I have cancelled my other memberships due to costs.	5/12/2021 6:33 AM

Q9 Students should be able to receive clinical supervision of the controlled act of psychotherapy from any of the six psychotherapy-practising professions in Ontario (RPs, social workers, physicians, nurses, occupational therapists, and psychologists).

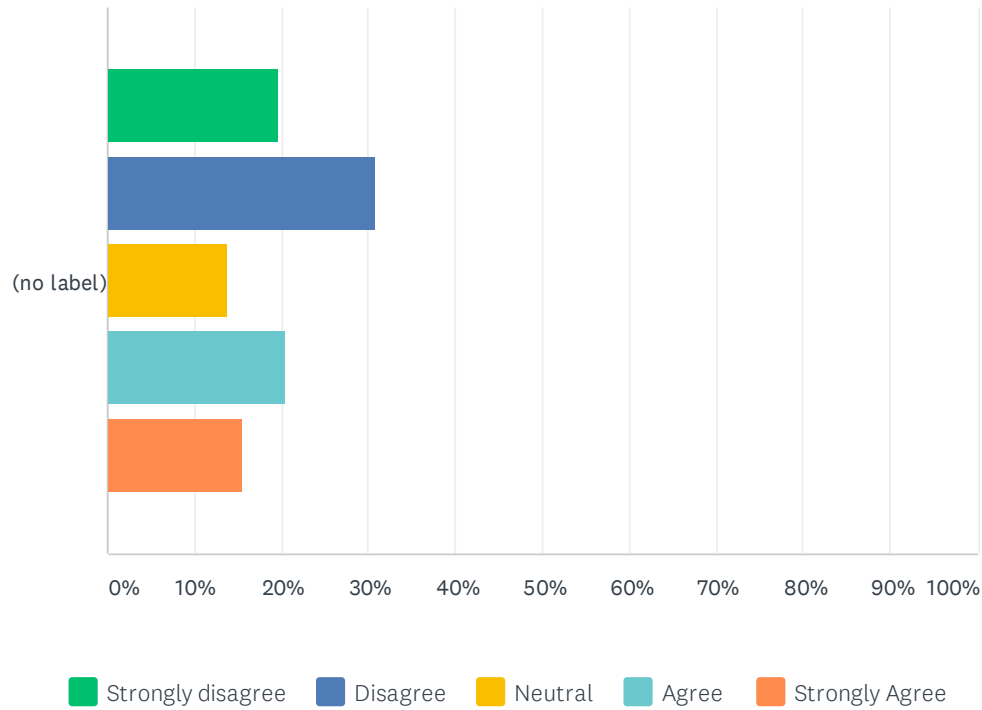
Answered: 714 Skipped: 57



	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	13.59% 97	24.09% 172	11.34% 81	26.75% 191	24.23% 173	714	3.24

Q10 Students should only have RP clinical supervisors.

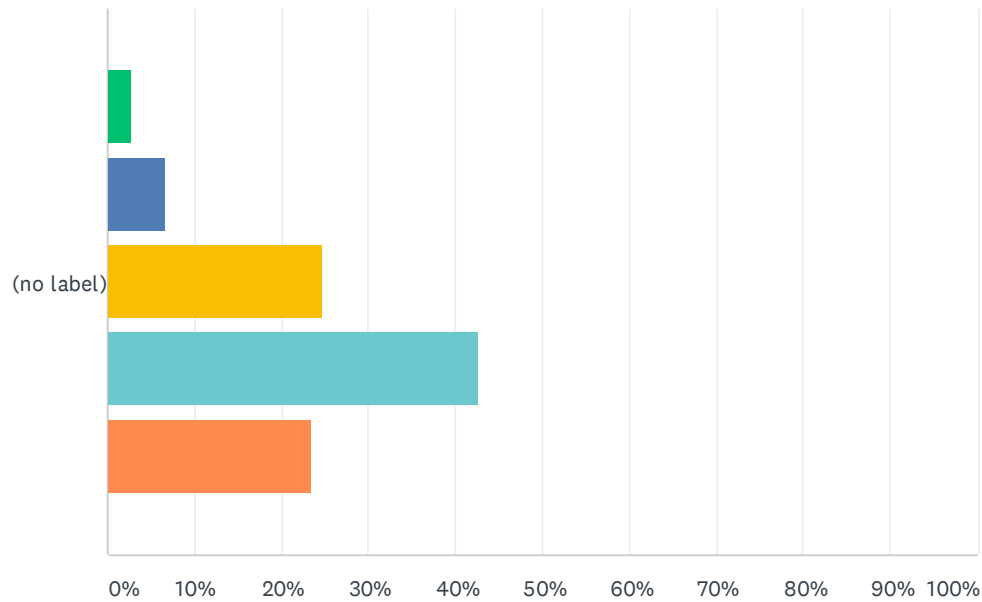
Answered: 714 Skipped: 57



	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	19.61% 140	30.67% 219	13.73% 98	20.59% 147	15.41% 110	714	2.82

Q11 This issue (which professionals can serve as clinical supervisors of students seeking to join CRPO) should be a priority for CRPO's attention.

Answered: 714 Skipped: 57



Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	2.66% 19	6.72% 48	24.65% 176	42.58% 304	23.39% 167	714	3.77

Q12 Please provide any comments about this issue.

Answered: 345 Skipped: 426

#	RESPONSES	DATE
1	Students should have supervision from any supervisor authorized to practice the controlled act of psychotherapy	6/15/2021 10:32 PM
2	No comments	6/15/2021 5:28 PM
3	Mental health service training varies widely between and within College populations. The distinction of psychotherapy from other mental health services (counselling, coaching, advocacy, assessment without treatment, etc) needs to be made more explicit. Members already registered with other colleges need to demonstrate particular training and experience specifically in psychotherapy, commensurate with the requirements of first time registrants of the CRPO, in order to both practice and supervise psychotherapy services.	6/15/2021 4:11 PM
4	The CRPO needs to facilitate continuity in terms of training and expectations around competency. I don't see how a nurse for example has the same level of clinical training as an RP would have.	6/15/2021 9:32 AM
5	CRPO should provide information - perhaps in the database of RPs which RPs are qualified supervisors who meet the colleges specifications since supervision is something the college is dictating. They should make the process seamless	6/15/2021 8:11 AM
6	I believe that RP's should supervise RP's. With this condition we at least know that we are all working from the same standards. Since other regulating bodies like to be "exclusive", I believe we should also be exclusive. If you want to register with the CRPO, then you need to be supervised by an RP with the CRPO.	6/14/2021 10:15 PM
7	It is difficult to find RP supervisors with specializations in specific modalities. It is sometimes necessary to reach out to members of other colleges that permit the practice of psychotherapy.	6/14/2021 8:59 PM
8	Receiving supervision from the other six psychotherapy-practicing professions is reasonable because it can be beneficial to receive ideas and inputs from a different perspective thereby enriching the practice of psychotherapy and opening up our minds to provide a holistic approach.	6/14/2021 3:18 PM
9	CRPO cannot ensure that supervisors from other colleges adhere to CRPO's standards of practice and requirements for supervisors	6/14/2021 2:55 PM
10	While there are good resources for students in the fields referred to, the supervision should be accountable to the CRPO in terms of expectations, quality assurance etc	6/14/2021 11:37 AM
11	Counselling services are still very much a "social worker's world." Changing policies around allowing disqualifying clinical supervisors who are not RPs would be seriously detrimental to not only RPs or RP (Qualifying) registrants, but to the general public.	6/14/2021 11:23 AM
12	RP's are trained specifically in ways that GP's (for instance) are not, and hence have expertise that GP's do not have unless they seek it out.	6/13/2021 11:02 AM
13	Will other bodies follow suit?	6/11/2021 6:50 PM
14	The training and approach for psychodynamic psychotherapy requires supervisors who practise in the same modality. This of critical importance	6/11/2021 10:32 AM
15	I feel that a student learning to perform the controlled act of psychotherapy is best served by an RP, because of the dept of knowledge and expertise here. With that said, depending on the career goals and/or type of modality, or organizational setting - some students might really benefit from learning from a supervisor that isn't an RP. I think it can often be a case by case basis - but I am concerned that a student might only ever seek supervision from a nurse or physician with not enough depth of insight into the controlled act, and they might miss out on crucial learning.	6/10/2021 4:41 PM

16	If CRPO is the registering body then they may need to address and investigate.	6/10/2021 2:18 PM
17	I think the most critical issue regarding who can supervise students is not which college they belong to, but whether the supervisor has had training to supervise students seeking to register to a given college, and ensuring that supervisors have recently practices psychotherapy extensively. For example, an RP (Qualifying) practicum student being supervised by a nurse who has never received training in therapy (or who has received very little, such as a week-long CBT training) would be of little use to the student. However, a nurse who completed a master's in counselling and who regularly provides psychotherapy to patients could offer the student great insight that an RP supervisor might not be able to, as the nurse's scope of practice is multi-disciplinary. Psychologists, RPs, and RSWs should absolutely be allowed to supervise students, as members of all of these 3 professions perform psychotherapy regularly. OTs, RNs, and MDs should be allowed to provide supervision to RPs of any level ONLY if the OT/RN/MD has received extensive training in providing psychotherapy, supervision to therapy trainees, and is currently practicing psychotherapy. I think that arbitrarily deciding that members of the other 5 colleges cannot supervise trainees imposes unnecessary barriers to trainees, as the number of RP supervisors is limited. As we are seeing with the mental health crisis, we need more therapists, not fewer.	6/10/2021 1:15 PM
18	I see no need to be overly restrictive in which professionals can supervise students, provided supervisors have the requisite training and experience.	6/10/2021 12:54 PM
19	N-a	6/10/2021 10:15 AM
20	n/a	6/10/2021 9:53 AM
21	After supervising individuals who have completed clinical practicums from an MSW, I can say confidently that there is a huge discrepancy between the training that an RP with a masters in a counselling-related field and an MSW have. I also have IC's at my practice who are MSW and have told me numerous times that they felt completely unprepared for the practice of psychotherapy after their MSW, let alone as a supervisor.	6/10/2021 8:50 AM
22	The restrictions on only RP supervisors being able to supervise students limits placements unnecessarily because many psychologists/social workers are well qualified to provide supervision	6/10/2021 6:18 AM
23	Students are having a hard time finding supervisors as is.	6/9/2021 10:48 PM
24	H	6/9/2021 9:19 PM
25	There are just so many more possible practicum placements if supervision could be from any of the colleges.	6/9/2021 8:12 PM
26	I believe as long as the supervisor is qualified, registrants should be allowed to choose supervisors based on their areas of practice, who they feel they have something to learn from.	6/9/2021 4:38 PM
27	The psychotherapy student needs to be supervised by the RP supervisor	6/9/2021 2:28 PM
28	I think that a student who wishes to become an RP and provide psychotherapy should be supervised by someone who provides psychotherapy and has done so for some time, not just someone who is allowed to provide psychotherapy. The title does not matter as much. In fact, it seems to me that there are people who are allowed to provide psychotherapy because of their title who do not have much training in providing psychotherapy.	6/9/2021 1:35 PM
29	For some RPs, if their supervision is provided by their workplace, and there is only a supervisor available from one of the 5 psycho-therapy practicing regulatory bodies, then the RP should be able to obtain their supervision instead of having to go outside the organization and pay for the cost themselves to obtain supervision from an RP.	6/9/2021 12:43 PM
30	Supervision by members of other Colleges can be effective, though their standards for supervisions are likely less well defined. Trained supervisors would be best, but someone experienced in psychotherapy could be sufficient.	6/9/2021 12:03 PM
31	I think that any rp or psychologist should be able to supervise- not medical drs or ots	6/9/2021 11:38 AM
32	If members of other colleges practice psychotherapy and are competent supervisors, I am not sure why this would be an issue whatsoever.	6/9/2021 11:08 AM
33	I feel that many RPs or RP(Q)s are seeking supervision from psychologist in order for their	6/9/2021 10:48 AM

clients to be eligible for insurance coverage. I would like to see RPs and RP(Q)s be supervised by RPs so pressure will be put on insurance providers to change their policies to include registered psychotherapy as a part of the coverage they offer.

34	Na	6/9/2021 10:47 AM
35	I don't believe the physicians or nurses should be providing clinical supervision. It should be acceptable for registrants to receive clinical supervision from RP's, Psychologists, or possibly MSW/RSW registrants.	6/9/2021 10:26 AM
36	As a student I received excellent supervision from an RSW (before this rule came into effect) with over 15 years of clinical experience providing psychotherapy. As long as the supervisor is qualified, the license should not matter. I believe needing an RP supervisor is making things harder on students who already struggle to find adequate practicum opportunities.	6/9/2021 10:24 AM
37	I've had an RP supervisor and a Social Worker supervisor. It's been fine.	6/9/2021 9:39 AM
38	Some rural communities may have limitations on their ability to offer members (qualifying) hours or supervision. I also believe students working alongside other health professions will provide a more robust lens for the practice of psychotherapy. A consideration is the difficulty in obtaining the necessary hours. I think expanding who can provide supervision would provide qualifying members the opportunity to meet all the requirements.	6/9/2021 8:52 AM
39	I think registered social workers with experience in providing psychotherapy should also be allowed to supervise.	6/9/2021 7:48 AM
40	It would be great if the CRPO could provide opportunities for supervision, it could increase uptake	6/9/2021 7:14 AM
41	Psychologists or social workers "supervising" RP's in order to process insurance claims is unethical - in my opinion	6/8/2021 11:16 PM
42	Any one who practices psychotherapy as part of their profession may deliver supervision as long as psychotherapy is included in their work	6/8/2021 10:26 PM
43	Crpo who are supervisors but didn't update portal but practicing for 15 years hours for students were declined despite approved for other students in previous years	6/8/2021 9:42 PM
44	Difficult to restrict critical training of future psychotherapists to only RPs when there is more structured learning set up in older colleges, such as the psychologists.	6/8/2021 8:39 PM
45	I think there are BIGGER issues than this.	6/8/2021 7:59 PM
46	Create barriers to student meeting their supervision hours despite their placement setting's supervisor is in good standing at one of the identified colleges.	6/8/2021 7:45 PM
47	students seeking membership in the crpo should be supervised by a crpo member supervisor. This is for senior members to provide mentor ship to younger generations.	6/8/2021 7:39 PM
48	It is important to consider that these professions (social workers, physicians, nurses, occupational therapists and psychologists) not only have radically different training, but also different professional roles. Each is equipped to train and supervise students in their own profession. Physicians are effective role models and supervisors of medical students; nurses are best placed to supervise nursing students. By the same token, a trained psychotherapist will be the most effective supervisor for psychotherapy students. We would not expect that an RP could supervise an Occupational Therapy student, a nursing student, or a medical student. Most physicians receive a 3 week rotation in mental health. This is not adequate to mentor and supervise psychotherapy students.	6/8/2021 7:17 PM
49	It is important whoever is providing the Supervision understands the Psychotherapeutic process as well as CRPO's requirements	6/8/2021 6:49 PM
50	I believe other professions outside of psychotherapists, psychologists or social workers can serve as complimentary supervision to the above, but not be the sole supervision a person receives.	6/8/2021 5:40 PM
51	why say all these people are equally qualified to practice psychotherapy and even have a conversation about supervision. please move on	6/8/2021 5:37 PM
52	ONLY RP's are taught and teach what it means to be an RP, including the ethical component of	6/8/2021 5:35 PM

working with clients. A social worker for example, does NOT have to have ANY DCC hours at all to work with clients and so much is missed in this component. A SW's education is to develop programs and services to a population, NOT to work with a client directly one to one, or couple, etc. To then have this SW become a supervisor to a student who will become an RP is preposterous in my opinion and is not doing this student any service at all. I feel VERY STRONGLY about this scenario!

53	Don't have enough information to comment	6/8/2021 5:26 PM
54	All these colleges regulate psychotherapy and it may be beneficial to have variety in supervision.	6/8/2021 5:06 PM
55	I have spoken with a few Psychologists who do not believe they can supervise an RP Qualifying (like me) because the work of psychotherapy is not the same as their scope of practice. In other words, they're afraid of teaching us too much - this is an issue with THEIR code of conduct, not with that of the CRPO. Would be ideal if the CPO and CRPO could get on the same page and issue official positions on this.	6/8/2021 4:50 PM
56	OTs, nurses and physicians do not have the training to provide adequate, safe supervision for students. Students need real supervision by RPs RSWs or Psychologists.	6/8/2021 4:50 PM
57	All supervisors should meet, at the very minimum, the requirements for CRPO supervisors (course and experience) and have a minimum of the DCC and CI Sup hours required for RP status and be familiar with CRPO expectations.	6/8/2021 4:31 PM
58	Rather than looking only at the supervisor's college, it would be prudent to look at the certification and expertise in which the supervisor operates. For example an RSW who specializes in sex therapy would be a good supervisor for an RP who wishes to practice sex therapy. A psychologist specializing in CBT would be a good candidate to supervise an RP who wants to specialize in CBT, etc	6/8/2021 4:23 PM
59	There is a bit of college/professional socialization in supervision. Students should have some match with supervisor. But there's such diversity in the colleges with access to the controlled act. Social Workers and RPs work alongside one another in most counselling agencies and are often professionally very similar in scope and practice. However, I'm not sure this extends to the other college members practising psychotherapy.	6/8/2021 3:50 PM
60	N/A	6/8/2021 3:42 PM
61	I was noticing psychiatric was not one of the organizational bodies.	6/8/2021 3:31 PM
62	I am concerned about that supervision standards do not reinforce the perceived "pecking order" of supervisors, that actually does exist in some situations where RP's are seen as inferior to other professions - even where those professions might have less actual psychotherapy focus/training. This does not serve the public good, IMO. RP's are treatment specialists and it would be optimal to be perceived as the go-to for supervision of treatment activities.	6/8/2021 3:19 PM
63	Only an RP fully understands the RP requirements that new therapists must meet - and at the appropriate level - to do this work.	6/8/2021 3:14 PM
64	students need clarity and specificity in their training in accordance with their licensing body	6/8/2021 3:07 PM
65	Psychotherapy is a very specific service, and should therefore be supervised by someone who performs this act as well.	6/8/2021 3:04 PM
66	I feel that supervision should be allowed by other experienced professionals in good standing with their colleges who are qualified to supervise, who support people's mental and emotional health through therapy, be it Psychologists, Social Workers or Registered Psychotherapists. How competent these professionals are has nothing to do with their title.	6/8/2021 2:40 PM
67	As in other regulated health care professions, students should be supervised by their own profession. CRPO has given too much flexibility in this regard.	6/8/2021 2:35 PM
68	NA	6/8/2021 2:34 PM
69	I don't see how a physician would provide supervision if they are not practicing psychotherapy	6/8/2021 2:29 PM
70	RP Clinical Supervisors should be working with entry-to-practice competencies as a foundation of supervision, so I support RP's providing clinical supervision. I wonder if all clinical	6/8/2021 2:28 PM

supervision is the same since it is not clear if clinical supervisors from other regulatory colleges are aware of CRPO entry-to-practice competencies and are oriented to what this college requires of its professional members.

71	Supervisors should be trained as supervisors of psychotherapists as per CRPO existing requirements and should be supervisors within the area of practice of their supervisees- eg a supervisor of a psychodynamic therapist should also be trained in a psychodynamic approach to supervision.	6/8/2021 2:27 PM
72	Allowing from other regulated professionals, provided they are practicing psychotherapy and meeting criteria for experience, could be very helpful for RPs to learn beyond their potentially insular education.	6/8/2021 2:26 PM
73	No comments. I do not feel I have researched this enough to provide appropriate information. I do feel that good therapy is learned from a good therapist...	6/8/2021 2:26 PM
74	Anyone whose's main employment is to provide psychotherapy within the colleges stated in the survey with over 5 years would be appropriate to provide supervision.	6/8/2021 2:24 PM
75	I really think it's about how the supervisor practices and what their common goals are.	6/8/2021 2:22 PM
76	N/A	6/8/2021 2:13 PM
77	Supervision should be related to counselling and psychotherapy	6/8/2021 2:12 PM
78	Student whose academic training aligns with the College of Psychotherapists would be disadvantaged in their training or education if their supervision was from a professional within another college. Exposing students to other perspectives provides excellent learning but the primary supervisor should be an RP.	6/8/2021 2:06 PM
79	Until RP's get the same standing with insurance companies and EAP contracts, we will continue to be outnumbered by MSW's and supervised by MSWs, so, making supervision by RP only would eliminate most of our opportunities for supervision in the work force.	6/8/2021 2:05 PM
80	I have a supervisor who is a registered social worker. My supervisor is wonderful and supportive, and it helps some of my clients who require invoices from a social worker for insurance purposes.	6/8/2021 2:03 PM
81	Many disciplines could act as supervisors given the incredibly broad definition of psychotherapy.	6/6/2021 7:33 AM
82	CRPO can't be so restrictive. If we are ever going to be recognized as comparable health practitioners to the other professional designations (i.e. not being the only ones required to charge HST/GST) , we need to allow them to supervise us.	6/5/2021 10:48 AM
83	The supervisor's college affiliation is unimportant compared with the training and experience of the supervisor. RPs should be able to benefit from qualified supervisors, no matter what college they belong to.	6/4/2021 10:50 AM
84	If other professionals are trusted to provide psychotherapy services to the public and meet supervision criteria, they should be trusted to supervise psychotherapists.	6/2/2021 5:24 PM
85	it is very confusing the way it is parsed out right now. An RP mus supervised the controlled act but someone from another of the professions who can perform psychotherapy can serve as a clinical supervisor for everything else. Very complicated to manage in an education program. It should be all or nothing - either only RPs (qualified to supervise) should do ALL the supervision for practicums OR any of the recognized professions (with supervisory qualifications) should be able to do it	6/1/2021 12:08 PM
86	I think this issue is important but not the most urgent priority. CRPO's overall relationship with it's registered members and those in the process of becoming members is the highest priority, then comes the supervision issue.	6/1/2021 7:10 AM
87	Each college has a different training curriculum. I've come to understand some very fundamental differences between my training and psychologists, social workers. As the recent author of the clinical procedures for an RP training program in which the faculty are primarily psychologists, we came to a philosophical difference in assessing readiness to practice, it is missing a critical experiential component and requisite students own psychotherapy. As a former reviewer of CRPO school accreditations, I have been concerned with the limited supervision exposure for both individual and group supervision. Having interviewed supervisee	5/31/2021 7:13 PM

applicants requesting my supervision, I have found considerable knowledge and skills gaps that I concluded would be unethical and too risky to work with. The rigorous experiential and theoretical training of a four to six year program was lacking in the three year programs. I'm extremely concerned for consumers to begin working with the students of these programs.

It is my opinion that each modality of psychotherapy should have access to an Ontario supervision curriculum and group study opportunities. I became aware of a severe lack of supervision being provided to the psychological associate involved.

Having spoken to many peers throughout my years, many were being "supervised" by psychologists in order to access insurance benefits and no formal supervision actually occurred. I as well provided maternity leave coverage for a psychologist conditional on her ongoing supervision. In my experience having had a previous rigorous supervision, hers was inadequate and unstructured. Having had a clinic myself in which I retained social workers, I came to learn through them that their individual and group supervision was limited and insufficient for their needs. As an RP I would not include another college's supervision as eligible for CRPO criteria of registration.

Having pursued continued education in ADR, Family Law & Arbitration has been an additional source of knowledge and practice that has informed my concern for psychotherapy consumers.

88	lack of standardization in psychotherapy training in other professions leads to my hesitancy in other professionals being able to supervise students.	5/31/2021 5:14 PM
89	I do not understand how it ever came to be considered right that a student of psychotherapy might/could receive adequate supervision from anyone other than a qualified psychotherapist!	5/31/2021 4:56 PM
90	I think there should be a certain amount of supervision (some kind of base level) provided by RP's so that students get guidance from people that adhere to and understand the CRPO and its requirements) but that they should also be able to go beyond that if they choose to have exposure from professionals from other Colleges. Both should count, but there should be a basic requirement of supervision by RP's.	5/31/2021 4:09 PM
91	It may be a challenge to find appropriate RP supervisors especially since CRPO, is a fairly new college. As such, it may be appropriate for supervisors from other colleges to provide supervision. This needs to change as capacity is built in the coming years.	5/31/2021 3:43 PM
92	I'm unclear about the differences of supervisor requirements for a student versus a RP (Qualifying).	5/31/2021 12:04 PM
93	Current requirements are much too restrictive and do not allow for optimal training as they prevent psychologists, psychiatrists (even trained psychoanalysts) and social workers from being supervisors. This is disrespectful to these disciplines, which have a long tradition of training and supervision.	5/31/2021 10:25 AM
94	The requirements and level of supervision for students, RP (Qualifying), and RP without unsupervised practice is an extreme hindrance to working in the field. As a student, in addition to my masters education costs, I had to pay for a supervisor out of pocket to ensure I received supervision from an RP. It is extremely difficult to find supervision from an RP (limited spacing and availability). Further, as an RP(Q) the hours of supervision and costs are not only taking up 3-5 hours of my work week, but also putting a HUGE cost on me when the field doesn't pay well (difficult to make a living wage). To think that this level of supervision extends for such a long period of time is draining financially. It further makes entering the field (for what limited RP jobs there are) difficult. Employers are seeking RP's who do not require supervision because they cannot take on the cost of an RP's supervision requirements. Beyond that, many supervisors simply do not have the time to provide this much supervision on a weekly basis. RP's should be practicing self-care and living a balanced life to ensure proper practice. Hard to accomplish with your requirements. You are blocking the progression of RP's in the field, when the mental health demand is high.	5/31/2021 10:18 AM
95	CRPO should approve its own supervisors through a standard training and certification program	5/30/2021 11:06 PM

96	It is important to recognize the different functions performed by different professionals and receive supervision from someone in your field -- particularly for students.	5/28/2021 11:39 AM
97	I am a Social Worker who has been practicing psychotherapy for over 28 years. I have always worked in clinical practice and I supervise a team of 16 psychotherapists. I have much clinical experience, training and expertise that is denied to students simply because I am not an RP myself. I worked providing clinical supervision to RP students until the CRPO's regulations changed. This was a distinct loss for all involved. It is difficult for to find seasoned clinicians who want to support the newest in the field by providing clinical supervision. I wholeheartedly encourage the CRPO to revisit this issue and allow psychotherapists from all the regulated colleges to offer clinical supervision to student RPs.	5/27/2021 3:05 PM
98	There needs to be a consensus that Clinical Supervisors have a Masters. Too many students present themselves and due to past grandfathering practices, we have too many unqualified supervisors that use the supervisory relationship to learn about modalities and practices, since they themselves did not get a Masters education and are not knowledgeable of the basics in the programs.	5/27/2021 1:15 PM
99	In my internship, I had MSW, RSW supervisors as well as RP supervisors. I got different perspectives and resources from each. I think as long as the supervisor is well trained and is ok for a supervisee to get different perspectives it can be ok.	5/27/2021 12:03 PM
100	For students tasked with finding their own placement in highly dense areas, this rule may be a barrier to completing their requirements. If an RP Qualifying can work with a non-RP then students should as well as students can apply to be PR Qualifying without experience.	5/27/2021 8:17 AM
101	If you're noticing an issue with applicants being able to find adequate supervision, then a solution would be to expand the pool of available supervisors. If that's not showing up in your responses then it doesn't seem like a top priority fix to me.	5/26/2021 10:37 PM
102	Supervisors to students need to know what being an RP is all about. Once registration as qualifying is achieved, any of the professions could serve.	5/26/2021 3:34 PM
103	There are less opportunities for student practicum/internship location if supervision is only allowed to be done by an RP. My placement was a York University's student counselling centre, where they had 2/14 staff as RPs, and had been providing internships and excellent supervision for counselling masters students for many years. Designation in itself should not matter, but the suitability of their experience or the placement role.	5/26/2021 2:43 PM
104	It is extremely difficult to assess as a student who is eligible and who is not under the definition for other areas. In my opinion, we should be supervised by someone under CRPO as an RP with the same standards. Alternatively, I believe it would aid CRPO to have supervisors apply and be approved where it could be added to their profile when you look it up if they are an approved supervisor for services much the same as the public can look up RP's and and if they are registered or their category, so in turn could be another category.	5/26/2021 1:04 PM
105	I think CRPO applicants should be able to be supervised by professionals that practise the controlled act of psychotherapy, although it should be from professionals that actively practice it and not only from those who have the ability to practice it.	5/26/2021 12:47 PM
106	I think it makes sense to make some allowances for students supervised by other professions. Psychotherapists are frequently supervised by psychologists as their role is very similar. However, perhaps there should be a requirement for at least SOME supervision by an RP, as part of a supervisor's role is orientation within the profession. A social worker or a physician likely would not be able to provide this.	5/26/2021 12:44 PM
107	I do believe having supervisors who are not RP's for the controlled act should be allowed, however, I do think there should be caution on which colleges are allowed to oversee supervisees with CRPO. I think a psychologist for instance could be super informative and helpful with the controlled act. I also think a social worker could be valuable as well. I do however, believe that OT's, physicians, and nurses would not be suitable candidates for supervision of RP's as I do not think they receive the same level of education we do regarding counselling and physicians as an example, may not have the same level of knowledge that RP's have. For instance, physicians are often not as educated in insomnia. Physicians may also not have as much knowledge regarding trauma and dissociation. What I have been learning has revealed that dissociation in and of itself can be highly overlooked by	5/26/2021 12:42 PM

professionals in the field. I do believe that if OT's, nurses, and physicians are to be allowed, they should have significant training in mental health first. Training beyond their schooling.

108	It was very difficult to secure a practicum placement with a qualified CRPO supervisor and to not be able to expand my search to MSWs etc.	5/26/2021 12:36 PM
109	It is very difficult to find quality supervisors for our students and many externship sites are no longer able to welcome our students because their "on-site" supervisor is an RSW or a psychologist. We also have many non-RP supervisors who we can no longer employ because of this. Some of our long-term supervisors who were RSW or psychologists were also hurt by the fact that they are able to perform the controlled act competently but are not allowed to supervise that same act. It is almost impossible to ensure that the students don't meet the criteria of the controlled acts (since the word "serious" is not well defined) and it is not really feasible or cost effective to have co-supervision.	5/26/2021 11:51 AM
110	The requirements to become a clinical supervisor are a lot more extensive with other associations (i.e., CAMFT) than it is with the CRPO - which presents a potential public safety issue in my opinion.	5/24/2021 5:03 PM
111	Psychologists and social workers could perhaps supervise students appropriately since we have historically grown out of a similar framework as professions.	5/24/2021 2:16 PM
112	The colleges are extremely broad in terms of being able to offer supervision. I would suggest that the CRPO clarifies firmly what the needed experience is for colleges other than non CRPO/non social work to be accepted to provide supervision.	5/24/2021 1:30 PM
113	RPs are the only profession solely experienced in psychotherapy, therefore should be the only profession allowed to supervise.	5/24/2021 10:14 AM
114	From the experience of a service user, physicians (including psychiatrists) and nurses often do not have the same level of training in psychotherapy as psychologists, social workers, psychotherapists etc, and given the many criticisms of the medical model, I think it would be best to steer clear of medically trained professionals as they tend to have more of a rigid, biomedical understanding of mental health which does not take into the complexities of psychology and how mental health works (I have my bachelor's in psychology, so this is not just pure layperson observation from lived experience). What I notice is a medical A + B = C, individualizing view of therapy like with CBT, if you do the thought records as instructed, automatically lower symptoms of depression and anxiety should result, with rarely more complex understanding. That said, my individual DBT therapist was a psychiatric resident and understood psychotherapy theory very well and was fantastic with application of the theories in way that implied an understanding of the psychotherapeutic relationship as the most important predictor of outcomes. I think identifying what is the most important skills of a psychotherapist and comparing to how that aligns with the other colleges could be most useful in terms of identifying whether other colleges can serve as adequate supervisors.	5/23/2021 4:11 AM
115	Good student practicums can be difficult to find some have supervising psychologists or social workers who would conduct the same treatment as an RP and therefore would be still be appropriate for a student.	5/22/2021 10:30 PM
116	The CRPO should provide a list to students of qualified supervisors ... as seeking out psychotherapists who are qualified as supervisors is extremely hard and time-consuming.... and many are left deferring practicums.. unable to find anyone	5/22/2021 6:57 PM
117	More supervisors, the better.	5/22/2021 1:03 PM
118	Clinicians should require to more supervision than is currently required. I see many therapist's who are practicing independently but are not ready to yet and it jeopardizes the clients well-being. Increasing the required number of supervision hours by RP's would make sure clients receive quality care and reduce harm.	5/22/2021 12:18 PM
119	This has affected me directly. I seek proper and affordable supervision and think all of us in practice should also.	5/21/2021 8:25 PM
120	If we're talking about students who intend to apply to CRPO for licensing, I think it makes sense that they be supervised by an RP as the other college's members have other focusses in their practices are not necessarily as focussed on psychotherapy as RP's.	5/21/2021 3:11 PM
121	As long as the supervisor meets standards of supervision, I suggest making supervisions as accessible as possible. Students and RP(Q)s are finding it very hard to find supervision at a	5/21/2021 12:53 PM

	time when we need more mental health care providers.	
122	I don't believe nurses or doctors should be allowed to supervise, but do believe that RPs, SWs, and psychologists should be	5/21/2021 8:56 AM
123	Clinicians who meet the qualifications of a clinical supervisor and are an RP, MSW/RSW, or psychologist should be able to supervise students.	5/21/2021 12:37 AM
124	One issue with this is around being supervised by psychologists to provide psychological services. This is an access to care issue for many clients whose extended benefits coverage STILL does not include psychotherapists.	5/20/2021 2:16 PM
125	It is very difficult to secure clinical supervision. I think if we add too many restrictions as to who can supervise, it will create more issues. Obviously, I believe clinical supervisors should be competent, and I think any of the 6 eligible professions that can practice psychotherapy should be able to cross-supervise different licenses as long as they are competent and it makes sense based on the supervisee's career goals/plans.	5/20/2021 10:32 AM
126	Perhaps Non-RP Clinical Supervisors should be considered on a case by case basis to ensure efficacy as supervisors of Qualifying RPs	5/20/2021 10:23 AM
127	Unless someone is providing the controlled act of psychotherapy in their daily duties, they should not be allowed to supervise RP(Q) or RPs. As such, I think that physicians should be restricted to psychiatrists only and only nurses working in say a psychiatric ward and is engaged with patients in a therapeutic relationship should be allowed as supervisors.	5/19/2021 8:30 PM
128	RP, registered social workers and psychologist should be able to provide sueprvision.	5/19/2021 11:43 AM
129	N/a	5/19/2021 9:28 AM
130	I work for NSCCT, the regulatory body in Nova Scotia. We allow psychologists and social workers to provide clinical supervision. While there are strengths to this, I have found that the lack of college-centred policies, particularly on standards of practice and ethics specific to counselling therapy, can be less of focus with external supervisors. To me, this is the most important part of supervision - a guide and mentor on the intricacies of the profession. For this reason I personally am very opposed to external supervisors.	5/19/2021 8:56 AM
131	I feel we should be valuing our training and profession by having only RP as supervisors. I do also believe that exceptions can be made for those in remote areas where Fps may be far apart geographcally	5/19/2021 6:25 AM
132	thank you for attention on this.	5/18/2021 8:02 PM
133	I do feel that students ought to have at least 1 supervisor who is a member of the CRPO as they are most likely to be well informed of our College's practice standards in particular.	5/18/2021 3:23 PM
134	CRPO and CPO should have aligned policies on supervision.	5/18/2021 2:01 PM
135	There are different training requirements, students needed the basics. After becoming a RP I have found it very helpful to receive supervision from a psychologist with specific therapy focus,	5/18/2021 1:22 PM
136	Certifications, registrations and licenses mean very little in the end, except for a modicum of public protection. Ultimately, they are only means of gate keeping and the real value of supervision, to me, is about learning, understanding and promoting growth and healing.	5/18/2021 9:45 AM
137	I believe a student RP should have the opportunity to be supervised by another regulated member, as there are fewer supervisors taking on students, and there is a high demand/competition for supervision.	5/18/2021 9:40 AM
138	Having personally had a Psychologist as a supervisor, and having a great experience, I strongly disagree with RP's being the only option for students.	5/18/2021 8:35 AM
139	If professsionals want to join the CRPO they need supervisors who are regulated by the CRPO. If they want a supervisor who has no regulation then this should not be accepted.	5/17/2021 10:00 PM
140	As long as a professional meets CRPO's criteria, supervision should be able to come frmo any of those 5 professions.	5/17/2021 3:44 PM
141	As long as they have the proper supervisory training and are qualified to provide psychotherapy or psychological services	5/17/2021 1:07 PM

142	I am only a member of CPRO as an RP. Under CPRO I could be a supervisor until April 2015, under CPRO I could be a supervisor between April 2015-March 31, 2018. Since March 31, 2018 I can no longer be a supervisor. Yet you provide no list of the approved courses to obtain the 30 hours to return to a supervising ability in 2021. In other professions they either provide the coursework or they provide a list of approved institutions that provide the coursework.	5/17/2021 12:22 PM
143	Practice setting system would be an important factor.	5/17/2021 11:52 AM
144	I don't think the other colleges have the same robust standards for their membership that we have.	5/17/2021 9:45 AM
145	Not regarding students, but licensed RPs: Some psychologists have taken advantage of psychotherapists by providing "supervision" to RPs and taking a substantial fee. In many cases no actual supervision occurs but this is done because some insurance providers do not cover RPs, but do cover psychologists. RPs are therefore stuck in this position - providing 100% of the service and receiving a minor portion of the fee. This needs to change.	5/17/2021 9:35 AM
146	Right now, for students, the barrier to finding a RP supervisor is quite big and unfair. If a qualifying member can be supervised by a non-RP clinician I don't see why a student cannot.	5/16/2021 10:41 PM
147	I strongly believe that RP supervisors do a much better job as I had experience with an RP supervisor and MSW supervisor. And, I found that my RP supervisor had a precise and clear observation about the therapy practice.	5/16/2021 5:45 PM
148	I believe (and have experienced) that I can learn from cross discipline approaches.	5/16/2021 5:08 PM
149	I've seen the differences both in ethical treatment of clients and appropriate implementation of interventions during my practicum that was highly influenced by whether or not the clinical supervisor was an RP. Social workers don't seem to be held at the same standard level, and I have witnessed students with social worker supervisors be unable to provide relevant psychotherapy to clients.	5/16/2021 4:57 PM
150	I think that ongoing supervision for psychotherapists is really important, and that sometimes we can grow the most when supervised by someone who offers a different perspective.	5/16/2021 4:21 PM
151	Social workers, psychologists and psychiatrists should also be allowed as supervisors of student RPs	5/16/2021 2:06 PM
152	It would be more accessible to allow students and qualifying members to seek supervision from other fields as well (as long as they're qualified to do so).	5/16/2021 1:56 PM
153	Some specific psychotherapy approaches/practices work in environments where accessing anyone qualified to perform the controlled act is already extraordinarily difficult, let alone an RP specifically. This is highly prohibitive to developing skills in unique, perhaps underserved community environments, for example.	5/16/2021 1:20 PM
154	It is already very difficult to find RP's who have the required experience, and who have the time and are willing to take on supervisees. No one wants to supervise!!!	5/16/2021 8:45 AM
155	Supervisors should have appropriate training in psychotherapy, physicians, social workers, occupational therapists and nurses usually do not have such training.	5/16/2021 8:30 AM
156	I think that if someone practices psychotherapy, they should be able to supervise psychotherapy	5/16/2021 2:38 AM
157	I want to see strong supervision for our members and many are receiving vague supervision and paying a huge price for it.	5/15/2021 8:07 PM
158	I do not believe exclusively RPs should only supervise.	5/15/2021 8:01 PM
159	Supervision provided by clinicians who have competency in the provision of psychotherapeutic intervention should be permitted for members of the CRPO. In fact, cross-discipline supervision is likely to lead to greater outcomes for the supervisee.	5/15/2021 7:50 PM
160	The work of psychotherapists is significantly different in many way from that of physicians, nurses, occupational therapists, etc. and in my opinion is best supervised by psychotherapists who are immersed in the profession and the nuances of the work.	5/15/2021 7:02 PM
161	There is value in all supervision particularly when a student is growing into your professional self.	5/15/2021 3:52 PM

162	Any profession that can practice Psychotherapist can supervise only if they are practicing psychotherapy most if the time. Eg as a psychotherapist...nurse that works on palliative floor may use therapeutic skills however Psychotherapy is not his/her primary role.	5/15/2021 2:18 PM
163	The degree of therapy training varies widely and wildly across each of the named professions; nurses or social workers will not receive the same concentrated training in providing psychotherapy that *actual psychotherapy programs* do. This men's their ability to provide effective and accurate oversight into the controlled act of psychotherapy is NOT guaranteed to b what the student or qualifying candidate needs to practice safely and effectively within CRPO's required standards.	5/15/2021 2:15 PM
164	As long as the student has the training and clinical hours and received supervision from a therapist it should not matter	5/15/2021 2:14 PM
165	Supervisor availability, especially during COVID may be a major barrier for interested students in pursuing membership with CRPO. While an RP is ideal, having clear options for students and qualifying members should be a consideration.	5/15/2021 1:58 PM
166	"Supervision" may need to be replaced with the word "Consultation" as no "supervisors" are usually not legally responsible for the clients.	5/15/2021 12:50 PM
167	I think it is important for students to receive clinical supervision from professionals who meet supervision requirements and who also actively practice under the controlled act.	5/15/2021 11:58 AM
168	The two supervisors I had had Social Work backgrounds. My BA and MA were psych and MACP. They did not understand nor agree with my approach. They could not understand the research I found pertinent to evidence based practice. They did not use evidence based practive modalities. After years of practice and considering advancing to higher degree I am not allowed to be a psych assoc even though I have had much supervision from a psychologist after registration, and many PhD programmes will not allow me because of the social work standing of my supervisors. My experinece and the fact we know enough about mental health to know it is an ongoing part of all living humans and tied to neuro functioning as well, tell me we need to be linked to psychologist and other psychotherapists not only to allow the best possible practices but the best possible development and circle of care for patients. Also the fact that people can have 2 years social service training and get a certificate confuses the issue of professional mental health treatment and diminishes the standing of the profession.	5/15/2021 11:38 AM
169	As long as the supervisor is a member of one of the Colleges through which the controlled act of psychotherapy can be performed AND they meet the CRPOs clinical requirements for supervision, it should not matter which college the supervisor belongs to	5/15/2021 11:26 AM
170	Clarity would be helpful for practicing psychotherapists and students	5/15/2021 11:10 AM
171	I have received amazing clinical supervision from MSW ...	5/15/2021 11:06 AM
172	In order for the student to integrate their own discipline, it is essential that they receive supervision from a clinical supervisor who understands the theoretical framework of what they are learning. This avoids confusion.	5/15/2021 10:52 AM
173	I do not believe another level of certification should be required in order to supervise	5/15/2021 10:47 AM
174	The only instances where I see RPs seeking non-RP supervisors is to provide therapy where a client is only covered by a psychologist. While some elements of our practice overlaps, they should have some supervision by RPs. It makes sense that supervision is within the college, especially if our skillset may be different	5/15/2021 10:41 AM
175	Different disciplines have different criteria and methods of therapy. Mix and match may be a disaster e.g. first dose of AstraZeneca and second dose with Moderna!	5/15/2021 10:36 AM
176	I personally had both a psychologist and RP as supervisors until I learned how differently the CPO requirements are for supervision, that technically a psychologist supervisor and not the supervisee is the HIC of the client file, and that CPO actually has veto over CRPO supervision rules (according to CPO). This made me incredibly uneasy as it meant I wasn't sure if I'd be made to choose between following my own College regulations or CPO's; I dropped psychological supervision when I learned this.	5/15/2021 10:29 AM
177	Different colleges have different standards of practice; we need to adhere to CRPO standards	5/15/2021 10:25 AM

	to maintain reputation.	
178	I think it would be fair to require one supervisor who is an RP, to ensure you're following the guidelines of the college, but to allow supervision from other colleges in order to support access (availability, finances, etc).	5/15/2021 10:24 AM
179	Supervision should be provided by registered psychotherapists who are versed in certain modalities such as narrative therapy or systemic therapy.	5/14/2021 8:43 PM
180	Not convinced OTs generally are trained in psychotherapy so have concerns regarding them supervising RPs. Same applies to doctors. Nurses as I understand it can only provide psychotherapy with doctors orders, so again have concerns with them supervising. Most psychologists are trained in individual vs systemic practice so they also have limitations as supervisors. Many MSWs are more trained in social interventions vs psychotherapy. All of above professions can have excellent psychotherapy skills, but it is not automatic making automatic acceptance of these disciplines as supervisors problematic.	5/14/2021 4:39 PM
181	I feel it should absolutely be a member of the CRPO to supervise. There have been many inconsistencies from the other 6 colleges (in terms of their rules, education levels, experience in providing therapy or not, etc.) which may be confusing to students. It is also the case that the CRPO has regulations unique to the CRPO, which other colleges do not share. Because of this, I feel it is essential to have supervision from a member of the same college who is up-to-date on the current CRPO regulations.	5/14/2021 1:01 PM
182	Registered professionals in other domains whose primary practice is psychotherapy may be appropriate supervisors. Those who only occasionally provide such service would not.	5/14/2021 12:21 PM
183	Nurses are not actually trained in psychotherapy and that is not their primary field of work therefore they are not in the best position to provide any supervision as they approach patients from a very different perspective. I also think that Social Workers predominant work is not well aligned as a whole with psychotherapy and therefore it is possible that this might skew an RP's sense of professional identity.	5/14/2021 10:50 AM
184	The specialty into which a student is entering also makes its statements about this. For example, CASC Certification requires clinical formation under a Certified Supervisor-Educator, followed by 1000 hours under a CASC Certified practitioner / mentor.	5/14/2021 9:12 AM
185	I have yet to meet an RP I'd actually want supervision from, I still have received better supervision from a clinical psychologist or a psychiatrist, therefore I believe it is very important for supervisors to be from other regulatory bodies, especially ones that have longer history in the field.	5/14/2021 8:09 AM
186	Clinicians from the other colleges are not bound to the integrity or academic level of counselling psychotherapy in terms of actual psychotherapy skills and modalities in the same manner that RPs are. Social workers, nurses, physicians and OTs are not in enough depth - taught competencies in counselling skills.	5/14/2021 7:51 AM
187	N/a	5/14/2021 6:03 AM
188	RHPA's wording simply predates the existence of CRPO and psychotherapy as a controlled act. Its prohibition against psychotherapy supervision across professional boundaries is simply the consequence of unfortunate wording, and runs counter to the best interests of the people of Ontario and all the relevant professions.	5/13/2021 8:39 PM
189	N/A	5/13/2021 7:35 PM
190	I strongly believe that students should be able to be supervised by non-RP supervisors, but if distinctions or restrictions were to be made I would support requirement specifications surrounding things such as psychological background experience.	5/13/2021 7:29 PM
191	anyone that can practice psychotherapy (as defined) should be able to provide supervision as long as they have a certain level of experience, ie 5-10 years. I disagree with the requirement of supervision courses which are money-making activities.	5/13/2021 6:28 PM
192	It's not as clear cut as they should or they shouldn't be able to access a supervisor in a different college. There should be a process that ensures that the supervisor has the credentials and the experience to provide appropriate supervision. Just because someone belongs to the college of nurses does not mean they are qualified to supervise someone learning psychotherapy.	5/13/2021 3:31 PM

193	Students need an experienced professional in order to reinforce good counselling practices.	5/13/2021 2:04 PM
194	Only RPs should supervise psychotherapy students as only RPs know about various modalities and the CRPO requirements.	5/13/2021 1:06 PM
195	I work in a relatively small community (pop 32,000). In this community, and smaller ones, insisting that clinical supervision of RPs and RP students can only be provided by an RP will make access to supervision more difficult, and unnecessarily limit the freedom of the supervisee to choose the supervisor best suited to their learning needs.	5/13/2021 1:03 PM
196	I think that the training and experience of individuals professions may not provide the knowledge and experience necessary to sure ensure competence as an RP. I do not think that anyone not specifically trained in psychotherapy should be allowed to claim to be Psychotherapists.	5/13/2021 12:48 PM
197	RP should be receiving supervision from RP's as I have seen unqualified supervisors providing in their view clinician supervision and this is of grave concern.	5/13/2021 12:42 PM
198	My concern is not so much who can provide supervision as to what the supervision model entails.	5/13/2021 12:22 PM
199	There is a lot of variety within the training and skill-sets of the members of the 6 psychotherapy-practicing colleges: RPs and Social Workers may have very different foundations in psychotherapy and supervision than physicians, nurses or occupational therapists. It is hard to answer questions like 9 & 10 above when all 6 colleges/professions are lumped together, since I would answer differently for each college/profession.	5/13/2021 12:11 PM
200	I believe that RPs and Psychologists should supervise new CRPO members	5/13/2021 12:03 PM
201	The clinical supervisor requirements are not consistent with other professions who practice psychotherapy. For example, to supervise a social work student, I wouldn't need 1000 hours of direct client contact or 150 hours of supervisions and 30 hours of specific supervision training. I have been practicing psychotherapy for almost 10 years in a job with multiple roles, so I am not in direct contact with clients all day, every day. Despite much training in psychotherapy, supervision, and receiving supervision, I do not qualify to be a clinical supervisor.	5/13/2021 11:59 AM
202	As other profession, e.g. a physician may not be doing psychotherapy full time in their profession, then they may not have as much experience as someone who is a full time RP. Also, for those professions who do not belong to CRPO, do they receive supervision for their work in psychotherapy? If they don't, how can they provide supervision in psychotherapy. Can a RP supervisor provide supervision to a physician/nurse/psychologist? Will that be recognized by their college, receiving supervision by a RP?	5/13/2021 11:54 AM
203	It is difficult to gain experience because you need experience to be hired.	5/13/2021 11:49 AM
204	I'm having difficulty accessing supervision.	5/13/2021 11:30 AM
205	There has been too much confusion with who can/can't supervise and when. There is too much uncertainty with individuals claiming they are supervisors and not necessarily meeting the requirements for CRPO clinical supervision. There is confusion with grandfathered applicants with no Master's level education providing supervision where the requirements to enter RP (Qualifying) is to have/be in process of completing Masters and graduate schools do not accept supervisors who do not have Masters. There are individuals who claim they have 5 years clinical experience and yet only registered with CRPO in last 2-3 years and there is confusion as to whether their experience prior counts as clinical "psychotherapy" experience. There is an expectations from RP (Qualifying) to have their supervisor's credentials on their receipts for insurance coverage and there is no guidance/ethics indicated through CRPO on this. There is no indication on the CRPO therapist registry if a psychotherapist is "approved" as a CRPO clinical supervisor.	5/13/2021 11:13 AM
206	If a member of another college is practicing the controlled act they should be regarded as acceptable to the college of RP's	5/13/2021 10:16 AM
207	In remote areas, or in specialised areas (ie mental health and Deafness; Indigenous mh issues) there needs to be more flexibility	5/13/2021 10:06 AM
208	It is hard to create a nationally defined profession when so many backgrounds are allowed to carry the designation. RP's need to be defined as a profession- as a psychologist- most people	5/13/2021 9:28 AM

have an expectation of what that means. RP is not nationally unified under one umbrella i.e. min. education of a master's degree in the field of psychology or counselling.

209	When I grandparented in, I had numerous hours supervised by one of these other categories of professions that were not counted. This was (and continues to be) a barrier for me. I feel that if other professions (nurse, OT, etc) can register under the act of psychotherapy, then there should be no bias as to whom a member seeks supervision from.	5/13/2021 9:08 AM
210	None at this time.	5/13/2021 8:11 AM
211	In my opinion, it is more important that RP's are trained and supervised by qualified professionals. In an ideal world this would be another RP for consistency & continuity, but if there are consistent guidelines each qualified trainer follows that could work.	5/13/2021 7:05 AM
212	This area will impact social work heavy practicum sites	5/12/2021 11:18 PM
213	It's already so difficult to find a practicum. Requiring that supervisors specifically be RPs adds difficulty in finding a practicum as well as financial difficulty to the process. I believe that once monthly supervision with an RP should be enough to maintain crpo competency but all supervision hours should count toward crpo supervision hours.	5/12/2021 11:06 PM
214	It is concerning that regulated health professionals such as nurses can call themselves psychotherapists without the required hours of clinical practice and personal supervision required of RPs.	5/12/2021 10:28 PM
215	As much as other professions may engage in the 'controlled act' of psychotherapy, they may not have the background across modalities to provide sufficient feedback and objectivity to supervise prospective RPs. ex. if someone has an OR tech or nurse, their years of experience engaging in the controlled act of surgery would not qualify them to supervise surgical residents.	5/12/2021 9:43 PM
216	Most clinical supervisor are social workers and they lack the background in psychology and therapeutic interventions	5/12/2021 9:17 PM
217	How can an OT or medical doctor provide training specific to psychotherapy? We are setting up the next generation of psychotherapists for failure	5/12/2021 9:07 PM
218	In order to ensure the quality of training of future psychotherapists; and to comply with the province's professional regulations, the CRPO and it's members need to promote and ensure that future psychotherapists are mentored and supervised by regulated professionals of this college.	5/12/2021 8:55 PM
219	My primary recommendation is that in order to provide supervision there must be demonstrated training and competency in psychotherapy and mental health. I am not sure that I would accept that an Occupational Therapist or some health care professionals such as nurses and some physicians have the necessary competencies through their education.	5/12/2021 8:49 PM
220	Concerns regarding RSWs and other clinical supervisors from other colleges not accurately able to provide clinical guidance in accordance with CRPOs standards of practice.	5/12/2021 8:27 PM
221	My input is that students are best served by a supervisor that is a clinician with clinical training focused on psychotherapy practice and supervision, therefore a psychologist, social worker, nurse, or physician with those skills could be a supervisor, but someone who belongs to those colleges and can technically do the controlled act is not necessarily qualified to perform the act, let alone supervise someone. That is a matter of training and expertise and a doctor or nurse for example may not have the training or experience needed.	5/12/2021 8:15 PM
222	I think that RPQ should be able to get clinical supervision from RSW or psychologists, but not from nurses or doctors. I understand that they are allowed, but in my experience, they don't have the training.	5/12/2021 6:51 PM
223	I think the new regulations around supervision making it difficult for university counselling programs to find qualified supervisors who are willing to train. It is already hard finding qualified, experienced supervisors who are willing to educate trainees. I think the focus should be on experience and training of qualified people rather than on which college the supervisor comes from.	5/12/2021 6:48 PM
224	I think what matters is that the supervisor meets the CRPO supervision requirements as opposed to which college they belong to	5/12/2021 6:46 PM

225	I believe a clinical psychologist approach to psychotherapy is similar to that of an RP whereas I find the other professions quite different - i.e., goals are different in hospital setting versus community setting and so models being overseen would be the issue, not the profession, per se, though that would play a role.	5/12/2021 6:46 PM
226	There are long histories of systemic discrimination and abuse by the medical establishment (physicians, nurses, social workers, psychologists) that are not addressed when allowing cross field supervision. There are also very different standards of care	5/12/2021 5:37 PM
227	I feel that psychologist would be a good supervisor for RPs to be and psychotherapists that meets supervision criteria would be ideal I am unsure about colleges of the other qualified professions and still feel that these professionals would lack of the training psychologist received and RPs to be with master level of education Therefore I am not fully confident if would be a good fit of these other professionals to supervise	5/12/2021 5:33 PM
228	A physician, a nurse or an occupational therapist does not, in my estimation, qualify a person to provide psychotherapy, nor supervise another providing psychotherapy unless they also have training similar to psychotherapy. A social worker likely will, and a psychologist, no question.	5/12/2021 4:57 PM
229	Provision of supervision, in my opinion, should ideally be limited only to those professions who specialize in the treatment of mental health issues (RPs, psychologists, psychiatrists and social workers), as opposed to those who primarily treat physical illnesses (physicians/GPs, nurses, etc.). Having said this, accessibility to affordable independent supervision has proved to be prohibitive for many therapists in the field - perhaps something could be done to make supervision from competent supervisors more accessible to those who require it, or the requirements around supervision could be altered.	5/12/2021 4:11 PM
230	I strongly support that clinical supervision be permitted from both RP AND a member of the other colleges that qualifies as a supervisor. Isolating students and professionals from qualified support is not in the interest of professionals nor the public.	5/12/2021 4:05 PM
231	Regulated professionals who supervise psychotherapists should all be allowed to supervise RP	5/12/2021 3:45 PM
232	I think that if you wish to be a psychotherapist, then this should be exclusively supervised by RPs who meet the supervisor criteria.	5/12/2021 3:44 PM
233	There is no standard for the other colleges re: psychotherapy training in their requirements	5/12/2021 3:40 PM
234	It is my opinion that R.P.s and psychologists should be supervisors.	5/12/2021 3:36 PM
235	While students are learning the practice of psychotherapy, supervision should be consistent with CRPO standards. Standards for social workers, nurses, occupational therapists are different. Consistency in learning is better for students in training.	5/12/2021 3:26 PM
236	I believe that students should be able to receive supervision from RP's or clinical psychologists only - A member of the other colleges should only be allowed to supervise if psychotherapy is their primary work.	5/12/2021 2:50 PM
237	I think this is an important issue, but I also think there are probably larger issues that deserve more attention right now, such as HST exemption.	5/12/2021 2:48 PM
238	Perhaps there can be a mixture of RP supervision and supervision from other colleges on some kind of a percentage basis, say 70% RP supervision and 30% other colleges	5/12/2021 2:33 PM
239	If this issue gets more confusing or challenging, it would be students that suffer. it is much easier for my agency to simply place students from MSW programs, versus dealing with logistics around CRPO restrictions. I enjoy being part of the learning process, but the requirements are getting quite restrictive.	5/12/2021 2:00 PM
240	A priority should only be put into this issue if it is directed towards preserving the student's ability to access all six psychotherapy-practising professions for supervision, and not restricting them to seek exclusively from an RP	5/12/2021 1:58 PM
241	It's a tricky issue. I believe CRPO has more focus and requirements for qualifying than some of the other regulated professions such as SEUS competency but to limit supervision to RP's only will burden our profession greatly with the increasing number of members. Also, some other regulated practitioners in different Colleges are exceptional. I veer towards keeping it	5/12/2021 1:49 PM

	open to all the other regulated professionals. Perhaps 'what to look for in a supervisor' on the website... to guide competency based criteria for RP's to measure their experiences by?	
242	I have been practicing for 16 years and as a student had received supervision from social workers, psychiatrists, and psychologists which provided a wealth of information and perspectives.	5/12/2021 1:44 PM
243	I believe we must consider who can supervise RP's. If we are not going to include the 5 other professions that can practice psychotherapy, there must be sufficient RP's who are available, interested in and trained to provide supervision such that we have enough supervision available for new RP's entering the field	5/12/2021 1:37 PM
244	I think it perhaps makes sense to have STUDENTS receive supervision from someone who is a member of the college they intend to apply to (CRPO). But I feel that this might be restrictive for people who are no longer students.	5/12/2021 1:32 PM
245	social workers, physicians, nurses, occupational therapists should only be approved on a case by case basis	5/12/2021 1:27 PM
246	As someone who works in a mental health agency, we hire new graduates (RP Qualifying) and it impacts our ability to assign staff to particular supervisors when it is not clear who can provide the supervision to the new hired staff because we have both RPs and RSWs providing supervision.	5/12/2021 1:26 PM
247	I support student supervision from Social Workers and Psychologists. Not Nurses, Physicians or Occupation Therapists.	5/12/2021 1:03 PM
248	My restricting students to supervision under RPs, this make it very limiting and reduces the potential to have other excellent supervisors from the other colleges.	5/12/2021 1:02 PM
249	I find that social workers practicing psychotherapy sometimes have a different goal and therefore practice differently than RP's. Short term goal oriented psychotherapy is practiced differently, so there should be a mandatory amount of hours that a psychotherapy student should be under RP supervision to learn that difference.	5/12/2021 12:48 PM
250	I don't care which college a supervisor comes from; is their training and process sufficient and appropriate to enhancing a given supervisee self-awareness, SEUS, and capacity to reflect on their work?	5/12/2021 12:24 PM
251	Situation that may need flexibility, but having RP students supervised by RPs makes the best sense if possible.	5/12/2021 12:06 PM
252	In addition to RPs, I feel the Clinical Social Workers and Psychologists would be qualified to offer supervision	5/12/2021 12:03 PM
253	I find it just logical: RP(Q) should be supervised by RPs	5/12/2021 12:00 PM
254	Rather than focus solely on the category of the supervisor, the match with the student and their expertise is also an important factor	5/12/2021 11:36 AM
255	Do not believe nurses, MD's or OT qualify as supervisors of psychotherapy	5/12/2021 11:04 AM
256	The thought of an Occupational Therapist or a General Physician, nurse, or social worker supervising a psychotherapist is quite concerning, given the lack of training in psychotherapy that educational programmes of these professions offer. Most social workers, for example, have less than one course dedicated to the practise of psychotherapy, and as such are ill-equipped to supervise psychotherapists who only have the purview of psychotherapy, and thus are tasked with doing much more in-depth psychotherapy than their supervisors are trained in. If professionals in these fields wish to supervise psychotherapists, I believe that they need equivalent training and experience in order to do so.	5/12/2021 11:03 AM
257	Students should be able to receive supervision from a regulated professional who works exclusively in the field of mental health - Psychotherapist, psychologist, psychiatrist, social worker, psychiatric nurse	5/12/2021 11:01 AM
258	I personally was supervised by a social worker, a psychotherapist as well as a psychologist. I appreciate the insight that each of these professionals provided me with - it was very enriching. I think students should be exposed to the most types of backgrounds possible as this is how our profession is made from - various backgrounds, providing still quality support. I do think however, the standards to be a supervisor should be revisited.	5/12/2021 11:01 AM

259	It enriches one's practice to have supervisors with different expertise. I have had RP's and RSW's supervise me as well as a psychologist to consult. All very helpful.	5/12/2021 10:58 AM
260	Psychologists seem to believe they can offer supervision when not necessarily meeting the requirements of being able to practice psychotherapy themselves by CRPO's standards	5/12/2021 10:56 AM
261	Psychotherapy provided by a RP should be supervised ideally by a qualified RP or psychologist, as they have the most expertise. Other professionals are allowed to practice psychotherapy with less experience.	5/12/2021 10:49 AM
262	I think it is imperative that qualifying R. P. should receive clinical supervision from a qualified practitioner.	5/12/2021 10:41 AM
263	I believe it would be unusual for physicians, nurses, and OTs to have sufficient experience in providing psychotherapy to be effective supervisors to an RP. I suppose this could be weeded out in the supervisor criteria	5/12/2021 10:40 AM
264	When I was a student supervised by psychologists some of them were completely unaware of the differences in regulations between the colleges. I personally think there should be a single college for mental health practitioners of the controlled act of psychotherapy.	5/12/2021 10:38 AM
265	The school offering psychotherapy program should make sure their students receive sufficient and the best quality supervision experience.	5/12/2021 10:36 AM
266	In my own training and in practice I have benefitted greatly from supervision from diverse practitioners with a medley of backgrounds; at most I would require that RPs have supervision with an RP for a specific percentage of their training, such as 25 Per cent	5/12/2021 10:28 AM
267	For students seeking to join CRPO should be a priority that Clinical Supervision is by an RP in good standing to practise clinical supervision.	5/12/2021 10:28 AM
268	I think students are in a position of learning the scope of whatever core discipline they belong to (i.e. OT, Nursing, Spiritual Care Practitioner). I feel it would be very important for any student to be supervised by a member of the same profession, to ensure psychotherapy is also being completed within the scope of that core profession.	5/12/2021 10:24 AM
269	The controlled act is the same regardless of the regulating college and should allow for supervision from any qualified professional. My concern is largely related to social workers - I consistently encounter social workers who are practicing as psychotherapists and psychotherapist supervisors without sufficient education or experience. The ability to practice psychotherapy is not an entry-requirement for RSWs yet many believe it is or act as though it is. If RPs are to receive supervision from RSWs, RNs, etc. we need to ensure that they are actually qualified to do so.	5/12/2021 10:23 AM
270	I think it's fine a psychologist provide supervision to an rp bc of their psychological training but doctors, nurses and social workers have a different training when it comes to psychology and psychotherapeutic technique.	5/12/2021 10:22 AM
271	I think psychotherapist and psychologist can supervise RP's. Also there should be a requirement of passing an exam to provide supervision.	5/12/2021 10:20 AM
272	Interdisciplinary approaches, especially to complex issues is a best practice. This is a prominent reason to allow for interdisciplinary supervisors - e.g. this may bring in expertise and operate within contexts that are broader than a more restrictive process.	5/12/2021 10:17 AM
273	Quality control is possible through a standardized study & supervision process. Supervision by a non-RP following completion of studies could then expand the graduate's clinical competencies.	5/12/2021 10:15 AM
274	It should be a requirement for all clinical supervisors to have strong foundations in contextual intersecting identity politics and an anti-colonial approach.	5/12/2021 10:12 AM
275	To ensure quality and rigor prior to entry, allowing on RP's to supervise would allow for tight oversight	5/12/2021 10:10 AM
276	As a RP I have studied and trained and practice specific to my field. Therefore, I believe those in the process of becoming an RP need the input and evaluation of an RP	5/12/2021 10:06 AM
277	There are more pressing concerns for students.	5/12/2021 10:04 AM

278	Outside of clinical psychologists it is my opinion that the other professions listed typically lack the psychotherapeutic insight to effectively support and guide the new RP's	5/12/2021 10:04 AM
279	Too few RP's that meet the current definition of a qualified supervisor for students & qualifying RPs to get needed placements and to grow the profession.	5/12/2021 10:02 AM
280	CRPO should look at the qualifications of the supervisor, their skills and knowledge, not blanket ban certain credentials. Some MD may have more experience and training than an RP.	5/12/2021 10:02 AM
281	alternative perspectives from other training/modalities can be very informative	5/12/2021 9:49 AM
282	Supervision should only be acceptable from a psychologist or RP. Many RSWs, nurses and even MDs do need t have appropriate training in psychotherapy to supervise.	5/12/2021 9:48 AM
283	I can see that those practicing the act of psychotherapy in such fields as nursing might benefit from a supervisor in that field helping them practice safe psychotherapy for that context. However, I can see how a RP Supervisor may provide a broader base of information and experience resulting in a richer training for the student while in nursing and give that student a broader understanding of the practice of psychotherapy and its applications.	5/12/2021 9:45 AM
284	There is a significant amount of confusion about Psychologists supervising RP(Q)'s and some specific guidance on this would be helpful for registrants to understand what would or would not be counted towards their application. I think specificity on how doctors or nurses could provide supervision to an RP needs to be explored, as most doctors would have to have this as an area of specialization in their practice to perform. More clarity would be beneficial.	5/12/2021 9:42 AM
285	I believe that profession specific supervision is relevant, for example, art therapists should have clinical supervision from other qualified art therapists with an RP designation.	5/12/2021 9:35 AM
286	Due to the wide scope of methods and techniques that psychotherapists enrolled in the CRPO have been trained in, this delimitation does not make sense. I wonder if it would be more important that the psychotherapist choose the professional who best meets their supervisory demands than defining the board they belong to.	5/12/2021 9:29 AM
287	While other professions are permitted to practice psychotherapy, in my personal experience this does not equate to these professionals having enough extensive training specifically in therapy to necessarily be able to provide effective supervision (ie. masters level social workers from Carleton University have 1 course in counselling skills and practice as psychotherapists in Ottawa - is this who we want supervising our psychotherapy students when the students may have significantly more training?)	5/12/2021 9:28 AM
288	The difficulties I see in students receiving supervision by a member who is registered with a different body is the potential lack of awareness/info they might hold of the CRPO standards of practices. Being someone who was supervised by another member from a different college in the past I found there was less support around what it would mean for me to work towards becoming a memeber of the CRPO	5/12/2021 9:28 AM
289	I have had supervision from a social worker as well as an MD/RP. I think if the supervisor has the credentials of supervisor that they bring something of value to the table in terms of supervision.	5/12/2021 9:25 AM
290	It is a shame that the CRPO gave into pressure from the other colleges to waterdown the act of psychotherapy but granting membership to those not trained in the act of counselling or psychotherapy. I cannot call my self a doctor/nurse/social worker/occupational therapist just because I am a member of the CRPO so why does it not go the other way	5/12/2021 9:23 AM
291	Physicians, Nurses, Occupational Therapists are not required to have psychotherapy training as part of their profession. Very few are equipped to provide psychotherapy and put patients at risk.	5/12/2021 9:22 AM
292	I'm privy to several incidents of clinical supervision provided by social workers for RPs and Psychotherapy students. Social Workers are not regulated health professionals and in each case that I'm aware of their supervision has been incomplete and not comprehensive. ALL have been unfamiliar with the RHPA, the Psychotherapy Act and the regulations governing RPs. I have similar concerns for Psychologists and Nurses providing supervision except that they are Regulated Health Professionals and generally familiar with the relevant legislation. I have no direct experience/knowledge of RPs receiving supervision from physicians or OTs.	5/12/2021 9:19 AM
293	The standards for who can provide supervision for CRPO should be higher	5/12/2021 9:18 AM

294	There is not enough qualified RP supervisors working in for eg hospitals and so students need to be supervised by other professions eg social work. Hospitals (outpatients) provide rich learning environments eg CBT individual and groups. At this point those hours do not count towards supervised DCC hours for students. So RP students are missing out on great learning opportunities and are limited to mostly private practice practicums or go to the hospital but not have the hours count.	5/12/2021 9:15 AM
295	Logistically speaking but also experientially speaking, limiting supervisors to RP's would seriously hinder a new RP's ability to simply get their hours and would limit the breadth and depth of exposure to long standing REGISTERED mental health professionals who may have a wide variety of specialties.	5/12/2021 9:14 AM
296	If registrants are expected to provide psychotherapy as outlined in the controlled act then it would make sense that the supervisors should also be expected to be registered RPs as other colleges and education settings have different criteria for individuals who practice psychotherapy. This would also support the individuals who choose to become a registered psychotherapist rather than a psychotherapist with another college.	5/12/2021 9:06 AM
297	I think RSW's are okay, but physicians, nurses, and psychologists have such different training and ethics that it doesn't seem conducive to a student's learning or training.	5/12/2021 9:01 AM
298	worth requesting review of the resume of the clinical supervisor, see BCACC's practice, as I am aware some supervisors are not independent practitioners and with less than 5 years clinical experience	5/12/2021 9:00 AM
299	Circumstances may limit the options of some students, especially those serving in remote areas	5/12/2021 9:00 AM
300	There are not enough RP's in a given area who are willing and able to provide supervision and it very much limits student's ability to get a practicing site that has a supervisor with RP status	5/12/2021 8:51 AM
301	Supervisor appropriate to provide psychotherapy supervision is highly contextual and should be assessed on case-by-case basis. Not all professionals across the Colleges would be appropriate to supervise (even if meeting CRPO's criteria) while some would be better than others within a College. From the perspective of a therapy program administrator, limiting who can provide SV at placements has been very restrictive/prohibitive	5/12/2021 8:51 AM
302	If others can perform the controlled act of psychotherapy and they are allowed to supervise based on this controlled act, then they should be able to supervise. By eliminating many potential supervisors from the mix, the crpo is making it increasingly difficult for new therapists to find quality supervisors. Many factors go into choosing or finding a supervisor: finances, fit, modality, etc etc. The recent arrival of RP's as regulated professionals, means that they may have had many years of practice unregulated, unsupervised, and so on. They may have been trained by schools in one kind of modality the crpo didn't even recognize Until the school changed its curriculum. This is in contrast to social workers or psychologists, trained in marriage and family therapy, etc who may have longer histories with approved clinical training with additional specialties. Limiting newer RP's to RP's is very short sighted and could even compromise the depth and breadth of supervision possibilities. It is unfair and unrealistic. While I am planning to supervise, I have had psychologists and social workers/marriage and family therapists/sex therapists- all approved - as supervisors. I couldn't have gotten to where I am without them.	5/12/2021 8:51 AM
303	Requirements and training for the other professions (re: psychotherapy) are very different from RPs! It just doesn't make sense to have, e.g., an OT supervisor	5/12/2021 8:49 AM
304	CRPO's priority should be to include mental health counsellors and not only RPs like all other Colleges	5/12/2021 8:46 AM
305	Having RP supervisor is ideal for students but limits practicum sites.	5/12/2021 8:38 AM
306	I think it is appropriate to require RPs to provide supervision to students. I would also include RP(Q) as professionals who need to be supervised by RPs. The CPO has such requirements.	5/12/2021 8:37 AM
307	So much depends on the training and experience of the professional in question. I favour most clinical psychologists and social workers who do psychotherapy. Most nurses would not have the training or experience necessary. Same most doctors.	5/12/2021 8:32 AM
308	Supervision is crucial to our success in this field and should not be focused only on one section of the mental health field. Psychotherapists need the support from the mental health	5/12/2021 8:29 AM

community and therefore should have the choice of supervisor credentials. Collaboration across the field is important

309	I do not think the standard should be anyone who is registered in one of the five colleges can provide supervision. I think it should be anyone registered in one of the five colleges who actively engages in providing psychotherapy. For example, physicians may not do this on a regular basis therefore the student is not getting the exposure and practice they will need to be ready to practice.	5/12/2021 8:28 AM
310	I think there are other priorities, like safe and effective provision of care that is a greater priority.	5/12/2021 8:24 AM
311	Supervision should be provided by a professional with experience in a related field--eg. psychologist, social worker practising therapy, and RPs.	5/12/2021 8:23 AM
312	The skills and knowledge required to be an RP are not something that would be understood by an MD or a nurse to a sufficient degree to provide guidance on complex psychotherapeutic issues. It demeans the profession to say that just because these professions see patients about their physical and, in some ways, mental wellbeing, they can support an RP in providing psychotherapy. Social Workers as supervisors should only be MSWs. Psychotherapy is not "medicine" and shouldn't be treated as part of the medical model, it is an art and an analytical craft as much as it is a profession of clinical techniques.	5/12/2021 8:15 AM
313	As a clinician, and as a therapist in the process of training to become a supervisor, this issue (which professionals can serve as clinical supervisors) is low priority. What I think would be more beneficial use of time would be a speeding up of the process for licensing. For myself as well as others I have spoken to, the several months-long wait for transfer of status from RP(qualifying) to RP, or from RP to RP (independent practice -- and therefore able to qualify as a supervisor) is the major hurdle to increasing capacity for students to become licensed. I understand that the caseload of CRPO is high which makes for time lags, but this in fact deeply impacts the livelihood of students: if their registration is delayed, they are not able to practice, and thus lose income and time in practice.	5/12/2021 8:13 AM
314	It could become too difficult for students to receive adequate supervision if they must be supervised by an RP. This could restrict their ability to complete practicum placements at certain sites or complete studies in the field outside of Ontario.	5/12/2021 8:12 AM
315	Many Regulated Health Professionals - Psychologists, MSW/RSW should be able to provide clinical supervision.	5/12/2021 8:08 AM
316	Collaboration serves clients	5/12/2021 8:05 AM
317	I find it valuable to have supervision perspectives from different professionals	5/12/2021 7:53 AM
318	RP's should not get Clinical Supervision from Physicians, Nurses or Occupational Therapists. There may be occasion for an RP to get Clinical Supervision from a Psychologist or Social Worker, but it should not be their primary source of Clinical Supervision.	5/12/2021 7:49 AM
319	Psychologist and social workers should remain as supervisors for me I do not understand how OT can supervise	5/12/2021 7:48 AM
320	Some professionals from other colleges have no experience or education in providing psychotherapy. For example, GPs and nurses may take only one course in psychotherapy and it may not even be experiential. It would be a disservice for students to be supervised by them.	5/12/2021 7:47 AM
321	Psychotherapy is practiced among other professionals such as psychologists and social workers - each bring a unique perspective and it would be a huge disservice for them not to be considered viable options for clinical supervision. Additionally, it limits opportunities for Qualifying RPs to be supervised in community mental health services that may only have a social worker on staff who also serves as a clinical supervisor.	5/12/2021 7:44 AM
322	I think there needs to be some discretion re: who can supervise in respect to the supervisor's clinical training - e.g. doctors might have very little mental health training. I don't think a title should be an automatic stamp of approval, and a course in clinical supervision isn't enough of a qualifier if the professional never had comprehensive mental health training. The practice of psychologists supervising RP's for "insurance purposes" is exploitative to the RP (I've heard of the psychologist in some scenarios taking up to 25% of the psychotherapist's GROSS	5/12/2021 7:43 AM

income!!) and it devalues the title and profession we hold. It is the CRPO's place to advocate with insurance providers so that this practice is no longer necessary.

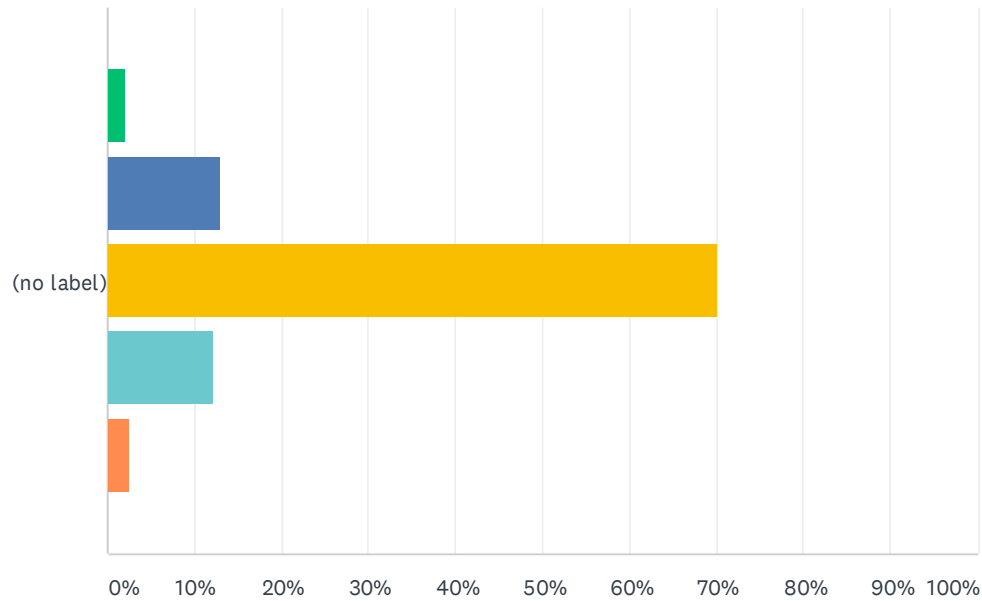
323	As a recent student, the provision that we only seek supervision from RPs unless we are RP(Q)s yields significant logistical and financial challenges. First, it dramatically reduces the number of practicum placements. Secondly, a number of students must seek paid external supervision, which can add up to \$10,000 in additional costs. I feel this discriminates against students who cannot afford these costs. The CRPO's decision to allow students to apply for RP(Q) prior to the completion of their coursework does alleviate this pressure to some extent, so I believe there is significant benefit to students if this provision remains in place and is well communicated to students	5/12/2021 7:43 AM
324	I think that social workers, nurses, physicians who have designation as an RP can provide this service. What about a grandparenting program for those that have been trained and practicing psychodynamically for those that aren't RP's? I have had excellent supervision from psychiatrists and MDs who have dynamic training.	5/12/2021 7:42 AM
325	none	5/12/2021 7:40 AM
326	I was supervised by many wonderful supervisors who were well trained and social workers. However one social worker supervisor director was totally inadequate. Even before taking the supervision course I was more aware than they were. Because I had previous (incredible) supervision - I was able to see the contrast. I took the supervision course which taught me many other things that had not been covered before I became a private practitioner. I choose to not do supervision because (RPs) the supervisor takes full responsibility for all the supervisees clients and on call 24/7. This is a far cry from what I experienced from my last supervisor. While a social worker attests to the fact that they agree with the CRPO regulations.... they may simply 'think' they are ... because they are uninformed.	5/12/2021 7:36 AM
327	Match for modality is much more important than a match for designation.	5/12/2021 7:30 AM
328	Initially it made sense for student RP's to be supervised by other professionals. However, as the profession grows, RP's should be supervised by RP's much like other professions require.	5/12/2021 7:30 AM
329	If you have a College of Registered Psychotherapists it is my view that although other Colleges MAY provide psychotherapy, they are not nor ever can be called Psychotherapists because their profession is clearly designated by their membership in the specific college they belong to, like for example, the College of Registered Social Workers or the College on Registered Nurses.	5/12/2021 7:30 AM
330	Students already have the required training while completing their studies, so it does not need to be priority, however it is important as well.	5/12/2021 7:26 AM
331	Other disciplines have different approaches to therapy then an RP does. However this would make it more difficult for RP students to access supervision as the hours to qualify as a supervisor can take years.	5/12/2021 7:17 AM
332	It should be up to the registrant to decide which person they want as their supervisor, from any of the other disciplines too	5/12/2021 7:13 AM
333	Supervision provided by different professionals (not only RPs, but psychologists, and SW, for example), enriches the experience and offers important perspectives and knowledge that may help us assist clients better.	5/12/2021 7:11 AM
334	Students will learn better under an experienced RP. The other governing bodies have different set of rules and boundaries, which may not help new CRPO Students.	5/12/2021 7:09 AM
335	RPs are specifically trained in psychotherapy and the controlled act. Other professions, such as nurses, are not as well trained in these specific focus.	5/12/2021 7:08 AM
336	no comments	5/12/2021 6:59 AM
337	I had wonderful supervision from MSWs during my practicum.	5/12/2021 6:58 AM
338	It seems to be that RP-Qualifying members have to invest a lot of time, money and energy into finding and holding onto a supervisor in order to meet the requirements of the CRPO. The CRPO should aim to reduce roadblocks when it comes to finding a trusted and qualified supervisor. The designation of RP doesn't necessarily equal best fit for supervision.	5/12/2021 6:53 AM
339	Students seeking supervision by a registered/licensed mental health professional should be	5/12/2021 6:46 AM

given documentation to prove the supervisor's registration status and confirm hours - no matter which college the supervisor belongs to. However, I do think that these colleges are getting mighty jurisdiction protective, and dislike sharing the industry of mental health care. This is not a CPRO advocacy matter but it is a confounding factor in a student's growth, and it should be removed from their way. I would then say I recommend all students to seek supervision with an RP, so as to qualify our college's role and stake in the field of mental health and well-being. There are plenty of RP supervisors to have, and they need to be used and legitimized and prioritized in a the student's selection process. I doubt that every RN and RSW work in mental health work, so we need to be cautious of that when students submit their documentation - are they actually doing the act of psychotherapy or are they just doing regular advising?

340	Based on my experience with and exposure to other regulated professionals practicing psychotherapy; I suggest supervisees be supervised by RP who practice in the area of the supervisees intended or current practice.	5/12/2021 6:41 AM
341	It can be difficult for students to find adequate supervision when trying to balance CRPO requirements and those of their institution. I think it is important to make it as inclusive as possible while also ensuring competent supervision.	5/12/2021 6:39 AM
342	Supervisors should be those who have trained in the field of psychotherapy: RPs, psychologists or MSWs.	5/12/2021 6:39 AM
343	As long as the supervisor is allowed to practice psychotherapy they should be allowed to supervise us.	5/12/2021 6:38 AM
344	Social workers, physicians, nurses, occupational therapists, and psychologists do not necessarily have clinical training in psychotherapy and should not by virtue of profession only be regarded as capable of supervision.	5/12/2021 6:36 AM
345	RPs have specialized training in psychotherapy where the other disciplines do not. I have supervised OT, RN, MSW and none of them are actually trained in true psychotherapy. They need therefore an RP supervisor in my opinion	5/12/2021 6:35 AM

Q13 The current definition of “clinical supervisor” is:

Answered: 691 Skipped: 80



Much too lenient Somewhat too lenient Balanced
Somewhat too onerous Much too onerous

	MUCH TOO LENIENT	SOMEWHAT TOO LENIENT	BALANCED	SOMEWHAT TOO ONEROUS	MUCH TOO ONEROUS	TOTAL	WEIGHTED AVERAGE
(no label)	2.03% 14	13.02% 90	70.19% 485	12.16% 84	2.60% 18	691	3.00

Q14 Do you have any comments or feedback on the definition of “clinical supervisor”?

Answered: 222 Skipped: 549

#	RESPONSES	DATE
1	no	6/15/2021 10:33 PM
2	The one hour every 4.5 DCC hours is far to hard to obtain for RP(Qualifying)	6/15/2021 6:35 PM
3	I think years of experience and DCC hours is more important than number of hours of supervision received, but overall I think there should be a minimum number of years of experience required (I would say 5+)	6/15/2021 5:29 PM
4	I think a supervisor must be a qualified RP or Registered Psychologist.	6/15/2021 9:34 AM
5	The college should provide a list of qualified supervisors or mention it on their public profile.	6/15/2021 8:12 AM
6	I believe the definition of a clinical supervisor should be more specific. I believe you should have to declare that you are qualified to be a clinical supervisor by having the 30 hours of education/training completed (have taken a course to show that). I also believe you should have extensive experience, such as 10 years or more. I think you really need to have a good number of years of experience before you should supervise. And those who think that they can at 5 years, I think are over confident in their experience, which alone is a problem. It took about 15 years of experience working in an addiction centre, children's mental health and then a CHC, before I felt I had enough well rounded experience to start to supervise. Unfortunately there are a lot of unqualified therapists out there, who seem to believe they have enough experience to be clinical supervisors. There are also a lot of therapists out there who just are not very good therapists. There needs to be more regulation. Not just anyone can be a successful clinical supervisor. Just because you can offer therapy, it also doesn't mean you have the skills to be a clinical supervisor. (much like how not everyone should become a manager).	6/14/2021 10:22 PM
7	-	6/14/2021 3:21 PM
8	Clinical supervisors should not be allowed to also be administrative supervisors of their supervisees who are employed by or volunteering at the same agency/organization. There can be great risk of administrative/management goals overriding conflicting clinical requirements as set out in CRPO's practice standards and jeopardizing clinical work and client wellbeing	6/14/2021 3:05 PM
9	I think there should be more rigorous standards for supervision and that supervisors should be required to take an exam to become CRPO accredited supervisors.	6/14/2021 2:29 PM
10	am in agreement as written and in spirit of the role and requirements	6/14/2021 11:40 AM
11	I have been in the position of supervisors being just shy of the requirements (i.e. a few months shy of 5 years experience, or in the process of completing the 30 hours of training), and therefore needing to find additional supervision to meet college requirements. This feels much too rigid, especially when both the registrant and supervisor deem the current relationship and guidance received adequate and useful. Ironically, I have had supervisors who have far surpassed the minimum requirements for supervision and the relationship was less effective than ones in the above scenarios. As with choosing a therapist, fit really is everything. However, fit for a supervisor can be constrained by availability (supply) and financial circumstances (private supervision is extremely expensive). The current requirements I think are good guidelines, but more flexibility is direly needed.	6/14/2021 11:28 AM
12	no	6/13/2021 11:04 AM
13	No	6/10/2021 2:18 PM
14	The competencies for a clinical supervisor are not apparent to supervisees (ie. this is vague), which makes it difficult to ascertain whether one is getting adequate supervision.	6/10/2021 1:18 PM

15	I think 5 years is not enough time to mature enough in the practice to be a supervisor. I would prefer 10, but somewhere between 5-10 could be a good compromise.	6/10/2021 12:59 PM
16	No	6/10/2021 10:15 AM
17	n/a	6/10/2021 9:53 AM
18	The 5 years psychotherapy is not helpful. It would be better to not have this requirement and have one based on experience (like client contact) because hours/experience can look very different in 5 years and it doesn't consider previous experience. My current boss worked for 17 years doing psychotherapy as a social worker and then went back to school to register with CRPO, but her previous experience wasn't counted and has been told she doesn't meet this criteria.	6/10/2021 6:24 AM
19	The supervisor should have knowledge in the modality practiced by the supervisee	6/9/2021 6:16 PM
20	Supervisory refresher training every five years	6/9/2021 2:29 PM
21	the "5 years of extensive clinical experience" is too vague	6/9/2021 1:36 PM
22	No.	6/9/2021 11:08 AM
23	Na	6/9/2021 10:47 AM
24	No.	6/9/2021 9:41 AM
25	The definition of clinical supervisor is much too wordy and confusing for either the public or registered psychotherapists to understand	6/9/2021 8:36 AM
26	I think clinical supervisors should require some small amount of supervision themselves as they begin supervising others. There should be some checkpoints to prevent harmful supervisors from practicing.	6/9/2021 7:51 AM
27	No	6/9/2021 7:14 AM
28	I think the CRPO has not adequately clarified or provided means of measuring what "demonstrated competence in providing clinical supervision" actually means. A 30 hour course is not sufficient. Clinical supervisors should be required to train under a supervisor mentor for a period of time. They should also be required to be able to articulate their philosophy of clinical supervision. On-going training and professional development should also be required in order for clinical supervisors to maintain their supervisor status.	6/8/2021 7:27 PM
29	Not to have too much rigidity around this as it is not helpful to the Supervision process	6/8/2021 6:51 PM
30	Re: 30 hours of directed learning - further direction/specification from college would be helpful	6/8/2021 6:32 PM
31	Seems to be reasonable	6/8/2021 6:21 PM
32	not really. I think you nailed it plus it is consistent with other colleges' definitions of their primary modus.	6/8/2021 5:47 PM
33	Please define what the definition means by "extensive?" Does this mean years in the field? Number of DCC hours? Number of supervision hours that the supervisor has gained as a supervisee? How is the college ensuring that a supervisor is in fact practicing the act of psychotherapy? What documentation determines that each approved supervisor is actually practicing psychotherapy? In order to obtain my MPCC designation, I had to write an exam to prove that I have knowledge and experience in psychotherapy. To obtain my MPCC-S (Master Practitioner in Clinical Counselling - Supervisor), I had to produce references, proved that I myself receive a minimum of 6 hours of supervision per year. This makes this designation meaningful, ethical, and that I have earned it.	6/8/2021 5:42 PM
34	No	6/8/2021 5:41 PM
35	University academic training should be mandatory for supervisors	6/8/2021 5:28 PM
36	I like the combination of experience and the required coursework. I also like keeping my credentials with AAMFT but do not think this should be a universal requirement.	6/8/2021 5:07 PM
37	I think supervisors need to have their own regular supervision for being a supervisor as well.	6/8/2021 4:53 PM
38	I refer you to the CAMFT expectations of supervisors - as a minimum standard. I, similarly, believe the DCC hours for RP status are too low.	6/8/2021 4:33 PM

39	no	6/8/2021 3:51 PM
40	No	6/8/2021 3:42 PM
41	No.	6/8/2021 3:04 PM
42	Should meet AAMFT's requirements, at least	6/8/2021 3:00 PM
43	I think beyond years of experience, some training in various approaches to supervising therapists is important.	6/8/2021 2:42 PM
44	30 hours of coursework is needed vs. what CRPO currently considers. Supervision requires a VERY different skillset of competencies than psychotherapy! Theories, models and ethics in clinical supervision should be a requirement. This will ensure supervisors are competent to supervise. Currently, there are incompetent supervisors and this is why you are seeing issues in QA and ICRC.	6/8/2021 2:38 PM
45	Fully RP should be able to supervise all RP (Q)	6/8/2021 2:36 PM
46	CRPO needs to maintain a balance of requirements given all the different modalities. If some modalities want to create more requirements for their clinical supervisors they should be free to do so, but CRPO currently seems to have a good balance for all modalities.	6/8/2021 2:32 PM
47	I agree with the requirement that supervisors receive training in supervision prior to providing it to supervisees. Experience in practice is not enough.	6/8/2021 2:28 PM
48	none	6/8/2021 2:27 PM
49	n/a	6/8/2021 2:26 PM
50	Should have training and experience in supervising students in counselling and psychotherapy	6/8/2021 2:16 PM
51	no	6/8/2021 2:13 PM
52	No	6/8/2021 2:10 PM
53	Checking if they meet criteria on the crop site should be available to guarantee they are able to supervise and hours under their supervision would be approved	6/8/2021 1:21 PM
54	I recommend that either CRPO has a database of qualified supervisors or that an extra letter be added as a designation to those who meet the criteria for qualified supervisors. This will significantly save time when working with graduate students who are working towards their RP designation.	6/8/2021 9:48 AM
55	Supervisors need to be vetted carefully.	6/6/2021 7:34 AM
56	The number of hours should increase from 30. It should be more like 80 hours.	6/4/2021 7:34 PM
57	I'm currently a member of the CNO, which allows members to practice the controlled act of psychotherapy if they have the "knowledge, skill and judgment to do so." The problem with this kind of definition, obviously, is that it allows unqualified members to practice the controlled act of psychotherapy; self-assessment is not stringent enough. In the training for nursing, there is zero training in the controlled act of psychotherapy. (I, myself, am qualified to practice the controlled act because I graduated from CTP.) Therefore, it's necessary to ask all non-CRPO members to provide a statement about the training and/or experience that qualifies them to practice the controlled act of psychotherapy. This requirement should be extended to physicians, whose training in psychotherapy is often inadequate.	6/4/2021 10:52 AM
58	2 or 3 years experience should be sufficient, as an RP should already be aware of their own strengths and limitations when providing Clinical Supervision and should not be providing supervision beyond their capacity. Slightly loosening the criteria would facilitate finding more Supervisors who are in very short supply	6/3/2021 1:58 PM
59	No	6/2/2021 5:25 PM
60	It is good to see that there is now a much clearer definition for clinical supervisor. Although this means that some individuals will not be eligible due to restrictions and/or years of experience, ensuring the best possible clinical supervision must be a priority.	6/1/2021 10:03 AM
61	no	6/1/2021 7:11 AM

62	Perhaps only if a modality is added for transparency, ie: clinical supervision-CBT or -psychodynamic/relational, etc.	5/31/2021 7:16 PM
63	The number of hours required for all components of the definition should be more stringent.	5/31/2021 5:49 PM
64	I think the definitions of clinical supervisor and clinical consultant both need to be addressed. I currently am not supervising but I am consulting.	5/31/2021 5:16 PM
65	I do not believe that thirty hours of course work can provide the necessary wisdom and judgement to become a competent supervisor. What is this magic course?	5/31/2021 5:03 PM
66	Are there ongoing requirements for clinical supervisors to maintain their status are clinical supervisors versus the one time course/training on clinical supervision?	5/31/2021 3:44 PM
67	The problem is not in the definition of a clinical supervisor but on criteria which states that students who are supervised by professionals from another College will not be able to apply these hours towards licensing. This is entirely unacceptable.	5/31/2021 10:28 AM
68	more experience should be required than having simply achieved "independent" status. "5 years" experience means little if the practitioner has been working only part-time. It would be preferable to specify number of client-contact hours than number of years	5/30/2021 11:10 PM
69	Supervision is a skill that not all individuals who qualify are necessarily good at and in cases where there is a poor fit with the supervisor, supervisees can be in a difficult situation. Transference can occur from both sides. Pretty serious when the supervisee experiences this from the supervisor.	5/29/2021 6:16 PM
70	While I understand the need for balance in terms of why clinical supervision is allowed by CRPO for clinical supervisors from the other 5 colleges so that there would be enough supervisors to meet the demand for supervision, I also feel that there may be times when such flexibility maybe counterproductive because of the peculiarities to the practice of the controlled act of psychotherapy that the clinical supervisor from other colleges may not prioritize.	5/29/2021 4:35 PM
71	Could be more specific about what training is required to demonstrate that one is qualified to provide supervision.	5/28/2021 11:43 AM
72	I feel the definition is reasonable and balanced - no issues with it.	5/27/2021 3:06 PM
73	Needs to have a Masters.	5/27/2021 1:16 PM
74	I had a lot of difficulty searching for an appropriate supervisor that matched my practice areas, knowledge, and modalities that I was needing. Many experienced supervisors declined as they did not necessarily meet the "30 hours of training", and were wary of meeting the requirements of the college even though they have extensive experience as clinicians and providing supervision. Because my options were then limited, I had to accept a supervisor who's price was \$180/hr. The required frequency of supervision mandated by the college, meant this was very expensive!!!! Working part time, and paying off student loans, it meant I not able to meet my basic living expenses (and very low cost), going further into debt, while needing to pay \$500/month for supervision. This is a HUGE barrier to entering into the profession.	5/26/2021 2:47 PM
75	The terms and conditions are subjective and therefore are not clear enough for those requiring their services. It is too costly to commit to services only to find out later they are not approved.	5/26/2021 1:06 PM
76	I do think that it is rather balanced. Part of me wonders if supervisors should have more than 5 years of experience as you are looking for someone highly knowledgeable. I in all honesty, have had bad supervisors and I feel like there does need to be some way to assessing those supervisors within CRPO to ensure that they are competent and can provide individuals with sound knowledge and guidance in the field. I also know of others who struggled with it. I do know that there is difficulty right now in therapists in training to find people who a supervisors who will accept students, so sometimes I know students can feel trapped when they have a supervisor who may not be the greatest.	5/26/2021 12:46 PM
77	Pros and cons. It's good not to make it too complicated, however, there are no checks or controls that the person is actually capable of providing competent supervision.	5/26/2021 12:45 PM
78	I think it would be important for CRPO to accept applications to be a supervisor where a candidate could submit proof of their 30h and 5 years experience and get a supervisor "mention" on their profile. Currently, we can only confirm that they have independant practice.	5/26/2021 11:53 AM

79	I believe that it hits the main points, and I don't think that the supervisors necessarily require an external additional certification to be able to practice **however** they should have experience delivering supervision/or required to take supervision themselves. I have met a number of CRPO clinical supervisors who have completed the 30 hour study and are taking on clinical supervisees - however they *** have never delivered clinical supervision before, and I am concerned about their readiness to deliver supervision to therapists, especially new therapists. I also have clinical supervisees who completed their practicum with supervisors who have never supervised before and there were a number of significant learning gaps and issues. This can lead to MANY concerns, and people not being able to identify their limitations - and placing themselves forward as capable to deliver supervision to qualifying members, without having prior supervision experience. In my opinion, this is extremely problematic and not as protective of the public and of the developing therapists as needed. 5 years clinical experience is a good start - however, you have no idea whether or not the therapist is skilled or not, or ready to deliver supervision. In my opinion, clinical supervisors should ONLY be able to deliver supervision to qualifying members IF ** they already have experience delivering clinical supervision (eg. clinic/school/EFAP/community agency, etc), and can provide simple documentation to demonstrate that ** or they have completed 'x' number of supervised hours 'supervision of supervisors' with their own supervisors. I am very concerned about the number of CRPO supervisors who appear to not be able to identify their limitations.	5/24/2021 1:39 PM
80	Anyone RP with 10 years experience should be able to offer clinical supervision. The "30 hours" element is just academic. Students and new psychotherapists need the advice that comes from true experience.	5/24/2021 10:17 AM
81	30 hour professional development on topic seems somewhat onerous	5/23/2021 9:12 AM
82	My concerns more have to do with medical model vs social or bio-psycho-social model in training, and also that as a service user I have had worse experiences with medically trained professionals, such as nurses and psychiatrists, than social workers and psychotherapists etc. which I believe I have spoken more to in the previous section. (That is not to say all my nurses/psychiatrists were bad, but I absolutely do believe training is relevant)	5/23/2021 4:16 AM
83	Point 2 of the definition states supervisors must have 5 years extensive clinical experience. This should specify the clinical experience is to be in providing the controlled act of psychotherapy as other health care providers with other focusses in their practices are allowed to perform the controlled act of psychotherapy and are allowed to supervise. The way point 2 is currently worded I'm wondering if someone like a medical doctor with 5 years of medical clinical experience would qualify.	5/21/2021 3:17 PM
84	It would be helpful to have an approval process so we can know we are approved as a CRPO supervisor.	5/20/2021 2:17 PM
85	It is suitable	5/20/2021 10:25 AM
86	The criteria set out for a clinical supervisor is balanced and well thought of. However, the hours of individuals who have studied/worked abroad or outside of ON and their program has been recognised by the WES and they have cleared CRPO's exams should be recognised and not have to be accumulated from scratch. This is unfair towards experienced immigrants.	5/19/2021 8:37 PM
87	I feel like the move to RPs only supervising RP students created an initial gap in available supervisors, which created stress. Hope that the gap is now being filled.	5/19/2021 1:59 PM
88	no	5/19/2021 11:44 AM
89	n/a	5/19/2021 9:28 AM
90	no	5/18/2021 8:03 PM
91	If there is a problem, it is not with the definition of "clinical supervisor," but with the vague definition of "supervision."	5/18/2021 2:02 PM
92	No.	5/18/2021 9:46 AM
93	none	5/18/2021 9:41 AM
94	There should have been a grandparenting for clinical supervisors.	5/17/2021 10:01 PM
95	I say maybe too lenient, because 5 years' experience could mean very different things- I like the word 'extensive' here, is there any other way of defining what 'extensive' experience looks	5/17/2021 6:56 PM

	like?	
96	A fee structure would help	5/17/2021 3:46 PM
97	IF we have done everything correctly to register, and we have been able to be a clinical supervisor for the first 3 years of proclamation, why are we all of a sudden not good enough to be one now?	5/17/2021 12:25 PM
98	How do RP's apply to become a clinical supervisor?	5/17/2021 11:54 AM
99	No	5/17/2021 9:47 AM
100	I think the definition ignores relevant supervision experience that people may have from other careers. The focus on just clinical experience vs other professional serves to limit the breadth of knowledge that RP's can be exposed to.	5/16/2021 10:42 PM
101	I feel the current definition is apt.	5/16/2021 5:45 PM
102	No. I think the standard is appropriate.	5/16/2021 4:59 PM
103	Perhaps it's the Independent Practice requirement that I feel is too onerous a process. In my setting, the amount of supervision required to reach this status is unrealistic and will take a long, long time, during which I also can't supervise students - historically a prominent location for high quality internships. I feel I'm not able to carry out my role responsibilities due to this definition and not due to any incompetence on my part. Of course I'm still learning, but I feel that it's out of proportion.	5/16/2021 1:26 PM
104	I think that there should be some incentive given for supervisors, like: using their supervision hours towards CEC. They feel there is no benefit, only risk, and they do not need the work.	5/16/2021 8:48 AM
105	As stated, they should have training in psychotherapy.	5/16/2021 8:32 AM
106	I think that the requirement of 5 years is extensive. If you consider that someone who has independent practice status is definitely more experienced than those starting out and the required supervision training	5/16/2021 2:39 AM
107	I am concerned that an OT and nurse can qualify for such a position.	5/15/2021 9:24 PM
108	I am curious about a regulated health professional from another province being accepted as a supervisor if she or he meets the remaining criteria. What has me concerned is that at present I am limited to practitioners in Ontario (which are fine and I benefit from them). I happen to have formed strong professional relationships with two people from two other provinces who offer a great deal of coherence to the way I orient myself in sessions and contextualize what clients present. While I still consult one of these professionals without counting it as supervision, it would be in service of my clients if my consultations were accepted officially by the CRPO, and thereby I consult them more readily.	5/15/2021 8:45 PM
109	good supervision requires confidence, experience and a depth of ability to be able to skillfully teach, guide, understand a variety of situations and be able to help the therapist know self and use self healthfully and therapeutically. You are really doing therapy with the supervisee who is learning about self, other and the art and science of psychotherapy. I think it should be a minimum of 15 years of experience.	5/15/2021 8:13 PM
110	I think it is fair	5/15/2021 8:02 PM
111	Suggestions for strengthening the definition: Reserving the 30 hours for formal training, consider reading/articles as ongoing professional development, adding mentoring and updated training at specified intervals.	5/15/2021 7:10 PM
112	I would appreciate a process of being "officially" a supervisor with the crpo so that this is standardized a bit more and so that there is no chance that I could find out down the road that a course of learning that I thought met the 30 hours didn't actually meet it. This lack of official supervisor status also puts supervisees in a vulnerable position should they suddenly find out their hours dont count.	5/15/2021 4:50 PM
113	No	5/15/2021 2:19 PM
114	Five years extensive experience and 30 hours is too much. Plus RPs are not the only supervisors	5/15/2021 2:18 PM
115	N/A	5/15/2021 2:15 PM

116	No	5/15/2021 1:59 PM
117	-change it to clinical "consultant" -have a way for RP(Q)s or students to rate or provide feedback to the CRPO about the supervisors, as I have run into some issues with "supervisors" accepting payment but then not signing off on hours. This should be reported but there is no complaint process for this.	5/15/2021 12:54 PM
118	It seems that there is inconsistency between what is written and how the college goes about providing approval	5/15/2021 11:21 AM
119	The definition allows for mentoring which I have found instrumental in modelling the professional expectations of SEUS. There needs to be many roads leading to be a supervisor.	5/15/2021 10:55 AM
120	N/a	5/15/2021 10:43 AM
121	No	5/15/2021 10:37 AM
122	It would be helpful to create a public roster for clinical supervisors as there have been times in the past where an individual believed they were, but they actually weren't qualified. The definition is fine, but it would helpful to have a list to choose from that shows who meets those requirements.	5/15/2021 10:27 AM
123	It would be preferable that supervisors get trained by other clinical supervisors (supervision of supervision). It would also be good if they were required to take a course.	5/14/2021 8:46 PM
124	I believe supervision of supervision was a critical component of my training beyond didactic training and continuing education.	5/14/2021 3:25 PM
125	Believe they should have to come from the CRPO. I also wonder if it would be helpful to have a requirement for supervisors to have supervision on supervision, in order to ensure quality of supervision and consistency among supervisors.	5/14/2021 1:02 PM
126	No	5/14/2021 10:10 AM
127	No	5/14/2021 8:09 AM
128	I think 5 years is too long. Give it 3years once the person has reached RP in independent practice status - and pair that with a specific CRPO accepted courses in clinical supervision (right now the courses are all over the place and who knows what is being taught). I think that will open up demand. (grandfathering in those who have already invested in the 30hr course with a brief exam)	5/14/2021 7:54 AM
129	N/A	5/13/2021 7:35 PM
130	Criteria number 4 may be unclear.	5/13/2021 7:34 PM
131	I like that it involves self-study and does not require a course that is often more beneficial to the teacher.	5/13/2021 6:30 PM
132	The speciality of the supervisor requirements rules out, I feel, other component professionals who are effective at supervision.	5/13/2021 5:03 PM
133	I'm not sure how it could be improved, but I think there needs to be more definition of the expectations of the clinical supervisor.	5/13/2021 3:32 PM
134	No	5/13/2021 2:05 PM
135	The difference between the definition of supervisor and a member RP in good standing is only "the requirement for 5 years experience". The definition of supervisor could be: an RP member in good standing with the CRPO and with 5 or more years of experience".	5/13/2021 1:10 PM
136	I believe there should be a requirement of ongoing learning specific to supervision. This should occur at a minimum of every 5 years. This could be a supervision refresher course. I have attended many over the years and greatly appreciate how it informs and grounds me in the practice of supervision.	5/13/2021 12:54 PM
137	My experience is that many supervisors who have provided supervision to students in their fieldwork/practicums have passed supervisees and allowed them to enter the profession, although they are clearly not competent. In fact, several of those whose I have become familiar with are clearly incompetent and even likely to cause harm.	5/13/2021 12:52 PM

138	Further concrete definition. Social Workers are providing clinical supervision to RP's and lack the skills, knowledge of treatment modalities, training as generic social workers with no clinical training.	5/13/2021 12:44 PM
139	I would like to see a distinction between supervision and consultation (outside of the student intern/supervisor relationship), that clarifies supervisor responsibilities for client files, case notes, etc.	5/13/2021 12:26 PM
140	I think the definition is very balanced, but that what is accepted within the 30 hours of directed learning is too vague and unfocused. As an instructor of a 30-hour supervision training course, I am very aware of the scope of learning is that is required, and I don't think 30-hours of self-directed or structured reading could adequately prepare someone to provide clinical supervision.	5/13/2021 12:15 PM
141	A supervisor should have attended a program that is heavy in human development and therapy.	5/13/2021 12:06 PM
142	Accumulating 150 hours of clinical supervision takes a decade for many. In organizations, we might only get formal supervision once a month. Otherwise, we have to pay \$150 per hour for supervision to meet those requirements. The direct client contact hours could also take many years to accumulate depending on the role. For example, in my role I do policy work, public education and psychotherapy.	5/13/2021 12:05 PM
143	For someone to be a supervisor, being a RP for 5 years is not enough. How many DCC do they have? Do they work part time or full time? 5 years of experience in doing psychotherapy does not represent that they have gathered a lot of experience being a psychotherapist or they have gained enough experience as a supervisee. How many hours of supervision have they done? Their experience as a RP is relevant as to whether they can be a supervisor or not.	5/13/2021 11:57 AM
144	For admittance into CRPO we need a Masters from an approved graduate program and I think that to be inlines with this a suggestion of: 2. The supervisor must have five years' extensive clinical experience after completion of Master's level program. I understand there are grandparented therapists without a Master's and with a lot of senior experience/training etc. and are knowledgeable/wonderful supervisors and something needs to be indicated that they are "approved" to provide supervision - for example they meet the requirements of an additional amount of post-graduate training.	5/13/2021 11:22 AM
145	I am concerned about allowing supervision to be provided by members of the other colleges, many don't have extensive training in psychotherapy or clinical supervision. Supervision training is a must, it's not a given that because some practices psychotherapy that they can provide adequate supervision. Strong supervision is how we safeguard the field and mentor our new psychotherapy professionals	5/13/2021 10:42 AM
146	Clinical supervisors should be up to date and ideally also have a master's degree to ensure they are aware of new student's education.	5/13/2021 10:17 AM
147	no	5/13/2021 9:28 AM
148	It is ambiguous what "five years' extensive clinical experience" entails. Is that... - 5 years including experience accumulated under the training period and supervision? - 5 years after completing education and training? - 5 years after becoming an RP (in independent practice)? Approximately how many hours/year would qualify as extensive?	5/13/2021 9:18 AM
149	None at this time.	5/13/2021 8:12 AM
150	It could be helpful to establish a way to assess the RP's experience with the supervisor as part of the regulatory process. This assessment could be used to identify the effectiveness of the supervision.	5/13/2021 7:10 AM
151	No	5/12/2021 10:30 PM
152	My sense would be at 5 years of active clinical experience as an independent practitioner along with *always* being in good standing with the college as well as taking a course on supervision seems fair.	5/12/2021 9:46 PM
153	Requirements to complete 30 hours of learning after an independent practice status is too much	5/12/2021 9:19 PM
154	Require specific training in becoming a clinical supervisor for psychotherapy (for example	5/12/2021 9:09 PM

	require supervision of supervision or supervisor course)	
155	I would recommend that a supervisor must complete a designated training by the CRPO because now the training is various and research shows that it is not enough. Regulating the training would be a step in the right direction for this.	5/12/2021 6:53 PM
156	Initially, I think what stood in the way was the 30 hours of training in supervision but I think some sort of training is important for supervisors to be effective	5/12/2021 6:47 PM
157	No	5/12/2021 5:36 PM
158	Demonstration of competency is a must.	5/12/2021 5:00 PM
159	I agree with the direct client contact hours and the 30 hours of training needed. I think the requirements to be at independent practice are a little too strict. For example, maybe require 100 hours of clinical supervision received in order to be a clinical supervisor (that way, you can provide supervision while continuing to receive your own regular supervision).	5/12/2021 4:20 PM
160	The expectations required of supervisors can sometimes make the cost of being supervised by one prohibitive. This contributes greatly to the major financial/economic barriers many people face in attempting to become an RP, which could potentially be resolved by changing the necessary requirements for supervisors. Having said that, I understand that there should be an expectation upon supervisors to be fully competent and adequately trained - as such, I hope the CRPO will consider if there are ways to make it easier for students to find a supervisor while not sacrificing supervisory competence.	5/12/2021 4:17 PM
161	I think the 30hour training as a supervisor is a decent minimum threshold. My experience is that 5 years of practice is not sufficient to be an effective supervisor. My concern is that therapists will move too quickly into supervision for economic reasons and because it can seem "easier" than clinical practice.	5/12/2021 4:09 PM
162	It would help if CRPO had certain training courses or programs in place for potential supervisors to become "certified" as supervisors. It would also be helpful to have a list of supervisors "certified" by CRPO for students and other registrants to be able to identify potential supervisors who would meet CRPO requirements.	5/12/2021 4:07 PM
163	I believe some RPs should be given an actual supervisor status with the CRPO. It will help clearly define who meet the qualifications and have been vetted by the CRPO. They could have a separate designation such as RP (sup).	5/12/2021 3:45 PM
164	Should be person who has significant training and experience in the provision of psychotherapy	5/12/2021 3:42 PM
165	It would be good to see ongoing supervisor training (upgrades) beyond the minimal 30 hr course. It seems to me it is a life long issue that must be upgraded to match the changing times. Perhaps supervision CEU's	5/12/2021 2:36 PM
166	No	5/12/2021 2:30 PM
167	No comment except to say that it is entirely reasonable.	5/12/2021 2:01 PM
168	In training I felt it was flexible enough and balanced. Perhaps a criteria that adds group consultation with someone +5 yrs of experience as supervisors for those in their first 5 years of supervision experience to add a layer of support and ongoing learning?	5/12/2021 1:51 PM
169	I have all requirements except for the 30 hours of training, so I do not meet the criteria despite my 16 years of providing psychotherapy on a full-time basis.	5/12/2021 1:47 PM
170	I like that CRPO has certain requirements for someone to be a supervisor and that the requirements are more than just years of practice in the field. While years of practice is valuable, I don't think that can sufficiently prepare or qualify someone to provide clinical supervision. Therefore, I like that there is also a learning component (i.e. 30 hours of training) and supervision of the supervision practice to ensure high quality supervision is being provided. In CAMFT, we also require supervision refreshers every 5 years, which I think is also helpful to ensure a maintain quality of clinical supervision in the field.	5/12/2021 1:29 PM
171	no	5/12/2021 1:05 PM
172	30 hours of directed learning seems excessive	5/12/2021 12:51 PM
173	A clinical supervisor should continue to extent his/her knowledge, and participate in	5/12/2021 12:16 PM

	educational and experiential webinars and programs.	
174	NA	5/12/2021 11:36 AM
175	n/a	5/12/2021 11:02 AM
176	No - the definition is good, we just may want to have more robust competencies or training included to become a supervisor.	5/12/2021 11:02 AM
177	I am delighted to work with my supervisor. We always need to grow and change in our practice.	5/12/2021 10:43 AM
178	I believe the definition is not enough explained or there is too many ways to interpret it. CRPO should a list of approved supervisors the same way we are evaluated to become part of CRPO as RP. A while ago, I was looking for a supervisor and someone I knew offered her services to me. She didn't even know if my hours would be accepted by CRPO. Supervision cost a lot of money and when RP or student have to pay for these services, they should be aware of the quality of the services they will receive. I was happy not to follow this route and find someone else who could say that my hours of supervision would be accepted by CRPO. Before I invest, I need to be made self aware.	5/12/2021 10:42 AM
179	The definition only recognizes clinical experience and gives no credit for previous supervisory experience, which is also relevant	5/12/2021 10:40 AM
180	It isn't clearly stated whether the clinical supervisor can do their own training to be a supervisor with practitioners with the other 5 colleges; it's implied but not clearly stated; it's important to ensure that they get supervision training from other EXPERIENCED SUPERVISORS not just other practitioners, and for now, until the RPs produce their own supervisors, there is a need to go outside RPS for this training	5/12/2021 10:31 AM
181	As a hospital, we have had many employees come to Professional Practice with the expectation that supervision is something the hospital should be managing internally. Efforts have been made to explain the difficulties of managing this corporately, given the supervision relationship should be uniquely customized to the specific level of the supervisee/supervisor, and also given the differences in supervision requirements across the 6 Colleges. Perhaps a stronger reminder that this supervision accountability falls to individual members, and not the organization they work for, would be ideal.	5/12/2021 10:26 AM
182	The clinical supervisor should be experienced and should definitely be competent in psychopathology and psychotherapy	5/12/2021 10:21 AM
183	Not at this time.	5/12/2021 10:21 AM
184	As in previous comment the controlled act, clinical supervision must integrate a contextual power analysis related to identity politics and anti-colonialism.	5/12/2021 10:17 AM
185	The requirement of additional training is currently too onerous given the lack of formalized training currently offered. As more training opportunities become available (and the quality can be endorsed by the college) this may be a more viable option	5/12/2021 10:11 AM
186	I wonder about the research backing the 5 year requirement. This does not account for a person's other life experiences and supervision-specific training.	5/12/2021 10:05 AM
187	Skills and years of practice should be qualifier not an RP designation.	5/12/2021 10:03 AM
188	Clinical supervisors should all be supervised in their supervision by a very experienced clinical supervisor before being permitted to practise clinical supervision independently.	5/12/2021 9:52 AM
189	5 years is far too insufficient experience. Minimum 10 years direct clinical experience should be the minimum	5/12/2021 9:51 AM
190	no	5/12/2021 9:46 AM
191	I think it is fair	5/12/2021 9:36 AM
192	Having a way to track accredited certification of Supervisors under the CRPO, much like the college does for therapists, I believe would create more safety when it comes to new therapists looking for a supervisor. Self-learning seems to be too lenient and I do believe there should a certain number of courses that the CRPO recognizes as a credited source to be a supervisor. Much like how CAMFT puts forth. I also think that there should be a designation between supervisors who support couples and families vs supervisors who support individual	5/12/2021 9:34 AM

clients. I see risk in supervisors overseeing Couple/Family work without having any special training or certification in this area.

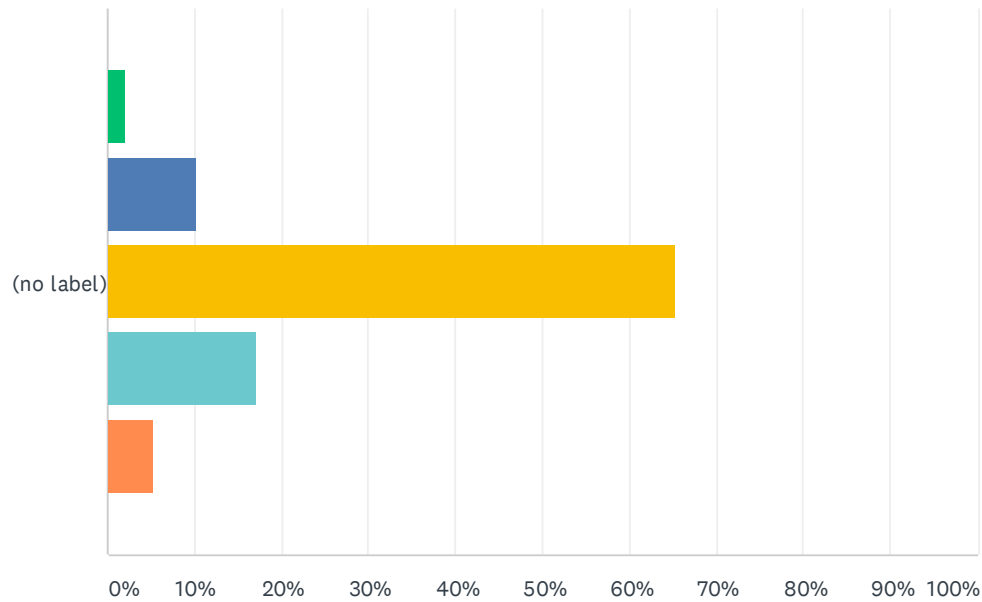
193	Exactly how do you become a supervisor if you have to already have experience supervising? I have 30 years of experience, have supervised practicum staidness for many years but have never held a "supervisory" position. Even if I take the supervision course, I am still unable to supervise. Yet if someone with 5 years experience happens to have been hired in a position that has them supervising they can????	5/12/2021 9:32 AM
194	CRPO should have courses that are approved by the college and should have an application process for supervisors. There are some very unethical supervisors in the region where I practice.	5/12/2021 9:20 AM
195	Overall, it's pretty balanced. There are certain areas such as 30 hours of training that might be too onerous -- especially for people practicing in the field full time. If the CRPO wants more RP's available for supervision, it might make the path less onerous. We are new to being regulated and it will take time to build up more supervisors for college members.	5/12/2021 9:18 AM
196	I would like it to include supervisors from other professions for students in Masters psychotherapy programs. Otherwise it is great.	5/12/2021 9:17 AM
197	I think the CRPO should look more closely at what training course a supervisor takes and what they are doing with their supervisees. I have worked with a few supervisors with drastically different expectations, making it difficult to understand what the requirements are.	5/12/2021 9:02 AM
198	see BCACC practice on how the supervision form is designed, and some RP (Q) have over claimed their DCC for sure	5/12/2021 9:01 AM
199	SVors should be able to demonstrate clinical experience in the areas/issues/populations seen by their supervisees. Definition could also emphasize SVor commitment to the purpose of SV outlined by CRPO (i.e., assisting SVEe with direction with clients, developing SEUS, professional growth/development, safeguarding client wellbeing, etc)	5/12/2021 8:56 AM
200	No. It seems reasonable to require 5 years of experience and some training	5/12/2021 8:49 AM
201	CRPO is much too strict with all of their policies, procedures, definitions, etc, compared to OCSWSSW	5/12/2021 8:47 AM
202	It would be more clear to specify the number of hours a supervisor needs to practice under clinical supervision in order to safe guard supervisees.	5/12/2021 8:45 AM
203	No	5/12/2021 8:36 AM
204	Many professionals have been working for years and years and offer much needed and wise counsel, yet do not meet the current guidelines. Their voices are sorely missed.	5/12/2021 8:25 AM
205	I achieved my RP four years ago and have been in private practice for three years. I have been very successful in helping my clients and believe I would be a very good supervisor, but at present I do not qualify. There is a shortage of practicum placement opportunities in my geographic area and finding other ways to evaluate RPs supervisory skills, in order to reduce the experience threshold, could help with creating additional opportunities.	5/12/2021 8:20 AM
206	No; I believe it is sufficient.	5/12/2021 8:14 AM
207	In my previous comments. My last supervisor was unaware of many aspects of supervision. She had been in practise for many years but was not up to date. We RPs had to 'call' policies that were conflict of interest... lack of confidentiality amid therapists ... as mature RPs practicing within this agency, we recognized that supervision was somewhat irrelevant, and was mainly administrative. I left for private practice because my voicing concerns deteriorated into an abusive 2 hour meeting where I was 'powered down on' because I protested a client file being transferred. In this situation the couple file was transferred to another therapist with only the wife's permission. The husband was in contact with me saying this was not his request but my supervisor said to me "you are not going to change my mind_____!" When I moved into private practice this client came to see me and asked why the file was transferred when I had explained to him it was a couples file and required both their permissions. Is there a way to keep supervisors up to date? It's not enough for them to say they agree.... how do we know what they know.? What are they enforcing. Again, because I received superb supervision from others I could see that these standards were not being upheld by younger RPs When I spoke	5/12/2021 7:56 AM

about those issues I was regarded as a contrarian. So simply Agreeing does not mean one is educated, up to date or even attentive to their role as supervisor

208	no	5/12/2021 7:53 AM
209	We want to be able to give back to students. Don't make it so difficult that we can't.	5/12/2021 7:47 AM
210	The current definition I would say is a little confusing - I am hearing about many graduate students in search of a practicum who are unsure if a clinical social worker can supervise them as part of their educational requirements.	5/12/2021 7:46 AM
211	Specific training is providing psychotherapy should be required - not just training in providing supervision.	5/12/2021 7:46 AM
212	None	5/12/2021 7:44 AM
213	no	5/12/2021 7:40 AM
214	Physicians are a profession which can supervise yet they do not have training in supervision, per se. I think the main qualification as a supervisor is experience providing psychotherapy.	5/12/2021 7:34 AM
215	No	5/12/2021 7:30 AM
216	N/A	5/12/2021 7:26 AM
217	no	5/12/2021 6:59 AM
218	I think the requirements are reasonable.	5/12/2021 6:53 AM
219	I think they person does not need to have 5 years of extensive clinical experience since they are already a member of RP in good standing with an independent practice. I think 3 years additional is enough to be considered extensive.	5/12/2021 6:53 AM
220	I would expect that five years of extensive work would be more defined. According to the guidelines I technically could supervise but I don't feel that my DCC hours reflect that yet. I feel that there should be a set amount of hours required and not a five year time span. Im not sure what that should be but I'm thinking perhaps 2000 hours plus the 30 hours of direct training.	5/12/2021 6:45 AM
221	I think a supervisor should have more than 5 years clinical experience.	5/12/2021 6:40 AM
222	It is fair	5/12/2021 6:36 AM

Q15 The restriction of a maximum 50% group clinical supervision for registration purposes is:

Answered: 680 Skipped: 91

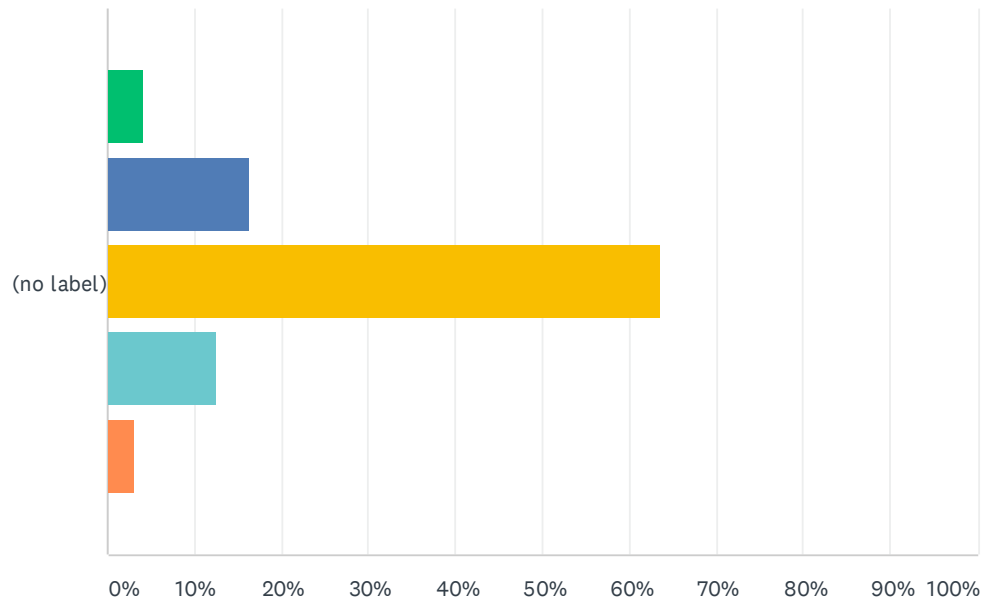


■ Much too lenient
 ■ Somewhat too lenient
 ■ Balanced
■ Somewhat too onerous
 ■ Much too onerous

	MUCH TOO LENIENT	SOMEWHAT TOO LENIENT	BALANCED	SOMEWHAT TOO ONEROUS	MUCH TOO ONEROUS	TOTAL	WEIGHTED AVERAGE
(no label)	2.06% 14	10.15% 69	65.29% 444	17.21% 117	5.29% 36	680	3.14

Q16 The restriction of a maximum of 8 supervisees for registration purposes is:

Answered: 680 Skipped: 91



■ Much too lenient
 ■ Somewhat too lenient
 ■ Balanced
 ■ Somewhat too onerous
 ■ Much too onerous

	MUCH TOO LENIENT	SOMEWHAT TOO LENIENT	BALANCED	SOMEWHAT TOO ONEROUS	MUCH TOO ONEROUS	TOTAL	WEIGHTED AVERAGE
(no label)	4.26% 29	16.32% 111	63.68% 433	12.50% 85	3.24% 22	680	2.94

Q17 Please provide any comments you may have about group clinical supervision.

Answered: 239 Skipped: 532

#	RESPONSES	DATE
1	For REGISTRATION purposes. For any other purpose, 9 - 12 participants in group supervision is enriching.	6/15/2021 10:34 PM
2	I think larger groups should be allowed	6/15/2021 5:31 PM
3	Structured peer group supervision where all are equal participants (even if one meets the definition of clinical supervision) should be more closely capped for qualifying registrants. This type of supervision is more appropriate for fully independent registrants.	6/15/2021 4:15 PM
4	Max of 6, otherwise I don't see how there is time for adequate case presentation	6/15/2021 9:35 AM
5	Group supervision is the most cost effective route when the requirement for supervision hours is for every 4-5 DCC hour. We need some balance, grad school is costly enough - plus we have to pay HST. Supervision at \$150+ every 4-5 DCC is ridiculously expensive and has impacted my ability to properly care for myself.	6/15/2021 8:14 AM
6	I think smaller groups are better, but I understand no everyone can afford it. I would say 4-6 participants would be most beneficial.	6/14/2021 10:23 PM
7	I don't imagine that I would learn a lot listening to 7 or 8 case conceptualizations.	6/14/2021 9:03 PM
8	A group of 8 is perfect as the supervisor can provide adequate attention, focus and able to address any issues with ease. The more the number the lesser the amount of attention each supervisee will get.	6/14/2021 3:27 PM
9	The person in the group who would qualify as a clinical supervisor should not be allowed to also be an administrative supervisor of the other group members. The safety needed for openness can be greatly negatively impacted as can the benefit of the group supervision.	6/14/2021 3:09 PM
10	I think that dyadic supervision should be three supervisees, I recognize that dyad means two. These standards, at least to my recollection, are more stringent than AAMFT which I don't believe is fair.	6/14/2021 2:32 PM
11	Group supervision is often much more accessible in terms of time commitment and cost for new RP (Q)s or students. Individual supervision, while beneficial overall, can often be difficult for many lower income RP (Q)s and student to access. Additionally, many qualified supervisors take on a very limited number of supervisees which can make it difficult to find a qualified supervisor for individual supervision within a particular framework, population, etc which can also be a barrier.	6/14/2021 1:19 PM
12	in agreement with change in number of participants	6/14/2021 11:41 AM
13	As someone who was once in a supervision group with more than 8 people, this sounds like a needed change.	6/13/2021 11:07 AM
14	I think a good size for group supervision is four to six. I find when there are too many people there is so much more case presentations to go through to support everyone's needs in the group.	6/11/2021 1:34 PM
15	More than eight would give inadequate time for participants to present cases and or concerns	6/11/2021 10:34 AM
16	I enjoy groups of 4 and each person has 30 minutes to discuss case or questions.	6/10/2021 2:21 PM
17	No	6/10/2021 10:17 AM
18	max 12 seems fair	6/10/2021 10:00 AM
19	Supervision groups with more than 8 members is about money, not about effective	6/10/2021 8:51 AM

supervision. As a supervisor myself, having too many supervisees in a group does not allow for the supervisor to ensure competence.

20	Differentiating between less than 8 or 9-12 participants doesn't make much difference in terms of supervision support and makes it more difficult for people to get supervision hours and to track	6/10/2021 6:27 AM
21	Beneficial, cost effective for trainees	6/9/2021 9:27 PM
22	in limiting group size to 8, I have found it a nice maximum number where I can reasonably hear from everyone each meeting. I will admit, there are opportunities that I enjoy for a deeper dive when the group ends up being 6 people.	6/9/2021 4:41 PM
23	Group supervision is great because students can learn from each other, not just from the supervisor. That said, in a group of 8, sometimes there simply is not enough individual attention.	6/9/2021 1:38 PM
24	For RPs who are completing an education program, supervision hours accumulated in a group supervision format in the framework of a course should be accepted. Otherwise, obtaining all those hours could take time and resources the new graduate would not have access to. Of course, having a maximum amount of hours that could be carried due to the ratio of group vs. individual.	6/9/2021 12:46 PM
25	Given the importance of supervision in the development of new practitioners' own competence, limits to group hours and size of groups seems logical.	6/9/2021 11:11 AM
26	Na	6/9/2021 10:48 AM
27	Supervision in large groups is still extremely beneficial, I have always gained just as much from hearing the cases and supervision of other clinicians as I have from supervision of my own cases. 12 supervisees in a group is a good number, 8 is too strict and makes it difficult to gather these hours. I have dozens of hours that do not count towards my registration because of these rules, and it takes way too long to reach RP status because of this.	6/9/2021 10:28 AM
28	The availability of supervision varies depending on where a person works. Where I am now, group supervision was cancelled for a long time (because of illness) , and we didn't have any way to set up an alternative. (It can be hard to get the hours one needs.)	6/9/2021 9:47 AM
29	When there is more than 5 people in a supervision group, there isn't as much space for a fulsome sharing of case consultations and having questions thoroughly answered	6/9/2021 8:37 AM
30	In my experience, you get more out of a small group, no larger than 5-6	6/9/2021 7:16 AM
31	None	6/8/2021 9:44 PM
32	There is benefit in one-on-one or 2-on-1 training.	6/8/2021 8:40 PM
33	As a participant, I find that this smaller group affords greater discussion in a way that facilitates personal learning.	6/8/2021 8:18 PM
34	I think group supervision is hugely valuable and should be used more than it is allowed, however I do think restricting it to 8 (or less) is important.	6/8/2021 8:00 PM
35	Less opportunities to focus on clients and direct interventions with so many people.	6/8/2021 7:48 PM
36	There are a lot of benefits to group clinical supervision. I would like to see this continue. I like the idea of limiting group supervision to under 9 which will allow for excellent feedback. This feedback may be diluted with over 9 supervisees	6/8/2021 7:43 PM
37	I have provide individual, dyadic and group supervision. Group supervision should not exceed 6 supervisees.	6/8/2021 7:30 PM
38	Having provided Group Supervision I have found keeping the groups small is important so each supervisee has a chance to share and be supported. Too many in a group I believe impacts the quality of the Supervision.	6/8/2021 6:55 PM
39	Group supervision is an excellent learning opportunity and, at times, be even better than individual supervision	6/8/2021 6:24 PM
40	the research around group vs. individual therapy is clear. the client does just as well in either modality. there is significant cost advantage for groups - thus as an economy of scale It is	6/8/2021 5:47 PM

	therefore, in my opinion, of equal benefit to have group or individual therapy in almost any ratio	
41	My belief that in order to have each supervisee gain value and also to have equal time in group supervision to present a case or have their questions answered, a maximum of 6 supervisee would be much better. I have heard far too many stories from supervisees who are forced into group supervision and they get nothing out of it because there are at least 20 people and they do not have the opportunity to case conference, ask questions of an ethical nature, etc.	6/8/2021 5:45 PM
42	8 is a good number.	6/8/2021 5:41 PM
43	NA	6/8/2021 5:30 PM
44	I am used to 6 being the max for group supervision but I can live with 8	6/8/2021 5:09 PM
45	Supervision in groups of 8 does not meet the full needs of a group if they meet only once or twice a month- for new practitioners this might not be sufficient.	6/8/2021 4:57 PM
46	Participants in a group should have a minimum of 45m each for presentation - I suggest a maximum of 6; a 3hr group	6/8/2021 4:37 PM
47	A slightly larger group can work well. Up to 12 would be more balanced.	6/8/2021 4:17 PM
48	N/A	6/8/2021 3:43 PM
49	As the CRPO is asking psychotherapist to receive an arbitrary number of supervision session, a psychotherapist should be able to use as many supervisors as they wish to reach the goal. The other reason is to have different perspectives to learn from.	6/8/2021 3:34 PM
50	If new therapist is in a peer clinical supervision group, that contains 9-10 members (and in some cases a cumulative total of over 100 hours of experience), how is that any less valuable than other types of supervision. We are talking about quality.	6/8/2021 3:17 PM
51	You need to specify in what time period! How much supervision can one therapist receive when there are eight present in a group? Is this an eight our group supervision? Supervision should not exceed 4 members excluding the supervisor. One hour each for a total of 4 group supervision hours. Successful models of supervision subscribe to this format - 1 hour per group member.	6/8/2021 2:41 PM
52	Financial cost is important to be into consideration.	6/8/2021 2:39 PM
53	No comment. I agree with it.	6/8/2021 2:29 PM
54	Some of the counselling organization have many staffs, more than 8 people. sometimes 16 people. As a result, though they have a clinical supervisor, staffs cannot count their group supervision hour because 8 participants is the limit for group supervision.	6/8/2021 2:20 PM
55	no	6/8/2021 2:14 PM
56	I think just more specific language as this sections has caused confusion at my agency. One supervisor for three supervisees and later one supervisor with not more than 8 supervisees because it is group. Defining or explain the difference between group and the 1:3 (maximum) would help	6/8/2021 2:09 PM
57	At 50% maximum supervision time a group should have a limit of 5 participants. With 8 there will likely be times when one or several do not contribute dependent upon group dynamics.	6/8/2021 2:08 PM
58	None	6/2/2021 5:26 PM
59	I would say 8 is the maximum. Having been trained in and lead group supervision for many years, myself, the optimal number is 5-6 - though 7 can work. 8 is pushing it somewhat though there are studies out of the US that indicate 8 is effective	6/1/2021 12:12 PM
60	The value and effectiveness for group supervision is completely dependent on the competency of the supervisor. My experience has been that highly effective supervisor has offer very effective supervision to groups larger than 8.	6/1/2021 7:14 AM
61	Generally groups meet for 2 hours, ideally weekly. In order for each participant to have adequate time to present and receive feedback, I recommend a maximum of six supervisees.	5/31/2021 7:19 PM
62	Group clinical supervision is an essential component of clinical competence.	5/31/2021 5:18 PM
63	I believe it is invaluable in that it exposes students to more kinds of clients and challenges -	5/31/2021 5:10 PM

and responses to them - than they could possibly experience otherwise.

64	I have never had supervision with more than 4, but I would imagine the effectiveness would decrease as more are added. I would sat 6 or less is reasonable, I would personally not consider it supervision in a larger group. It may be useful for my learning and practice, but I would not count it as supervision.	5/31/2021 4:18 PM
65	It is difficult to imagine that an RP (Qualifying) gains much beyond observation in a group with as many as 8 participants. Especially at the early stage of prattice, one needs far closer supervision	5/30/2021 11:13 PM
66	The issue with restrictions on this number is the challenges of universities being able to offer sufficient number of courses to achieve the smaller groups.	5/29/2021 6:19 PM
67	I think 8 is too large a group and would limit this to 4.	5/28/2021 11:45 AM
68	I appreciate the need for a distinct a number guideline. The nature and quality of the supervision really depends on what happens within the group and how individual supervisees are treated within the group. E.g. a three hour group of 3 supervisees would mean that each participant could have an hour of their supervisor's time and observe/participate for the other two hours.	5/27/2021 3:12 PM
69	I have been in groups with more than 8 supervisees and it has been fine. I think it depends on the group.	5/27/2021 12:04 PM
70	It's important to factor in costs for therapists who are either just beginning or work in low-income areas to support those in need. Group supervision is more cost-effective and offers similar benefits. Having a more open ratio could be helpful.	5/27/2021 8:21 AM
71	I think smaller groups are much more effective for learning purposes.	5/27/2021 7:57 AM
72	I'm curious about the choice of 8 as the max number; I run different kinds of groups and find that anything up to 12 is very do-able if someone has proper training as a group facilitator.	5/26/2021 10:39 PM
73	agency work and scholastic related supervision is often in a larger group	5/26/2021 3:35 PM
74	Group supervision was a very important way to learn and engage in self-reflection. It is also MUCH more cost-effective (1/4-1/2 for the price). This is a very important factor to consider.	5/26/2021 2:48 PM
75	Groups are valuable, however, they are only as valuable as the voice you are allowed to have. Meaning, too many people diminishes your ability to have a say or to talk about specific things needed as everyone might have something important to discuss. I think having no more than 6 is valuable as it gives everyone more of a chance to talk and explore things.	5/26/2021 12:48 PM
76	Depending on the format of the group supervision, a supervision may spend a lot of time or very little time on each supervisee's clients. I wonder if a more balanced approach might be to use a formula where each hour of individual supervision is counted in full and each hour of group supervision is counted as partial depending on the number of participants.	5/26/2021 11:57 AM
77	I think one-one supervision is incredibly important. But I also believe that group supervision can is very helpful to students as they are exposed to many more clients and different therapeutic perspectives. However, I do not think groups should be larger than 8. 8 already seems too large for students in the process of learning. I believe 3-5 would be more appropriate for students. And 5+ would be more appropriate post graduation.	5/25/2021 4:32 PM
78	Peer supervision and Group supervision are different, and in my opinion, peer supervision should not be able to be counted as part of CRPO independent practice requirements. Peer supervision is not guided supervision, and all 150 hours required supervision is most professionally completed by attending individual/dyad/group <8 participants rather than any hours being accepted for peer supervision.	5/24/2021 1:42 PM
79	I do not feel that my opinions on this, given I have never done the training nor do I know enough about the training of my clinicians as a service user in this area to compare, to comment on this (that is to day take even my survey answers in 9/10 (both balanced) with a grain of salt)	5/23/2021 4:18 AM
80	FIne that the CRPO requires half individual or dyadic... however... you are asking students who have high education costs and possibly have never had full time employment in their life to pay \$150 an hour for supervisor.... at 50 hours is \$7500	5/22/2021 6:59 PM

81	Please take away the requirement of 50% of supervision hours needing to be individual / dyadic. It's expensive for RPQ's and unnecessary since group supervision is more effective.	5/22/2021 1:06 PM
82	I think this is good the way it currently is.	5/21/2021 3:17 PM
83	I do not think that there is enough time allowed for supervisees to present cases and receive adequate supervision in groups of 8. Groups of 4,5 or 6 at most would be more suitable for learning.	5/21/2021 12:47 AM
84	n/a	5/20/2021 2:17 PM
85	I believe group supervision should be no more than a maximum of maybe 3 or 4 supervisees to 1 supervisor. As a supervisee myself, I've never had more than that number of fellow supervisees per group supervision. As someone who conducted training to become a clinical supervisor, I would also recommend exceeding that number. Group supervision is where supervisees can share their cases. However, most group supervision sessions are maybe 2 hours tops. Some may be longer to accommodate more supervisees but realistically it's probably once per week at around 2 hours. More than 4 supervisees then you don't have enough time to go over cases in detail or have a lot of didactic instruction/discussions. Also, for 1 supervisor to have to attend to more than 3 or 4 supervisees is very challenging.	5/20/2021 10:37 AM
86	I think that *small* group supervision arrangements can effectively provide full supervision for each member, and should count for more than 50% supervision per member.	5/20/2021 9:33 AM
87	Group is an invaluable learning opportunity where peers with different modalities/theoretical orientations come together and share their perspective which might be missed during individual or dyadic supervision. I believe that allowing up to 70-75% of group hours would be great.	5/19/2021 8:46 PM
88	no	5/19/2021 11:45 AM
89	n/a	5/19/2021 9:29 AM
90	Prefer a maximum of five for group supervision	5/18/2021 7:20 PM
91	I have received feedback from supervisees and in my own experience where there is significant benefit in the learning process within clinical group supervision. There can be tremendous cross-pollination in the learning and there is a way in which it can make clinical supervision more financially accessible for supervisees. It can also enlarge the access to clinical supervisors in Ont.	5/18/2021 3:28 PM
92	Even with 8 supervisees, too much of the attendee's experience in the group is observation. A 4 hr supervision meeting allowing each of 8 to present for 30 min is unrealistic.	5/18/2021 2:05 PM
93	I think the groups should be smaller, under 6 persons	5/18/2021 1:25 PM
94	None.	5/18/2021 9:46 AM
95	I believe 35-40% of supervision could be dedicated to group, as there are some advantages to learning from others in a group setting; where as individual is also strongly beneficial to have individualized feedback.	5/18/2021 9:43 AM
96	RPs don't make a lot of money. Anyway to provide more cost effective supervision should be permitted.	5/17/2021 10:02 PM
97	Maybe there should be an emphasis on individual supervision for students or early stage RP(Q)s? I think group is more helpful a little later on.	5/17/2021 7:00 PM
98	As someone who has attended multiple group supervisions throughout my RP and RN career, I feel 8 is too many in a group to receive sufficient supervision in terms of client case load. Although I think it can lend well to safe and effective use of self. For RP qualifying at least, I would recommend 6 be the upper maximum. once someone is full RP independent then 8 seems appropriate.	5/17/2021 3:49 PM
99	This seems to be a large number to provide supervision in any depth across a caseload. Especially when adding in guidance around therapeutic use of self.	5/17/2021 12:26 PM
100	I think large groups of people getting supervision together is going to be simply a didactic experience and doesn't allow for the in depth work especially on Use of Self issues that 1:1 supervision can provide. The Use of Self feature is what separates our college from the others.	5/17/2021 9:57 AM

	Allowing supervisors from other colleges to work with our qualifying members is going to dilute our unique brand.	
101	For many new RP's it is the only way to survive financially. Having to do individual supervision for 50% is a huge financial barrier.	5/16/2021 10:44 PM
102	I feel in group supervision, we learn a lot from our peers.I also feel group supervision is affordable and cost effective.	5/16/2021 5:47 PM
103	The standards seem appropriate.	5/16/2021 5:00 PM
104	I would say that, a) individual supervision is incredibly costly and can really be a barrier for those of us starting out on our own who are only working part time as we grow our practices. and b) there is huge value in group supervision - in a lot of ways I felt more challenged and supported when in group supervision because there is a lot of learning from peers, as well as the insights that come from peer questions and reviews in group supervision. I also think that there is so much more to be gleaned from supervision groups that focus on particular intersections, that maybe individual supervisors won't have all the peices for. For example, I work at the intersection of religious trauma and queer folks, . My supervisor is amazing for the queer side of things, but doesn't have a lot of religious trauma experience. I would love to be in a group supervision scenario, but have already collected all those hours, so am left to just be focusing on the individual at this point, mainly because of the costs of running my own practice. I would like to see CRPO create allowance for more group supervision hours for both these reasons.	5/16/2021 4:28 PM
105	Some work places don't give the option of other types is supervision or of a smaller group.	5/16/2021 2:11 PM
106	Why group supervision at all?	5/16/2021 8:34 AM
107	I think beyond 8 is too much. This is good.	5/16/2021 2:40 AM
108	I know of misuses. I have heard many stories where the group sessions are superficial, rushed and inadequate for actual supervision of self and clients	5/15/2021 8:15 PM
109	Na	5/15/2021 8:04 PM
110	I think there can be times in which group supervision in larger groups is beneficial and to specify the maximum number of participants in a supervision setting may be limiting registrants from gaining valuable experience.	5/15/2021 7:51 PM
111	N/A	5/15/2021 7:13 PM
112	8 seems like too many in a supervision group. 4 seems like a better chance that each supervisee's work is being properly assessed.	5/15/2021 4:52 PM
113	I have experienced group and individual supervision. 1 supervisor and 5 supervised persons is the maximum I feel is effective. Each supervised person should be able to be heard and share in each session.	5/15/2021 4:11 PM
114	8 max for new clinicians is good. If there was a group of senior clinicians eg 8+ years a larger group my be ok	5/15/2021 2:23 PM
115	There should be allowed more supervises it should be up to the RP	5/15/2021 2:19 PM
116	The sizing works for post-graduate supervision (allowing a single supervisor to better focus on each member of the group) but be aware that the size of practicum classes within graduate programs often exceeds these numbers. Will those mandatory graduate classes also be affected by size requirements?	5/15/2021 2:18 PM
117	No	5/15/2021 1:59 PM
118	I think that a group is very beneficial because hearing others going through similar issues, people feel more encourage and not alone.	5/15/2021 12:23 PM
119	This leads me back to the fact that CRPO has been allowing people in for religious and cultural reasons rather than actual education. Hence someone can have a cultural activity and qualify as supervisor. Again it diminishes the professiona dn confuses for the mental health of the client, the difference between religion , culture, and actual treatment. The standard should be the stard.	5/15/2021 11:41 AM
120	I find that I get much more out of group supervision at this point in my practice of	5/15/2021 11:30 AM

psychotherapy than I do from individual or dyadic; The strain to achieve 50% individual/dyadic supervision is both overly onerous on ones time and finances.

121	This seems fair	5/15/2021 11:23 AM
122	I find a maximum of 4 students is sufficient for there to be many alternative points of view to be considered. Also I am responsible for writing evaluations for the students and can only handle 4 at a time in my schedule.	5/15/2021 10:58 AM
123	This is consistent with other professions	5/15/2021 10:43 AM
124	The more homogeneous the group the more successful and fruitful the group supervision.	5/15/2021 10:41 AM
125	It can be challenging to find supervisors with capacity for individual/dyadic supervision. More importantly, the costs associated with meeting supervision requirements are extremely onerous, and group supervision can help to offset this. As an RP (Q) participating in both individual and group supervision, I also notice how valuable group supervision is in exposure to other psychotherapists' cases and the supervisor's feedback. I do not feel the learning value of group supervision is lower.	5/15/2021 10:34 AM
126	I personally find it just as - if not more - valuable than individual, because you're hearing the supervision of other cases as well. Thus, it does not make sense to me to limit (50%) how much a supervisee can receive this beneficial form of supervision.	5/15/2021 10:32 AM
127	Group is more accessible. It's still supervision, I think it would be helpful to say recommended to be 50/50, but not require it. Maybe you to the supervisors discretion?	5/15/2021 10:29 AM
128	Even with 8 supervisees, each individual rarely gets adequate attention for clinical cases. It's simply a cheaper way to fulfill hours for some.	5/15/2021 10:28 AM
129	I think that peer group supervision should have no more than 6 participants and not more than 10% of all supervision hours.	5/14/2021 8:49 PM
130	Not sure the peer clinical supervision should be allowed toward hours. A key part of supervision is that the supervisor is responsible for protecting clients and for the development of the supervisors skills. With structures peer group supervision, even with one qualified supervisor in the group, it is not clear to me that anyone is actually responsible for the critical areas noted above. This diffusion of responsibility is potentially problematic.	5/14/2021 5:03 PM
131	Please shut down the practice of psychologists running businesses by providing young professionals in colleges not recognized by insurers very minimal supervision in exchange for terrible financial terms and no real supervision. This is an insurance scam, it exploits beginning therapists and it's a discredit to the profession.	5/14/2021 3:30 PM
132	I keep my groups to 5 supervisees - I feel if there were 8 not all of them would have an opportunity to talk and learn effectively.	5/14/2021 1:04 PM
133	Collecting individual or dyad supervision is costly. Being able to obtain supervision in a group is much more economical for college members. I would like to see the 50% cap increased to 75%.	5/14/2021 10:53 AM
134	After 20 years + of private practice and ongoing peer group support clinical supervision is onerous.	5/14/2021 10:33 AM
135	None	5/14/2021 10:13 AM
136	Often the benefits you receive from group supervision for professional development/growth are no less than those from individual supervision due to the differences in supervision dynamic, the breadth and depth of clinical subjects etc. A lot of larger agencies or organizations also rely more heavily on group supervision due to scheduling reasons etc.	5/14/2021 9:33 AM
137	You can still learn a lot from groups of 9-12 and phasing this out may put too much financial burden on students.	5/14/2021 8:11 AM
138	Group supervision does not permit the exploration of the issues of counter transference, which can be deeply personal, and can interfere with covering all the cases which need to be reviewed	5/13/2021 8:41 PM
139	N/A	5/13/2021 7:36 PM
140	One can "get lost" in a large group. Smaller groups necessitate interaction.	5/13/2021 2:08 PM

141	Considering that group supervision sessions are generally two hours long having more than 8 supervisees per group would limit the amount of time for client discussion to less than 15 minutes per supervisee.	5/13/2021 1:13 PM
142	I strongly believe in the effectiveness of well-led group supervision. In my experience it's been a more impactful learning environment than one-to-one supervision.	5/13/2021 1:06 PM
143	There is absolutely no way for each individual to present a case if there are more than 4 members in a group. The ratio of 2 hours of group supervision with 4 individuals allows for the supervisor to hear cases from each supervisee every time they meet for 30 min each. Group learning occurs and the supervisor is kept abreast of every supervisees client load and/or difficult cases.	5/13/2021 12:58 PM
144	If they are doing structured peer group supervision, that is not structured enough to provide needed group supervision. If a RP (qualifying) only have 50 individual supervision, that is not enough at all for 1,000 of DCC. As the policy mentioned 1 hour of supervision for every 4.5 hours of DCC, then it should clearly state that they need 222 hours of supervision and not 100 hours. As the psychotherapist is developing their skills, they may to have a more structured rules as to how many structured supervision hours they need.	5/13/2021 12:31 PM
145	Some students who intern in private practice may not have access to group supervision models.	5/13/2021 12:27 PM
146	In my experience of providing group supervision, I find a maximum of 6 is best with psychotherapists in earlier stages of their clinical development (for example, students and RP-Qs), and have found supervisees also report less satisfaction with larger group sizes. That being said, I have led clinical team meetings with larger groups, and with more experienced therapists, this works well. I think group sizes could be matched to the developmental stage of the supervisees.	5/13/2021 12:20 PM
147	A group of 8 is a lot for supervision.	5/13/2021 12:06 PM
148	Personality clashes may occur with too many supervisors. Are all supervisors up to date on the persons progress?	5/13/2021 11:53 AM
149	If the requirement by CRPO is "needs to ensure newer practitioners receive a sufficient amount of focused attention and guidance from their clinical supervisor as they develop their competence" I do not think a group of 8 participants provides sufficient amount of focused attention. In my structured groups we have a total of 5 participants for 2hours and each gets sufficient time for individual cases, discussions, education and recommendations. In general, I am receiving requests for being a supervisor for 8 participants for 1hr group sessions and I do not ethically know how each participant can get individualized care for this type of group. I see these types of groups more as education/consultation groups and though that is a quality component for supervision and a great supportive environment for trained/independent practitioners as a component for supervision, I find it limiting and perhaps too lenient for newer therapists.	5/13/2021 11:33 AM
150	Group learning is an excellent opportunity but I think people could 'hide' in a group of 8 people and not having to show or speak to their work. Clinical supervision must have direct focus on an individual's work	5/13/2021 10:43 AM
151	Reducing to 8 supervises allows for full interaction between group members	5/13/2021 10:19 AM
152	In my experience with supervision- the first 100 hours should be one to one ratio. There is a lot to learn and the attention and learning that is required should be focused on the student/supervisor in one-to-one to really get the required knowledge and learning.	5/13/2021 9:31 AM
153	I cannot see why group supervision is undervalued in that it can only count for 50%. I agree that that number within a supervised group should be restricted and monitored, but if a "group" of three, there is much rich learning that can come from this as opposed to 1:1. I do not see reason for the 50% split on this criteria.	5/13/2021 9:11 AM
154	None at this time.	5/13/2021 8:13 AM
155	Although a group environment is beneficial in many ways, I think 8 is too large & would recommend 5 max. It's not easy for all clinicians to take space in a group setting.	5/13/2021 7:14 AM
156	I think that a group of 4 to 5 supervisees would be ideal. More than that and important clinical	5/12/2021 11:08 PM

	needs may not be met for certain members	
157	None.	5/12/2021 10:31 PM
158	I'd prefer models where a group of 4 would consist of a clinical supervisor and 3 prospects at most to be honest. I don't see how each participant would get much individual attention in the group setting otherwise.	5/12/2021 9:50 PM
159	A maximum of 6 supervisees.	5/12/2021 9:29 PM
160	My max for offering/facilitating group supervision is 6 and even then there is limited personal sharing time. 8+ supervisees is too much to address caseloads sufficiently	5/12/2021 9:12 PM
161	I think there needs to be guidelines about the structure of group supervision and the process involved. From my experience individuals might claim that engaging in team meetings at an agency might constitute group supervision.	5/12/2021 8:53 PM
162	Group collaboration through group clinical supervision should be encouraged not stifled	5/12/2021 7:46 PM
163	I believe this is fair. In my experience, individual supervision is more beneficial than group. I also had no issue collecting the appropriate amount of individual supervision to complete my required hours.	5/12/2021 6:56 PM
164	I am in the situation where not all of my group supervision hours were counted and so I'm still working on fulfilling my supervision hours for clinical practice. I understand this, and personally feel I get a lot more out of the 1:1 supervision I do now.	5/12/2021 6:49 PM
165	Group supervision is invaluable as one can learn from other practitioners with more experience (even among students often some more experienced than others). 8 sounds like too big a group, if all are actual students, versus some being those training in a new model.	5/12/2021 6:48 PM
166	I'm on the fence with the idea of 8 max, and not reducing it to 6. Large groups may receive less input individually.	5/12/2021 5:03 PM
167	Allowing for more hours of group supervision to be counted for one's total would likely make this career choice more affordable for many individuals, as group supervision rates are often much cheaper than individual rates.	5/12/2021 4:19 PM
168	This seems like a great change.	5/12/2021 4:18 PM
169	What about Group supervision conducted within a training program? Can it be exempted from the 8 person minimum?	5/12/2021 4:13 PM
170	I think 6 supervises in a group would be best.	5/12/2021 3:29 PM
171	The number of group members can be greater if the period of time of supervision is longer - group of 8 for a 1.0 hour period or a group of 10-12 for 2-3 hour session	5/12/2021 3:08 PM
172	This coincides with the requirement of other jurisdictions - ie the States. I feel this is very fair	5/12/2021 2:52 PM
173	supervising groups of more than 8 at a time is not fair to the supervisee, they do not get adequate attention and can "hide" in the group activity. I would be comfortable with it going down to a max of 6	5/12/2021 2:40 PM
174	8 as maximum sounds much. In my experience, 7 has been a reasonable number	5/12/2021 2:32 PM
175	I do think that a 9-12 supervisee limit (but no larger) is still entirely acceptable, as long as the supervisor follows established guidelines in order to ensure that no supervisee is overlooked. A group of up to 12 supervisees can provide a rich experience, as long as it is facilitated properly.	5/12/2021 2:06 PM
176	8 participants in a group process of 1 - 2 hours doesn't really give enough time for depth where the greater learning lies. It makes it easier for it to be a check box experience	5/12/2021 1:53 PM
177	Personally, I have not participated in group supervision as I prefer individual work for deeper discussion in regards to specific cases.	5/12/2021 1:50 PM
178	The cost of individual and dyadic supervision can be prohibitive and discourages people from across the cultural and socioeconomic spectrum from engaging in the psychotherapy profession. Finding a supervisor is also a significant source of stress and confusion for new RP's	5/12/2021 1:40 PM

179	I agree with both of these terms. I think its important that RPs are receiving individual supervision to ensure self-reflection and development of safe effective use of self that I think can be more challenging to accomplish in a group setting. I also agree with the limited number of people in the group to ensure the participation of all members as well as the integrity of the supervision being provided. If there are too many people, then the supervision that is being provide would be spread too thin and it would be more of a webinar/training/lecture than supervision.	5/12/2021 1:32 PM
180	Support up to 10 people in a group	5/12/2021 1:06 PM
181	Large groups are still helpful but there is less chance for direct learning so 8 and under seems fair to me.	5/12/2021 12:53 PM
182	I would not do group work with more than 6 supervisees	5/12/2021 12:26 PM
183	no comments now	5/12/2021 12:17 PM
184	For group supervision - more than 4-5 is a lot per supervisor at once.	5/12/2021 12:04 PM
185	I cannot see how a group of more than about 4 supervisees can receive effective supervision.	5/12/2021 11:46 AM
186	NA	5/12/2021 11:38 AM
187	quality supervision does not happen in large groups. I suggest max 4-6 supervisees	5/12/2021 11:28 AM
188	8 is far too large a group in my opinion for group supervision. That is almost a class. For supervision, I like 4 or 5 as a cap maximum - otherwise there is not enough time for someone to even talk about their cases, only a select few would be sharing. Almost like a grand rounds (like we see in hospitals) if there are 8 supervisees.	5/12/2021 11:04 AM
189	n/a	5/12/2021 11:03 AM
190	Group supervision is very valuable as you gain knowledge and insight not just from the supervisor but from the other supervisees. However, it is important that the group is small enough that everyone gets a chance to present cases.	5/12/2021 10:43 AM
191	Less supervisees in a meeting = more time for everyone to share experiences.	5/12/2021 10:43 AM
192	not nearly as good as dyadic, though more affordable;	5/12/2021 10:32 AM
193	I believe that a ratio of 20% to 25% group supervision over 80% to 75% individual/dyadic supervision is good. 50% of group supervision is too lenient as some aspects of the self of the therapist might not be captured in group supervision.	5/12/2021 10:31 AM
194	From an economic accessibility point of view using half and half of the hours for group and individual or dyadic supervision maybe onerous for internationally trained practitioners and others marginalized by racialized intersecting identities.	5/12/2021 10:30 AM
195	none	5/12/2021 10:28 AM
196	Group supervision should, in my opinion, constitute only a small portion of recognized supervision hours. Supervisees do not receive adequate attention in medium or large groups and are also less likely to develop the trusting rapport necessary to disclose the personal nature of their work. I firmly believe that the bulk of supervision hours need to be from individual (or perhaps dyadic) supervision.	5/12/2021 10:26 AM
197	I believe having no more than 8 supervisees in a group is an important balance for the supervisor in order to be able to evaluate each supervisee.	5/12/2021 10:25 AM
198	I think it should be more nuanced. Larger groups when people are from different contexts might not be as effective. Larger groups in one organization, often in one service and with common clients, can be very effective	5/12/2021 10:19 AM
199	The current number of allowable hours is a bit too generous as it would permit candidates to 'hide' in group supervision and not be challenged/assisted appropriately	5/12/2021 10:13 AM
200	While there can be many benefits from group supervision - having too large a number can detract from "real learning" for each individual to apply to their practice. I feel that, max of 6 is a better number for the Supervisor to devote the time necessary.	5/12/2021 10:08 AM
201	Should be less than 5. Too little interaction with 8 people there. Some people talk more than	5/12/2021 10:08 AM

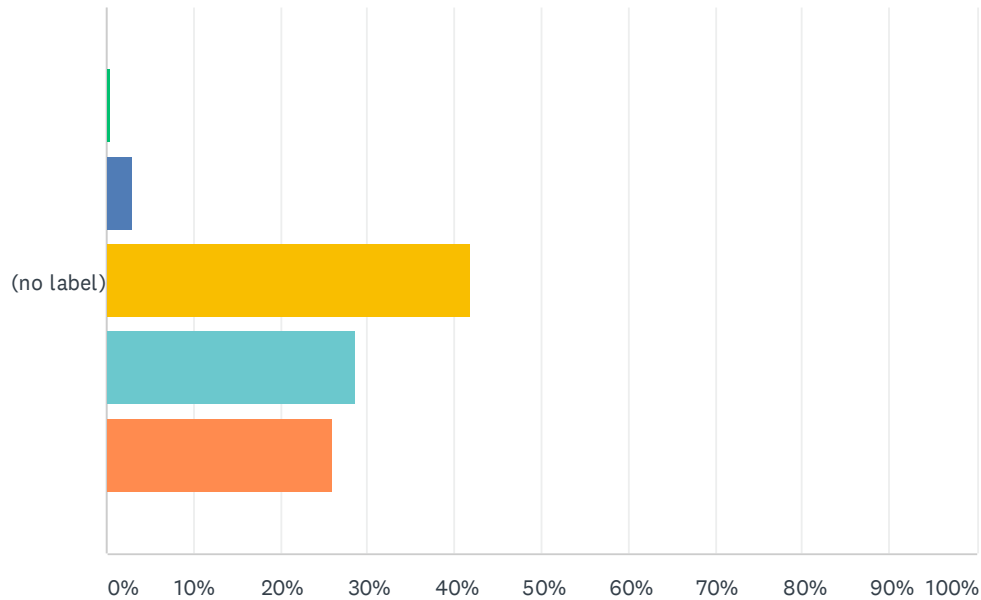
	others. Group is a place for Therapist to build relationships with others too. Also with Zoom, 8 is too many.	
202	CRPO may wish to provide a list of approved supervisors for registrants to access, including group work. It has been a challenge to obtain adequate and appropriate supervision hours with limited ability to access information.	5/12/2021 10:05 AM
203	Effective supervision in a 90 - 120 minute session is impossible with more than 6 supervisees. It may be manageable with 5 or 6 BUT that's dependent upon the length of the session. three or four supervisees per group is ideal BUT impossible to do effectively in less than 90 minutes.	5/12/2021 9:55 AM
204	Too many supervisees in the group seems to limit the ability to have meaningful participation. Too many could be just observing.	5/12/2021 9:49 AM
205	I believe that groups supervision should be limited to 6-8, and time specified. for example, with 8 supervisees, the group should be at least 2-3 hours long. For 4-6 supervisees, 1.5-2 hours. This way, each supervisee has at least 15-20 minutes of sharing before listening to feedback.	5/12/2021 9:39 AM
206	I think it is important to have a max number of supervises to ensure best practice and care for clients as well and supervisee. I might even suggest a max of 6	5/12/2021 9:37 AM
207	Having 8 supervises in a group allows little time for individual support but can take a significant amount of time away from practice	5/12/2021 9:34 AM
208	I find I learn more from group supervision because there is usually overlap in what others are doing that I am not doing. I've also had supervision meetings of a group of 4 to discuss how to lead group therapy. These smaller supervision groups are very different than the larger case discussion supervision groups. I think the needs of each individual supervisee can be different and the supervisor should have the competence to recognize which supervisees require more individual supervision and which benefit from group supervision.	5/12/2021 9:32 AM
209	I think it can make supervision more affordable which is helpful. I also think not every supervisor is well skilled in managing 'groups' -- which it may be more profitable for some supervisors, running groups, and understanding that dynamic, might be helpful in training.	5/12/2021 9:20 AM
210	Individual supervision costs a lot of money, if group supervision provides adequate space for a supervisee to present cases, discuss the self as therapist etc. I don't see why it would need to be capped at 50%. It becomes a gatekeeping issue where only wealthier training psychotherapists can afford the requirements set out by the CRPO.	5/12/2021 9:04 AM
211	Peers can learn from each other and their supervisors. I'm not sure why there would be a maximum; this will cause for teams of 12+ RPs to be separated, not all work together consistently and add more tasks to the supervisor	5/12/2021 8:50 AM
212	1:1 supervision or Dyadic can get VERY costly and small group is amazing, more than 50% should be allowed	5/12/2021 8:41 AM
213	I think 4-6 max is more realistic.	5/12/2021 8:41 AM
214	Group supervision can offer vital education and professional support and collaboration from the supervisor and fellow practitioners.	5/12/2021 8:32 AM
215	I think better attention to details and provision of care can be provided in smaller group settings.	5/12/2021 8:25 AM
216	I don't think it's possible to participate to the degree necessary to gain knowledge in a group larger than eight. However, I benefited from being able to use group hours from my university program to meet the requirement to get to the qualifying stage. Perhaps allowing it during practicum, and then requiring smaller groups between RP(Q) and RP to ensure that the qualifying applicant is getting quality supervision in the final stages of learning.	5/12/2021 8:24 AM
217	I believe that this should be separated in two distinct categories: supervision with over 3-5 supervisees is not in fact supervision, but group teaching -- and often a money grab from supervisors, especially psychologists.	5/12/2021 8:23 AM
218	This can be invaluable because we are seeing supervision in action. Is a staff meeting the same as group supervision. Are social workers having staff meetings with many therapists and marking it as attending supervision???? How is this being regulated. Again social workers may see this as supervision but if it's agency policies and procedures it should be qualified as such.	5/12/2021 8:00 AM

219	I find a lot of value in group supervision. Even though I've already completed the 50% mm group supervision, I've continued to pay for this service despite it not counting towards my hours to drop my Qualifying. It's that valuable. I wish we could do more than 50%! Supervision is not cheap, and being a new RP qualifying is not easy, especially during a pandemic.	5/12/2021 7:59 AM
220	I prefer group supervision because I love to receive feedback from my peers and I believe hearing their cases is an extremely valuable part of my learning process, rather than simply discussing my own cases. I wish my supervision could include more group hours.	5/12/2021 7:54 AM
221	Maybe make it 1/3 of hours group and the others individual/dyadic Under 10 rather than no more than 8 would be a better number.	5/12/2021 7:49 AM
222	I support the idea that both group and individual/dyadic supervision is important. The individual/dyadic allows for that close interaction and support, while the group supervision allows for an exchange of ideas, practices and experiences and fosters a sense of therapeutic community.	5/12/2021 7:47 AM
223	N/A	5/12/2021 7:46 AM
224	no	5/12/2021 7:41 AM
225	Even 8 is a very large group for supervision. It is easy for people to come and just listen, not necessarily participate, and check off the box that they attended. As a supervisee, I preferred a group max of 4.	5/12/2021 7:33 AM
226	None	5/12/2021 7:32 AM
227	None	5/12/2021 7:27 AM
228	It should be accepted at 8 people within the group	5/12/2021 7:15 AM
229	In my practicum, we had 12 students from different educational backgrounds. This practicum was excellent teaching facility. To restrict the supervisees would be a challenge for this facilities process.	5/12/2021 7:01 AM
230	no comments	5/12/2021 7:00 AM
231	I think if you're coming out of your certified masters and want to get into the field, the added expense of Group supervision is quite high. I would say individual is more effective when starting or moving from Qualifying to RP. That is, more targeted and specific instruction to the individual. I would suggest perhaps a 60-40 split; 60 individual and 40 group. I find groups tend to allow for vicarious learning, but forget the individual needs of the RP that needs more focused attention.	5/12/2021 6:57 AM
232	No more than 4	5/12/2021 6:56 AM
233	I think 7 people in a group would be difficult to manage. This seems like a reasonable guideline.	5/12/2021 6:55 AM
234	I feel that groups of four would be best so that some individual attention could be given in that setting. Also the ratio of group to individual is difficult for new therapists to pay for if they can't get a job right away until they have more experience. Many were forced into private practice in order to start practicing at all such as myself so funds were tight. Therefore it was easier to pay for group sessions earlier in and then make up more if the individual sessions after making more money.	5/12/2021 6:50 AM
235	I have done group and individual supervision and found the group format to be interesting but much more like education rather than supervision. While individual supervision is very expensive, it is much more effective, especially when it includes reviewing videos of client sessions.	5/12/2021 6:45 AM
236	I understand why this must be done, however, I have participated in group supervision with 9-12 people that was much more fruitful and informative than my supervision with 8 people. It's very much about the directors style and ability to connect with the group.	5/12/2021 6:44 AM
237	Individual supervision should be prioritized.	5/12/2021 6:42 AM
238	Maximum of four to a group provides a more reasonable space per student	5/12/2021 6:41 AM
239	I do have more than 8 staff practicing psychotherapy in my organization and I offer individual	5/12/2021 6:38 AM

and group supervision to them. Group hours and limits are fair as individual supervision is more important.

Q18 In your opinion, for an RP (Qualifying) registrant, the ratio of receiving approximately 1 clinical supervision hour for every 4.5 direct client contact hours is:

Answered: 671 Skipped: 100

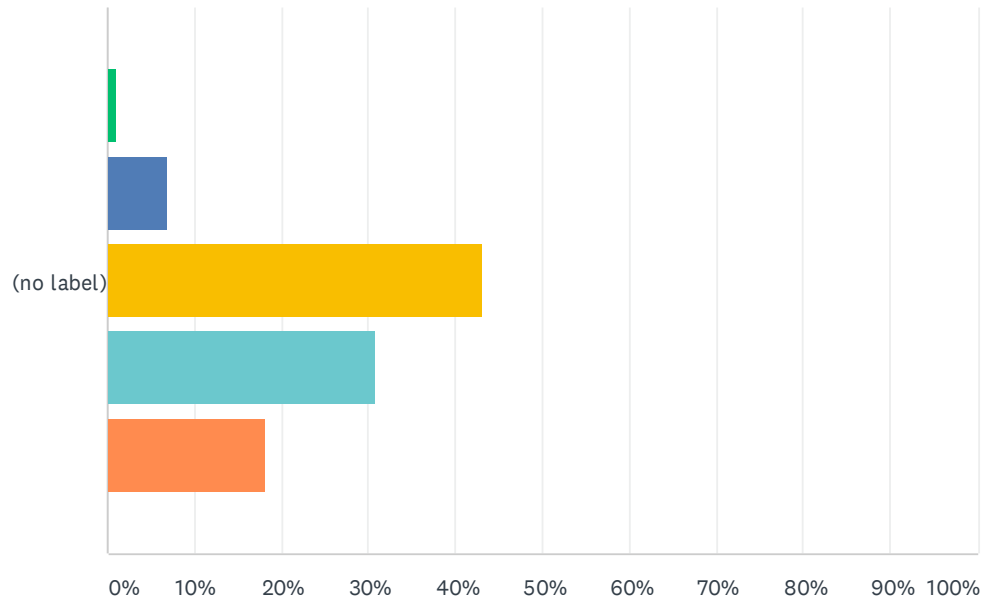


■ Much too lenient
 ■ Somewhat too lenient
 ■ Balanced
 ■ Somewhat too onerous
 ■ Much too onerous

	MUCH TOO LENIENT	SOMEWHAT TOO LENIENT	BALANCED	SOMEWHAT TOO ONEROUS	MUCH TOO ONEROUS	TOTAL	WEIGHTED AVERAGE
(no label)	0.45%	2.98%	41.88%	28.76%	25.93%	671	3.77
	3	20	281	193	174		

Q19 In your opinion, for a full RP registrant without independent practice, the ratio of receiving 1 clinical supervision hour for every 10 direct client contact hours is:

Answered: 671 Skipped: 100



■ Much too lenient
 ■ Somewhat too lenient
 ■ Balanced
 ■ Somewhat too onerous
 ■ Much too onerous

	MUCH TOO LENIENT	SOMEWHAT TOO LENIENT	BALANCED	SOMEWHAT TOO ONEROUS	MUCH TOO ONEROUS	TOTAL	WEIGHTED AVERAGE
(no label)	1.04%	7.00%	43.07%	30.70%	18.18%	671	3.58
	7	47	289	206	122		

Q20 Please provide any comments you may have about clinical experience ratios.

Answered: 269 Skipped: 502

#	RESPONSES	DATE
1	What does without independent practice mean? That they practice in an institution? It may not be possible to achieve the supervision that often.	6/15/2021 10:36 PM
2	The one hour every 4.5 DCC hours is far to hard to obtain for RP(Qualifying). It is extremely expensive as well.	6/15/2021 6:37 PM
3	I think the total numbers of hours is fine, but adhering to the ratio makes almost no sense within the reality of practice. If I see 5 clients per day 4 days per week, I need to spend 4 hours per week in supervision. There aren't enough supervisors to support that and there aren't enough hours in the week for early career clinicians to achieve that.	6/15/2021 5:34 PM
4	For an RP (Q), should be 2-3hrs/month, for an RP should be 2 hrs/month	6/15/2021 9:36 AM
5	I think The rules should be looser - why isn't Monthly supervision acceptable? Or mandate supervision costs - its so expensive and many new RP-Qs have thousands of dollars of debt they are trying to pay down it is ridiculous to ask them to also pay \$300/weekly to meet the 4-5 ratio. 1-10 ratio is more manageable than 4-5 but still requires allot of out of pocket costs.	6/15/2021 8:17 AM
6	I think the ratio makes sense. I also think clinical supervision should be mandatory for the first 5 years of practice. We learn with support, we learn with experience. It just means you learn better with working with a team. Unfortunately if you are in private practice you often don't have a team. So I believe it is important to make it mandatory to consult during the first 5 years so that you understand more how you work, what you do well, what you can do better and safe effective use of self.	6/14/2021 10:27 PM
7	It depends on how well students are trained and how well they are doing in the work, but in my experience most students I supervise are safely and effectively able to carry close to a full caseload in private practice with weekly supervision. Any more frequently and it would be cost-prohibitive for student therapists and also impact the availability of practitioners (not to mention supervisors), especially for clients who require reduced fees.	6/14/2021 9:54 PM
8	In the ratio 1:4.5, I would need supervision for everyday that I worked. Most of my clients are EAP. I therefore need 3 clients to pay for one supervision hour. It is not feasible.	6/14/2021 9:05 PM
9	I think that the ratio to reach independent practice should be 15 direct client hours to one hour of supervision. I think that it should be 10 hours for RPQs.	6/14/2021 2:34 PM
10	These ratios are fine in an educational placement, but in the "real world" this doesn't make sense. It is not uncommon for agencies to book 4-5 clients per day, which would mean a qualifying registrant would need 1 hour of supervision per day (or the equivalent per week). That is truly unfeasible, both for the registrant and for the agency. Agency work also famously does not pay well at all, and we are leaving some registrants in the position of literally not being able to afford to work full time if they are required to purchase additional private supervision to top up the hours. Even the full RP category is too onerous - this is a lot of hours of supervision, especially when the registrant has already demonstrated competence through successful completion of their educational program, as well as passing the Entrance to Practice Exam. This seems particularly out of balance when contrasted with RSWs, who often share the same scope of practice and job role as RPS, and who can practice unrestricted from the day they are registered with their college.	6/14/2021 11:35 AM
11	I understand how you came up with these ratios but they do not represent what happens in private practice - that RPs have 10-20 clients per week over the learning years and to expect them to also have 2-4 supervision hours per week is too onerous time- and expense-wise. Weekly supervision is enough for folks in private practice.	6/14/2021 9:29 AM
12	no	6/13/2021 11:08 AM

13	While I believe having a high ratio of client hours : supervision is required, I feel this is too high. In my experience, people seek out supervision as it is needed. A student seeing 8 clients in a week needing almost two hours of supervision feels like too much.	6/12/2021 2:45 PM
14	The need for supervision on specific cases varies tremendously. Any ratios set should've guidelines only. Some clients require extensive supervision; others far less. This reality needs to be factored in to guidelines	6/11/2021 10:37 AM
15	RP (Qualifying) first 3 months 1 hrs supervision to 4.5 client hours. Next 6 months 1 hour supervision to 6 client hours. 1 year of registration then 1 hrs supervision for 8.5 client hours and so on....	6/10/2021 2:25 PM
16	Supervision is expensive, and at the rate that most RPs see clients, we would need to have 2-4 hours of supervision per week. There is neither time, nor funds for that. Additionally, if the RP already possesses the competencies to work with the bulk of what's on their caseload, or is resourceful enough to seek out peer consultation, research/literature, old supervision notes, etc, requiring the RP to have supervision seems a bit like overkill. Requiring so much supervision disempowers the supervisee and creates such a significant financial barrier that registrants would not be able to remain employed in the profession. It also puts undue pressure on supervisors, who are often also carrying their own caseload. Keeping the ratio as a guideline rather than a requirement would be preferable, and loosening that guideline would also account for the myriad ways in which supervisees supplement their own knowledge/competencies outside of supervision.	6/10/2021 1:25 PM
17	I think it's a bit unrealistic to expect rp (q) to get that much Supervision both from a time based and financial perspective.	6/10/2021 12:28 PM
18	the current ratios ask too much from registrants when they are considered to have met the standards for entry to practice prior to needing the extensive supervision. This requirement does not map on to the requirements of MSW graduated social workers who are not required to receive supervision at all. I believe supervision is necessary but the current ratios are far too demanding of registrants' time and are costly and expensive for new graduates.	6/10/2021 12:09 PM
19	I appreciate the educational reasoning for 1 hour of supervision to 4-5 hours of clinical practice, but this can mean arranging for 1 hour of supervision per day in many situations. This seems onerous for both supervisor and supervisee. It will also be financially challenging for new therapists to dedicate at least 20-25% of their income at the time when they are setting up practice and paying off student loans. A 7:1 ratio of hours for a longer period of time would be more reasonable and manageable.	6/10/2021 11:01 AM
20	1 hour of supervision per 15 hours of direct client contact is more realistic if the RP(qualifying) is working full time	6/10/2021 10:18 AM
21	It is my opinion that 1 clinical supervision hour for every 5- 10 direct client contact hours is prudent for RP (Qualifying) registrants.	6/10/2021 10:07 AM
22	These ratios are often unrealistic. The expectation makes more sense to be at most an hour a week as a qualifying member (1 supervision hour to every 15-20 client contact hours), otherwise it's essentially needing an hour of supervision every day. Of course the ratio would be even less (closer to once a month or every two weeks at most) for RPs.	6/10/2021 6:32 AM
23	The 1/4.5 is too much given that we sometimes must pay \$100-170 for an hour. This ultimately gets passed to clients and can be a financial burden for many. A 1/8 or 1/10 would be ideal.	6/9/2021 8:57 PM
24	Conceptually, the ratios make sense in terms of debriefing cases. However, practically speaking, a full time RP (Qualifying) would need to have one hour daily of supervision if they had 5 hours of clients a day. That just seems insurmountable in terms of the time and cost.	6/9/2021 8:16 PM
25	For practitioners with a heavier client load, weekly supervision should be outlined as sufficient. It should also be flexible if the supervisor has determined that the supervisee is competent to practice with less supervision	6/9/2021 6:18 PM
26	those ratios often would mean that a busy practitioner would need to come more than once a week, which is not reasonable most of the time. While I agree with the number of supervision hours, what often happens is they have completed beyond 450 or 1000 DCC by the time they reach those supervision hour benchmarks. Since CRPO has begun to scrutinize the ratio more carefully, myself and my supervisees have worked hard at maintaining that ratio as closely as possible, but it is onerous and perhaps unnecessarily so in many cases.	6/9/2021 4:46 PM

27	Some therapists have a lot of previous experience - ex. before they joined CRPO, they were a counsellor or mental health therapist for years - and so the current rules fit well for them or are even a bit onerous. On the other hand, some student who join CRPO, have 0 experience other than their practicum in their Masters, and they seem to move through the CRPO system quite easily and quickly. However, they're still lacking experience and seem to need more supervision than they're getting.	6/9/2021 1:42 PM
28	It seems unrealistic to expect that supervisors will provide 8 hours of supervision/month (for an RP(Q) caseload of approx 40 clients/month) - not to mention the potential financial cost to the registrant for accessing this amount of supervision (e.g., \$1200/month).	6/9/2021 12:30 PM
29	I would like to see the criteria focus more on types of cases, risk situations, complexity of therapy, rather than hours of contact.	6/9/2021 12:07 PM
30	Not realistic	6/9/2021 10:49 AM
31	It would be worth exploring these guidelines from an anti oppressive and cultural humility perspective, I would be curious to know how these expectations would impact say an indigenous therapist trying to collect hours in remote Parts of Ontario. Who do these measure exclude?	6/9/2021 10:38 AM
32	As an RP(Q) working in private practice and doing contract work for an RP, it is not sustainable financially to meet this suggestion. It is currently worded as being strongly encouraged but it would mean that for someone making \$60 per session doing contract work, they would net \$240 for 4 hours of work, and then be requires them to pay \$120 (minimum) for an hour of supervision....therefore only having \$120 income for 4 hours of work (minus office, software, etc. expenses). That is not sustainable and doesn't create a situation where the RP(Q) is set up for success.	6/9/2021 10:32 AM
33	I have to go with the supervision that is provided at my workplace, which is one hour a month for individual and one hour for group. I can't afford to hire a supervisor outside of that. It has taken me a long time to get my supervision hours at my current workplace. At my previous workplace, I had a lot more supervision, but not enough DCC hours.	6/9/2021 9:54 AM
34	For a clinical supervisor, it may be challenging to provide 1 hour of supervision for every 4.5 hours of direct client contact. I think this poses a barrier for qualifying members to receive their hours.	6/9/2021 8:58 AM
35	To encourage new RPs to remain in the profession, requiring one hour of supervision per 4.5 direct client contact hours is unattainable not only from a time perspective but from a financial one as well. Further, finding a supervisor that is a right fit takes time and can be expensive. If a new RP is full in their practice, then this would look like 1 hour of supervision per day, on average, which is unattainable for both time and financial reasons.	6/9/2021 8:40 AM
36	I think full RPs should require 1 hr of supervision for every 20 hours of DCC. Anything else is unrealistic and places a huge financial burden to folks just starting out.	6/9/2021 7:53 AM
37	If they are not it independent practice then they are probably getting informal supervision at their work place and may not require so much supervision	6/8/2021 10:35 PM
38	RP-Qualifying should not have mandatory limit for supervision. Some RP-Qualifying have to attend clinical supervision at there work place along with group supervision. Adding on another clinical supervision with private practice is time consuming and interferes with direct client contact hours. Not that much time available in a month, let aside with cases and professional development.	6/8/2021 9:50 PM
39	Rp Q starting in private practice is difficult to receive supervisor for ten ccc with full case load as supervisor often do not have that time as it would need to be every 2 days to meet that requirement or multiple supervisors	6/8/2021 9:47 PM
40	I wish there was a way to require an initial ratio of 1hr supervision to 5hrs DCC for say, the first 150 hrs of DCC, then shift to a ratio of 1 to 10 for another 200 hours, and finally shift to a ratio of 1 to 15 for the last 150 or so DCChrs taking it to 450 DCC hrs. Of course, I have not done the math on this but for me personally, I have 18-22 clients a week and currently seeing my supervisor for individual supervision twice a week and group supervision once a month, it's very hard to schedule and I'm not even meeting the requirements! Based on 18-22 clients/week I ought to be receiving 3-4 hrs of supervision a week and that is incredibly challenging....and tedious (!) unless CRPO is ok with one having multiple supervisors and not	6/8/2021 8:29 PM

the same individual supervisor 3-4 times a week! I WISH I'd been mandated to have more supervision upfront (even though the cost is really challenging at the beginning for sure) and I wish I could just schedule one hour of supervision a week now that I'm at about 800 DCC.

41	IT's also way too expensive and given how hard it is to find internships and jobs it's really not feasible for many. I have struggled immensely in my first year of practice to make any money, afford office space and this adds to it.	6/8/2021 8:02 PM
42	If members are seeking full membership and the ability did I dependent practice the supervision requirements are reasonable.	6/8/2021 7:45 PM
43	For RP (Qualifying) 1:5 For RP (Without independent practice) 1:12	6/8/2021 7:33 PM
44	I believe making the Supervision hours that are required doable and not a huge expense to those who are needing hours.	6/8/2021 6:56 PM
45	Each of these scenarios do require case by case situation.	6/8/2021 6:50 PM
46	It is the financial burden (at that stage of practice) that make this somewhat onerous. The learning itself is invaluable.	6/8/2021 5:50 PM
47	I will complete and sign a supervisees' DCC attestation form if they have had a 1/10 ration (RP Qualifying) and a ration of 1/20 (full RP). My rational is that to expect a ration of 1/4.5 clients means that the PR Qualifying has to have supervision of one hour every single day! That is not reasonable or feasible financially or for scheduling. Having 1 hour of supervision for every 10 client hours is equal to supervision once or twice per week. When someone reaches full RP status, having supervision on a weekly or every week and a half makes sense to me. It is important that the supervisor is available in an emergency crisis situation regardless.	6/8/2021 5:50 PM
48	Ratios are balanced	6/8/2021 5:42 PM
49	1:5 seems a good ratio for training, and 1:10 seems reasonable for more experienced therapists	6/8/2021 5:11 PM
50	For a new therapist, the bar is too low, but there needs to be a range of DCC to CI Sup hours; some leeway for the supervisor to assess skill level and define frequency based on their assessment; eg a mature student who has several or many yrs of clinical and/or relevant life experience MAY require less frequent supervision	6/8/2021 4:41 PM
51	As an RP (Qualifying) it can be challenging to ensure I am getting adequate supervision when accounting for supervisors schedules and busy caseloads. That being said, I appreciate, and agree with, the need for more intensive supervision at this category.	6/8/2021 3:44 PM
52	A person in a position of RP should decide for themselves whether or not they need to meet with a supervisor or consultant. CRPO should regulate policy as it pertains to interaction with the public. It will be up to the individual to decide if they need more supervision or not and usually for personal mental health.	6/8/2021 3:38 PM
53	Realistically in either agency or independent practice it is difficult to find the resources to get this ratio of supervision. One independent member told me she felt she worked just to afford supervision, and financially just could not meet the standard. In agencies, manager/supervisors simply can't afford the time to spend with supervisees at this ratio much of the time. I have heard many people have to fudge the numbers they report as a result.	6/8/2021 3:28 PM
54	This is an unjust expectation and seems to be a money grab for current RP supervisors. Once a person has completed 200 hours of direct client contact with 50 hours of clinical supervision - they should be allowed to practice - with recommended weekly clinical supervision. Social workers who practice as psychotherapists (as well as the other identified RHPs who provide this service) do not have to meet any specific type of ongoing supervision hours to practice - why are such onerous requirements placed on individuals who have trained specifically to become psychotherapists?... When these individuals graduate from Master's level programs which prepare them specifically for psychotherapy - that should be sufficient for entry to practice requirements. The micromanagement of this by CRPO is overreaching and unnecessary.	6/8/2021 3:24 PM
55	Supervision is very expensive - implementing some type of program to assist in finding supervisors and making supervision more affordable might be helpful.	6/8/2021 3:08 PM
56	The problem with these ratios is that it placed an enormous financial burden on registrants. If	6/8/2021 2:54 PM

there was a way to ensure adequate supervision at a reduced cost, I think these ratios are reasonable.

57	NA	6/8/2021 2:40 PM
58	I think training programs need to have more accountability for ensuring their students and graduates meet the stated ratios -- if there is a problem with a student, it should be remedied before graduation. It seems problematic to allow a student to apply to CRPO without substantially completing some clinically supervised hours because its not clear who is accountable when there are real issues for the student.	6/8/2021 2:38 PM
59	Some work place may not provide this kind of ratio for clinical supervision, so it's impractical for those working in these places. Other professionals who practice psychotherapy, such as social work, do not require this ratio.	6/8/2021 2:32 PM
60	If an RP (qualifying or independent) is in full time private practice (approx 20 client hours per week) the ratio would require them to be receiving supervision 2 times per week (for full RP) and 4 times per week (qualifying RP). My last supervisor was charging \$200 per hour so this would be \$400/\$800 per week plus the lost income in billable client hours each week. That is approximately 1-2 days income lost each week, or more for qualifying RPs who are offering reduced fees due to their student status, or sliding scale.	6/8/2021 2:31 PM
61	n/a	6/8/2021 2:31 PM
62	I think at least once a month supervision is sufficient	6/8/2021 2:22 PM
63	no	6/8/2021 2:14 PM
64	These ratios above should only be kept as a guideline. There are far too many different variables that determine what a therapist's ratio should -or can -be. It needs to be left between the therapist and the RP supervisor to decide. The 1:5 and 1:10 ratios are far too restrictive if the member is coming through a training program that is designed around building a private practice. Those students are often already beyond those ratios by the time they graduate their program. It's far too restrictive to impose these ratios.	6/4/2021 7:38 PM
65	The problem with the ratio for Qualifying RPs is that different people come with vastly different levels of experience. For example, I'm applying to the CRPO but I'm not a new psychotherapist; I've been seeing clients for almost 5 years and worked as a mental health nurse for nearly a decade. Consequently, I don't need as much supervision as a relatively inexperienced new grad. I think the RP Qualifying requirements of 450 direct client hours and 100 supervision hours are fair enough, but I don't think RPs(Q) should have to keep up the high ratio of supervision until they pass the examination. Again, applicants to the college have different levels of experience. I'm applying with over 2000 direct client hours and don't require the same supervision as someone with far less experience.	6/4/2021 11:01 AM
66	For Qualifying 6-8 hours would be sufficient	6/3/2021 2:02 PM
67	F	6/2/2021 5:27 PM
68	The cost of paying a supervisor can be prohibitive and this is very problematic as candidates that may prove to be excellent psychotherapists are limited in accessing to the required supervision. I think funding option or a list of supervisors offering free supervision should be available to those requiring financial support. This will address equity issues that are currently limiting accessibility to those less privileged individuals and therefore not providing full access and representation of society at large.	6/1/2021 7:22 AM
69	These criteria do not meet my ethical and professional criteria and put the consumer at higher risk of harm.	5/31/2021 7:22 PM
70	The cost of supervision is prohibitive for 4.5 direct client hours per supervision hour. Perhaps 10 is too lenient, 7 is more balanced.	5/31/2021 5:54 PM
71	I am not entirely clear about why a full RP registrant might not be able to practice independently. I had to have 1000hrs of DCC and 150 hrs of supervision just to apply to the College via grandfathering in 2015.	5/31/2021 5:26 PM
72	In the first 450 hours, students and new practitioners should have a lot of supervision. This should be primarily done through their practicums during training. 1/10 seems like a lot for an RP	5/31/2021 4:28 PM

73	Supervision ratio should be 1:5 or even 1:4. Otherwise, supervision will take the form of "case management", which is superficial and lacks essential depth.	5/31/2021 10:58 AM
74	The requirements and level of supervision for students, RP (Qualifying), and RP without unsupervised practice is an extreme hindrance to working in the field. As a student, in addition to my masters education costs, I had to pay for a supervisor out of pocket to ensure I received supervision from an RP. It is extremely difficult to find supervision from an RP (limited spacing and availability). Further, as an RP(Q) the hours of supervision and costs are not only taking up 3-5 hours of my work week, but also putting a HUGE cost on me when the field doesn't pay well (difficult to make a living wage). To think that this level of supervision extends for such a long period of time is draining financially. It further makes entering the field (for what limited RP jobs there are) difficult. Employers are seeking RP's who do not require supervision because they cannot take on the cost of an RP's supervision requirements. Beyond that, many supervisors simply do not have the time to provide this much supervision on a weekly basis. RP's should be practicing self-care and living a balanced life to ensure proper practice. Hard to accomplish with your requirements. You are blocking the progression of RP's in the field, when the mental health demand is high.	5/31/2021 10:20 AM
75	1 clinical supervision hour for every 5 direct client contact hours	5/30/2021 11:14 PM
76	Those ratios make it very difficult in terms of time and finances for new therapists to make a living. This is also a big challenge for those working in remote areas.	5/28/2021 11:48 AM
77	I think that an average of 1-6 or 1-8 hours is more reasonable to ensure quality of practice, quality of supervision and is in line with other designations in the US	5/27/2021 7:52 PM
78	Adequate supervision for new practitioners is critical. Also, it can be onerous for qualifying RPs to pay out of pocket for additional supervision if they are not working in a practice that provides such (or it is not a reasonable expectation of the practice that supervision needs to be purchased from the onset).	5/27/2021 3:16 PM
79	I have been fortunate to be in settings where I am provided with free supervision, but this is not the case for many of my colleagues. 1:4.5 is a lot of supervision for someone who is paying for it. This makes sense in an internship, but after the initial 150 hours, I think a 1:10 ratio makes more sense.	5/27/2021 12:06 PM
80	For an RP Qualifying who is working full time, to follow this ratio would require more than 8 hours of supervision in one week. That is unrealistic in both time and spending as supervision is not always available as part of the clinic. This added burden may lead to RP Qualifyings having to limit their income or overspend leading to further debt after school. It is also not always necessary as all concerns can be brought up in one weekly individual meeting and one weekly group meeting. This ratio could be made more accessible while still maintaining ethical principles of practice.	5/27/2021 8:26 AM
81	If one has a practice of say 15 weekly clients, then as a "Q", that's 3 hours of supervision a week. That's not usually possible, financially or timewise for both the Q and their supervisor. It's not reasonable.	5/27/2021 7:58 AM
82	I think this ratio isn't realistic or necessary. If someone is in weekly supervision, then they should be able to see up to a certain # of clients in that week (let's say a # that represents a busy part time practice - 15-17 or so). I see about 15 clients a week and am in weekly supervision and I feel we're able to cover all the bases. I do regular group supervision as well (a couple of times a month) so my ratios aren't wildly off, but I'm in a privileged position and can do that. Therapists who are at a different point economically in their lives may not be able to afford that much supervision - and if we lose those particular therapists I think the whole profession would suffer ... we need diverse participation and voices, not just rich people who can cover the costs of endless hours of supervision.	5/26/2021 10:45 PM
83	Working part-time at a Family Health Team as a mental health counsellor, I saw 15 clients/week= 60/month. The hourly wage is fairly low as a community ohip covered organization. To meet the ratio of 1hr supervision for every 4-5 client hours, would be 3 hours of supervision/week. At \$120/hr, this meant paying for supervision \$360/WEEK. My income was only \$675/week. This meant to meet the supervision ratio, I needed to pay HALF of my salary. I went into further debt due to this. It was an extremely hard and punitive process to feel this financial burden was a requirement to get into the profession. There is lack of available supervisors who fit the model/experience/setting and scheduling and the fee for	5/26/2021 2:54 PM

supervision is not regulated by the college. 1:10 ration during the qualifying stage would make a big difference in remove the financial burden.

84	I understand the importance of the ratio of 1:4.5 as it allows us the opportunity to explore our clients more frequently. Looking at this from the lens of both a student and profession, I do in a sense find this oppressive and limiting. When I was a student, I was paying for school plus now supervision and many supervisors out there do charge their students and RP (qualifying). When you are doing work for free (in practicum) or not for profit (usually low paying) this becomes impossible to fund. I worked in a residential center upon completion of the program and paying for supervision plus continuing education that was imperative to continue to support my clients, I was spending more money than I was making. Especially in not-for-profits where you do not necessarily have control of your caseload, it is impossible to be able to afford supervision that many times for the cost many charge (because most people charge around \$150) and in not-for-profits you may be making anywhere between \$20-\$30 an hour and you still need to eat, pay for gas, pay for shelter, etc. I find I get comments made to me about how I should be getting more supervision but I cannot afford more supervision. It isn't financially possible and I find CRPO ignores that part and in a sense it can oppress those who are experiencing financial difficulty. We are supposed to be a field who understands all of this but I find we often do not. Even now, starting in private practice, you have a lot of overhead and sometimes you see clients pro bono, and even still it is paying for things you cannot afford. BUT you do need to practice, you do need to build hours because if you do not fulfill the yearly requirements, that can get you in trouble too. I understand the 1:4.5 but as a person that needs money to survive. It is not possible financially. Most supervisors do not provide low-cost or free services. The people earning the money to afford this are often the ones who already have the experience.	5/26/2021 12:57 PM
85	After having practiced for +/- 450 DCC, I don't believe that it is realistic or needed to seek 1h of supervision per 10DCC. I believe it should be left to the RP's discretion, and with a discussion with their supervisor.	5/26/2021 12:51 PM
86	Supervision costs are a lot and it can be difficult to fit in more than one hour a week with young kids at home unless supervisors meet evenings. I also don't often feel I have enough to talk about after only 4 clients to fill a whole hour unless they are complex cases.	5/26/2021 12:40 PM
87	In many community work settings or EAP, therapists are expected to see between 15 and 30 clients a week (DCC). It would not be feasible for therapists to get 3 to 6 hours of supervision. This is especially true since the cost of supervision can be very expensive and only a certain amount of group supervision (which can be cost-effective) can be recognized (i.e. not more than 50%)	5/26/2021 12:00 PM
88	These ratios are not practical. My workplace would not be able to accommodate and those in private practice face many more barriers, not the least of which is a financial concern. Many are having to pay for each hour of supervision at the practitioners regular rate. It's not sustainable for many beginning practitioners who have paid tens of thousands of dollars to complete an accredited program already.	5/25/2021 5:51 PM
89	Though balanced - the question is now more around whether or not this is a realistic outcome for practitioners. Particularly when determining the frequency with which to follow through and obtain clinical supervision.	5/24/2021 5:07 PM
90	If a new qualifying counsellor is taking 20 clts/week it is too onerous to be receiving 4-5 clinical supervision hours / week. From my perspective, there can be further leniency, including if therapists have access to other supervisors during their practice. The issue from my perspective is that 450 hours is NO WHERE close enough to required competency - and counsellors should require 1000 hours before being able to practice independently. There are a significant number of therapists who are graduating who (if their practicum had many DCC hours) - could be practicing independently within 6 months of graduating. They are not adequately prepared to deliver independent practice. The more systemic issue is a lack of position available, however the CRPO would be within its interest for clients AND counsellors to conduct advocacy and support to increase opportunity for new counsellors to be able to find enough supervised non-independent positions at least for the first 2 years of practice (eg - advocating for funding, creating relationships with agencies, eaps, community resources, etc).	5/24/2021 1:48 PM
91	RP (qualifying) 1:4.5 (150\$ supervision) : 4.5 hours (\$40/hr) cost \$150 = earn \$180 Something needs to adjusted so RP(Q)s are not broke starting off a career at a masters level	5/23/2021 12:25 PM
92	Again, answered balance for both but as a service user with only a bachelor's in psychology, I	5/23/2021 4:19 AM

don't feel as though I have enough experience with these policies in practice to have an opinion

93	If a non-independent practice RP is working full time, they are likely seeing more than 10 clients a week and therefore the expectation is more than 1 hour of supervision a week. It's much too onerous, particularly when they have been through a student placement and been in the qualifying category and have obtained substantial supervision to that point already.	5/22/2021 10:35 PM
94	I cannot stress this enough, please change these rules. I am working at a clinic as an RP (Qualifying) I see 20-25 clients a week. This means I am required to have 5 hours of supervision per week. This is absurd since I am making \$30/hour and supervision costs \$125-180/hr, and 50% of my supervision needs to be individual / dyadic. The CRPO is really getting in the way here.	5/22/2021 1:10 PM
95	So many therapist's are becoming independent who are not ready to work on their own. Increasing the amount of required supervision hours would help	5/22/2021 12:21 PM
96	In a publicly funded organization, one supervision hour per week, with 15-18 client hrs is almost the norm. It will be hard to provide more supervision hr than once a week. For private practice, it can be a different story.	5/21/2021 2:15 PM
97	If an RP(Q) is practicing full time with maybe 5 clients a day, they would need 1 hour every day. An RP below the 1000 hour mark would need 1 hour of supervision every 2 days. That's far too much. Supervision for every 10 hours DCC for RP(Q) (about twice a week) and every 20-25 hours for RPs (about once per week) is more than enough.	5/21/2021 1:01 PM
98	The amount you have right now for RPs would have them needing 2-4 hours of supervision per week, after they have graduated school. This is SUCH a huge financial burden to many who either have to pay for all supervision, or those who would have to supplement from an agency - it also restricts their ability to be hired as that is a high request for supervision. Reducing this number is important. Having 1:7 or for RPs, and 1:20 for RPs sounds more reasonable.	5/21/2021 9:01 AM
99	Once an RPQ passes their exam it should be adjusted immediately. Waiting to have the Q dropped due to backlog by CRPO causes severe budget issues and cost to the RPQ who is officially already an RP but without the stamp of approval by CRPO.	5/20/2021 3:02 PM
100	1:4.5 is incredibly onerous, especially considering that some people are paying for their own supervision. Even the AAMFT (widely considered the most intensive licensing program) only requires 1:5.	5/20/2021 2:19 PM
101	For RPQ's in experiential programs (such as TIRP), a ratio of 4.5 direct client hours to 1 hour of supervision is much too onerous. Since TIRP is a program that trains therapists through practice, this would be financially impossible to sustain for the majority of students. Also since the majority of student therapists are providing services at a very low rate, this ratio would likely mean that a lot of the clients (often in the highest need for affordable therapy services) would simply not be served. In this sense, this ratio would have a negative impact on both emerging therapists and the public at large.	5/20/2021 1:50 PM
102	There are many reasons why this policy is too onerous, but I will describe one: For those of us attempting to make career transitions in this troubled economy, it can be virtually impossible to practice as a "student therapist" and afford to pay a supervisor while accruing the required number of hours as quickly as possible (so that we can progress out of "student therapist" status). This is because as "student therapists" we charge a reduced hourly rate to our clients. Many of us reach a point in our training where we must quit our day jobs in order to focus on working with clients/completing our training, and if we can only afford to proceed at a snail's pace (because we can't afford to pay our supervisor at the required ratio and also take care of our families and ourselves) many of us will be locked in perpetual training for years!	5/20/2021 9:42 AM
103	The ratios are good but again the hours of individuals who have studied/worked abroad or outside of ON and their program has been recognised by the WES should be counted. They could probably be allowed to clear CRPO's exams first and then their experience be counted akin to the acquisition of a driving licence where experience is counted. This is unfair towards experienced immigrants or those who have studied elsewhere to start from scratch.	5/19/2021 9:02 PM
104	Working full-time in an agency with a caseload of 25 clients, having 2+ hours of supervision a week is very challenging. My agency does not support that much supervision, and having to	5/19/2021 2:03 PM

	stay to that limit would restrict my ability to work for the first year after becoming a RP(Qualifying)	
105	Some supervisors are unable to meet with Clinicians after every 4.5 hrs of practice.	5/19/2021 11:46 AM
106	n/a	5/19/2021 9:30 AM
107	A clearer, more easily found outline on the CRPO website would be welcome	5/18/2021 7:22 PM
108	I think these ratio's combined with the cap on group supervision numbers can make gaining clinical experience and building a practice challenging for both time and financial considerations for those entering the profession. This is especially true for those who are practicing outside the GTA.	5/18/2021 3:32 PM
109	Monitoring of the ratio of DCC to supervision needs to be ongoing either by the College and/or the training institution. Students who are applying for Qualifying status with all (of more than) the required number of DCC hours without the proportionate number of supervision hours have not been doing supervision apace with their DCC experience. This defeats the purpose of supervision and does not protect the public.	5/18/2021 2:10 PM
110	I have worked as RP for 25 years and still find supervision a helpful practice to enhance skills and effective use of self.	5/18/2021 1:28 PM
111	None.	5/18/2021 9:47 AM
112	RP's may not have the time or funds to pay for supervision hours when they have a low ratio of clients. Some RP's also practice with EAP or other agencies that provide a high number of clients, but that do not require supervision under their terms.	5/18/2021 9:45 AM
113	It is not realistic for the supervisor or supervisee to have a 1:4.5 ratio. There is not enough time that can be realistically committed to meet that requirement. Additionally, it is not financially feasible to cover the college fees, school debt, practice related costs and supervision fees if that much supervision is needed. This is more supervision than what is received/required as a student which seems to invalidate the purpose of being registered.	5/18/2021 8:45 AM
114	Honestly these limits seem arbitrarily low and receiving supervision bi-weekly or weekly regardless of client numbers seems reasonable. The current limits are absurd and leave very little to be discussed as the frequency is so great or client number so low.	5/17/2021 10:04 PM
115	I think these numbers are unrealistic, but maybe they motivate folks to get close enough to that ratio that it's a good thing? In multiple settings (public, private, different states and provinces, among social workers, psychologists and licensed counsellors), I have never seen this high of a ratio in real life. I support this high of a ratio as a requirement in student placements.	5/17/2021 7:06 PM
116	These ratios are not practical nor possible, both financially and time wise. Most supervisors in my experience do not hold sessions more than once a week per supervisee, the cost is exorbitant given that most RPs (qualifying, independent or in school), are self-employed. This may be possible at an agency, but even in my agency work experience, supervision was bi-weekly or once a month. Many RPs in the qualifying and in waiting to transfer to independent, are doing therapy work full time and this would mean possibly a supervision session 2-3 times per week depending on case load. Again, this is not possible with workload, financially, or in the availability of any supervisor I know or have worked with. What seems more practical in all ways is making sure someone is in ongoing and REGULAR supervision. Its more realistic to mandate this to weekly, bi-weekly or monthly depending on the status of the RP than to client hours per week. Keep the number of client and supervision hours, but make it more flexible in how people can accumulate those.	5/17/2021 3:58 PM
117	Currently in the BACB it is 5% of direct client care should receive supervision with a minimum of 2 supervisory contacts within a month. Seems way more reasonable and yet still responsible.	5/17/2021 12:27 PM
118	Many qualifying members have a long practice history as a student and could easily surpass the CRPO requirements for hours of practice and total hours of supervision even before they become qualifying members. I don't think the ratio approach is the best way to go. I would prefer to set requirements for the total hours of practice and total hours of supervision accumulated both during the student phase and qualifying phase, and let the supervisor set the ratio based on the experience of the candidate and the nature of the practice.	5/17/2021 10:10 AM

119	When this rule was created, did anybody stop and see that for a RP (Q) it can mean almost daily supervision for up to \$150 per session? If the College exists to protect the public, does making a career as a RP unattainable due to cost a way to achieve this goal? And it also does not differentiate between the "quality" of the DCC hour. Some therapists have roles where an hour is very gruelling (e.g. victim services) while there are roles that are much less taxing on the therapist.	5/16/2021 10:47 PM
120	I feel a practicing independent RP has or should have the intrinsic motivation to seek supervision whenever the need arises. Hence mandating the need after one has passed the exam is little too much.	5/16/2021 5:50 PM
121	In certain settings this is just not possible, as some supervisors don't have the availability due to a lot of RPs they're supervising, or the workplace is so fast-paced that RPs can acquire more DCC hours, before having another opportunity for supervision. Also, some RPs are really competent and don't require as much Supervision. I believe the amount of supervision hours an RP (Qualifying) or a full RP should have should be based on their skill level: quality of their work, not the quantity of their hours. Someone could have twice as many supervision hours as someone else, and be incapable of making clinical decisions. For myself, I have found that supervision has often hinder the critical thinking and ethical decision making process in practice, because they don't listen or aren't open to new ideas. The process of clinical supervision as it currently stands is much too subjective. This needs to be changed because some truly qualified and skilled individuals are being held back from providing appropriate help for clients and other incompetent ones are being given the green light to practice more independently based off numbers or quantity.	5/16/2021 5:11 PM
122	Based on a typical beginner practice, let's say 10-15 client hours a week, that is three hours of supervision needed. If therapists are working more like 20 client hours a week, we're looking at 4-5 supervision hours. The cost of that is astronomical - that's between \$300-800 per week for supervision. So either supervisors need to be funded to make it more affordable, or we need to offer more clinical supervision groups.	5/16/2021 4:34 PM
123	Considering how many clients a full time RP sees (20+), there doesn't seem to be the time to have 2 hours of supervision every week!	5/16/2021 2:14 PM
124	If your work doesn't pay you or include workload hours to receive supervision, this is way, way, way to expensive and costly in terms of work time for an early practitioner. It also doesn't take long for this to also be far more than what is clinically useful.	5/16/2021 1:31 PM
125	those ratios are difficult to achieve	5/16/2021 2:41 AM
126	Once weekly and ad hoc as needed would be more reasonable.	5/15/2021 8:36 PM
127	this is untenable. It is too expensive and too time consuming for both the registrant and the supervisor. There are not enough hours in the week to manage this. Spread it out, let the learning take place over time - there is no rush.	5/15/2021 8:19 PM
128	I would assume students are encouraged to see more than 4.5 clients a week, and supervision is typically provided once a week.	5/15/2021 8:07 PM
129	Requiring supervision at the frequency of one hour per week in addition to the expectation that the registrant will reach out for assistance as needed seems far more reasonable for the candidate on for the supervisor.	5/15/2021 7:52 PM
130	N/A	5/15/2021 7:15 PM
131	Supervision with various supervisors up front can be very helpful and important to a therapists professional development.	5/15/2021 3:59 PM
132	Depends on clinician...if all previous hours have been with same type of clients 1 to 10 may be ok....but if they are taking on different types of clients eg anxiety to high conflict families...the 1:10 would be supervision at too low a ratio.	5/15/2021 2:29 PM
133	RP registrants working in group practices often (though not guaranteeably) benefit from peer consultations and/or onsite professional feedback resources (informal or formal supervision by non-RPs included). I believe the ratio is reasonable for effective oversight but I also recognize the challenge of fitting in both time and budget what may amount to several hours' *weekly* supervision for busy RP-candidates.	5/15/2021 2:22 PM
134	It should be equal and. Insistent	5/15/2021 2:20 PM

135	If an RP(qualifying) and full RP can demonstrate enough skill and experience in their modality to be practicing, the supervision ration should be more flexible. RP(qualifying) candidates should show that supervision is ongoing and regular but 1:4/5 is too costly and time consuming for anyone even if we consider the group supervision as a factor. Some practicing individuals may seem upwards of 15 clients a week to run their business, that would equal 3hrs of supervision a week - not sustainable for therapist burnout and doesn't leave enough time for training or other professional development. If any RP (qualifying or full) can show that they have ongoing supervision, that their supervisor trusts their case load and skills, they should be able to be more flexible with the ratio, particularly if they have reached over 450 clinical hours with clients. The stress that the current ratio places on practitioners has been so immense - as demonstrated by the volume of inquiries partially leading to this survey.	5/15/2021 1:20 PM
136	1hr clinical supervision / 15 DCCs may be more balanced	5/15/2021 12:57 PM
137	I think 1 hour of supervision per 10 client hours is good for qualifying and perhaps 1 hour per 20 client hours for those moving toward independent practice makes sense.	5/15/2021 12:01 PM
138	It would be unfair to the patient if the supervision was not adequate and unfair to the supervisor if they had to look at more than 10 sessions at a time.	5/15/2021 11:42 AM
139	This becomes a cost issue for RPs	5/15/2021 11:25 AM
140	I don't think there should be such a big gap in required supervision hours related to direct client contact hours between RP(Q) (4.5hours) and RP (10 hours) as I found there to be little difference in the experience of practice between once graduated with all the necessary hours, and when I became an RP. Also I don't know that there are enough Clinical Supervisors to take on the RP(Q) who will need so many hours. In addition, supervision hours are not countable as DCC currently, so then I prioritize my DCC in private practice to maintain currency (10hours/week) over taking on supervisees. I enjoy supervising but this is a disincentive.	5/15/2021 11:06 AM
141	Compared to other professions, we spend a lot of time in the qualifying stage which puts a burden on the ability for RPQs to practice. I would prefer to see less hours (perhaps 250) and would be okay with that and the 4.5 hour ratio. It's a huge cost for supervision if someone is independent	5/15/2021 10:47 AM
142	Quality vs. quantity to be considered	5/15/2021 10:43 AM
143	It's not that it's "onerous," it's that it is incredibly impractical. I would have to meet with my supervisor twice a week to meet 1 supervision hour per 4.5 DCC; I'd have to meet with my supervisor once a week to meet 1 supervision hour per 10 DCC. Moreover, there would be almost nothing new to tell my supervisor. In one clinic I worked at, the clinical director expected that clinicians should be able to see up to 20 clients per week; while that was clearly an unrealistic DCC amount to me, it would have also meant meeting with a supervisor 5x that week to meet a ratio of 1 supervision hour to 4.5 DCC. The majority of clinical supervisors obviously do not have this kind of weekly availability (nor do therapists), and it is unrealistic to expect them to. Also, by the time the RP - whether Qualified or full RP - has had over 500 or so hours, as long as they're meeting about biweekly for supervision, they really should know enough about their profession to be able to practice well during those two weeks.	5/15/2021 10:41 AM
144	The difficulty is that some of the best supervisors are in the states or are not recognized by the CRPO and those supervision hours don't count even though they are often more helpful.	5/15/2021 10:39 AM
145	Costly and unnecessary.	5/15/2021 10:35 AM
146	It seems very unrealistic to many unless there is some sort of cap on what can be charged for supervision. Doesn't have to be cheap, but it's mandatory and often unaffordable. Many starting out therapists can even afford their supervisor's rate for therapy, let alone for supervision costs. It also seems unreasonable to meet so frequently unless you have a full caseload. Many starting therapists (in private practice) take 2 years to really build up clientele. It seems more valuable to spread the supervision out for a longer period, but allowing you to be registered so that clients can access their benefits is also important. It seems like it would make more sense to have supervision hours intended to go beyond just getting registered and racing through.	5/15/2021 10:34 AM
147	When clinical supervisors have caseloads, so do registrants. It's not always feasible to manage supervision (time and financially) that frequently. Some registrants are seeing 20 clients a week. When are they supposed to fit in supervision and what if their supervisor isn't	5/15/2021 10:32 AM

available? I believe the amount is fine, but expecting a ratio is unrealistic on a variety of levels.

148	It is dependent on the case load and the complexity of cases.	5/15/2021 10:30 AM
149	1:5 is pretty standard for new qualifying therapists, so 1:4.5 seems good to me. For someone working toward independent practice 1:10 seems like a high level. Assuming 20 hrs of direct contact a week, this would be 8 hrs of supervision a month, likely at \$150 per hour is \$1200 a month. This is prohibitive. I would suggest one to two hours of supervision a month is reasonable, making the ratio more 1:40 or even 1:80	5/14/2021 5:14 PM
150	Students (pre-registration) need close supervision, such as 1 hour per 4-5 hours (average 4.5) of clinical work. RP(Q)s may be more appropriately supervised at a rate of 1 hour per 5-8 hours, depending on whether they are working with new topics/populations or continuing with clients/areas where they already have extensive experience.	5/14/2021 12:24 PM
151	In some clinical settings RPs receive clinical supervision as part of their work - but it is never offered in the degree that CRPO is asking. One is lucky if they get 1 hour per week of work!	5/14/2021 10:55 AM
152	Should be 1 hour for every 8 hours	5/14/2021 10:15 AM
153	Two points to make: (1) The Student or RP Qualifying member is not doing the 'deepest' work of psychotherapy all the time. When they are performing care with which they are both competent and comfortable, intensive supervision is unnecessary. ('Check in', 'monitoring', 'reflection' & 'suggestion' are called for ... these available at a far less time-intensive rate!) In situations where the client's presentation and needs are new-to-the-learner and/or deeper + more complex, then there is need for more intensive supervision (i.e. at something like the 'rate' in the current regulations). On average, then, I'd make the suggestion that a halving (better yet, a thirding) of the current regulation's rate of supervision makes sense. (2) From the standpoint of the clinical supervisor and that person's institution, the current levels are far too steep (indeed, unsupportable). Again this is because the student or RP-Qualifying will have attained a certain level of competency, and will not be constantly going beyond it (doing the deepest or most complex of psychotherapy all the time!). When the week's work doesn't need intensive supervision, it is ridiculous to have to spend hours on it just to meet an arbitrary requirement. The averaged-out level of supervision that makes most sense in my work setting is a third of the current requirements.	5/14/2021 9:44 AM
154	The current ratios seem too unrealistically high.	5/14/2021 9:37 AM
155	NA	5/14/2021 8:11 AM
156	It is unreasonable financially and time-wise to meet these demands. Some people see 4+ clients in a day, meaning CRPO wants them to pay for an hour of supervision every day. I would say if you don't want people "clumping" hours, set a frequency definition rather than hours ration... like qualifying members needing supervision once a week or something along those lines. This ensures regular supervision that is reasonable and comprehensive	5/13/2021 7:42 PM
157	The ratio of 1 supervision hour per 4.5 clinical hours would be more reasonable with a higher group supervision allowance.	5/13/2021 7:39 PM
158	N/A	5/13/2021 7:37 PM
159	Supervision requirements are too specific. Supervision in actual practice may be less (sought out when urgently needed) and still be effective, depending on the therapist's experience and the complexity of the client's presentation	5/13/2021 5:05 PM
160	I can see this being an issue for the supervisor to dedicate so much time to the supervisee while balancing private practice/personal life etc. I wonder if alongside supervision, a supervisee should also be engaging in their own psychotherapy with a separate counsellor as supervision and psychotherapy should be done separately.	5/13/2021 4:22 PM
161	RP (Qualifying) should not have a ratio on supervision hours. Supervisors and supervisees have a shared responsibility of applying professional judgment based on the circumstances to determine the appropriate frequency of clinical supervision. Factors may include: The level of experience and competency areas of the supervisee; The nature of the therapy (modality, clientele, presenting issues); Other supports available (peer group, consultation, managerial oversight).	5/13/2021 1:29 PM
162	Because the 1,000 hours includes their internship hours, they really don't have a lot of	5/13/2021 12:48 PM

experience in doing psychotherapy. If they only have 1 clinical supervision hour for every 10 DCC, they may not have enough chances to bring their cases in for supervision. Even with 1,000 DCC, they are still very new in being a RP, they should be required to have supervision after they have reached 1,000 hours of DCC.

163	Ensuring adequate supervision at the onset will assist to have qualified, knowledgeable RP enter the field 450 DCC is not enough in my view.	5/13/2021 12:46 PM
164	I think students and those just beginning as RP-Qs need the 1:5 ratio, however, I see many RP-Qs struggling to afford this amount of supervision for the full first 100:450 hours. Perhaps a developmental model could be considered, with the possibility for the ratio moved to 1:7 or be between 1:4.5 to 1:10 after the first 300 clinical hours, provided the supervisor is confident of the therapist's ability to practice with that level of supervision. I would not change the timing of the move from RP-Q to RP; I think the full 450 hours is needed, and the full 100 hours of supervision is needed.	5/13/2021 12:27 PM
165	Supervision is an opportunity to reflect and learn. If supervision is happening every 4.5 direct hours, how much learning is happening between supervision sessions? For folks working toward their hours in organizations, this could mean one would be expected to receive an hour of supervision every day.	5/13/2021 12:08 PM
166	I believe this to be a fair expectation.	5/13/2021 11:34 AM
167	With so online psychotherapy Master's programs and lenient admissions to these programs, we need the rigor of CRPO's supervision ratios	5/13/2021 10:45 AM
168	The expectation of supervision after 4-5 hours can be extremely expensive with supervisors charging their regular rate for supervision i.e. \$120.00 per hour.	5/13/2021 10:21 AM
169	The various student training programs had ample group and individual supervision time built in. However, it was challenging to coordinate the desired ratio outside of any specific training programs (especially during a pandemic with all of the delays with the registration exam). I think the requirement of the registration exam adds a layer of complexity and can draw out the process.	5/13/2021 9:39 AM
170	n/a	5/13/2021 9:32 AM
171	None at this time.	5/13/2021 8:13 AM
172	Unrealistic ratio in both non-profit where it is based on supervisor availability, and private given the cost it would be to pay for.	5/12/2021 11:22 PM
173	This is really an exaggerated expectation and should be under the supervisors discretion. Accordingly, supervisors should be held accountable for their decision making around these issues if concerns about a supervisee arises. There is such a vastness of experience between Qualifying RPs and full RPs based on life and previous work experience that this expectation is extreme.	5/12/2021 11:12 PM
174	There are work settings where caseloads can be very high, ie community mental health. And salary can be very low...and therefore difficult for folks to go outside the organization and pay for additional supervision.	5/12/2021 10:33 PM
175	It does really depend on the field, as in music therapy the internship process builds in a high ratio of supervision, but the lower ratio could be onerous especially in terms of expense and access, which limits the candidates able to enter the field.	5/12/2021 9:27 PM
176	Some RPs have not trained in masters or other level of educational programs that have taught sufficient skills for the practice of psychotherapy (for example, ethics, power and privilege, SEUS) therefore clinical supervision ends up picking up this slack and more mentoring can be required	5/12/2021 9:16 PM
177	Depending on cost and availability meeting the 1 hour per 4.5 DCC can be difficult to meet especially if caseloads are 4 to 5 clients per day that is clinical supervision every second day. Also many organizations don't have adequate supervisors leading supervisees to pay out of pocket and attend supervision after hours.	5/12/2021 8:31 PM
178	Especially for people who do EFAP work this is literally impossible and not at all affordable. Supervision is very expensive	5/12/2021 7:48 PM
179	The reality on the ground in a busy counseling agency makes this requirement preposterously	5/12/2021 7:46 PM

	impractical.	
180	Supervision is prohibitively expensive if people are expected to go to supervision several times a week! I see 15 clients a week and attend supervision twice monthly and that's more than enough. I also have a peer supervision group and go to therapy. I don't have any idea where the CRPO expects people to find the time or the money to go to more supervision than that. I am certified for independent practice, but even people who aren't can't be expected to do 1:4.5 or even 1:10 if they are seeing 15 clients a week or more. It's completely unreasonable.	5/12/2021 7:13 PM
181	Especially with COVID, it has been hard to find the appropriate ratio for supervision to client hours. Even despite this restriction, it is expensive to get this much supervision on a regular basis. As a new professional, I wonder if this is a reasonable ask.	5/12/2021 7:01 PM
182	The way the ratios are right now, for someone working full time, it works out to 1 hour of supervision per day or every other day which is unrealistic and too expensive. It does not allow for the clinician to create a decent income and living. In my opinion, 1 hour of supervision for full time work per week is plenty and even too much. So 1 hour per day is ridiculous. I would suggest 1 hour of supervision for every 20 to 40 hours of clinical work which amounts to an hour of supervision for every week to two weeks of work for the first year of practice.	5/12/2021 6:59 PM
183	I'm an RP who is still working on my supervision hours for independent practice. I personally find that the 1 hour of supervision per 10 clinical hours to work with the system I have set up with my supervisor.	5/12/2021 6:52 PM
184	In my student days the requirement by my university was 1 hour supervision for 10 direct client contact hours, which felt fair, as that time flew by (amounted to weekly meetings).	5/12/2021 6:50 PM
185	There is a difference between workplaces and types of clients seen that isn't factored in here. I lead a trauma agency and our new clinicians get a lot more experience than those in the general mental health space. Having this gap creates a competency vacuum that the public has to navigate on their own.	5/12/2021 5:44 PM
186	1 hr supervision for 10 hrs dcc in a non-independent practice setting sounds fair.	5/12/2021 5:06 PM
187	In our agency setting, we are expected to have 20 hours of direct client contact per week. That would mean an RP (Q) is in supervision 5 hours a week, and an RP without independent practice is in supervision 2 hours a week. I believe these requirements are much too onerous, particularly if the RP or RP (Q) needs to be paying this out of pocket. \$150 per session x 5 supervisions a week = \$750 a week which is more than what a clinician at our agency earns in wages.	5/12/2021 4:25 PM
188	These ratios are quite impossible to fulfill for many reasons: 1. It is difficult to find supervisors that meet criteria and actually have time to meet that often 2. This costs a LOT of money - especially for new RP(Q)'s that are just building up their practice 3. While supervision is obviously very important, I think the onus on continuing education and consultation is not really considered important enough in the current policies.	5/12/2021 4:23 PM
189	The number of required individual supervision hours for qualifying registrants is egregiously onerous, due to the generally high (and near-prohibitive) cost of supervision. A reduction of the number of hours of supervision required for qualifying RPs to become full registrants would be a welcome change.	5/12/2021 4:23 PM
190	Working full time with 20 clients per week - paying \$160+ for one hour of supervision is too much!! and impossible to keep up with for my supervisor.	5/12/2021 3:26 PM
191	For a full-time practicing RP without independent practice, this could mean 2 supervision sessions per week, which seems unrealistic time-wise and financially	5/12/2021 3:11 PM
192	RP without independent practice is most likely working within an agency or institution. They can follow the supervisory arrangement of the agency or institution	5/12/2021 2:35 PM
193	I have supported many RP Qualifying members that are fearful of the registration process. One staff was teary and was afraid she was going to get yelled at, or "bitch-spanked" by her college. We don't do that in my College. Power imbalances, within the registration processes, should be addressed immediately.	5/12/2021 2:04 PM
194	If they're working in agencies or health care contexts there's little likelihood they will be given time to fulfill this, salaries are not always high and the costs of supervision, privately,	5/12/2021 1:56 PM

significant. Puts too much pressure financially and time wise. Most don't provide adequate supervision in house. Greater flexibility is perhaps more supportive of these constraints.

195	Should be the same criteria for both.	5/12/2021 1:53 PM
196	The ratio for RP(Qualifying) is extremely onerous and unrealistic for someone working full time. With a full time caseload, an RP may be seeing 4-5 clients per day, and at this ratio, an RP would therefore also have to have an hour of supervision per day. This is unrealistic both financially (if this is paid for out of pocket by the RP) and in terms of workload. Moreover, both RP(Qualifying) registrants and clinical supervisors are highly confused about the frequency of supervision and I have been made aware of potential supervisors who are now refusing to supervise RP (Qualifying) registrants due to the onerous supervision frequency. As a result, as new members of this profession, we are losing out on learning opportunities from seasoned professionals because of the frequency of supervision which is hard to meet and maintain.	5/12/2021 1:44 PM
197	The cost and time commitment for these ratios is very prohibitive. I think that there should be some allowance for the supervisor, who meets the definition of a clinical supervisor, to determine what they feel is a necessary frequency based on their work with the supervisee.	5/12/2021 1:35 PM
198	People who work in agency settings are expected to provide about 15 sessions a week. That means that a supervisor would have to provide about 3 hours of supervision per week to an RP qualifying staff member, which is too much. I could see the benefit in an RP Qualifying member starting out with more supervision (i.e. 2 hours/week), and then gradually reducing to 1 hour/week. But I think the 1:4.5 ratio is a big ask for everyone involved and is not realistic.	5/12/2021 1:35 PM
199	These ratios don't make logical sense in relation to the number of hours required for each category. Given the high cost of most supervision, it is an unfair burden to place of those seeking supervision.	5/12/2021 1:08 PM
200	The 4.5 to 1 ratio for RP Qualifying to full RP status is restrictive and places a very significant challenge for those in the category and those providing supervision to provide. In particular, if one receives an abundance of supervision in one practice but less in another (should they operate at multiple sites) it feel punitive to have the 4.5 to 1 ratio in effect so long as the obligation to achieve the required supervisory hours are being honoured and upheld.	5/12/2021 1:07 PM
201	A busy practice in Covid is easily 15-20 hours per week. Fitting in 2 hours of Supervision weekly is nearly impossible. Every two weeks OK, but there are notes and and downtime to be considered!	5/12/2021 12:56 PM
202	I value supervision a lot! But I think an hour of supervision for every 20 hours (i.e. a full week) should be sufficient, barring a special need for consultation.	5/12/2021 12:28 PM
203	For a full time RP-Qualifying working 30 controlled act hours a week, they would have to do 6.5+ hours of clinical supervision which is completely onerous for the clinical supervisor, RP-Qualifying, and the budget of the RP-Qualifying (1 hour of clinical supervision is ~\$100... 6.5x \$650 a week!) or agency if it provides free supervision.	5/12/2021 12:27 PM
204	no comments	5/12/2021 12:20 PM
205	Supervision is most effective when it is about quality rather than quantity. The requirement also does not take into account other factors relevant to the proper development of the RP(Q) and RP. These include the person's work environment, non-formalized supervision, and the person's commitment to, and engagement with, supervision.	5/12/2021 12:09 PM
206	It is not realistic to be able to have supervision that often. As a full-time practitioner, I have 25-30 client hours a week, but have 1 supervision hour a month. Supervision costs money and it's not realistic to be able to find time in both the supervisee and supervisor's schedule to meet that often. Perhaps bi-weekly meetings would be more realistic.	5/12/2021 11:50 AM
207	If people see 4-5 clients a day, they would need supervision every day (RPQs) or every other day with the current guidelines. This would be difficult to achieve - financially and practically - for most people.	5/12/2021 11:49 AM
208	Experienced practitioners will see 10 clients possibly in a 2 day period so to expect 1 hour of supervision seems a bit much?	5/12/2021 11:41 AM
209	clinical supervision is very expensive for a new professional to afford, especially BIPOC, queer/trans, disabled psychotherapists - perhaps it's in CRPOs best interests to subsidize	5/12/2021 11:38 AM

these therapists supervision so that they can get to work asap in their communities, ethically and responsibly.

210	This is unrealistic. Who can provide a therapist who say works in an agency or in a practice, supervision several times a week? This makes no sense to me - if they are graduated, they should be allowed to see, I do not know, maybe 20 clients a week and then one supervision a week. Even this will be difficult for most RPQs to afford. If this had been the case when I graduated, I would not be able to afford this type of requirement.	5/12/2021 11:06 AM
211	n/a	5/12/2021 11:03 AM
212	In the workplace, I haven't interviewed or came across any supervisors who were able to meet these recommended criteria or enforce this ratio, especially seeing as an average client week is 12-25 direct client hours, and the average supervision is typically bi-weekly in most practices. I don't believe most supervisors, especially those who aren't RPs, are aware of this ratio.	5/12/2021 11:00 AM
213	This ratio sounds difficult to achieve, either financially if you are paying for supervision or for the organization that is providing it.	5/12/2021 10:45 AM
214	The cost is prohibitive for starting therapists	5/12/2021 10:43 AM
215	Supervision is expensive and for therapists starting out, the requirements can make the costs prohibitive. Nevertheless, supervision is so important imo.	5/12/2021 10:40 AM
216	Again the economic disparity and complexities of internationally trained practitioners and others marginalized economically needs to be factored in an equitable manner.	5/12/2021 10:37 AM
217	the cost is extremely high for the supervisees	5/12/2021 10:34 AM
218	These requirements feel balanced for the amount of supervision required in general, but if expected to be achieved as a ratio seem a bit unrealistic. Most working RP qualifying I know complete 4.5h of DCC each day or within 2 working days. To obtain an hour of supervision daily or every other day seems unrealistic, for both supervisee and supervisor, and costly if it is obtained externally. Even as a student the agency I completed my practicum with offered weekly supervision and on demand consults if needed, but this certainly did not add up to 1h supervision every 4.5h of DCC.	5/12/2021 10:32 AM
219	none	5/12/2021 10:29 AM
220	I agree with the 1 to 10 balance.	5/12/2021 10:27 AM
221	For 20 hour full time job, it's hard to do another 2 hour supervision. Also very expensive. Nobody does this realistically.	5/12/2021 10:15 AM
222	I would up those to 10 for qualifying	5/12/2021 10:09 AM
223	If the RP (Qualifying) is working for a charity that has limited funding and can't pay a high salary, then the cost of paying an outside supervisor \$100 per supervision hour becomes a great burden. If the RP (qualifying) sees 15 clients a week, that is \$300 a week someone has to pay for until they become RP even after they have achieved their 100 hours but have not been graduated to RP. I believe that twice a month would be sufficient.	5/12/2021 10:02 AM
224	I believe that time-based CS may be more manageable for supervisees and still protect the public. I suggest once a week or two weeks for RP qualifying and once per month for RPs moving towards independent practice.	5/12/2021 9:59 AM
225	This level would work out to more than 1 hour of supervision a week for most therapists, which is not reasonable for most working therapists, time or expense-wise.	5/12/2021 9:52 AM
226	The current ratios are very strict. The College of Psychologists of Ontario requires students/qualifying members to complete one hour of supervision for every 10 hours of DCC. Current ratio of 1:4.5 for students/RP(Q)'s is very time consuming and costly. Feedback on this has been that it is extremely onerous and is not in line with the CPO or the College of Social Workers. Please explore expanding the initial requirements for something more realistic for students.	5/12/2021 9:51 AM
227	I feel that the burden of cost is being transferred to a population (carrying tuition debt) that can least afford it, which is a huge disservice to new grads and boon for seasoned supervisors. Once a practitioner has graduated, the ratio should be 1 hour supervision : 20-25 hours of	5/12/2021 9:44 AM

practice (private practice or agency). I look to the CRPO to rebalance this power differential, while still maintaining the integrity of service provision and qualifications.

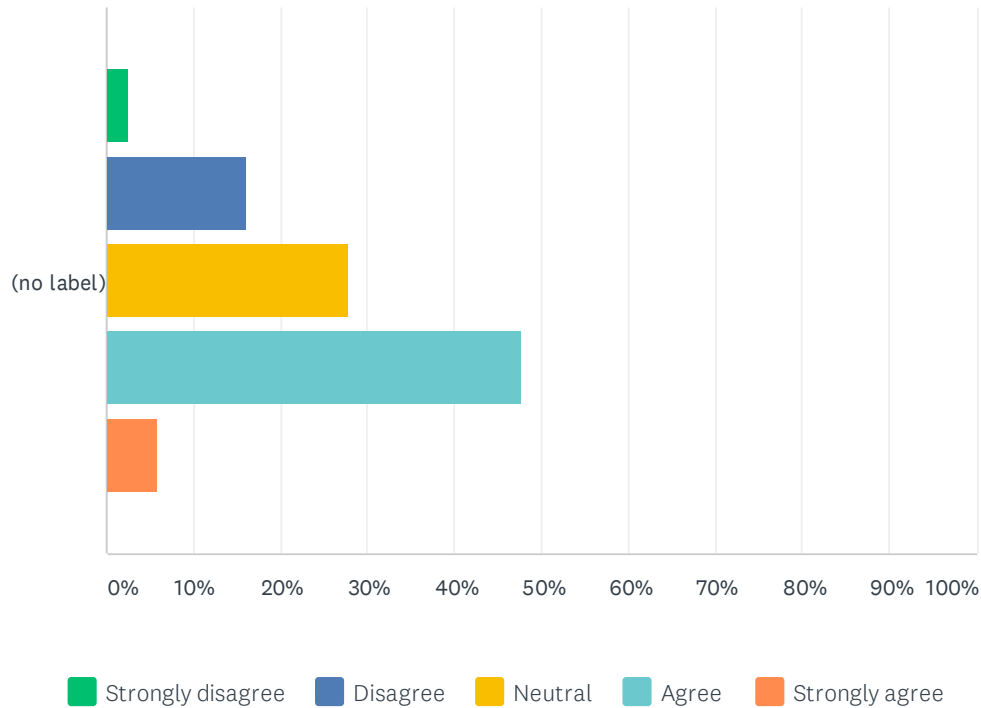
228	I think that a PR is already able to decide when he needs supervision and when it is not needed. Professionals need to have a minimum of autonomy over their work. Otherwise, with this constant vigilance and requirements for their practice, we establish a framework of insecurity and, to a certain extent, a persecutory defense before the regulatory body. I believe that the regulatory body should also maintain a certain limit regarding its entry into professional practice.	5/12/2021 9:41 AM
229	The amount of supervision needed can vary based on the complexity of client cases and the competency of the therapist. Some therapists may require more supervision because they are dealing with complex cases and a variety of issues, whereas someone who is dealing with 10 cases of OCD may do well with less supervision because of common themes running throughout the cases. I also thought the requirement before the exam was 1000 hours of DCC and 150 supervision hours.	5/12/2021 9:38 AM
230	I find that it is difficult and financially onerous to get the supervision needs met (especially one on one), both in school -- given the difficulty in just finding a practicum placement with acceptable supervision for the CRPO and the school, but also once out of school and having to find and pay for your own supervisor, and still needing to balance one on one with group -- it is extremely difficult logistically and financially.	5/12/2021 9:23 AM
231	As I mentioned previously, this is a wealth gatekeeping issue. If you have to spend \$115 - \$180 on supervision for every 4.5 client hours plus professional development, school, liability insurance, CRPO dues, and your own therapy it is nearly impossible to make any money. If the CRPO wants to keep this ratio, they should create low-cost supervision programs for RP(qualifying) registrants.	5/12/2021 9:06 AM
232	Should be considered that 20-25 DCC per week can be the norm.	5/12/2021 9:05 AM
233	one individual supervision per week for students and biweekly individual supervision for RP (Q), and one monthly group supervision	5/12/2021 9:03 AM
234	While CRPO acknowledges that SV hour ratio should be tailored to the needs/demands of the SVee, 1 hour per 10 clients invites a risk-management approach that would likely overshadow other important purposes SV should serve	5/12/2021 9:03 AM
235	This is much too difficult of a standard to meet. I have not had a single supervisor who is willing to offer that much supervision. In my company currently I see 30 clients per week and only am allowed to get 1 hour of supervision per month and to ask us to pay outright for that much supervision is not okay.	5/12/2021 8:55 AM
236	I would hope people would receive supervision as needed....I think it could easily vary week to week and month to month	5/12/2021 8:51 AM
237	Once again, CRPO is way too strict compared to OCSWSSW where members may be accepted and have RSW status without any hours of practice	5/12/2021 8:51 AM
238	The clinical supervisors charge quite a bit for supervision. Paying for supervision for every 4.5 hours of clients would be a financial burden and time burden.	5/12/2021 8:43 AM
239	Few RPs (Q) and not independent practice are aware of these guidelines. I think it is essential that professionals be closely supervised as some are not complying with standards of practice.	5/12/2021 8:42 AM
240	Supervision every week for every client	5/12/2021 8:38 AM
241	The ratio can be a bit onerous depending on the circumstances of the psychotherapists practice. Having to pay for supervision puts a financial burden to maintain that ratio appropriately and time restraints for the supervisor impact availability.	5/12/2021 8:35 AM
242	Not only is the 1 to 4.5 ratio onerous in terms of time, many qualifying RPs are unable to afford it financially, especially given that the definition of who can supervise is so strict that supervisors are hard to find. This means qualifying RPs are put off becoming licensed.	5/12/2021 8:28 AM
243	They should both be at 4-5 cx hours / supervision hours.	5/12/2021 8:26 AM
244	It is not clear whether the directive is stating 1 supervision hour for every 4.5 hours total (hours with any client) or 4.5 hours with one particular client (ie if the client comes weekly, supervision	5/12/2021 8:24 AM

	on this file is needed at least every four weeks).	
245	It seems as though many workplaces simply will not provide the supervision hours in accordance with this ratio, meaning that new RPs could be forced to pay thousands of dollars out of pocket for additional supervision. Unless employers step up to provide more adequate supervision, this policy could put too much strain on new RPs. For example, many community mental health sites ask that their employees engage in 20-30 client hours per week and do not provide more than 1 hour per week of supervision.	5/12/2021 8:20 AM
246	Prior licence in another jurisdiction should be taken into account	5/12/2021 8:10 AM
247	How do you regulate and enforce that?	5/12/2021 8:01 AM
248	It's unrealistic since even as an RP (Q) working full time I see around 16-20 clients/week. The expectation of then 4-5 hours of supervision/week is unrealistic and expensive!	5/12/2021 7:55 AM
249	Again, this policy drives up the cost of supervision for new practitioners. While I also understand the need to protect the public good, I think a higher ratio can meet this criteria. Perhaps it could be clarified whether this could be a mix of group/individual/dyadic supervision? I know a lot of RP (Q)'s who think they have to complete their individual/dyadic before starting group, which is much more affordable.	5/12/2021 7:53 AM
250	The ratio is really unrealistic for the experiences of psychotherapists on the ground; supervisors are often too busy, or receiving supervision that often is too expensive. In some settings, the 4.5:1 ratio would mean getting supervision every day or every other day. It makes it seem like the CRPO has no understanding of what it's like to be a psychotherapist working in the field.	5/12/2021 7:51 AM
251	As a faculty in a training program that is a private practice track, we have found this requirement impractical and verging on punitive when when the students obtain RP qualifying. Our students have significant oversight in the program of growing practices. To ask them to struggle to find 2-4 extra hours per week of supervision just as they are ready to graduate into viable private practices is ridiculous. It has no teaching or training value. When we supervise, talking about one client has value for work with all clients. There is no need to track every session of every client with a supervisor. It's tedious and has no training value. Members should, as a part of their original training, understand the value of coming to supervision vulnerably and with their most difficult or sticky situations so that learning takes place where it needs to happen. A supervisor is not an overseeing parent. They are a teacher, mentor and collaborator. If a Member has appropriate entry to practice training, then they will know how to use supervision. I think part of the problem is a program can graduate a student with hardly any client hours or supervision hours in their training. Then they are out in the wild with only the most minimal experience. Our program demands 100 hours of supervision and at least 350 hours of client work but most student have much more. They are deeply competent. Having then run into this roadblock has been very frustrating and not useful for their learning or competence. It has no connection at all to the public good. Also, there are not enough supervisors with enough available hours to meet the demand you created with this policy. No one is following it to the letter frankly. For a student graduating with so much experience, it is sufficient to have one hour of supervision every other week with addition help as needed even with a full practice.	5/12/2021 7:51 AM
252	For professionals starting out in the field, this requirement is simply unaffordable and not realistic in any agency setting. If a typical caseload is 20 clients per week, an agency setting might provide clinical supervision once a MONTH. Unfortunately, it falls on the RP to ensure they have enough supervision, and that often means getting external supervision if we want to follow the rules since agencies are under resourced. It's just not realistic for a clinician making \$20 an hour in an agency to pay \$120 or more an hour for supervision at a 1:10 ratio. This puts undue hardship on new clinicians and makes the profession even more unaffordable for new professionals to the field (on top of the higher than average regulatory fees, insurance fees etc). This requirement placed undue hardship on individuals from low SES backgrounds.	5/12/2021 7:50 AM
253	Perhaps a sliding scale based on the number of existing hours a candidate has might be useful. For example, a Qualifying RP/Practicum student would require more supervision as indicated in your questions, but to have more benchmarks that lessen the number of supervision hours to client contact hours.	5/12/2021 7:49 AM
254	Looks good to me	5/12/2021 7:49 AM
255	no	5/12/2021 7:43 AM

256	This comes down to availability and cost. I was doing 5 hours for every one when graduating and it made it such that I wasn't making any profit in my private practice. Further, I didn't need it - my supervisor had so little to offer me for most cases!	5/12/2021 7:35 AM
257	Part of this consideration is the cost of supervision. I think the standard of supervision requirements is good but it can be very challenging starting out and having to pay for supervision weekly/bi-weekly.	5/12/2021 7:35 AM
258	These hours need to be looked into again. Some clinical supervisors are just using this as a form of business enterprise.	5/12/2021 7:29 AM
259	I'm in private practice. If we followed that rule to the letter I would have supervision twice a week and it would cost me \$350 a week. I could not afford to work for myself.	5/12/2021 7:21 AM
260	There is no other college imposing such stringent and expensive supervision requirements. Once graduated from a masters program, receiving supervision should be at the registrant's discretion. It feels like the CRPO doesn't trust the knowledge and skills we gained through our studies and internship, and I have no idea why. MSWs don't have this type of onerous, expensive requirement, that prevents more minorities and people from diverse backgrounds entering the field. As entering professionals we have student debt, are buying houses, have young families, other commitments and having this supervision on top of the entrance exam is extremely burdensome, both in time and money.	5/12/2021 7:21 AM
261	This ratio is unrealistic and supervisors do not always have this amount of free time, especially with a full time practice, to meet this standard. Ratios are important as a guideline, but could be flexible and allowed to be modified depending on the supervisor's assessment of the supervisee's needs. Informal and quicker consultations usually happen in a busy work day, although not always count as formal supervision, for example. Therefore, not meeting the ratio does not necessarily mean that there is not enough supervision and protection of the public.	5/12/2021 7:21 AM
262	Rather than by the hour, requirement should be by time. Minimally, once per month for example when the RP is practicing	5/12/2021 7:15 AM
263	1:4.5 ratio is very onerous. If an RP sees 12-15 clients a week then they need to see their supervisor 3 times that week. That is very onerous. Also, depending on the clients presenting issues I don't need as much oversight, and guidance. It gets tedious when this happens (and it happens a lot) - when I don't have questions, or my supervisor agrees with my treatment plan.	5/12/2021 7:14 AM
264	For full-time practitioners, a minimum of one-hour per week for RP (Qualifying) and a minimum of one-hour bi-weekly for full RP's who have not reached "independent" status seems like a more reasonable criteria for supervision requirements, along with the caveat that all practitioners are advised to seek additional clinical supervision when working with complex clients.	5/12/2021 7:11 AM
265	I would recommend RPQ to see their supervisor twice a month. The number of clients we get at the beginning is real small. We might not even get 4.5 hours until maybe our 3rd or 4th year. Don't you want our full registration money sooner? I mean, want us to be safe and effective sooner? My suggestion would be 1:4 - drop the .5 that's not necessary.	5/12/2021 7:03 AM
266	On average, when these numbers are broken down, they don't seem too bad, but 1 hour of supervision for 4.5 clients is a very expensive ask, especially considering many supervisors charge \$150+ for supervision. In many cases RP-Qualifying members must complete an unpaid practicum, followed by many weeks or years of paid supervision. This guideline restricts access to people to who cannot afford to pay the price to become a psychotherapist. With the current guidelines, becoming a psychotherapist is more about affordability and privilege than it is about skill, compassion, empathy and knowledge.	5/12/2021 7:00 AM
267	Supervision is an significant business expense for new practitioners. May RP(Q) are practicing for reduced or sliding scale fees and the 4.5:1 ratio could mean that new practitioners have to allocated half their income to supervision fees. My current supervisor charges \$150/hour and when I was an RP(Q) I often charged \$50 per session. This math is devastating.	5/12/2021 6:56 AM
268	When starting out we don't have as much income because it's impossible to get a job while in qualifying status unless you are very lucky. This means we can hardly afford to pay for supervision that often.	5/12/2021 6:53 AM
269	Fair	5/12/2021 6:39 AM

Q21 CRPO provides enough information, resources and guidance to clinical supervisors and supervisees on how to complete clinical supervision hours for registration purposes.

Answered: 655 Skipped: 116



	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	2.44% 16	16.18% 106	27.79% 182	47.79% 313	5.80% 38	655	3.38

Q22 Please provide any comments regarding the information CRPO does or could provide regarding clinical supervision.

Answered: 168 Skipped: 603

#	RESPONSES	DATE
1	None	6/15/2021 5:34 PM
2	More policy/procedure and information needed on resolving supervision related complaints and concerns	6/15/2021 4:18 PM
3	Language needs to be more clear - are the ratios suggestions or rules? - I have learned the ratios are rules but the verbiage around these ratios is vague and unclear	6/15/2021 8:18 AM
4	The new required ratio for supervision sessions to client sessions was initially missed by many of us and was also not clear. It went from a recommendation or an approximate ratio to a requirement and caused quite a lot of confusion and panic, to be honest. I can understand why it may be necessary for some students in some training programs, but it isn't suited for all students, especially those building and investing in private practices as part of their training. Clarifying the language, perhaps returning to "recommended" would be very helpful.	6/14/2021 10:00 PM
5	Occasionally trying to locate information can be daunting. There is lots of information, but sometimes simply trying to find it all can be confusing and mean that something is missed.	6/14/2021 1:30 PM
6	-	6/13/2021 11:09 AM
7	I would like more information on what constitutes the 30hours for become a supervisor and where this training can be attained	6/12/2021 11:48 AM
8	I find the information is not as clear on the website when a therapist applies for equivalency from another province.	6/11/2021 1:39 PM
9	I feel this information could be offered in better formats - it's all a very complicated process to register - so maybe videos or how-to tutorials would be useful.	6/10/2021 4:45 PM
10	No answer	6/10/2021 2:27 PM
11	Supervisees needs to do too much cross referencing to figure out all requirements/guidelines. Additionally, while supervisees know that we need supervision, we don't know how to assess whether a supervisor is a good fit for us, if we're getting anything out of supervision, what supervision enables us to do (ie. when can we try to develop a new competency under supervision, and when can we not?) or what supervisor competencies are. If we are in an unhelpful supervisory relationship, it's hard for us to tell. Supervisors hold knowledge about supervision, and supervisees just know that we need supervision without really understanding what quality supervision actually looks like.	6/10/2021 1:28 PM
12	No	6/10/2021 10:18 AM
13	n/a	6/10/2021 10:08 AM
14	They should have a list somewhere for approved supervisors, so supervisees can ensure that they are being supervised with someone who meets the necessary requirements. There should also be some guidance re: fees. There are some supervisors who offer group supervision for a significantly reduced rate. This is worrisome and devalues those of us who continue to receive ongoing training and provide a high level of standard for supervision.	6/10/2021 8:54 AM
15	Definitions on non-RP supervisors that qualify to provide supervision for students is unclear	6/10/2021 6:34 AM
16	Throughout my practicum and during my qualifying period, I received clinical supervision primarily from a Registered Psychologist. On two occasions, I worked with a Registered Psychotherapist supervisor as well. The standards of the supervision were wildly variable. RP supervisors seem more concerned with professional development and career coaching. While I	6/9/2021 11:15 AM

think there is a place for this, the attention to actually clinical skills via direct observation from my Psychologist supervisor was far more helpful/formative.

17	Na	6/9/2021 10:50 AM
18	Need more clarity/instruction.	6/9/2021 9:34 AM
19	I believe it would be helpful to have a clearer outline of the 5 colleges who can provide supervision, and what it would mean for a nurse to practice psychotherapy, for example. I think this would assist qualifying members in understanding where and who they can utilize for their practicum hours.	6/9/2021 9:00 AM
20	I would like to see an active listing of those who offer supervision to make it easier to find supervision	6/9/2021 7:19 AM
21	The information provided is less informative and not much substance provided but being around the surface of things.	6/8/2021 9:52 PM
22	Clinical supervision is unclear and would be helpful to have a submission for approval before starting with some supervisors as they meet the requirements listed but hours were declined so now have to start over. Even though the supervisor had emailed and checked through their personal system a year early and was told they were fine	6/8/2021 9:49 PM
23	Sample case notes, sample clinical supervision contracts, supportive measures input for supervisees to protect them from abusive supervisors	6/8/2021 8:42 PM
24	Keeping it simple is important otherwise everything becomes labor intensive or too much.	6/8/2021 6:58 PM
25	I would appreciate if the CRPO can be more clear on some of this information of what the requirements and expectations truly are.	6/8/2021 5:54 PM
26	n/a	6/8/2021 5:11 PM
27	Your website can be hard to follow. I have not spent enough time in the new registrant portal to comment on that.	6/8/2021 4:51 PM
28	The bar for supervisors is too low. Consider revising and also clarifying the distinction between CI Sup and Consultation.	6/8/2021 4:43 PM
29	Some guidance regarding recommended texts for clinical supervisors to study would be helpful.	6/8/2021 4:19 PM
30	N/A	6/8/2021 3:44 PM
31	Have an online chat for quick questions about all of this - sometimes it takes too long for simple questions to be answered by the CRPO	6/8/2021 3:09 PM
32	A supervision manual is needed similar to other colleges including the CPO. The information provided by CRPO is limited e.g., does not include names on receipts, billing to third parties, liability for supervisors, matching competencies with supervisee etc. Much more work to be done!	6/8/2021 2:44 PM
33	NA	6/8/2021 2:41 PM
34	A simple supervision template for each supervision session would be helpful	6/8/2021 2:38 PM
35	no comment	6/8/2021 2:31 PM
36	I think that in spite of the resources, the path to becoming a supervisor is still uncertain	6/8/2021 2:26 PM
37	Can add more experts in this field	6/8/2021 2:15 PM
38	The issue is not one of not providing "enough" information. The issue is one of convolution. The number of links above is a testament to that. I recommend streamlining the RP Supervisory content to simply and clarify, and not to obfuscate the matter.	6/8/2021 10:14 AM
39	I've looked at the website many times and can't find anything about the requirement for RPs(Q) that they maintain a ratio of 1 supervision hour for every 4.5 hours of direct client care. This requirement should be obvious and easy to locate. The way the site reads, it seems that the requirement for the Qualifying stage is a total of 450 client hours and 100 hours of supervision.	6/4/2021 11:04 AM
40	It would be interesting if the CRPO could offer peer groups for clinical supervisor's to ensure	6/1/2021 12:14 PM

	skills are up to par - though many of the associations already do this	
41	It is really important that these resources are kept up-to-date and that new resources are developed, based on circumstances presented to the College. It should not take too, too long for the updating and/or development of new resources.	6/1/2021 10:05 AM
42	List qualified supervisors - is this possible?	6/1/2021 7:23 AM
43	A resource directory: What to look for in a supervisor? Qualities of a good supervisor, Sample Supervision Contract, Sample Evaluation, Conflict in Supervision, How to Get the Most from Supervision? Sample peer group process/recommend guidelines, How to address conflict at a practicum site? Supervision Courses/selected of texts based on modality, Supervisor directory for supervised practice Peer Supervision Listing If the CRPO pilot project proceeds for accredited practicum clinics, How to select a practicum site? Sample Contracts Legal Case Scenarios	5/31/2021 8:44 PM
44	For a process so significant to all parties concerned, it seems to remain a relatively amorphous and mysterious one. I believe the thirty hours of education required to make the step up from independent RP in good standing to Supervisor ought to be more well de-defined. Do seasoned supervisors of all stripes agree that thirty hours is sufficient preparation for new Supervisors? Is any part of the process of recognition of training institutes by CRPO the provisions of post-graduate courses in Supervision?	5/31/2021 6:29 PM
45	define the difference between clinical supervision and clinical consultation.	5/31/2021 5:21 PM
46	I would benefit that the CRPO would be a bit clearer about who is able to supervise students (I was under the impression that only an RP could supervise me but now see that someone of another college could also do so).	5/31/2021 12:10 PM
47	guidelines for recent graduates who have not yet received RP (Qualifying) designation	5/30/2021 11:23 PM
48	It might be wise to ensure that supervision is provided by individuals who are comfortable with themselves and able to accept differences between them and the supervisees.	5/29/2021 6:23 PM
49	Information about group supervision is unclear.	5/28/2021 11:49 AM
50	Definitions of quality supervision are lacking. There is clear guidance around limits, but not around best practices in supervision. This would be helpful for supervisors to ensure optimal quality of service to supervisees.	5/27/2021 8:00 PM
51	It is stressful for RPs and RP students trying to meet CRPO requirements - I hear that they are often confused because it is all so new. But, I don't think this is because of a lack of information on the CRPO's part.	5/27/2021 3:18 PM
52	The information is there but some seem to have a hard time understanding it, often just leaving it up to interpretation	5/26/2021 3:37 PM
53	Clinical supervisors who are not RPs don't know the CPRO guidelines well enough- FYI it is very hard to find RPs that do supervision because it is a smaller profession vs SW/psychologists.	5/26/2021 2:55 PM
54	N/A	5/26/2021 12:58 PM
55	Occasionally, the issue arises that the information is there but is not necessarily easily accessible.	5/26/2021 12:01 PM
56	It should be clearer, easier to find, and absolutely should state that a practitioner with the CRPO needs to check their profile to see if they meet the requirement for independent practice. It seems many of those grandfathered are unclear about that and unaware that there is even a restriction on them.	5/25/2021 5:53 PM
57	I just graduated from a graduate program that is affiliated with the CRPO. The CRPO denied the triadic hours of my whole cohort as not acceptable. Thankfully, after the hard work and advocacy of students in our program, the CRPO re-addressed the issue and allowed our triadic hours to count. In my opinion this was a significant miscommunication between the CRPO and our institution for letting this error happen. If the students had not advocated for themselves and the CRPO not reconsidered, each of us students would be required to pay thousands of dollars (not an exaggeration) in one-on-one supervision in order to meet the requirements, over and above what we already paid for our program.	5/25/2021 4:37 PM

58	Perhaps, regulation/vetting around the directed learning programs for supervisors. I'm halfway through AAMFT's clinical supervision candidate process. I'm learning so much that will help me to be a better supervisor.	5/24/2021 2:23 PM
59	There still seems to be some confusion about what hours you accept for qualifying. If CRPO accepts supervision for practicum, qualifying, and regular practice from ALL stated colleges (as long as they meet requirements), then that should be clearly stated rather than dividing the areas, which leads to ongoing confusion. Just a very clear statement.	5/24/2021 1:56 PM
60	a list of clinical supervisors RP's and a map of how to afford supervision for new RP's & students	5/23/2021 12:25 PM
61	N/A for 16, again not enough firsthand experience to have an opinion (as am only a service user with a bachelor's in psych)	5/23/2021 4:20 AM
62	Information on supervision was very confusing to me in registering and being a qualifying member.	5/22/2021 10:37 PM
63	The information is not clear enough for supervisees. I can't speak for how the supervisors feel.	5/21/2021 3:20 PM
64	It is unclear if behavioral modification treatment to special needs population is considered as psychotherapy. The client's capacity to receive psychotherapy is hard to define. It will affect if the direct client service is considered as psychotherapy, and if the supervision is within the scope of psychotherapy supervision. I have sent this question to CRPO, but being referred back to CRPO website where I could not find any answers.	5/21/2021 2:19 PM
65	I have struggled with "rules" changing all of a sudden and my hours not counting because dates on two separate forms did not line up - and am still struggling. There is definitely missing information that is not being communicated to CRPO members, and this is causing a lot of frustration for many folks, as well as myself. Rather than being overly wordy and not specific, it would help the CRPO to be clear and specific with their information.	5/21/2021 9:45 AM
66	Though the definition of a clinical supervisor outside of Ontario is provided, it does not state whether these hours are countable/recognized to transfer from RP(Q) to RP or from RP to independent practice.	5/19/2021 9:05 PM
67	Information is relatively easy to find and understand. Some of the distinctions between the various categories can be challenging to differentiate at time (eg. are these requirements for RPs, RP (Qualifying), students, etc?)	5/19/2021 2:06 PM
68	no	5/19/2021 11:47 AM
69	Information is too scattered to be easily accessed.	5/18/2021 7:23 PM
70	Better define clinical supervision. Supervision is more than case reviews. Private practice self-management skills, ethics awareness and code of conduct adherence, scope of practice competency through continuing education, and relational aspects of the client/therapist and supervisee/supervisor relationships are all relevant aspects of supervision that are often not addressed or are resisted by defensive students and new practitioners because there is no clear definition that these elements are part of clinical supervision.	5/18/2021 2:16 PM
71	I have read over documents many times and find information provided difficult to sort through.	5/18/2021 1:30 PM
72	None.	5/18/2021 9:47 AM
73	none	5/18/2021 9:46 AM
74	It does not seem easy to find supervisors. More support with this would be appreciated	5/18/2021 8:47 AM
75	There is particularly a lack of clarity and guidance regarding the responsibility for client welfare between the supervisor and supervisee. There is a lack - in the whole field not just CRPO - of standards and best practices of clinical supervision. I would support the creation of a registration category for supervisors, even an exam process for it.	5/17/2021 7:16 PM
76	I am just starting as a clinical supervisor but I feel supported by CRPO or others of the field, to find information if needed	5/17/2021 3:52 PM
77	Could provide listed resources for self-study to become a clinical supervisor.	5/17/2021 12:28 PM
78	I think Clinical Supervisors must have a common platform to come together and discuss their views.	5/16/2021 5:51 PM

79	All of these resources are really great, they've increased in clarity and usefulness.	5/16/2021 1:32 PM
80	I think it could be more specific especially for people who will supervise who only hav 5 years experience. Supervision is a very complex process	5/16/2021 12:04 PM
81	Provide some incentive for experienced practitioners to take on supervisees. Some portion of required CEC credits could be from supervising? It would be very helpful to have a database of listed supervisors and their main psychotherapeutic stance. I would love to see more of a "paying it forward" thinking in the field.	5/16/2021 9:04 AM
82	I think the expectations are clear, but many people still get confused. Perhaps a general roadmap from RP-(Q) to supervisor would be helpful	5/16/2021 2:42 AM
83	NA	5/15/2021 8:07 PM
84	The definition is a somewhat confusing. Suggestion: Remove the historical preamble, retaining only the current definition and requirements.	5/15/2021 7:19 PM
85	Very convoluted, redundant, confusing	5/15/2021 5:41 PM
86	N/A	5/15/2021 2:30 PM
87	Some info is hard to find	5/15/2021 2:30 PM
88	It could be more clear	5/15/2021 2:20 PM
89	the guidance is offered, CRPO is always ready to respond to inquiries but the guidance is much more "guideline" based which makes RP's in any category worried that they are failing in some capacity - i believe guidelines should be more clear or concrete. Perhaps though, the guidelines as they are written currently are ok, it's simply the question of the ratio and RP's being worried about what that ratio means for weekly/monthly case loads and not being realistically able to oblige or follow the guidelines.	5/15/2021 1:22 PM
90	has not always been clear to me	5/15/2021 12:58 PM
91	The CRPO has always been very clear and provided clarification and assistance when needed. My experience is that they are vigilant in communicating the requirements. In addition the website is very easy to access and clear.	5/15/2021 11:44 AM
92	Clarity with filling out the information so that RPs can easily submit their hours	5/15/2021 11:31 AM
93	The information is findable on the website	5/15/2021 11:08 AM
94	No comment	5/15/2021 10:46 AM
95	I think it would be helpful to have more information on expectations for the therapist when they're being supervised by a member of a different college (e.g. a psychologist). It was unclear to me whether I should be following CRPO regulations for notes or CPO, given that the psychologist under CPO technically owned the client file and not myself. It would be very, very helpful to actually name these ethical dilemmas for beginning therapists since SO many RPs are supervised by psychologists; we should not have to wonder how to ethically document under the supervision of a psychologist.	5/15/2021 10:45 AM
96	Clearer instructions for supervisors required	5/15/2021 10:37 AM
97	Everything is vague, and if you reach out to the CRPO directly, they tell you to go to the website. Makes it seem like no one really knows the answer.	5/15/2021 10:35 AM
98	I would like CRPO to make it clear that supervision is for life and something that a psychotherapist needs regardless of how long they have been practicing due to the benefits to the therapist and client.	5/15/2021 10:14 AM
99	I had accumulated most of my supervision hours under the older system and when I submitted them, they were denied and I was told my supervisor could not be anyone but an RP even though during the time of my supervision I was being supervised by an RN and this was acceptable at that time. Changing the requirements should not impact anyone who was following the guidelines of a specific point in time. I.e. the new rules should not have been retroactively applied!	5/14/2021 10:59 AM
100	NA	5/14/2021 8:12 AM

101	N/A	5/13/2021 7:37 PM
102	The CRPO may look at the experience of other similar jurisdictions and their psychotherapy regulating bodies which may have been around far longer than the College: such as the BACP and the UKCP.	5/13/2021 1:32 PM
103	Information is lacking as explained earlier, Social Workers providing clinical supervision with no clinical training or knowledge, generic social work program.	5/13/2021 12:47 PM
104	I have recently had a question about clinical supervision that I could not find an answer to on the website, having to do with supervision when an RP (normally qualified to practice independently) is placed under CRPO Terms and Conditions. I am wondering what the CRPO's expectation is around the supervisor's level of responsibility for that RP's clinical practice; and what liability they hold for that RP's work. Would the supervision need to follow the 1:10 hour ratio of supervision to clinical practice in this case?	5/13/2021 12:30 PM
105	It would be nice but I am aware not do able - but a cap on expenses of supervision should be reviewed.	5/13/2021 10:23 AM
106	I think the process is clearer than when I started, but it is my impression that I as a student was more aware of the requirements than some of my supervisors in a post-academic setting. I had to help supervisors interpret the requirements based on my previous supervision experienced in the formal academic settings.	5/13/2021 9:42 AM
107	n/a	5/13/2021 9:33 AM
108	When I grandparented in, I had much confusion about this and I feel my supervision hours were not adequately counted. I put "neutral" to the above because, I feel like CRPO has improved their communications around this now, but there was some challenge when I first registered.	5/13/2021 9:13 AM
109	More information for clinical supervisors would be helpful	5/13/2021 9:08 AM
110	None at this time.	5/13/2021 8:14 AM
111	None.	5/12/2021 10:34 PM
112	No information on the approved program or resources	5/12/2021 9:21 PM
113	I find that there is a lot of information, however the information is difficult to understand and so more clarity and simplification is recommended.	5/12/2021 8:55 PM
114	It would be helpful if CRPO would provide/host a list of approved clinical supervisors who meet requirements.	5/12/2021 8:33 PM
115	It can be more clearly laid out and explained I believe. It can be hard to find some documents or information. I have also had trouble with the registration documents as sometimes the pdfs have become corrupted.	5/12/2021 7:03 PM
116	Too many documents. Streamline - this will help ensure people are more familiar with requirements and have a better understanding of them.	5/12/2021 5:45 PM
117	Should supervisees have more than one supervisor at a time? If more than one how do the supervisors ensure the supervisee is meeting adequate standards?	5/12/2021 2:43 PM
118	I did not review all the links before responding to the question, as such, chose neutral	5/12/2021 2:36 PM
119	Your template forms need to be updated. Transcription within the documents are challenging. Please update and bring the paperwork into this century.	5/12/2021 2:05 PM
120	Clarifying further the differences between consultation and supervision might be helpful and what which is appropriate.	5/12/2021 1:57 PM
121	May seem overwhelming for a student to review all of that information and may be helpful to have one summary page with links.	5/12/2021 1:55 PM
122	I think that CRPO does provide information about clinical supervision. However, it sounds like you are doing this survey because there are still many questions about it. So it might not be the right information. What I like about CAMFT is that I am registered with the association as a supervisor. I had to submit an application and it had to be approved. It is very clear that I am a supervisor and that I can sign off on supervision hours. With CRPO it is not clear for many	5/12/2021 1:39 PM

supervisors and supervisees if their supervisory relationship meets the College's requirements. I also don't think it is fair for people to find out it does meet the requirements or not when a supervisee is at the point of submitting their hours. Its just a huge waste of time and money for everyone if the supervision does not meet the requirements. Also I would imagine that the College would want to know that while someone is providing clinical therapy to the public that they are being supervised by someone who is approved by the College - rather than finding out after the fact. I know that it would be a lot more administrative work on the front end for the College, but I think it would sort out a lot of other problems and inquiries. It would make it more clear for everyone involved - clients, supervisees, and supervisors.

123	Sample contracts would be nice.	5/12/2021 12:30 PM
124	some clear instructions regarding the paper work	5/12/2021 12:24 PM
125	NA	5/12/2021 11:41 AM
126	Supervisors from other colleges should be allowed to supervise CRPO candidates.	5/12/2021 11:07 AM
127	Although improved, the website is not always easy to follow or clear. I have been disappointed with how to access timely information from the CRPO in general.	5/12/2021 11:07 AM
128	n/a	5/12/2021 11:04 AM
129	The integration of a racialized equity lens/approach needs to be integrated in all the aspects of clinical supervision.	5/12/2021 10:39 AM
130	websites are not able to really describe the variations and reading all these screens is confusing	5/12/2021 10:35 AM
131	It will be nice if the CRPO offers Resources and webinars for clinical supervisors.	5/12/2021 10:33 AM
132	Clarifying supervisors for student vs. RPs would be helpful - i.e., currently, the communicated expectation is that students are supervised by RP supervisors for the Act of Psychotherapy but students can also be supervised by RP qualified supervisors from other regulated bodies (who are not RPs themselves) for clinical work not considered the Act of Psychotherapy while applications do not delineate DCC hours that are/ are not the Act of Psychotherapy. So it seems, students can be supervised by any supervisor so long as they meet the CRPO requirements for supervisor and whether students perform and are supervised in the application of the Act of psychotherapy is never assessed / qualified. This is somewhat contradictory and suggests the college is balancing its interest on reducing the integrity of the profession in pursuit of gaining more registrants vs. protecting the public by having a more rigorous entry requirement of registrants.	5/12/2021 10:33 AM
133	No comment at this time.	5/12/2021 10:30 AM
134	none	5/12/2021 10:29 AM
135	The information is all there but it can be very onerous to find. A simplified, "one-stop shop" of easily accessible information would be appreciated.	5/12/2021 10:29 AM
136	I think that, as with many of the CRPO directives, the lens seems to be for those in private practice. I think that there is a huge difference between private practice and organization/agency/hospital practice where there is greater daily oversight, agency practices and policies, etc.	5/12/2021 10:23 AM
137	A resource toolkit that is easier to navigate would have been appreciated	5/12/2021 10:15 AM
138	Wording by the CRPO can be confusing and does not always appear written specifically with an RP in mind.	5/12/2021 10:09 AM
139	A more detailed guidance document regarding what should be included that underscores current guidance may help some supervisors do a better job. For the supervision of RP qualifying members, to focus on entry-to-practice competencies and to provide some evaluation should be underscored. For both RPs and RP qualifying the supervisors should be encouraged to help their supervisees understand and process "transference" and "counter transference". All supervisors should evaluate their supervisees on a regular basis. This should NOT be viewed as modality specific.	5/12/2021 10:09 AM
140	I recognize an excess of information that is sustained by an excess of demands from the College. This excess makes it difficult for professionals to keep up with these demands. What	5/12/2021 9:53 AM

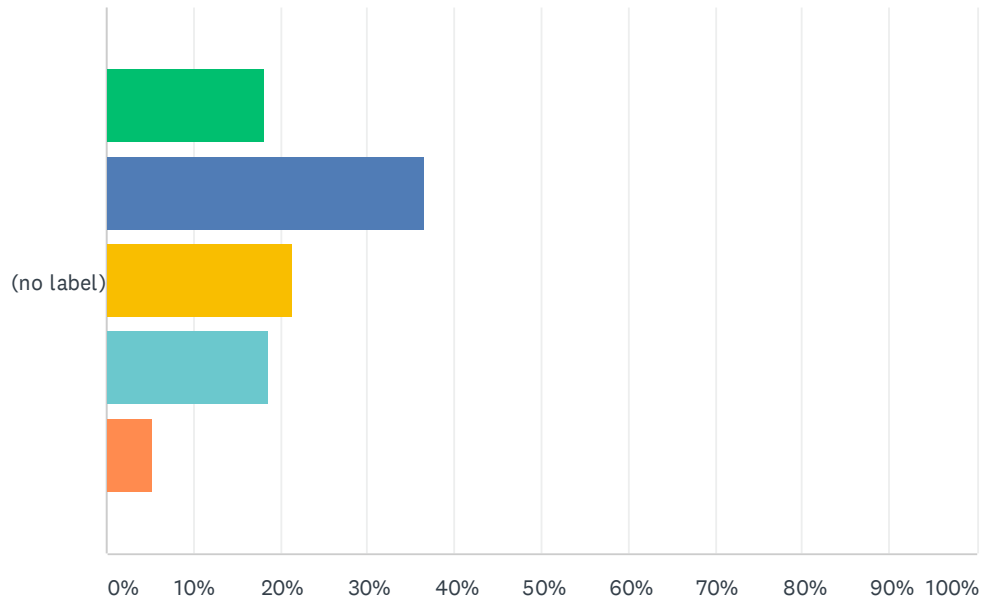
gives rise to courses to explain what is not clear in the widespread need for compliance with rules. We spent so much time dealing with the CRPO bureaucracy that it affects the workload of our training. Rules cannot be the only regulation in our profession; our training must sustain that.

141	I believe there needs to be more direction around these pieces	5/12/2021 9:39 AM
142	I don't know	5/12/2021 9:24 AM
143	There should be more guidance and oversight. There should protection for the interns if they have an unethical supervisor.	5/12/2021 9:22 AM
144	There is confusion around who can supervise who. Make it clearer who can or cannot supervise students - give the student information it's own webpage - students and educators find it difficult to locate information just for students	5/12/2021 9:20 AM
145	I have worked with first-time supervisors who honestly had no idea what to do. They were no guidelines or direct resources to help and the CRPO's language is very vague. The burden of what was done in supervision ended up falling on me.	5/12/2021 9:07 AM
146	a progress report or interim evaluation with areas of strengths and growth will be useful	5/12/2021 9:04 AM
147	Most information on CRPO's website is very confusing, onerous and frustrating	5/12/2021 8:52 AM
148	The process is very confusing. It was not until I spoke directly with someone from the college that I fully understood the requirements. Also redirecting someone to an information page without answering is not helpful.	5/12/2021 8:47 AM
149	CRPO should follow up with RPs (who do not meet RP independent practice) to ensure that they are regularly engaging in supervision. Requirement to provide completion of supervision hours on an annual basis should be made.	5/12/2021 8:44 AM
150	The site is huge and TONS of information. It needs to be simplified and more straight forward	5/12/2021 8:43 AM
151	It would be helpful if more details are provided regarding what the supervision contract should include; average rates a supervisor can charge; how/what is relevant to track from supervision meetings and why	5/12/2021 8:27 AM
152	It has been a couple of years since I went through the process, but at the time, it was quite complex and difficult to understand. My fellow practicum students and I would exchange information back and forth to figure it out and help one another understand it. An online form into which one could plug their hours and have their supervisor review it and submit it would help streamline the process... maybe that exists now in the new portal.	5/12/2021 8:27 AM
153	Seems extensive	5/12/2021 8:12 AM
154	Information is provided how do we know that people are accessing it. A social worker ad a example could be required to read and agree to the resources. What about completing a self quiz to should they are informed.	5/12/2021 8:03 AM
155	none	5/12/2021 7:56 AM
156	Although the information is available, the language is confusing for some; at least, the is the feedback I have heard from my fellow students.	5/12/2021 7:54 AM
157	The CRPO has not had a clear stance on ratios, and has not clarified publicly for YEARS. The forms that clinicians need to submit changed with no notice (in 2029 I believe?) and the process is frustrating and confusing for many.	5/12/2021 7:52 AM
158	Your website seems scattered. Put it all in one place including any policies. Make sure there isn't surprise other things in other places	5/12/2021 7:52 AM
159	Some of the information is confusing especially if RP qualifying and seeking independent practice seek supervision from an external supervisor.	5/12/2021 7:51 AM
160	N/A	5/12/2021 7:50 AM
161	As someone who has done the 30+ hours training course, I still feel that I am not ready for supervision. I would prefer that supervisors where given a short test to past through the CRPO	5/12/2021 7:45 AM
162	no	5/12/2021 7:43 AM

163	None	5/12/2021 7:29 AM
164	It's all there. It could use a copy edit and some headings through the info. Like someone with a skill for plain language writing can go through and make it just a bit more logical and have headings that support the reading of long blocks of texts.	5/12/2021 7:05 AM
165	While the steps can feel overwhelming, all the required forms are available.	5/12/2021 7:01 AM
166	There used to be some confusion about psychologists being supervisors but I think you've handled that well. I think they should always be allowed to supervisor RPQs at all stages.	5/12/2021 6:54 AM
167	The information of contradicts itself. Some webpages refer to it in a confusing manner. I have had to contact CRPO in the past to clarify.	5/12/2021 6:46 AM
168	I did not know what the college offers so I never accessed it before as a supervisor	5/12/2021 6:39 AM

Q23 Clinical supervisors need to do more than provide a Clinical Supervisor Attestation to substantiate that a registrant has successfully completed clinical supervision hours.

Answered: 644 Skipped: 127

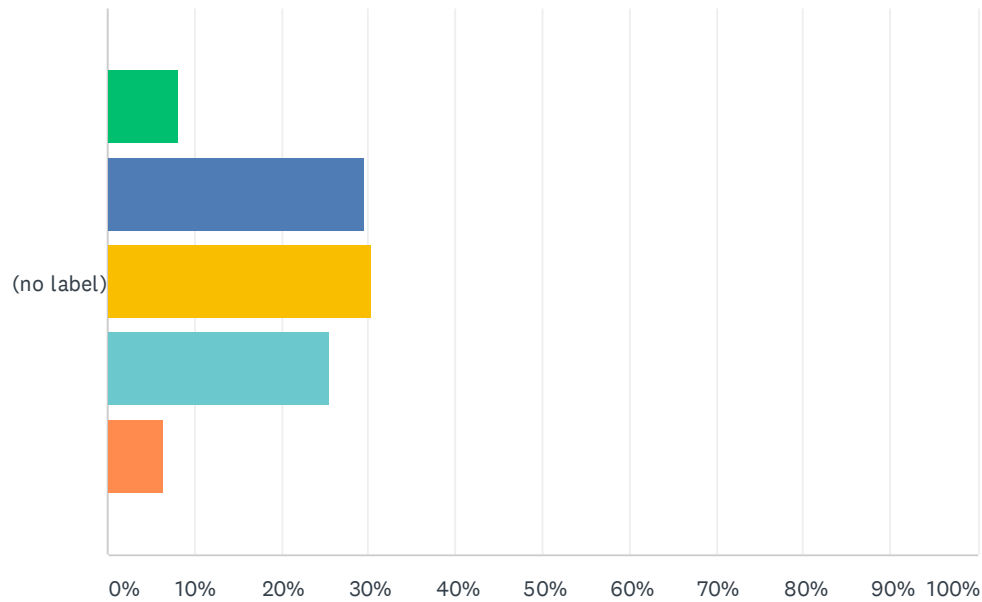


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	18.17% 117	36.65% 236	21.27% 137	18.63% 120	5.28% 34	644	2.56

Q24 CRPO needs to do more to ensure that clinical supervisors evaluate their supervisees' competence.

Answered: 644 Skipped: 127



Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	8.07% 52	29.50% 190	30.43% 196	25.47% 164	6.52% 42	644	2.93

Q25 Please share your comments on CRPO's role in ensuring that supervisees are evaluated by their clinical supervisors.

Answered: 241 Skipped: 530

#	RESPONSES	DATE
1	A simple guideline for evaluating supervisees could be useful	6/15/2021 7:15 PM
2	I think that the CRPO is not able to keep up with its own current demands (offering exams and reviewing attestation forms) so how could they possibly put more quality assurance into place without further delays in RPs gaining credentials.	6/15/2021 5:37 PM
3	More supervision on writing clinical notes would be helpful.	6/15/2021 2:47 PM
4	I think supervisor's should be given the opportunity to recommend further training or supervision before a registrant changes categories	6/15/2021 9:39 AM
5	Again, I suppose it depends on the students and the training program. I don't find that I have difficulty assessing the competence of my supervisees in regular supervision, so I'm not sure what would strengthen evaluation or whether it would be necessary to strengthen it.	6/14/2021 10:04 PM
6	The rules cant be too stringent because if they are supervisors will either charge more for supervision or they will decline becoming supervisors. There needs to be a balance to ensure that supervisors are in fact supervising in such a way that it is not too heavy on the paperwork.	6/14/2021 9:23 PM
7	As long as the supervisor is qualified to provide supervision, I believe the 'clinical supervisor attestation form' is adequate enough.	6/14/2021 3:33 PM
8	I think there should be a formal evaluation that supervisors submit to CRPO based on supervisees capacities.	6/14/2021 2:35 PM
9	perhaps include attestation of performing responsibilities for requirements of in good standing with college	6/14/2021 11:45 AM
10	Proposing changes to require more comments to CRPO on evaluation of the registrants' competence feels unnecessarily onerous for the registrant, the supervisor, and for the college. Any issues that arise through the supervisory relationship should be addressed in supervision, and I'm unsure how formalizing this process would be helpful to anyone.	6/14/2021 11:39 AM
11	I am very hesitant to suggest that CRPO require evaluation records and increase the work for supervisors as they do not compensate supervisors for the work already required to complete CRPO forms	6/14/2021 9:32 AM
12	-	6/13/2021 11:10 AM
13	Once supervisors have met requirements to be supervisors and are in good standing, additional bureaucratic burdens upon them are superfluous and and arduous, plus it is highly unlikely that this would result in gathering meaningful information. The issue of confidentiality is also of significant concern here	6/11/2021 10:44 AM
14	Keep doing evaluations regularly and implement suggestions regularly.	6/10/2021 2:29 PM
15	I think that supervisees need to know how they're being evaluated; it should not be a surprise. In practicum, it was transparent; there was a supervisee evaluation form. Since practicum, I have no idea if/how I've been evaluated, aside from supervisors' verbal feedback related to my competencies.	6/10/2021 1:34 PM
16	If there are significant problems with the work of someone being supervised, the supervisor can report to the school if the person is still a student. If they are a graduate, then reporting to CRPO over specifics concerns (professional misconduct, incompetence, etc) is already an available and appropriate option.	6/10/2021 11:03 AM
17	n/a	6/10/2021 10:12 AM

18	Perhaps a mandatory review of videotaped sessions would be helpful in ensuring competence among supervisees, since the majority of information on their practice is based on self-report.	6/10/2021 8:55 AM
19	I don't think having a requirement would improve/change anything. It vastly depends on the people the type of evaluation/feedback you get (i.e. you could have a form but the helpfulness of the information could be pointless depending on the person filling it out)	6/10/2021 6:36 AM
20	Since the Clinical Supervisor does not actually sit in on the sessions, this can be a difficult and often subjective process. It may also lead to discrimination or potential red flags if a supervisor/supervisee no longer decide they are a good fit. An attestation is a good and measurable evaluation.	6/9/2021 8:59 PM
21	I don't believe CRPO is in a position to evaluate the quality of the therapy that is being provided. Through their examination process, they assess the registrant's ability to discern, follow rules and ethics. The job of assessing quality therapy should remain the responsibility of the training schools and then the supervisors. I also believe that CRPO needs to think through the burden of supervision on supervisors. Adding more paper work, red tape, formal evaluation beyond what the supervisor is already doing, will only discourage seasoned therapists from agreeing to supervise. This would have a significant on the future of the profession if this mentoring ceases to be of interest to supervisors.	6/9/2021 4:51 PM
22	If CRPO correctly certifies supervisors then the supervisors are competent to evaluate and trustworthy to report progress/hours etc.	6/9/2021 4:29 PM
23	Emphasis is needed on SEUS and some questionnaires to evaluate the students.	6/9/2021 2:40 PM
24	My experiences with RP supervisors were that they preferred not to have deep knowledge or accountability of my clients' cases. They acted more as consultants. And, as such, it would have been difficult for them to truly evaluate my competence. Further, one of them actually refused to sign an attestation form for my direct client contact hours citing that they could not "verify" my hours, even though I was able to provide multiple means of doing so. I see that as an issue for any RP Qualifying who is trying to open their own private practice, rather than working in another RP's practice.	6/9/2021 11:19 AM
25	Na	6/9/2021 10:50 AM
26	This is the responsibility of the supervisor and should be a professional requirement based on the integrity of the profession. A supervisor who is not evaluating the skills of their supervisee (formally or informally) should be considered for a misconduct complaint.	6/9/2021 10:35 AM
27	I think this gives too much power to a supervisor. I had my practicum supervisor tell me I should never be a therapist and she was very wrong about me and my ability to learn and grow.	6/9/2021 7:56 AM
28	Provide case studies to model target	6/9/2021 7:20 AM
29	Supervisors role is to evaluate the work of a supervisee. CRPO cannot not really help the RP evaluate this. It is not the responsibility of the supervisor to make sure the supervisee does what they have learned in the supervision session - they can have no control over that . They can, however, give all information and do their due diligence to make sure the supervisee understands the steps to take with the client.	6/8/2021 10:43 PM
30	I think it depends on the supervisor; I think some evaluate their supervisee very carefully while others are more lax; I trust that the process of evaluating supervisors allows for this individual spectrum and I trust that each supervisee is being monitored and mentored in the best way, however I base this opinion on my interaction with other RPs who are supervisors and other therapists who receive supervision from RPs.... I might not feel this way if the supervisor is not an RP...	6/8/2021 8:34 PM
31	If you are the ones accrediting people to be supervisors and you trust this process why is this necessary??	6/8/2021 8:04 PM
32	Supervisors abd supervisees should be accountable to the crpo. Attestations of clinical supervision are good but perhaps there should be an additional requirement about whether the supervisee is competent for independent practice. Concerns need to be identified in order to protect the public.	6/8/2021 7:49 PM
33	In addition to the Clinical Supervisor Attestation Form, supervisor and supervisee evaluations should be conducted. A rating form could measure: participation, preparation, use-of-	6/8/2021 7:45 PM

supervision time, open-ness to feedback, self-awareness, assessment skills, case formulation, treatment planning, case evaluation and case closing.

34	This could create a very difficult power dynamic for both supervisors and supervisees. It would open the door to racism, sexism, ableism, heterosexism, transphobia, classism and bias of all kinds. There is already a complaints procedure in place for these kinds of concerns.	6/8/2021 7:20 PM
35	What is in place now is adequate	6/8/2021 6:59 PM
36	What are we as supervisors using to measure a supervisees competence. Cannot b based on completion of hours aline.	6/8/2021 6:52 PM
37	As a supervisor for master's degree interns/students, I have the tools to evaluate my supervisees as I am with them every single day. However, once these supervisees are in private practice, I can only evaluate them for the time that I see them. I do not have the option of asking to review video sessions of them working with clients in order to evaluate their skills. I can only evaluate on how they present a case and how they give value to their colleagues in the group.	6/8/2021 6:11 PM
38	if you want even less supervisors then make it even harder for them. I don't do it because I do NOT want "someone from Toronto" telling me how to supervise someone They don't know - at a distance. Be smarter than that.	6/8/2021 5:52 PM
39	I think the combined requirements for being a CRPO supervisor, and the attestation form, are sufficient. If you add more workload you may lose supervisors willing to do this task.	6/8/2021 5:14 PM
40	I think that anyone who agrees to take on the responsibility to serve as a supervisor should be committing to ensuring they are not recommending incompetent qualifying therapists for full licensing.	6/8/2021 4:52 PM
41	provide an easy to use format that could be used to evaluate practice expectations	6/8/2021 4:45 PM
42	Supervisors should not take on a disciplinary role. This could lead to bias, systemic racism/classism/sexism etc, favoritism, and strongly imbalanced power dynamics. It is better to view this as a mentor/mentee relationship between colleagues - a more senior colleague and a more junior one. If the supervisor feels strongly that the supervisee does not have the CRPO's mandated core competencies and/or is not following the CRPO's professional standards, they have recourse to report this to the CRPO for remedial action if the two are unable to resolve these issues between them.	6/8/2021 4:22 PM
43	this is a complex issue. I think a baseline attestation is good. Recommendations and/or competence evaluations are trickier	6/8/2021 3:53 PM
44	N/A	6/8/2021 3:45 PM
45	This will all be up to the individual and their response to feedback and desire to improve in their profession. The goal of a therapist is to help others find their true self and voice, yet it feels as if CRPO is trying to stifle the voices of the members.	6/8/2021 3:40 PM
46	My experience is that supervisors could use a training guide to meet CRPO expectations. Something like as online training like the jurisprudence training, may serve to help supervisors know what is required by the crpo. As supervision is a key training experience that has client impact, this is a focus for the CRPO.	6/8/2021 3:33 PM
47	There are many styles of evalutation and I think that there needs to be great flexibility and choice. If the supervisor has already met the requirements to be a supervisor there is an assumption about their judgment and skill in performing this role.	6/8/2021 3:30 PM
48	CRPO needs to respect the fact that Master's level grads who have prepared as psychotherapists - have met the entry to practice requirements as laid out by the Ontario Government with respect to the Postsecondary Education Quality Assessment Board: http://www.peqab.ca/QualityONCollegeDegrees.html	6/8/2021 3:28 PM
49	Reports should at least be written so the supervisee has feedback on both strengths and weaknesses, but not necessarily submitted to the CRPO.	6/8/2021 3:11 PM
50	It is my opinion that it is the job of graduate schools to evaluate their students. A supervisory role is more suited to guidance and mentorship than evaluation.	6/8/2021 2:56 PM
51	Evaluation of clinical supervision should occur within training programs and problems	6/8/2021 2:55 PM

	encountered with a student doing their clinical hours should be managed in that setting. I am not clear that CRPO should wade into remediating problems of this nature since poor performance might indicate that the individual should not graduate from their training program.	
52	In my opinion, supervisors must have a high level of competency and may work hours to supervise in a specific modality in order to safely supervise. For example, a Social Worker who has not had extensive work experience providing psychodynamic therapy should not have a supervisee in this modality. Conversely, a psychodynamic therapist supervisor who has not had extensive training in CBT should not have a supervisee and supervise them in this modality. This sort of matching seems straightforward and safe to me however, it is not as I understand it required.	6/8/2021 2:55 PM
53	Some kind of evaluation tool along the way, with growing edges and things to work on, and a final evaluation feels appropriate.	6/8/2021 2:49 PM
54	Supervisors should be submitting evaluations to CRPO. They should be reporting to CRPO when they have concerns about an RP(Q)'s clinical competence. Currently, supervisee can "fire" their supervisor and vice versa without recourse. The College would be unaware of these issues at present. A supervisor who confronts ethical issues with the supervisee might be terminated and there is not requirement for the supervisor to report potential misconduct to he CRPO.	6/8/2021 2:47 PM
55	NA	6/8/2021 2:42 PM
56	I think the CRPO role is sufficient because usually each agency will have its internal yearly evaluation. Too much paper work if CRPO is doing it thoroughly on top of that.	6/8/2021 2:41 PM
57	Please stop creating additional rules	6/8/2021 2:35 PM
58	adding more paper work to an already over-burdened, over-worked psychotherapists would be uncalled for.	6/8/2021 2:35 PM
59	supervisees can be evaluated by international experts on psychotherapy	6/8/2021 2:17 PM
60	These RP's have completed their training and should have gone through a rigorous evaluation process in their school program. If they were not qualified to provide Psychotherapy the schools responsibility is to not graduate them. The supervisors have a responsibility to report any ethical concerns, which is a important part of ensuring safety for the practice. But I don't believe that the role Of the supervisor should be another gate keeper or evaluation for their entrance into their RP status. That belongs with the schools and with the college. That responsibility will create a very complicated role for the supervisors, And could needlessly deter people from stepping into the supervisor role.	6/8/2021 2:17 PM
61	I strongly agree. I am aware of huge variations in the expectation of supervisors. of their students or staff.	6/8/2021 2:11 PM
62	Respectful suggestion: Get rid of the Clinical Supervision Attestation Form. Have a database of qualified supervisors or a letter to designate approved supervisors; e.g., RP(S).	6/8/2021 10:16 AM
63	There are enough checks and balances in place for supervision. CRPO has to display confidence in the personal professional standards of its members, and supervisors.	6/5/2021 10:53 AM
64	But do not make it too onerous. Ask for 4 or 5 objective questions and one subjective question. Finding Supervisors is difficult already do not make it too onerous. Do not make the same mistake as College of Psychologists where it is almost impossible to find a Supervisor	6/3/2021 2:06 PM
65	Understandably "entry to practice" level of competence common for Qualifying members will be different than the competence of those who are no longer qualifying members ("Qualifying" is removed). I think it would be wise to have a process that marks this transition and identifies the level of competence required for the removal of "qualifying" from the title. This point would normally be well AFTER practica are completed in educational programs so there aren't really any assessment benchmarks at the moment that truly assess whether or not a person is ready for RP designation. This process should be strengthened	6/1/2021 12:19 PM
66	This is critically important, especially due to the potential impact on an individual receiving the service.	6/1/2021 10:06 AM
67	This is a process that also speaks to the need of supervisees self knowledge and ability to self reflect and evaluate. This capacity will provide a life long tool for both professional and	6/1/2021 7:30 AM

personal development and self-care concerns. "Know thyself." It is very difficult to evaluate certain aspects of the supervisees competence. It is much easier to assess and in my opinion, it is of more value for 'self knowledge and relationship with self' to be deeply understood.

68	Provide: Modalities of supervision Measures were used for assessment Quality Assurance CRPO supervisor audits similar to practice reviews Areas of Strength Areas	5/31/2021 8:52 PM
69	CRPO does not have to do more. The role of Supervision in a therapist's life and work is such that I find it hard to imagine anyone taking it lightly. If there is concern that supervision without 'monitoring' might allow poor performance/negligence/abuses to go un-checked, perhaps more specific and demanding requirements for the qualification of Supervisors would suffice.	5/31/2021 6:51 PM
70	Rather than barring members from other Colleges from supervising trainees towards licensure (which looks awfully political and self-interested, in my opinion), CRPO should develop and enforce clear standards as to what supervision should be, independent of the discipline. I am not referring to mandatory supervisor trainings that do not accomplish this goal, but more to a "meta-supervision" or some kind of imputability process that would be implemented across Colleges. This would require collaboration among the various disciplines.	5/31/2021 11:04 AM
71	there should be a competency-based standard for evaluation of supervisees	5/30/2021 11:26 PM
72	It is helpful for the supervisee, too, to have feedback on their growth.	5/28/2021 11:50 AM
73	Signing an attestation form is not enough. There needs to be a system of documentation of evaluation of the supervisees clinical skill, growth and areas of competence. This could assist the College in ensuring that new practitioners are working within their appropriate scope of practice.	5/27/2021 8:02 PM
74	This is a multi-faceted question. So much depends on the nature of the evaluation by the institution they attend. It might be useful, effective and fair to have the institutions standardize their evaluation criteria than to download it to individual supervisors.	5/27/2021 3:21 PM
75	I have had great supervisors so far who would not let me practice unethically.	5/27/2021 12:07 PM
76	I think if a supervisor has completed appropriate training then they should be trusted to provide adequate supervision. If you're seeing a pattern of therapists achieving independent status but then CRPO is receiving complaints about their competency, then it might make sense to add more rigour here.	5/26/2021 10:47 PM
77	I am ensuring I have quality supervision, and am paying a much higher fee to prioritize this, but I know for sure that the quality varies significantly. Cost of supervision is a huge factor!!!!!!	5/26/2021 2:57 PM
78	I think supervisors should apply for a category to be eligible and then the requirements to be there would not be needed for the attestation form but on the category renewal.	5/26/2021 1:34 PM
79	I don't think more needs to be done to evaluate the supervisees as I believe ongoing discussions and case work will allow supervisors to evaluate their work. Supervisors can also encourage clients independence and growth by asking with what knowledge they currently have what they believe the right direction is to go. This will allow the supervisors to develop an understanding of where the supervisee is at and move from there by providing positive feedback, understanding, and if needed, providing more education and guidance.	5/26/2021 1:18 PM
80	I don't think that supervisors need to take the role of educational programs but they could confirm that the hours were successfully completed on the form. In the case of educational programs where there are formal evaluation processes in place, it would be important to ensure that the "school" can attest to the successful completion. For example, hours completed with an unsatisfactory rating or if a student withdraws mid-way in the semester for health reasons, should they be considered unsatisfactory?	5/26/2021 12:05 PM
81	There is such a disparity between evaluation processes depending on the institution/agency/individual. We do a narrative evaluation and then the student evaluates the supervisor.	5/24/2021 2:27 PM
82	The evaluation differs. Evaluation from a practicum or university setting will be different from a agency supervision, different from an individual practice, where therapists are accessing individual supervision for their support, but also accessing support for the place they work independently for (as a contractor). It behooves the CRPO to take a nuanced and detailed look at this - rather than just determine a blanket statement of 'all supervisees need 'x' ' from	5/24/2021 2:00 PM

supervisors. Again, this is a more complex and multifaceted issue and asks CRPO to recognize the challenges from a systemic perspective for new graduates to find appropriate work.

83	By requiring a supervisor to attest and take responsibility, supervisors are less likely to provide supervision.	5/24/2021 12:17 PM
84	In my practicum, I was lucky to be able to observe my supervisors in session, have them sit-in as a co-therapist, and then started 1:1 with ongoing supervision. As well, my practicum site allowed for sessions to be video taped for my course supervisor and peers to provide feedback. However, at a different agency I later worked at, I observed they offered none of these learning experiences and that students on day 1 were sent in with clients (not having observed any sessions, not being observed, and were also not allowed to video tape sessions for feedback.) This does not seem like adequate scrutiny and seriously limits students' learning opportunities, in my opinion.) I am unsure if this feedback applies to the CRPO, as it is related to students rather than RP-Qs but wanted to offer it any way. ALSO, the aforementioned workplace skirted the issue of having to do professional development of 30hrs related to supervision by creating their own course where the two supervisors just "taught" each other.	5/23/2021 9:19 AM
85	Supervisors should guide and support their supervisees using their existing knowledge and skills. They also make themselves available whenever the supervisee needs support, such as client emergencies. This is more than enough.	5/22/2021 1:13 PM
86	Supervisor's should be the gatekeepers who ensure only clinicians who are ready to practice independently do so to prevent so many unqualified therapist's from harming clients	5/22/2021 12:23 PM
87	The evaluation should be itemized with different categories and each Rp should go through more than one supervisor and their evaluation in order to pass.	5/21/2021 2:21 PM
88	I think evaluation by a supervisor is something that should be done within the school training program. For instance, during an internship I expect the supervisor to provide evaluation to the school program.	5/20/2021 2:24 PM
89	Registrants have already completed comprehensive studies and successfully passed exams on top of writing CRPO's exams. I believe that this process is thorough and supervisor's are already providing feedback to supervisees during supervision. Anything too lengthy and detailed becomes cumbersome. As such as you are an authority regulating the profession, an overview of the process that the individual is going through is important. if someone is incompetent they would not get through either their university or CRPO's registration/exams.	5/19/2021 9:16 PM
90	Having supervisors provide some sort of direct information to CRPO would be helpful if there are any concerns.	5/19/2021 2:11 PM
91	.	5/19/2021 11:47 AM
92	A template for supervisors that emphasized public safety should be within the mandate of the CRPO	5/18/2021 7:25 PM
93	(refer to Q22 comments)	5/18/2021 2:17 PM
94	It is a contractual relationship between the supervisor and supervisee, much like that between a therapist and a client. Other than upholding common standards, criteria and ethics, I do not believe it is the role of the CRPO to interfere in the evaluation process.	5/18/2021 9:50 AM
95	none	5/18/2021 9:47 AM
96	What policing is it that CRPO is suggesting? Supervision requires openness and honesty, feedback and learning. There has to be some element of trust in the supervisory relationship.	5/17/2021 10:06 PM
97	I think to be effective, the confidentiality of supervision meetings is very important, and the supervisor/supervisee relationship would be protected by high bar before requiring reporting to the CRPO. I think making the supervisor's responsibility and liability for client welfare explicit would be a more effective way of ensuring supervisors are paying attention to therapist competence.	5/17/2021 7:21 PM
98	evaluation will provide an opportunity for each side to work towards necessary goals.	5/17/2021 3:57 PM
99	If you make it too onerous, you will not have enough people wanting to supervise through RP status when they can just do supervision within their other regulatory colleges and then there	5/17/2021 12:32 PM

will be a dearth of individuals available to even provide psychotherapy. And really Psychotherapy is really a division of Psychology, so why are we not cutting costs and merging this College into the one for Psychologists, just like the Behaviour Analysts are a division of Psychology and are going to be included in it. We don't have a separate college for each and every type of Medical Doctor, they are all part of the College of Physicians no matter how much more specialized each is from the other (hospitalist, family doctor, physiatrist, oncologist) etc.

100	As CRPO members, we as supervisors all have ethical responsibilities towards clients and supervisees. We keep clinical notes on clients and progress notes on our supervisees. If concerns come up about our members who are under supervision (eg. complaints from clients) these notes can be given to the CRPO staff to peruse. It is important not to burden our administrative staff with oversight responsibilities which are not likely adding much value to the process.	5/17/2021 10:21 AM
101	To create more evaluation procedures or forms, would be to create more work for clinical supervisors - when they are already often very busy to begin with.	5/17/2021 10:19 AM
102	CRPO makes the requirements so complicated and convoluted, yet, the attestation really says nothing about quality.	5/17/2021 9:45 AM
103	I think during the whole process of clinical supervision, a Supervisor is constantly analyzing and evaluating a supervisees competence. Hence ,it is sufficient to submit a Clinical Supervisor Attestation form.	5/16/2021 5:53 PM
104	This was thoroughly explained in my previous comment.	5/16/2021 5:12 PM
105	I think the CRPO is fair on these two points.	5/16/2021 1:34 PM
106	I think there should be a ready/not ready component to supervision.	5/16/2021 12:28 PM
107	What is being done is adequate.	5/16/2021 9:07 AM
108	I think that ethically anyone signing off on the hours is required to know that person completed those hours	5/16/2021 2:43 AM
109	I am not sure supervision needs to be policed by ensuring evaluation in order to protect the public. If I am seeing a supervisor, I am bringing real concerns and honing my skills with every session. I receive feedback every session. Other supervisors may offer evaluation differently. What would this mandate ensure - that as a supervisee I am evaluated? What kind of evaluation, communicated to me when, how often, to what end? Isn't this already built in - isn't this what supervision is already? I am concerned that if I go for supervision to prove myself and wave some evaluation ticket, for me the benefits from supervision will change, and this proving myself will usurp my growth as a therapist. I want to ask for evaluation for my own benefit. I'd rather the CRPO give supervisees and supervisors the benefit of the doubt, and trust their sincerity in the work they do rather than police them. The outcomes will likely change otherwise. After all, there is a self-selection taking place for people entering this profession. If the supervisor is approved, what would additional assurance of evaluation offer? I'd rather the CRPO communicate to supervisors the concern for quality supervision during the signing up stage, and then trust them, and demand less of our time, energy, and effort for such processes, and allow us time to just grow.	5/15/2021 9:36 PM
110	NA	5/15/2021 8:08 PM
111	CRPO could consider an evaluative framework that goes beyond reporting applicants hours and supervisors understanding of what constitutes clinical supervision	5/15/2021 7:23 PM
112	I think that is not necessary to do more. It is an excellent way (academic and secure) to check the supervisor.	5/15/2021 4:56 PM
113	As professionals the supervisées need to be responsible to consult. A skill they take into their long term practice.	5/15/2021 4:15 PM
114	This is such an individual issue and it is hard to set reasonable policy around it.	5/15/2021 4:07 PM
115	Perhaps a comment from supervisors re does supervise need additional supervision eg if supervisee needed additional support on paperwork, ethics etc	5/15/2021 2:35 PM
116	Should supervisors play a more active/directive role in candidates' preparations for the CRPO exams?	5/15/2021 2:32 PM

117	That's not the purpose of supervision in my opinion. We are not qualified to assess competence based on this criteria. It should be up the college in the event of a ethics issue. Further, it is up to the RP to practice in their scope.	5/15/2021 2:22 PM
118	-there are some "clinical supervisors" that "power-trip" and they should not be in a position to "evaluate" their supervisees... leave this up to the universities and the CRPO exam	5/15/2021 1:00 PM
119	People come from communities and by ensuring the supervisors are doing a vigilant job we maintain the integrity of the profession. It is absurd to allow someone to just sign a sheet and say someone did the work or equivalent. You would never see that for CPO, Dentists, Physicians and it gravely diminishes our profession and warrante the insurance companies not including us. It is as ridiculous as allowing religious and cultural people to do our job and be qualified without their degrees in psycholog or MACP. No other profession allows culture and religion to replace a dentist for example with a Chaplain or someone doing a religious ceremony. Either we are professional and educated appropriately or we are a joke. It is alos horribly sad for the clients as especially in Indigenous communitieis the mental health lags far behind the rest of the country and people honestly do not know the difference between mental health psychotherapy or psychological treatment and religion. Again, in no other situation do we merge religion and culture with educated treatment. One does not cancel out the other but they are sepatate domains and it is pretty sad to see someone needing truama treatment, or referral to psychiatry for psychosis end up with not help because someone prayed on them. Spiritual support should be included and respected in circle of care should the person want it but it is backwards and damaging to everyone to not offer the distinction between mental health psychotherapeutic treatment or psychological treatment. People should know the roles of culture and religion and psychiatrist, physician, psychologist, psychotherapist and social worker in their life, not mix it all up and the confusion and lapsing of standard in our profession leads to harm to client not to mention less respect for all of us.	5/15/2021 11:52 AM
120	Need to provide more clarity for supervisors	5/15/2021 11:32 AM
121	Supervisors evaluate students as part of the supervision contract. We also provide reference letters and ongoing support. This is not paid work. The Attestation Form is enough in my opinion.	5/15/2021 11:10 AM
122	I'm not sure how it could be structured but the competence of a therapist could be evaluated better	5/15/2021 10:52 AM
123	Besides the attestation maybe provide some additional comments to help supervisees more conscious of their strengths and weaknesses	5/15/2021 10:50 AM
124	I don't disagree with it, given that they don't really have to make comments on supervisee competency on the supervision forms, although I am not sure what that would look like. I suppose there could be a single check box to say "I believe that this supervisee meets CRPO's competency requirements," with a box for notes. This actually probably would be a good idea, now that I think about it.	5/15/2021 10:47 AM
125	The exam is deeply flawed in evaluating competence. Supervisor evaluation would be far more valuable in assuring competence.	5/15/2021 10:37 AM
126	This is a tough one because I think that this would make it harder to find a supervisor. This isn't to say that supervisors aren't supposed to do a lot of work, but it's already incredibly difficult to find supervision. Adding more paperwork to it just seems like it will make it even harder.	5/15/2021 10:37 AM
127	I think supervisors have an ethical responsibility to ensure their supervises are working ethically and appropriately. How they do that should be within a teaching setting. All CRPO needs to know is that it's done.	5/15/2021 10:35 AM
128	It's so important that people are provided with concrete and comprehensive feedback as they begin, because it sets patterns for their ethical practice.	5/15/2021 10:34 AM
129	Final supervisor the trainee sees should be responsible for attesting the supervisee has the knowledge, skills and judgment required for independent practice, not just that they met for a certain number of hours. Anything less doesn't provide adequate public protection tion and assurance of competence.	5/14/2021 5:18 PM
130	There are no questions about this in the attestation form. Perhaps a survey should be added of the supervisor rating the supervisee on a few scales (ex. knowledge of ethics, client practices,	5/14/2021 1:06 PM

	confidentiality, etc) and if the rating was below a certain threshold the CRPO intervenes at that point.	
131	Approved school programs (by CRPO) may be allies here - developing "CRPO_approved" final evaluations which could be submitted along with the Supervisor Attestation if a student is applying for registration. Completing hours does not always mean "ready for the next step" as everyone learns at a different pace.	5/14/2021 12:26 PM
132	If clinical supervision is not on site it becomes an onerous task for a supervisor to evaluate competency from a distance! If this were mandated it would increased the cost substantially.	5/14/2021 11:00 AM
133	Accountability	5/14/2021 10:16 AM
134	Within CASC, Certified Supervisor-Educators and Mentors (overseeing the 1000 hours of practice post-clinical-Units-of-training) provide intensive evaluations, all of these coming together at a candidate's Certification Committee's process. Each specialization will have its way. More policing is not necessary.	5/14/2021 9:53 AM
135	If toy make supervision too labour intensive, no one is going to want to do it.	5/14/2021 8:12 AM
136	This is one of the most serious problems with the current structure--counting hours of supervision fails to ensure competency, and can lead to seriously deficient psychotherapists becoming registered	5/13/2021 8:43 PM
137	Clear but passive guidance.	5/13/2021 7:41 PM
138	N/A	5/13/2021 7:38 PM
139	I think the onus is on the therapist to make sure their supervisor meets the requirements.	5/13/2021 5:06 PM
140	Give evidence of the student's growth in terms of overall competence, application of theories and application of appropriate interventions	5/13/2021 2:13 PM
141	Well, I am not sure about this, perhaps CRPO needs to have supervisors provide feedback and justification for their evaluations of supervisees upon registration renewal. They should require at the very least justification for allowing students to enter the profession after practicum/fieldwork. I cannot express enough how disappointed and disillusioned I am in CRPO for allowing individuals to obtain qualifying status when they have not completed a master degree and/or completed any clinical hours. It is baffling. This undermines the Supervisory process and is disrespectful towards the role of Supervisors. Not only this, this fails to protect the public, and CRPO's professed purpose for existing. I think it makes my designation meaningless. I think it makes the college destructive and harmful. i am seeing some terribly incompetent students who already have their designation. I am speechless.	5/13/2021 2:01 PM
142	In the above statements, the CRPO should provide supervisors with a range in which to place the competency level of the supervisee. In other words, competency would need to be measured and that measurement would need to be provided by the CRPO. What would that competency measurement say about the supervisor and about current RPs who were not measured in the same manner?	5/13/2021 1:36 PM
143	I use core competencies as a way to evaluate my supervisees and consultees (AAMFT, CAMFT, BESTCO, EMDR).	5/13/2021 1:04 PM
144	By completing the supervision hours does not mean that the therapists are really doing the proper supervision. What is the evaluation process that therapist is really doing their work? RP training to be supervisor - should require more than just attending a 30 hours course. At AAMFT - the supervisors who are in training needs to be under supervisor mentor, they have to do certain amount of supervision hours with therapists, and also certain number of hours with the mentor. With just attending 30 hours of course without doing a final paper and no requirement for mentoring, this is not good training for the ones who want to learn how to be a supervisor.	5/13/2021 12:58 PM
145	Supervisor roles is vital to the quality of RPs entering the field.	5/13/2021 12:48 PM
146	When supervisees are resistant to coaching, do not follow through on recommendations, or otherwise do not comply with expectations of a competent therapist, it seems irresponsible to attest to completion of supervision hours without qualifying how those hours were completed and if they were done so to satisfaction.	5/13/2021 12:43 PM
147	I think that it could be useful and reasonable to expect supervisors and their supervisees, as	5/13/2021 12:36 PM

part of the Attestation Form sent in at the point of the supervisee applying to move from RP-Q to RP category of membership, sign off that they have reviewed the "Entry-to-practice competency Profile" together and agree that the supervisee meets these minimum requirements.

148	There needs to reference recommendations of the clinical supervision practice where the supervisor is professionally/personally endorsing the individual for independent practice	5/13/2021 10:46 AM
149	This is a slippery slope as the supervisor is not an instructor, but they should be available to provide clinical support as needed and provide feedback and assistance when a supervisee is struggling.	5/13/2021 10:25 AM
150	Seems appropriate and adequate	5/13/2021 10:11 AM
151	As a student in a training program my supervisors exceeded the requirements. I would suggest a tiered approach where there is more formal evaluation in the early part of the training/formation. As an RP moves towards independent practice, the evaluation methods and feedback should shift.	5/13/2021 9:49 AM
152	n/a	5/13/2021 9:33 AM
153	I agree that clinical supervisors should be evaluating their supervisees, but on an individual case by case format. I'd welcome more tools for that, but worry that it could become too rigid if a one size fits all structure was applied.	5/13/2021 9:27 AM
154	None at this time.	5/13/2021 8:15 AM
155	It may be perceived as hand holding but I think it is important for supervisors to provide feedback that is specific for CRPO and the RP in training. This clarity can help the developing RP and CRPO with quality assurance and client goal setting. It doesn't need to be onerous just a line or two added to the existing form.	5/13/2021 7:22 AM
156	Seems to be a difficult task based off subjectivity across different college supervisors.	5/12/2021 11:24 PM
157	The last 2 questions were confusing thus my conflicting answers. I don't think supervisors need to do more than an attestation form but I do think that instead of requiring a linear 1/5 ratio for supervision hours I think that supervisors should be required to use discretion and should have the ability to comment on their attestation forms when DCC and Supervision hours do not align with CRPOs guidelines. I realize these are just guidelines but it creates a lot of stress and hardship when a supervisor tells a supervisee: you're doing great and don't need much supervision and yet the ratio is significantly beyond the guideline. This helps to protect the registrant and the supervisor.	5/12/2021 11:17 PM
158	None.	5/12/2021 10:35 PM
159	I haven't had a supervisee but am qualified to supervise (aside from signing the declaration - I have the 5 years ex. and 30 hour course). I'd perhaps like a standardized method/template to have supervisees fill out and a templated evaluation tool that we could 'go over.' That might come in handy, I'd be happy to consult on the building up of these.	5/12/2021 9:57 PM
160	Having an evaluation document and/or checklist would be helpful to ensure candidates are able to demonstrate competency in a variety of areas	5/12/2021 9:31 PM
161	I have written a formal letter of complaint for a potential supervisee, and did not hear back from crpo and this individual became fully registered as an RP. This impacts my trust in necessary gate keeping for the profession	5/12/2021 9:30 PM
162	If there are high reports of fraud/complaints about this, then it does need to be addressed as the entire point of the registration process is to ensure the quality and training of the applicants to protect the public	5/12/2021 9:28 PM
163	Some formal assessments of supervisees and in particular students would improve the profession. The Counseling Competencies Scale (CCS) is quite good when assessing students/supervisees.	5/12/2021 8:23 PM
164	Supervisors have a vested interest that only competent people are in this profession. This must be kept in mind rather than creating rules which imply distrust.	5/12/2021 7:49 PM
165	Competence is important and sometimes individuals can slip through the gaps. Having a more explainable competence guidelines would be helpful. But having another form to sign would not	5/12/2021 7:04 PM

	be.	
166	My university had three questions my supervisor had to answer every 8 weeks, in addition to testifying to the number of hours. The qualifications of the supervisor were determined at the beginning and then every 8 weeks a submission of # of hours completed and how the training is going - I believe having questions to answer at each stage helped us track progress nicely.	5/12/2021 6:54 PM
167	I was grandfathered in so this doesn't apply as much to me, but I think CRPO is currently doing enough	5/12/2021 6:53 PM
168	I've had clinicians work for me with years of experience who couldn't handle basic trauma work that I can train up a new graduate to deal with. This is a problem. Not all clinicians are created equal and hate public need to understand competence better in order to make informed decisions.	5/12/2021 5:47 PM
169	Competent completion of hours is different from completion of hours. Many skills need to be assessed. As a supervisor, I have completed detailed questionnaires re competence when students complete semesters in their Master's programs, and rightly so. The students, and RP(Q)'s need feedback, as does the CRPO.	5/12/2021 5:10 PM
170	Perhaps supervisors could complete an actual evaluation of skills/competencies that happened throughout the duration of the supervision period to reflect professional growth and mastery of competencies.	5/12/2021 4:35 PM
171	The training program needs to ensure and be the final decision maker about competency, not an independent supervisor. Independent Supervisors are usually assisting training programs as students can meet the supervision hours and deepen skills. Guidelines about how supervisors provide feedback to training programs about students and qualifying RPs need to be transparent. Some qualifying RPs still need greater supervision.	5/12/2021 4:18 PM
172	I think there should be a stronger process for approving a clinical supervisor and then there would be more confidence in who and how someone is supervised	5/12/2021 3:56 PM
173	Perhaps a review of supervision is needed that summarizes achievement of clinical skills (CRPO entry qualifications), strengths and areas for future growth.	5/12/2021 3:34 PM
174	If the supervisors were to be CRPO approved, then part of that approval process could be to underscore the expectations, and only in circumstances where there were concerns around either the supervisor or the supervisee, would there need to be additional followup by CRPO	5/12/2021 3:16 PM
175	While I agree with question 20 in theory, I recognize that it's difficult to make a reality in practice.	5/12/2021 2:53 PM
176	Supervisors should be trained to document the supervision and to ensure that supervisees get a broad range of experience	5/12/2021 2:46 PM
177	CRPO may come with additional monitoring tools/approaches if needed	5/12/2021 2:37 PM
178	I think CRPO needs to create a program to manage both of these issues, as you are the licensing body. Please do not deflect your responsibilities on individual supervisors.	5/12/2021 2:06 PM
179	In my experience as a new supervisor, I found the College Evaluation forms that the intern was completing the master's program was woefully inadequate in defining the Competency for SEUS. I turned to CRPO website to ensure I was addressing this appropriately and effectively. I found the competency was clearly outlined in the Professional Competency Document. I couldn't find the breakdown of what constitutes with case examples, behaviours sufficient demonstration of that competency addressing issues such as projection, projective identification, transference, counter-transference. For me, these are key, key levels of awareness and tracking capacity of dynamics interpersonally that differentiate a counsellor from a psychotherapist in the SEUS competency. Clearer definitions of 'what' these are, how to bring them to awareness in students appropriately (resources?), could further advance this unique competency that - to me - makes CRPO stand out as a rigorous and effective college regulating the act of psychotherapy. If I missed something searching the website however, then maybe it can be foregrounded a little more to be found quickly (Hyperlinks in the Professional Competency Document?),	5/12/2021 2:02 PM
180	Since CRPO accredits the college or university would suggest that the program meets the requirements in teaching and allowing role-plays within the class that would meet the learning	5/12/2021 2:01 PM

objectives for competencies. The internship then becomes a place to put that into practice, so the attestation form would be sufficient.

181	I think that hours of clinical work and supervision is not sufficient. I think that certain themes need to be covered in the supervision (i.e. SEUS, risk management, etc). And I think there should be a space where this can be reflected on and evaluated in the Attestation form.	5/12/2021 1:41 PM
182	If someone is qualified and meets CRPO's standards to act as a Supervisor, then they should be trusted to be honest in their attestation forms and evaluation processes.	5/12/2021 1:09 PM
183	If you are requiring that Supervisors need to take 30 hours of directed learning in order to be trusted as Supervisors, then isn't assessment a part of that? Shouldn't you be trusting someone that you have attested is an adequate supervisor, to do their job?	5/12/2021 12:58 PM
184	I think your role is to establish qualifications for supervision and what is expected to occur in the supervisory relationship. If your regulation/policy is appropriate then it would be reasonable for CRPO to rely on the supervisor's attestation.	5/12/2021 12:54 PM
185	Other than reportable offenses, the supervisor is not a supervisees evaluator unless otherwise stated in the arrangement.	5/12/2021 12:33 PM
186	Clinical Supervisor Attestation only confirms the hours done by the supervisee. And does not provide any information about the quality of supervisee's practice	5/12/2021 12:31 PM
187	Clinical supervisors are credible and ethical in attesting to their supervision.	5/12/2021 12:07 PM
188	A bit confused about whether you are referring to those in training or full practitioners who have peer supervision. Very different cases.	5/12/2021 11:44 AM
189	Evaluation of clinical supervision should happen within training programs, not CRPO.	5/12/2021 11:09 AM
190	Not sure on this one - maybe there needs to be simply a piece to confirm that the supervisor feels that the supervisee meets and should be granted RP status and if there are any concerns to this, an option to highlight this to the College.	5/12/2021 11:08 AM
191	n/a	5/12/2021 11:04 AM
192	I believe we need to trust the work of supervisors the same way that our clients trust us.	5/12/2021 10:46 AM
193	The Supervision attestation forms need to be user friendly with clear instructions or automatically popping on to the next line; adding lines as necessary. Very often I have to clean up documents so I can read the full content. There should be a way to populate the forms about supervisor information with more ease and perhaps voice to text amenities for accessibility purposes.	5/12/2021 10:46 AM
194	not feasible for a regulatory body to make this judgement; competence is an adequate standard	5/12/2021 10:37 AM
195	As the CRPO is set in place to protect the public, as supervision is a necessary component of the RP application process, is the CRPO not obligated to assess supervisors to the same degree they assess training institutions for the purpose of identifying a training institution as meeting entry requirements?	5/12/2021 10:37 AM
196	I feel the current evaluation is fair.	5/12/2021 10:34 AM
197	In order for CRPO to require greater evaluation of supervisees, a proper laid out process would be necessary.	5/12/2021 10:33 AM
198	none	5/12/2021 10:29 AM
199	Some of my supervisees have demonstrated lack of skill and a tendency to try to work the system to get out there and there wasn't anything I could do because they weren't breaking rules just working it	5/12/2021 10:16 AM
200	Requiring more of supervisors will mean fewer supervisors will take on supervisees	5/12/2021 10:16 AM
201	Include it on the attestation form and ask for details. In general, the attestation form should be more detailed. However, the CRPO needs to assure that supervisors don't abuse this. For example, I'm aware of questionable practices that include charging \$100 plus for completing a current version of the attestation form. BTW - this sort of abuse of power over supervisees and	5/12/2021 10:14 AM

students does not appear to be rare. The CRPO should assess how supervisors bill and what they charge their supervisees.

202	CRPO has already in place the standards for supervision and the qualifications of a supervisor. Competency of the student and RP (Qualifying) is judged by quality of schooling, experience requirements, and RP Exam.	5/12/2021 10:10 AM
203	CRPO needs to be clear why they would want to pursue the above; is it to protect the public or create a new area of control and revenue generation.	5/12/2021 10:08 AM
204	Very competent people can make mistakes, and no supervisor can practically take responsibility for the practice of another therapist - that's impossible. Agencies should have different standards from private clinics if they are funded by public health.	5/12/2021 9:59 AM
205	We professionals with years of experience and training deserve some respect and autonomy in our practice. This rigidity is unproductive.	5/12/2021 9:55 AM
206	Evaluating competence is part of supervision, including reviews, so this seems redundant.	5/12/2021 9:54 AM
207	A brief evaluation based on a practice-based framework for the competencies should be come part of the transition to full RP. Also using the competencies as the framework for supervision will set up success	5/12/2021 9:46 AM
208	I don't think this needs to be complicated. You could include a checkbox at the end of hours attestation which states whether or not the supervisor believes the supervisee: a) no longer requires supervision b) should receive more supervision than the required hours c) unsure	5/12/2021 9:42 AM
209	Simply participating in supervision does not equate to competence or to gaining competence	5/12/2021 9:36 AM
210	I feel there is enough at this point. I feel that even supervisors have a lot of work on their plate. Best to keep it standardized to forms, and make it so that supervisors don't feel the work is so onerous that they don't want to become supervisors.	5/12/2021 9:25 AM
211	I agree that there should be more, especially when the training programs have provided limited clinical opportunities.	5/12/2021 9:23 AM
212	This may apply particularly to group supervision	5/12/2021 9:06 AM
213	some supervisees are not bringing cases for review, so there should be a recommendation on this	5/12/2021 9:05 AM
214	I think more evaluation of competence very early in their career (e.g., when at Qualifying stage) is important, but not necessarily beyond.	5/12/2021 8:55 AM
215	CRPO should have 2 departments: 1 for RPs who are in private practice and 1 for RPs who are employees of Ministry funded entities. Ministries are already very strict with their policies, procedures, guidelines, etc, without needing CRPO to add any more on top of these	5/12/2021 8:55 AM
216	Not sure how to do this. 30 hours training for supervisors is good. Perhaps a tool to guide supervisors toward a complete evaluation.	5/12/2021 8:54 AM
217	As a supervisor for practicum students there is no way to indicate if the student has not met the minimum requirement for entry-to-practice. Some require remedial training or another practicum to gain competencies.	5/12/2021 8:46 AM
218	Putting up more barriers to licensure is the last thing we need. Provided qualifying RPs have met the qualification for a coherent education, they must have studied ethics. So will their supervisors. We need more mental health providers not less. All these hoops discourage qualifying RPs and veterans considering becoming a supervisor. It creates too many layers of bureaucracy.	5/12/2021 8:31 AM
219	If the CRPO has determined that someone is a qualified supervisor, that person ought to be trusted to evaluate their supervisee's competence. The PD requirements of the profession ensure that we're working to a standard.	5/12/2021 8:31 AM
220	I think for students going through Practicum/schooling yes! But those post graduation and are qualifying need more of the real world supervision dynamic where it's not about evaluation but professional growth.	5/12/2021 8:29 AM
221	There should be something that says whether or not the supervisor would recommend the supervisee for membership or if they recommend more supervision hours instead of just sign	5/12/2021 8:28 AM

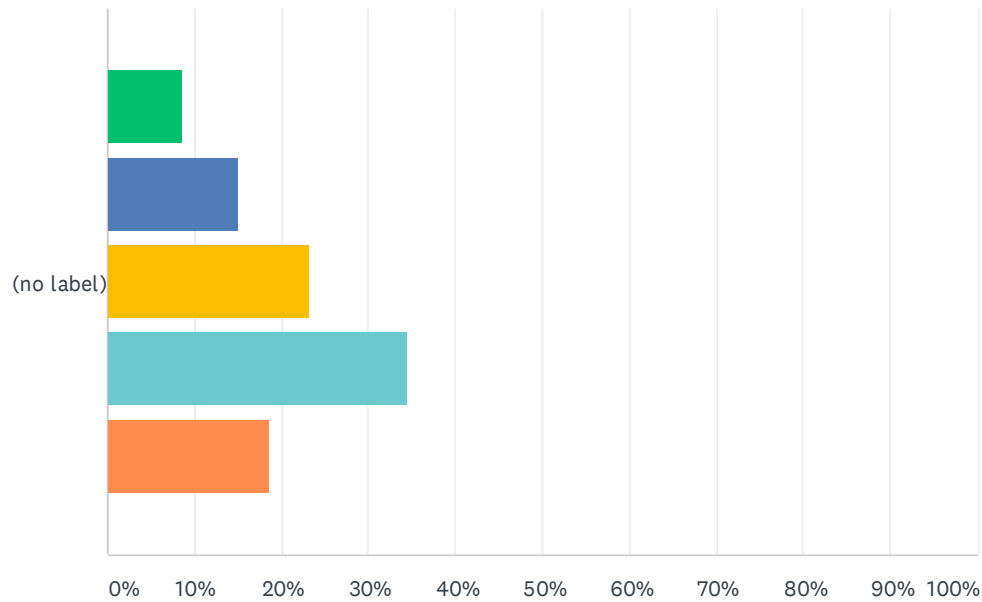
	off on hours.	
222	For these to be meaningful they need to be reviewed by psychotherapists	5/12/2021 8:14 AM
223	I think the key is with the supervisor ... if they are not competent then their supervision is not competent.	5/12/2021 8:05 AM
224	Schools are the evaluators not Supervisors. Perhaps if we have obvious concerns, we need to note them but I would hope that is already happening. Putting the onus on a supervisors to evaluate will increase the cost of the service because it requires substantial extra work. It also puts power in the hands of a singular person who may be in an enactment with the supervisee. Who will supervise the supervisor to make sure they are fair and not discriminatory? The schools are responsible for graduating competent people and the college is responsible for admitting competent people. Supervisors should only have responsibilities to alert for things that are obvious around competence. Just being not that great of a therapist is not enough.	5/12/2021 7:58 AM
225	I would say if the supervisor believed they thought the supervisee requires more training, they should be required to note this, but if they believe the supervisee is competent i do not believe they should be required to provide any information other than the attestation	5/12/2021 7:57 AM
226	I feel that if the requirements of a supervisee are clearly identified by the CRPO (ie. guidelines, competency requirements, evaluation criteria) then an attestation is adequate.	5/12/2021 7:57 AM
227	Unless a supervisor has significant training and a consistent rubric provided by the CRPO to evaluate performance, I believe they are unqualified to do so. I have heard of several situations where a supervisor will refuse to sign off on hours at the end of a placement, despite the fact that the trainee did not receive corrective feedback or support in growing skills during the placement. If supervisors have the power to dictate what "success" means and looks like, it opens the door to an even bigger power imbalance, abuse, and trainees leaving the profession as a result of a placement gone awry.	5/12/2021 7:56 AM
228	Clinical supervisors are trying to give back in supporting new registrants. Don't make it more complicated. Rather than make us jump through hoops, why don't you support us in being able to provide better service. For example, give us an outline of a general supervision agenda. Also, don't make wording in your documents about what we should be doing so complicated. I know your role is to police us, but we pay a ton of money to be registered, how about supporting us so we can better do our jobs.	5/12/2021 7:54 AM
229	N/A	5/12/2021 7:51 AM
230	no	5/12/2021 7:44 AM
231	It would be important to identify which model of therapy was used while under supervision. Otherwise it suggests competence in any model.	5/12/2021 7:36 AM
232	None	5/12/2021 7:30 AM
233	Adding more paperwork could overwhelm busy supervisors, but I agree that there could be some form of evaluation that would attest to the supervisee's competence and work.	5/12/2021 7:25 AM
234	I don't think having more hoops to jump through it useful. I think it the colleges job to investigate if there has been a complaint.	5/12/2021 7:24 AM
235	I'm a member of CPO I'm supervised practice. Their supervisor appraisal form can be taken as an example.	5/12/2021 7:17 AM
236	I take personal responsibility to ensure that I am working within my competency level and use my supervision to ensure I stay within my competency level and continually educate myself to expand it. I hope that this is the same for everyone.	5/12/2021 7:07 AM
237	I think the evaluation of the RPQ needs to be done such that the RPQ and Supervisor discuss and have documentation to prove the learning goals are being set, met, and let there be room for growth - the CRPO need not be part of this conversation only upon request. The onus of learning is on the RPQ.	5/12/2021 7:07 AM
238	Having a qualified supervisor means that they are likely providing ongoing assessment in collaboration with the supervisee.	5/12/2021 7:03 AM
239	If the RP in question is self-employed how do you expect the supervisor to evaluate them any more than they already do. I know my supervisors were leery about the attestation form but	5/12/2021 6:59 AM

how else could I get my hours signed off on? Especially now with Covid, everyone is online so I think it's fair to expect that a person who passes the exam and has the appropriate schooling and can show the spreadsheet of their hours to the supervisor, that they should be able to fill out the attestation form.

240	It would be helpful for supervisees to receive formalized feedback on their practice as most do when in their training programs.	5/12/2021 6:45 AM
241	I would not want too many requirements for this or I may no longer have time to supervise	5/12/2021 6:40 AM

Q26 RPs affiliating with clinical supervisors solely for the purpose of accessing insurance coverage for their clients is a problem.

Answered: 630 Skipped: 141

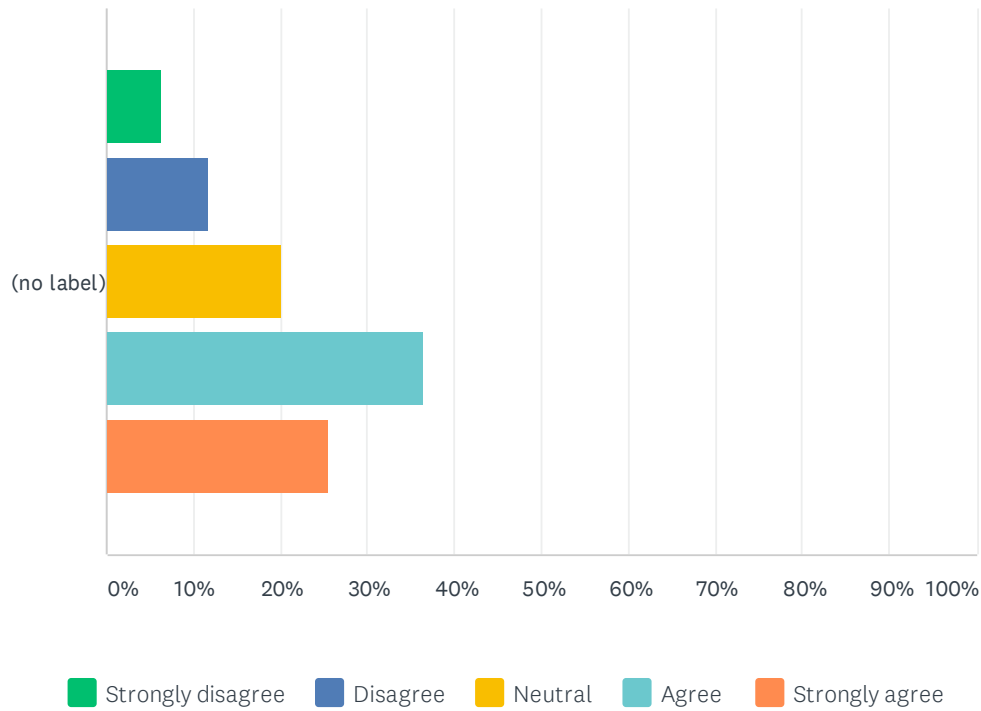


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	8.57% 54	15.08% 95	23.17% 146	34.60% 218	18.57% 117	630	3.40

Q27 An RP should only claim clinical supervision hours for the purpose of registration (including achieving independent practice) when clinical supervision is related to direct client contact, not when clinical supervision is based solely on accessing insurance coverage.

Answered: 630 Skipped: 141



	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	6.35% 40	11.75% 74	20.00% 126	36.35% 229	25.56% 161	630	3.63

Q28 Please provide any comment you have about this issue.

Answered: 213 Skipped: 558

#	RESPONSES	DATE
1	None	6/15/2021 5:38 PM
2	Alternate structures allowing RPs etc to work in association with other professionals in order to access insurance coverage need to be operationally defined, to distinguish these from supervision proper.	6/15/2021 4:20 PM
3	RP's who provided services under the clinical supervision of other professionals is helpful for clients who might not otherwise receive benefits for sessions provided by an RP, however, it is important for the RP to be meeting regularly with a supervisor for meaningful clinical supervision.	6/15/2021 2:53 PM
4	It *can* be a problem (clinical supervision solely based on insurance) if the supervision isn't about the content of the client issues and/or the therapist's relationship with the client and isn't frequent enough to be safe and effective. But it depends on the RP and the supervisor. (I have heard of several examples of this kind of arrangement being primarily a "cash grab" with little to no supervision happening.)	6/14/2021 10:29 PM
5	The nature of supervision implies direct client contact.	6/14/2021 9:24 PM
6	access to mental health services in Ontario is very limited. I think it is the duty of the CRPO to help clients gain access which includes utilizing insurance benefits. This should also include lobbying to insurance companies to recognize RPs and remove this entire question of the need for psychologist supervisors.	6/14/2021 2:38 PM
7	When supervision is attached to accessing insurance coverage, it may erode or minimize the value of supervisory relationship	6/14/2021 12:21 PM
8	it keeps the role as it is meant to be for, with insurance not being the factor and remaining separate from	6/14/2021 11:47 AM
9	I am familiar with psychologists providing "supervision" for multiple supervisees in which no meaningful supervision is actually carried out. Also there arises confusion about who is responsible for client care. OPA guidelines suggest that the client is now the purview of the psychologist vs the therapist who is providing care even if that psychologist knows almost nothing about the client (due to no meaningful supervision). I do not think this arrangement benefits the client	6/14/2021 9:35 AM
10	-	6/13/2021 11:13 AM
11	The fact that RP's are in many instances not covered by insurance is the real problem. Access to coverage should be provided to clients seeking help from any and all regulated health professionals.	6/11/2021 12:22 PM
12	I wasn't aware it was a problem.	6/10/2021 2:31 PM
13	I imagine that RPs who are seeking supervision for insurance coverage purposes are trying to help clients by overcoming systemic barriers. I think further advocacy work is needed with insurance companies to recognize services provided by RPs so that RPs aren't finding loopholes to jump through to facilitate clients getting necessary care.	6/10/2021 1:37 PM
14	I believe this practise is a problem because if the confusion mentioned, and also because if it continues it inhibits and delays more insurance companies recognizing RPs directly. It also likely drives up the cost for clients.	6/10/2021 1:07 PM
15	Balance is key with this question. If all clinical supervision hours are related to insurance coverage, this is an issue. If there is a balance of both, I don't see an issue.	6/10/2021 11:52 AM
16	n/a	6/10/2021 11:48 AM
17	These types of loopholes help to make therapy more accessible for more clients	6/10/2021 10:20 AM

18	Until insurance companies begin to fully recognize and understand the different categories and fund RP's, using a supervisors information is necessary.	6/10/2021 8:56 AM
19	N/A	6/10/2021 6:37 AM
20	RP's need to be covered under insurance plans	6/9/2021 10:39 PM
21	It could be a potential issue and conflict of interest.	6/9/2021 9:00 PM
22	The purpose of insurance coverage outlining providers is intended to ensure the provider listed as supervisor is actually onsite and actively supervising the work in the session. The current practice is not respectful of the intention in defining provider.	6/9/2021 6:24 PM
23	A lot of RPs working under psychologists, ex. for WSIB or MVA work, do receive regular, quality supervision, and do this work as a genuine part of their training. I think that, in any supervisor-supervisee arrangement there is room for responsibility and irresponsibility. Regardless of the set-up, both parties need to take responsibility for ensuring that the work and the supervision is of very high quality.	6/9/2021 1:46 PM
24	If an RP has a valid clinical supervision contract with a social worker or psychologist, and the client's case and treatment plan is regularly being reviewed with that supervisor, there should be no issue here. It is quite simple to arrange one's invoices such that they clearly indicate who the treating clinician is (e.g. the RP) and who the supervising psychologist/social worker is. I object to the language of "for insurance purposes," which sounds like insurance fraud. If the case is supervised by the supervisor, then it is supervised by the supervisor. I think the real problem here may be that RP supervisors seem to abide by different norms and understandings of what supervision entails. I encourage the CRPO to follow the example of the CPO, whose practices in this respect are much more developed and make a great deal more sense.	6/9/2021 11:27 AM
25	Na	6/9/2021 10:51 AM
26	I want to clarify that this is a problem with the system, not with Psychotherapists or supervisors. If the CRPO and other organizations can advocate for us and get to a point where psychotherapy is recognized by insurance companies as a legitimate and regulated profession worthy of insurance coverage, then we would not need to find supervisors solely for the purpose of insurance. Additionally, if an RP is claiming hours of supervision from a supervisor they are using for insurance benefits, they are still receiving hours of supervision from this supervisor. This is only an issue if the RP is claiming they had supervision hours when they did not actually meet with the supervisor.	6/9/2021 10:45 AM
27	It would make better sense that Insurance companies are mandated to Provide access to all Forms of support, this means better accessibility for clients and is more equitable	6/9/2021 10:42 AM
28	Accessibility to care is the big issue here. Especially with long wait lists and limited psychological resources in many areas, clients who have coverage solely for psychology care are at a distinct and dangerous disadvantage. Although many insurance benefits are now covering psychotherapy because of the impact of COVID-19, it still leaves a large portion of the population at a disadvantage and unable to access care in a timely manner. This could have devastating consequences on mental health outcomes and physical safety for the people seeking care and their families. We should be confident enough in the requirements of our profession that we are strongly and enthusiastically advocating for the coverage of RPs on all benefit plans, but also that we are capable of meeting the needs of clients with the supervision of a psychologist if that is what allows clients to access care in a timely and affordable way.	6/9/2021 10:39 AM
29	RPs need to be able to practice without needing a supervisor for insurance purposes in the first place, but I hope you're working on that. For now, we're doing what we need to do to survive and function. It should be counted.	6/9/2021 10:03 AM
30	This wouldn't be as much of an issue if more advocacy was done with health insurance companies on the benefits of psychotherapy services vs psychological services, for certain presenting concerns, for example.	6/9/2021 8:43 AM
31	I think CRPO has to advocate more for RP insurance coverage, rather than keep us under the wings of psychologists.	6/9/2021 7:58 AM
32	I think a combination of both insurance work and direct client contact is best, although if they are only dealing with Insurance clients then that's who they have to use a supervision hours.	6/8/2021 10:49 PM

33	I think it's dishonest for insurance companies to be paying for a psychologist when the clinical work is being done by an RP. The crpo could petition insurance companies to increase access to services so RP's don't have to work under other disciplines. It's also often inaccurate to assume that clinical supervision is occurring because another discipline is billing for an RP. I have strong suspicions that very little to no clinical supervision is occurring when other disciplines are billing for RP's.	6/8/2021 7:55 PM
34	I don't fully understand the above statement. Even if the person is seeking clinical supervision based solely on accessing insurance coverage I would assume they would still be having direct client contact. I can't answer without clarification.	6/8/2021 7:48 PM
35	If they are accessing supervision, how can you access that it is solely for the purpose of insurance. In that case, wouldn't there be no supervision happening?	6/8/2021 7:22 PM
36	An RP having a client who they are seeing even if the client is accessing insurance coverage by another professional, still requires supervision from that other professional. The other professional has a component of liability for that client and thus must be involved in the case - at least through case conferencing.	6/8/2021 6:18 PM
37	the oft repeated phrasology of the college is "protect the public". this kind of intervention is about who gets paid and is I believe way outside your expressed roll. you won't advocate for better insurance coverage but you're there to drop the hammer when rps find a way to be paid. this is why we hate being regulated.	6/8/2021 6:06 PM
38	I am concerned that the profit motive in this arrangement could compromise care.	6/8/2021 5:18 PM
39	DCCs are DCCS.	6/8/2021 4:53 PM
40	Qualified, responsible CI supervisors should assess the purpose of requested supervision. CRPO should provide more guidance re expectations: seeing notes if they are on the receipts, and make it clear that the purpose of supervision remains as outlined	6/8/2021 4:48 PM
41	The focus should be on providing access to mental health care following the pandemic and its resulting mental health, physical health and financial crises. If working through another umbrella makes psychotherapy services more accessible to those with benefits, that is good for the public.	6/8/2021 4:25 PM
42	N/A	6/8/2021 3:45 PM
43	The use of other professions as "billing agents" should not be confused with supervision, this dilutes the purpose of supervision for clinical growth. Also this relationship puts RP's in an inferior position to other professions and in the eyes of clients and insurers. We should be seen as capable of supervising our own members and billing as our own profession.	6/8/2021 3:38 PM
44	Some clarification on this would be helpful as well as policies about payouts to the RP who is actually doing the work.	6/8/2021 3:13 PM
45	It seems that it would be unethical for an individual to claim a supervisory relationship in order to access insurance coverage from a supervisor, e.g., payment for services, but then claim they received clinical supervision in their CRPO registration if there was in fact no clinical supervision, e.g., learning and engagement.	6/8/2021 2:59 PM
46	It doesn't make sense not to allow psychotherapists to work under a supervising psychologist because clients really do benefit from being able to use their insurance. I think it would be detrimental to client care to stop this from happening. That said, expecting the RP to have some regular check ins/supervision sessions with the supervising psychologist makes sense to protect everyone involved.	6/8/2021 2:53 PM
47	This is more of an ethical issue. Question 26 intimates that RP's in this situation could be providing services only for the purposes of accessing funds. This would be unethical. Question 27 identifies the importance of a check/balance in these situations. One can always benefit from supervision and additional input. It is a bit of a check / balance when working with a "pot of money".	6/8/2021 2:45 PM
48	NA	6/8/2021 2:43 PM
49	The Focus should be on getting RPs covered in insurance NOT on what RPs have to do get covered. That makes the RPs the problem and not the actual system issue. Perhaps if more was done with insurance by the college by supporting (why else do we pay such HIGH fees?)	6/8/2021 2:43 PM

then some RPs would not need specific supervision. Most clients are insurance based and if RPs are not covered by their insurance how will the client get services. It is in the client's best treatment interest to have access to RPs.

50	However, I believe RPs would probably do less of this supervision workaround if RPs are better covered, and the insurance companies recognize us. RPs are still an afterthought and excluded with various plans. We need help advocating for our inclusion, and should not be punished for finding ways to be legitimized and compensated for the work.	6/8/2021 2:38 PM
51	I have witnessed group supervision where the supervisor told the supervisee to tell her client to get a cat. The individual is a psychologist who does not practice and does not have any training as a supervisor that is adequate.	6/8/2021 2:32 PM
52	Agree, although I would also like to know that the CRPO is doing something to advocate for coverage of RP services, evidently not just for the benefit of RPs but for the benefit of the client as well. I currently have a supervisor solely for the purpose of being covered by insurance companies and I'm reluctant to give him up as I fear this might interrupt services to some of my clients.	6/8/2021 2:26 PM
53	No	6/8/2021 2:17 PM
54	in theory I agree with the potential confusion the limitations behind why seeking supervision from other than an RP. However, RPs are still not recognized in many insurance policies and people do need therapy.	6/8/2021 2:14 PM
55	As CRPO's mandate is to act in the best interests of the public, I recommend that CRPO develop an information sheet and a form that is accessible to the public through its website to (a) inform of the potential risks of working with an RP when it relates to insurance; (b) to encourage the client to speak with the RP about these potential risks; and (c) to provide a form that the client can ask the RP and the psychologist supervisor to fill out verifying that clinical supervision as an extra layer of accountability to the client.	6/8/2021 10:19 AM
56	However, if one does have a supervisor through whom one can access insurance coverage, this should not be discouraged. Perhaps the College should focus more energy on ensuring that CRPO members are recognized by all insurance plans in order to enjoy the same coverage as other professional designations. Again, I raise the issue that we are the only ones required to charge HST/GST - a huge incumbrance and not at all fair.	6/5/2021 10:56 AM
57	There are a number of unethical psychologists "supervising" RP and others only for insurance purposes. Psychologists or social workers supervising for insurance or WSIB purposes should be required to have interviewed the client at the very least and provide a stipulated amount of supervision, say 1 supervision session for every 6 - 8 hours hours of direct client contact	6/3/2021 2:11 PM
58	Apologies - don't have much to say about this as I am not very familiar with this practice	6/1/2021 12:20 PM
59	Even if someone is accessing the service due to insurance coverage, the individual receiving the service likely would benefit from the services of an RP. It wouldn't be appropriate for this individual to not have the access.	6/1/2021 10:08 AM
60	Psychotherapists should stand on their own as a profession- not have to be supervised by psychologists to get insurance.	6/1/2021 6:46 AM
61	The issue of 'claiming' clinical supervision hours may also arise in the annual accounting of currency hours.	6/1/2021 12:19 AM
62	I think I covered my experience working under psychologist supervision already. If the supervisee doesn't have satisfactory knowledgeable and skills to treat client for an MVA, supervision will not provide sufficient time to bridge these gaps, and puts consumer at risk, as well as supervisee and supervisor. Unless, the supervisee undertakes considerable training alongside supervision.	5/31/2021 9:01 PM
63	Basing accessibility solely because of insurance is too easily abused.	5/31/2021 5:59 PM
64	I have been able to access insurance coverage because my therapist associates with a psychologist. I believe people should have help to access support and services.	5/31/2021 12:13 PM
65	These questions are misleading. The problem is lack of "meaningful" supervision. This does occur when RPs are supervising as well, not just psychologists, MDs and social workers. In my opinion, the current state of affairs does nothing to curb or address the problem, apart from	5/31/2021 11:16 AM

	insuring that RPs who wish to branch out and diversify their practice have an easy pool of clients in psychotherapy trainees. That is the real issue, a political and economic one, not "meaningless supervision". If CRPO felt so strongly about ethics in supervision, they would gather solid (not anecdotal) evidence on the issue, for instance a broadly-distributed survey with decent response rates. Then they would collaborate with other Colleges to implement solid guidelines and ways to enforce them, rather than try to act in isolation and undermine the training of students.	
66	RP's NEED to be able to access clinical supervisors outside of CRPO to attain insurance coverage. Insurance coverage for RP's is still limited and people are in need of mental health support. Further, RP's deserve a living wage and shouldn't have to work for minimum wage to be able to provide support to people who need it.	5/31/2021 10:23 AM
67	clinical supervision solely for accessing insurance coverage should be restricted to therapists with "independent" status -- but nonetheless, periodic "real" supervision should be encouraged regardless of level of experience	5/30/2021 11:31 PM
68	Not quite sure of what the above passage was trying to convey. But I believe registrants of CRPO, that is RPs, have been facing a lot of challenges in the area of having their status as providers of psychotherapy services recognized by many insurances companies for the purpose of allowing their clients use the access to extended health care plans. Most times, RPs find that their qualifications or CRPO credentials are not listed or recognized by the insurance companies as one that should provide the psychotherapy services for their clients. Hence, RPs are by implication deprived of such client opportunities and sometimes undermined "by the description of not being qualified".	5/29/2021 5:04 PM
69	There can be unfair financial arrangements where a working RP gets little or not feedback from this type of supervision and it can feel like a "cash grab" on the part of that supervisor.	5/28/2021 11:53 AM
70	In order to ensure this RPs need to be included under insurance coverage and be HST exempt. This will assist the public in accessing quality service for reasonable rates and will encourage the appropriate use of supervision as it is intended.	5/27/2021 8:05 PM
71	It is the insurance companies that need to change their policies, otherwise all psychotherapists are in this position of actual supervision versus supervision needed for insurance purposes.	5/27/2021 3:28 PM
72	I think as long as there is transparency and perhaps SOME sort of actual supervision occurring, this doesn't seem to be a harmful practice	5/26/2021 10:49 PM
73	Right now it is a struggle for RPs with insurance coverage. Some insurance places are becoming more open to it however, there can be issues with the Qualifying stage. I think it should be allowed that RPs and RP (qualifying) do insurance coverage to provide better coverage and services to individuals. I just think that supervisors who sign off for this need to do their due diligence and ensuring that meaningful supervision is in place with them to receive this sign off. If it is not, then the supervisor would need to make the decision of whether to continue onwards with this supervisee. It could just be a requirement too that if supervisors are signing off for insurance purposes that they have access to the notes and treatment plan to ensure that appropriate care is occurring. This would allow them to decide whether they should continue with providing services.	5/26/2021 1:23 PM
74	To me it seems this is a political problem, not a clinical one. To me, the solution to this problem is to advocate for RPs as autonomous professionals whose clinical judgement should be legally respected, not to punish RPs by forbidding them from doing what they need to do to tick the legal boxes.	5/26/2021 12:49 PM
75	I think that when providing clinical supervision, the supervisor has part of the responsibility of the client care, therefore should not take that responsibility lightly. Failing to supervise care appropriately is an ethical and profession issue and they are taking important risks.	5/26/2021 12:07 PM
76	Yes, this may be a problem, but the greater problem is that many clients cannot afford therapy and so psychotherapists are trying to make their services more affordable by piggy-backing off of the insurance benefits of their supervisors.	5/25/2021 4:40 PM
77	This speaks to a larger systemic issue, in that RPs are not as represented as "acceptable practitioners" in some extended health insurance plans. Though this is changing, albeit slowly, this presents a barrier to mental health supports for some clients as finances become a deciding factor on whether or not to obtain any form of support. Though low/no cost options are	5/24/2021 5:11 PM

	available, they are often met with an extensive waitlist, which is a tremendous problem in and of itself.	
78	This is transactional/admin oversight and doesn't invite real supervision e.g. SEUS work	5/24/2021 2:31 PM
79	I'm unsure I understand the distinction above. If the question is: RP should only claim supervision as relating to actual clients they have seen/discussing in supervision their cases, then yes.	5/24/2021 2:01 PM
80	crpo must work harder to have insurance cover RP.	5/24/2021 12:18 PM
81	If the clinical supervision includes actual supervision (1:1 or group) related to those cases, I see no problem with claiming it for registration as it provides professional development.	5/23/2021 9:21 AM
82	There is a shortage of psychologists with availability to see clients, but many clients only have coverage for psychologists. Thus, psychotherapists can fill this gap by "working under" a psychologist and hiring a psychologist as our supervisor. Again, CRPO, please do not get in the way of making mental health more accessible.	5/22/2021 1:17 PM
83	Some psychologists are better with this than others. I have worked with a psychologist who is providing meaningful supervision in our meetings. We are required to regularly provide case updates so the supervision is not solely to access insurance. This is less a supervision issue and more a professional practice issue - both the CRPO and CPO have rules governing how this arrangement is presented on receipts, etc.	5/20/2021 2:26 PM
84	I believe RP supervisees should seek supervision based on modality, population, and clinical expertise of their supervisor. Not based on insurance coverage.	5/20/2021 10:39 AM
85	I don't think these two things can be separated. Specifying more clearly what must happen in supervision, for whatever purpose, could address this	5/19/2021 10:15 PM
86	I was unaware of this issue and I strongly believe that RPs working with an independent RP solely for insurance purposes is unethical, immoral and unprofessional. Only clinical hours related to direct client contact hours should be counted. I go above and beyond "the purpose of registration" to say that a responsible RP should do this for growth and development as a conscientious, ethical and caring professional.	5/19/2021 9:20 PM
87	I was unaware of this issue.	5/19/2021 2:12 PM
88	.	5/19/2021 11:48 AM
89	I do not feel that any regulated health professional ought to be charging insurance companies for services they themselves do not supply; except, perhaps in health clinics.	5/18/2021 3:39 PM
90	A supervisee is committing insurance fraud if they use a supervisor's registration number on an invoice in order to access a client's benefit plan because it gives the impression that the supervisor has seen the client when this was not the case.	5/18/2021 2:20 PM
91	It is very important to increase client access to care. People of Ontario are currently disadvantaged by lack of insurance coverage. The college should do all it can to make changes that enhance access to these funds.	5/18/2021 1:38 PM
92	None.	5/18/2021 9:51 AM
93	The CRPO should work with independent insurance companies to ensure the services of an RP are covered for every employee in order to avoid these situations.	5/18/2021 9:48 AM
94	I believe that many psychologists have taken serious advantage of RPs using this practice, lining their pockets while providing no real benefit to the RP nor the client.	5/17/2021 8:05 PM
95	Again, I think this relates to needing responsibility and liability for client welfare to be explicit. If I am hired by a responsible psychologist to provide psychotherapy to a client of their clinic, the psychologist understands that according to the CPO they are responsible for that client's welfare, and will therefore have a hands on relationship supervising me and that client's work. I have no problem with this scenario, although it may not be related to achieving independent practice.	5/17/2021 7:34 PM
96	while I think its important to increase accessibility for clients through coverage and there is nothing wrong about that, but if RPs are engaging in supervision, they must actually be receiving supervision whether or not it also allows them access to more coverage.	5/17/2021 4:02 PM

97	IF RP is required through MVA insurance, it should be recognized as a treatment provider within MVA, CPRO should be advocating for that. We are a Regulated Health Professional just as the OTs and Psychologists are.	5/17/2021 12:34 PM
98	An RP may be receiving supervision in order to also receive that supervisor's health coverage benefits, but they are still being supervised. The system works because the supervisor is accountable for their supervisee.	5/17/2021 8:52 AM
99	I think CRPO should find a solution for this issue.	5/16/2021 5:54 PM
100	I agree completely with the above statements. It seems unethical to receive clinical supervision from someone for specific insurance purposes.	5/16/2021 5:15 PM
101	There are so many barriers to accessing individual therapy already. Unless therapists find a job working for a government funded agency, the cost of running a private practice is too high to be able to offer as many spaces as what there is demand for, for sliding-scale, or pro-bono spaces. If accessing insurance coverage is one way to be able to provide needed services, then either CRPO could be working with insurance companies to get them to cover psychotherapy, or we access good supervision that allows for this to happen.	5/16/2021 4:42 PM
102	I think anything we can do to remove the financial barrier to access to services is valuable. It may seem radical or problematic, but equity is more important than the confusion of insurance companies. For the purpose of registration, the DCC and quality supervision hours need to be legitimate.	5/16/2021 1:37 PM
103	the current system is a scam where other health professionals like psychologists are making money based on the illusion of supervision. It is a system that is disrespectful, and often unsafe to and for the RP and clients.	5/16/2021 12:30 PM
104	Getting insurance coverage is an incentive for RPs to get a qualified supervisor.	5/16/2021 8:37 AM
105	I find it very discouraging when policies like these include zero acknowledgement of the difficulties RPs face, such as lack of coverage by still so many insurance companies, various related organisations, and being the only ones that have to collect GST. At the same time we are also regulated and required to accrue a significant number of hours - DCC, PD, supervision, etc. in order to stay current. We have to compete with these professionals who are covered and accepted by various services that do not accept RPs, and with professionals who do not have to add GST to their fees. And we are trying to make a living at the same time. Why can't this context count? It sounds like when RPs liaise with these other professionals, even if it's solely for insurance purposes, they are judged. It can't be that they are practicing within an area they know something about or have expertise or training in, and so the collaboration makes sense? Is their intention deemed only materialistic, and hence to be disallowed, even if they are at a competitive disadvantage? To me, such disregard of the fuller context in which we operate is not only discouraging, but feels dismissive, and even denigrating - my context does not matter to those regulating me - they'd do whatever they decide is acceptable, regardless. And for the record, I don't work with other health professionals for insurance coverage, so my sentiments here are not in defence of such personal practice, only of my need for equity and ultimately freedom.	5/15/2021 10:16 PM
106	I believe it should all count	5/15/2021 8:09 PM
107	It was difficult to answer the above question as it I understood it to mean that clinical supervision may be connected with insurance coverage without being connected with DCC. Regardless, I think supervision hours should be connected to DCC not payment arrangements.	5/15/2021 7:35 PM
108	I agree with College's regulation about this issue	5/15/2021 5:02 PM
109	We are back to the same issue of psychotherapists not being recognized by insurance companies, and having to pay HST. This needs to be fixed and the other will become a non-issue.	5/15/2021 4:08 PM
110	Supervision is Supervision. If Supervision is based on insurance then I have 2 comments. 1 let all practitioners be covered under insurance decreasing need for such situations and 2) it is the responsibility of both supervisor and supervisee to ensure a quality relationship.	5/15/2021 2:40 PM
111	N/A	5/15/2021 2:33 PM
112	The whole thing is a problem because we do pay alot because insurance companies do not cover us. The only reason I would ever do this after being fully registered is for clients to get	5/15/2021 11:58 AM

insurance. It has led to EAP contracts superceding choice of care and getting contracts and supervising to become puppy mill type of service by psychologists. Of course the psychologists state we aren't competent because it takes away a huge part of their income. This is also why correct supervision and appropriate education is needed in the first place. I noted that understanding when referrals are needed to physician or psychiatry in the circle of care was not well covered in my MACP course but this is needed to be conscientious and serve clients well. Likewise assessments and referral for diagnosis should be better covered. That being said, 95% of my client base is needs and have chosen psychotherapy as effective treatment and are having great success. It is absurd that I have to farm out clients just so they have coverage and they often complain. The "supervision meetings" are a joke and I have never learned anything new. If anything they all have a BMOC flavour.

113	Keeping the insurance relationship to competence to practice is in the best interest of the public	5/15/2021 11:35 AM
114	RPs are Registered and Regulated Mental Health professionals that met the standards to provide services for independent practice. It does not make sense that Insurance Companies continue to refuse reimbursing clients for their mental health care provided by a qualified Registered Professional, in this case a Registered Psychotherapist. This is significantly impacting clients, causing stress, and sometimes even having to discontinue their psychotherapy process for not being able to have their services covered. It is a real concern and struggle.	5/15/2021 11:14 AM
115	RP services should be covered under OHIP and under all health insurance plans.	5/15/2021 11:13 AM
116	I worked for various insurance companies and this is a huge issue. Some of these RPs do not really receive supervision and the structure is simply for the purposes of billing. I believe that psychologists have stricter rules around providing supervision outside of the profession to curtail this issue, unless an rp is directly apart of that practice	5/15/2021 10:54 AM
117	Usually supervisors look at supervisees as potential competitors so RP are kept into the dependent roles for a long time.	5/15/2021 10:54 AM
118	Supervision is supervision. While I don't agree that therapists should seek out supervisors just for client insurance coverage, it also doesn't make sense to pretend that supervision hour didn't happen. The psychological supervision I did have was incredibly valuable to my knowledge and professional competence; it would have made zero sense to not be able to claim that towards my RP registration.	5/15/2021 10:50 AM
119	I'm a little unclear on what the question is asking. I have supervision from a psychologist for the purposes of insurance coverage. This supervision includes regular meetings to discuss cases, so it is not solely for the purposes of insurance, but I am with a psychologist rather than an RP because of insurance: An RP supervisor could provide the same benefit in terms of supervision itself, but seeking supervision through a psychologist makes my services accessible to more clients.	5/15/2021 10:41 AM
120	I don't see why this is a problem. The other option is that more people have less access to mental healthcare. That just doesn't make sense. In the time we're in right now, the fact that RPs have to charge HST is absolutely astounding. Then on top of that people can't use their benefits unless they have RP coverage? That's just not fair to anyone. Until RP coverage is more mainstream, that isn't right to the public.	5/15/2021 10:39 AM
121	If meeting with an individual to collaborate on care, even from an insurance perspective, should be ok. Ultimately, the individual is receiving ethical care, which is the whole point. Anything otherwise feels like gate keeping.	5/15/2021 10:37 AM
122	RSWs have different standards of practice; RPs claiming adequate supervision when only used for insurance is problematic and I believe will result in more potential harm for clients if practitioners do not receive proper supervision.	5/15/2021 10:36 AM
123	Again, the purpose of supervision is to protect the public and to facilitate the development of the supervisee. I know of many therapists who receive supervision from a psychologist for insurance purposes and complete their entire treatment process with the client without ever discussing the client with the psychologist. This is not consistent with the above purposes of supervision. If there is actual supervision taking place, then that is more appropriate even if for accessing insurance coverage. The key question is, is any actual supervision taking place, or is it just an administrative tactic.	5/14/2021 5:25 PM

124	RP's services should be more widely accepted by insurance companies! I agree that it is confusing for clients.	5/14/2021 11:02 AM
125	I had no idea this existed	5/14/2021 10:17 AM
126	If being supervised by a psychologist so that clients can have insurance coverage is occurring I do not see this as a problem.	5/14/2021 8:14 AM
127	Supervision should NEVER occur solely for the purpose of ensuring payment, and is in fact prohibited by CPO Standards.	5/13/2021 8:44 PM
128	N/A	5/13/2021 7:39 PM
129	allowing supervision for insurance purposes is not a learning experience. Insurances need to be educated to accept RPs as independent practitioners.	5/13/2021 6:37 PM
130	Enabling clients to access benefits is very important. It can mean the difference between getting help or not. Quality supervision also matters and so it ideally should encompass conversation of the client's needs and how to best serve the client.	5/13/2021 2:18 PM
131	The service of RP is not recognized by some of the insurance company. Wonder if CRPO as a regulatory body can educate the insurance company about this, so that more insurance company will recognize that RP are being regulated by Ontario government. RP who obtain supervision from psychologists is due to the fact that the insurance companies only recognize psychologists and not the RP. But, if RP can provide that work, then RP can be under their own regular supervisor for that work, instead of solely for accessing the insurance coverage.	5/13/2021 2:10 PM
132	I do think this is a problem in that there are supervisee's who only seek supervision for the purpose of insurance coverage. But it is important they be able to do so. I think the problem is rooted in the lack of competency, education, and professionalism of the qualifying individuals. I recently interviewed an RP (Qualifying) who had less than 300 clinical hours and was completely disinterested in learning about what I had to offer as a supervisor, she was only interested in furthering her own agenda and ideas about psychotherapy, which I can see will lead to harm to clients as she quite clearly plans to impose her agenda on clients. She has the designation without the accompanying attitude and professionalism. That is CPRO's fault and the fault of the supervisor and university who graduated her. I am seeing students from Yorkville university who not only are arrogant and troubled and lack knowledge, but some are clearly destructive and entitled. And they can become RP Qualifying. Its actually scary.	5/13/2021 2:05 PM
133	clinical supervision should be about more than just accessing insurance coverage. ok to include this as one reason. wording of item 21 hard to answer.	5/13/2021 2:02 PM
134	I think the problem in these two parts (#22 and #23) is the word "solely". Can it be both? What if the supervisee has clinical supervision and uses such supervisor for client's insurance? I believe it is the role for the CRPO to work with ALL insurance providers so that students of psychotherapy, RP(Q) and RPs are recognized as a mental health profession and their supervision as such for the value of covering insurance claims by their clients.	5/13/2021 1:40 PM
135	I value the language CRPO uses that supervisees engage in "meaningful supervision" when supervision serves to allow clients to access insurance coverage.	5/13/2021 12:39 PM
136	If CRPO wants to promote new therapists in "needs to ensure newer practitioners receive a sufficient amount of focused attention and guidance from their clinical supervisor as they develop their competence", allowing such a general statement encourages RP (Qualifying) to partake in groups (of 8) for 1hr and then use the supervisors' RP # for insurance and I feel this is a hinderance to the client/general public and a risk/liability to the supervising RP as that practitioner may or may not bring a case into supervision and guidance/recommendations may or may not be given for the case that is submitting the receipts for insurance. Even writing this makes hits an unethical component for this. I understand making psychotherapy more accessible for general public and having access to insurance coverage is very helpful, I think more guidelines around how/when/what etc. so that the client is aware of the therapist/supervisor relationship and outlines liability etc.	5/13/2021 12:02 PM
137	This seems to be an ethical grey area as supervision should be provided to assess the RP's knowledge and skill and not just for the sole purpose of insurance coverage.	5/13/2021 10:26 AM
138	It is hard to lobby for changes to insurance when not all RP's are using their designation for insurance claims e.g. putting their sessions through a psychologist.	5/13/2021 9:35 AM

139	I would hope that the person provided the supervision would provide meaningful feedback and support to the person even if accessing insurance coverage is part of the reason they are working together!!	5/13/2021 9:30 AM
140	None at this time.	5/13/2021 8:16 AM
141	This is a complex issue and the insurance industry is a complex topic. Supervision is used in a variety of ways. As long as the patient's best interests are at the heart of one's actions it is in line with the scope of CRPO guidelines.	5/12/2021 11:20 PM
142	None.	5/12/2021 10:36 PM
143	Until the insurance companies and the government for that matter include RPs on their own merit, there are few options available in certain circumstances. CRPO Should advocate for acceptance in insurance plans called 'psychological services' and clarify with the government in psychological services include psychotherapy as services exempt from charging HST as it is with every other regulated healthcare practice!	5/12/2021 10:01 PM
144	I don't know about the supervision element, but perhaps this indicates need for further and much more clear advocacy with insurance companies for coverage and understanding of the title.	5/12/2021 9:30 PM
145	The last question was difficult to answer because there were two extreme options - either supervision is to get registered or to access insurance. To me clinical supervision is at its core about neither of those things because it's about growing as a clinician.	5/12/2021 8:25 PM
146	I am not sure the two issues are mutually exclusive.	5/12/2021 7:50 PM
147	More work to advocate to insurance companies to advocate for psychotherapists to be covered would be good. It is expensive to get supervision from a psychologist.	5/12/2021 7:07 PM
148	If the supervision was meant for the purposes of insurance but was still meaningful, it should not be discounted.	5/12/2021 7:02 PM
149	I'm under the supervision of a psychologist but I see the ability for clients to access insurance coverage as a benefit and not as the main part of my relationship with my supervisor. I think restricting supervision so that clients can't access insurance if the RP is engaging in meaningful supervision with the psychologist would do more harm than good	5/12/2021 6:56 PM
150	I believe clinical supervision hours should also be tracked when training in a new model of therapy. For sure, not when clinical supervision is only for the purpose of accessing funding - that's unethical - either the RP is qualified or not.	5/12/2021 6:55 PM
151	Accessing insurance company coverage can be a benefit but never the sole purpose.	5/12/2021 5:13 PM
152	RPs who are expanding their clinical modalities can also access supervision for the new modality, if it is needed.	5/12/2021 4:20 PM
153	There needs to be a greater push for RPs to be covered by third-party insurance.	5/12/2021 4:14 PM
154	When supervision is based solely on accessing insurance coverage, the RP may not receive adequate supervision around theoretical orientation, ability to self-reflect, etc.	5/12/2021 3:38 PM
155	Until we improve our access to care and coverage for RPs under insurance plans, we need to ensure clients can get access. This is one way we can do that. More attention and time needs to be paid to getting RPs recognized as a regulated profession, including HST exemption. This sets us apart and makes us look as though we are 'different' and 'less than' since we are not classified as healthcare workers. Once this work is done and RPs are considered equal, there is no need for these situations to happen. This is a required means to an end right now.	5/12/2021 2:55 PM
156	Yes, I see it in our community right now and it is a bone of contention. RP's working under the "supervision" of a Psychologist so they can access insurance benefits. This is fraud and does not support the professional growth of Registered Psychotherapists and our acceptance in the professional health care community	5/12/2021 2:50 PM
157	The only issue around supervision solely for the purposes of insurance, is the predatory practices by some of these supervisors. That being said, due to the lack of coverage (which is another issue) by many insurance companies, RP's have had to get creative in order to get their hours. In my experience, it has worked fine overall.	5/12/2021 2:33 PM

158	I question the issue, overall, of new graduates being able to provide private work, without full registration, or without enhanced supervision.	5/12/2021 2:09 PM
159	No experience in this field to really make an informed comment but the problematization of this issue seems wise and supervision does need to be about enhancing skills and competencies, not access to a 'good' that is unrelated to this value and purpose of clinical supervision.	5/12/2021 2:03 PM
160	I think that supervisors who provide "supervision" solely for an RP to use their registration information is a problem because it can very quickly become a business for the supervisor rather than providing good quality clinical supervision. I understand that it can be helpful to clients to have this option, but I think if its going to work, it has to be that the RP is accessing regularly clinical supervision with this supervisor for all of their clients, not just the few who need the supervisor's registration information.	5/12/2021 1:44 PM
161	As it is right now, RPs cannot have supervisors only for the purpose of accessing insurance coverage (in my understanding). So there should not be supervision hours occurring solely for this purpose? In my experience, the need to access insurance coverage influences the CHOICE of a supervisor, but not necessarily the supervision that is occurring. I ended up working with a supervisor with whom I wasn't particularly enamored with because his credentials allowed more of my clients to access insurance. The supervision I received, however, did not differ in nature from other supervision simply because of this factor.	5/12/2021 1:40 PM
162	This speaks to a bigger problem in the insurance industry and I think we should focus our efforts there.	5/12/2021 1:11 PM
163	Speaks for itself. Supervision should be fairly thorough.	5/12/2021 1:00 PM
164	It is important who is responsible for therapy	5/12/2021 12:44 PM
165	I want to facilitate awareness, not access to insurance. - I feel very strongly about this.	5/12/2021 12:35 PM
166	Registrants need to show competence in theory and practice which mainly comes through demonstrated clinical practice by direct clinical contact. Indirect content should be in a supportive role.	5/12/2021 12:13 PM
167	I think we need to be doing more to encourage insurance providers to cover RP's.	5/12/2021 12:00 PM
168	NA	5/12/2021 11:46 AM
169	CRPO should consider the systemic problem of access to affordable counselling when addressing this question. Unnecessary gatekeeping affects our vulnerable clients. Meaningful supervision is important, but should be required alongside, not instead of, supervision for the purposes of billing.	5/12/2021 11:37 AM
170	To me this is silly as a question. I believe that if you pay for supervision and attend supervision, whether that is for the benefit of insurance coverage or not, that time should count. However, it is a problem that RPs are NOT recognized by the insurance industry - it is absurd and I hope we will continue to see a trend where this is changed and we are included in most health care plans. That said, this would allow me personally to choose a supervisor that I would prefer to work with rather than stay with the one that I have because if I do not have a psychologist sign off on receipts, my ability to have enough clients will be lowered significantly.	5/12/2021 11:12 AM
171	More insurance companies need to cover RPs so this situation does not continue to occur - we need to be on the same footing with insurance companies as RSW.	5/12/2021 11:05 AM
172	Supervision should be a life long practice for responsible practitioners. If it also allows clients to access benefits that should be fine too. The assumption that autonomous practitioners don't actually get supervision if they are autonomous is flawed and not consistent with supervision being a valid form of continuing education.	5/12/2021 10:47 AM
173	I wonder how the supervision is evaluated when the contract between supervisor and supervisee is based on both gaining financial benefit.	5/12/2021 10:43 AM
174	I think that accessing supervision which allows for insurance coverage is okay but should also include meaningful supervision about DCC by that person at least monthly.	5/12/2021 10:36 AM
175	There should be a clinical justification for supervision - not a financial one. That being said, it is unjust that so many insurance plans will not cover RPs (who are arguably better trained in psychotherapy as a whole than RSWs)and that the CRA continues to require that RPs be the	5/12/2021 10:33 AM

only mental health professionals to collect and charge HST on psychotherapy services. This is a huge access issue for the general population and I would very much like to see CRPO take a stronger, more prominent stance in correcting these issues.

176	none	5/12/2021 10:31 AM
177	Other professions engage in this type of service provision - clients should not be excluded from service because insurance agencies have not caught up. I think it is up to the ethics of the profession of the other professionals who are making this possible - there can be checks and balances	5/12/2021 10:29 AM
178	Of course. Can only claim the hours they actually meet for case discussion.	5/12/2021 10:18 AM
179	I'm not sure how wide spread this is. However, it does NOT appear to be limited to supervisors who are Psychologists but includes Social Workers (based on my direct knowledge).	5/12/2021 10:17 AM
180	I feel it would be ethically wrong to attend supervision only for insurance purposes.	5/12/2021 10:11 AM
181	The problem is that psychologists hold more power in the field, and their personal requirements for personal development are non-existent. Most RP's know that the supervision they might receive from a psychologist is only helpful for the insurance relief. The hst should be removed from RP fees, insurers should not make any distinction, and RP's should have equal standing in the field.	5/12/2021 10:02 AM
182	Clients should be able to freely choose the right practitioner for them and if that happens to be an RP who specializes in a certain area and is accessible only through psychologist supervision (this needs to change - RPs should have more coverage), then that would be in the client's best interest	5/12/2021 9:57 AM
183	As long as they meet and discuss caseload, it doesn't really matter the original purpose of seeking out supervision.	5/12/2021 9:48 AM
184	Unless CRPO gets involved in having RP's being able to be compensated without the supervision of psychologists then removing this option will result in further financial hardships for RP's	5/12/2021 9:38 AM
185	Accepting clinical SV hours solely based on accessing insurance coverage during one's formative years in the profession seems contraindicated/counter to the very purpose of supervision (as reflected in the idea of a ratio of SV hours to # clients to ensure quality practice)	5/12/2021 9:10 AM
186	I'm not sure I understand this scenario. It probably relates to RPs in private practice?	5/12/2021 9:01 AM
187	In my experience, insurers aggressively inquire into the nature of supervision by such as psychologists to ensure supervision is not solely for insurance, and is related to client contact. Whatever the problems, this kind of supervision is absolutely necessary as long as the provinces and Federal Gov't don't support the practice of psychotherapy by forcing a framework for insurers to cover our profession and by levying sales tax on our work. The college needs to do a far better job of promoting this. And I don't want to hear that it's not your job.	5/12/2021 9:00 AM
188	The issue of RPs (even when in independent practice) needing others such as an MD/OT/PT to sign off on treatment plans is problematic in itself	5/12/2021 8:57 AM
189	I have a psychologist supervisor AND she has stipulations in place that I meet with her and discuss clinical cases she is supervising.	5/12/2021 8:45 AM
190	Due to the restrictions on psychotherapists coverage with insurance companies it can be beneficial and helpful for the community and our ability to administer supports that are affordable. Having a relationship for insurance purposes only supports psychotherapists and is helpful to those practitioners that do not need direct client supervision.	5/12/2021 8:40 AM
191	I find it quite deceptive to be honest when an RP does this for insurance purposes but I see the value it offers clients. Therefore the bigger challenge becomes: How can we get RPs to be covered by insurance like Psychologists are?	5/12/2021 8:32 AM
192	I was not aware this was an issue. I never received a break on my insurance because of my supervision arrangement, and insurance is not particularly expensive.	5/12/2021 8:32 AM
193	I strongly believe this is an exploitative practice: though this doesn't fall within CRPO	5/12/2021 8:27 AM

jurisdiction, it should not be allowed. Many insurance companies do not accept RP for coverage, which is in part due to this practice.

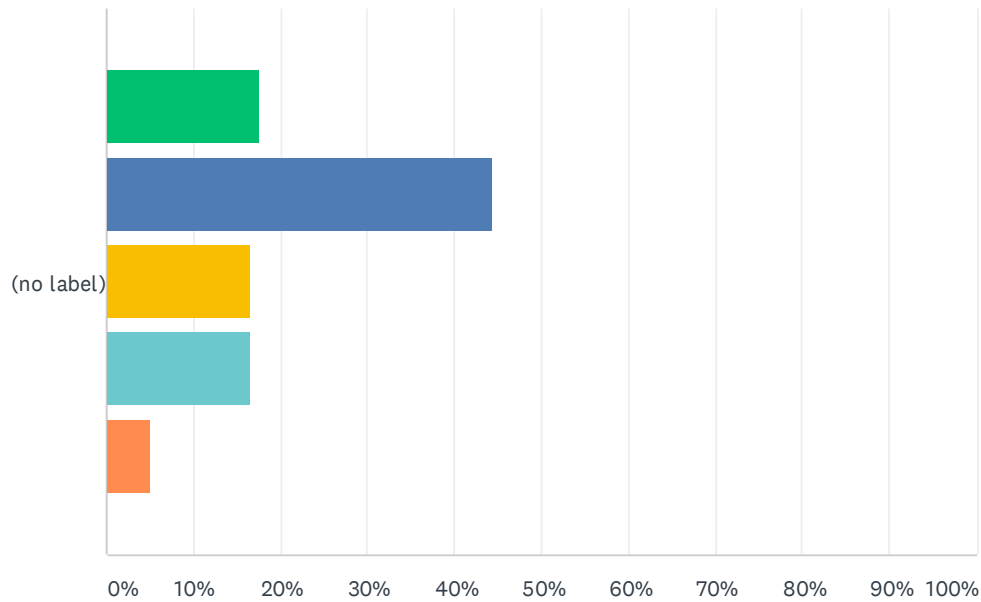
194	Purpose of supervision must be development of clinician and be documented clearly	5/12/2021 8:17 AM
195	It feels unbalanced and confusing Feels like we are using the system.	5/12/2021 8:08 AM
196	It would be great if RPs were covered under all insurance plans	5/12/2021 8:02 AM
197	In my opinion, the problem is lack of insurance coverage afforded to RP services. This is what motivates RPs to seek supervision from practitioners outside of the profession. Personally, enlisting the supervision of a psychologist is expensive and not what resonates with me. I actually resent that my current supervisor is requesting that I find a psychologist to also supervise me. COVID may change this and open more access to insurance coverage, but this remains an impediment.	5/12/2021 8:02 AM
198	This practice is exploitative, as often the supervising psychologist takes a cut of the RP's gross earnings (I have heard up to 25%!!) and doesn't actually provide meaningful supervision. This is deceptive to the client and insurance company. The practice boils down to the fact that the CRPO has done absolutely nothing to advocate for the inclusion of RP's in insurance plans and medical systems. If the purpose of regulating psychotherapy was to lend legitimacy to the profession and elevate the field, then the CRPO needs to start advocating, and stop supporting the exploitation of RP's by psychologists.	5/12/2021 7:59 AM
199	Supervision needs to be substantive.	5/12/2021 7:59 AM
200	especially problematic when using another professional supervisor for insurance purposes to charge more (ie psychologist)	5/12/2021 7:58 AM
201	Thus is some of the confusing wording. In a structured peer consultation group provided by an external supervisor, qualifying and seekers of independent practice may learn about standards of practice, discuss SEUS and other elements of being an RP but it may not relate specifically to the direct client contact. Those hours should count and the current way of reading makes it seem as though they don't. Be more specific that insurance supervision is not ok but supervision that helps promote any RP growth, whether it be clinical, seus, standards or practice or otherwise is good.	5/12/2021 7:58 AM
202	Many times this is the only way for a supervisee to afford supervision	5/12/2021 7:54 AM
203	The solution to this problem is advocating for psychotherapists to be covered under more insurance, not punishing those who receive supervision in part for insurance coverage.	5/12/2021 7:53 AM
204	Not allowing this, limits the client population RPs can work with - i.e. presumptive legislation for First Responders - WSIB	5/12/2021 7:53 AM
205	no	5/12/2021 7:45 AM
206	Psychologists have benefitted greatly from this financial arrangement and are often the ones providing very limited supervision in these situations. I believe that this practice should stop immediately.	5/12/2021 7:40 AM
207	None	5/12/2021 7:30 AM
208	If they are getting supervision and it's meets CRPO guidelines who cares why?	5/12/2021 7:28 AM
209	Helping clients receive the help they need is of utmost importance.	5/12/2021 7:17 AM
210	The described practices sound highly unethical and taking advantage of clients. That should be stopped.	5/12/2021 7:08 AM
211	I haven't experienced or heard of this situation occurring, but my understanding is that the supervisor would be required to provide supervision hours in order for the supervisee to move through RP-Q status.	5/12/2021 7:06 AM
212	I think often the SOLE reason is not accessing insurance coverage, as there is still supervision in place here. I think this can be done safely if the supervision relationship is well established	5/12/2021 7:04 AM
213	I have this arrangement and am full RP in independent practice and I do still get supervision from the psychologist. I don't see a problem with it. If others do then maybe there should be	5/12/2021 7:03 AM

some mandate about how many times per month or year the supervision happens. If it's for those still qualifying or building hours then the mandate could be more often.

For the next four questions, consider a supervisee who operates their own solo private practice and contracts a clinical supervisor.

Q29 The clinical supervisor should have ultimate responsibility for the well-being of the supervisee's clients.

Answered: 612 Skipped: 159

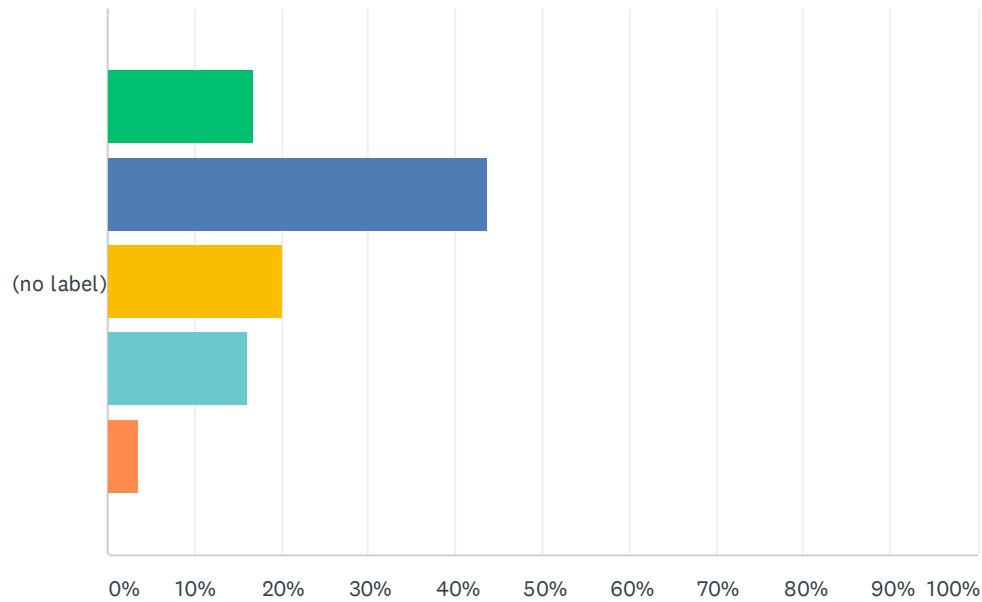


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	17.48% 107	44.44% 272	16.50% 101	16.50% 101	5.07% 31	612	2.47

Q30 The clinical supervisor should be responsible for the actions of their supervisees.

Answered: 612 Skipped: 159

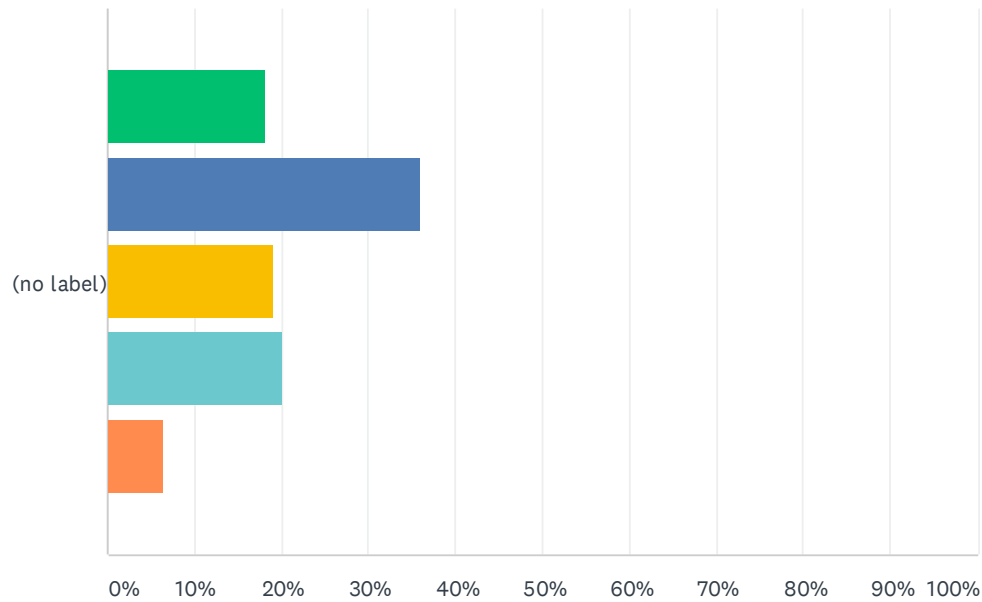


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	16.67% 102	43.63% 267	20.10% 123	16.01% 98	3.59% 22	612	2.46

Q31 The clinical supervisor should know the full names of their supervisees' clients.

Answered: 612 Skipped: 159

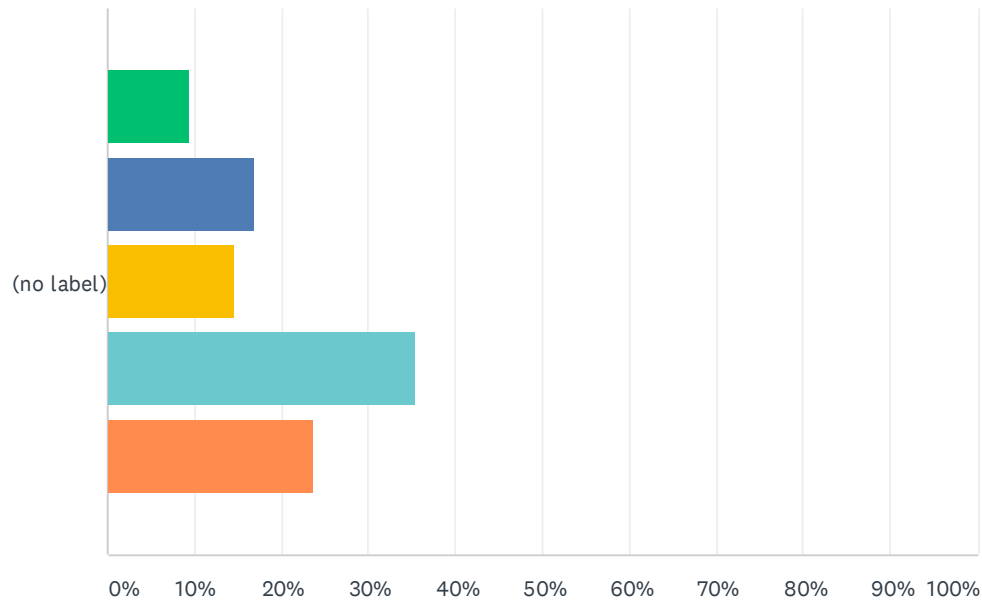


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	18.30% 112	35.95% 220	19.12% 117	20.10% 123	6.54% 40	612	2.61

Q32 Clients should know the name of their therapist's clinical supervisor and can contact them if needed.

Answered: 612 Skipped: 159



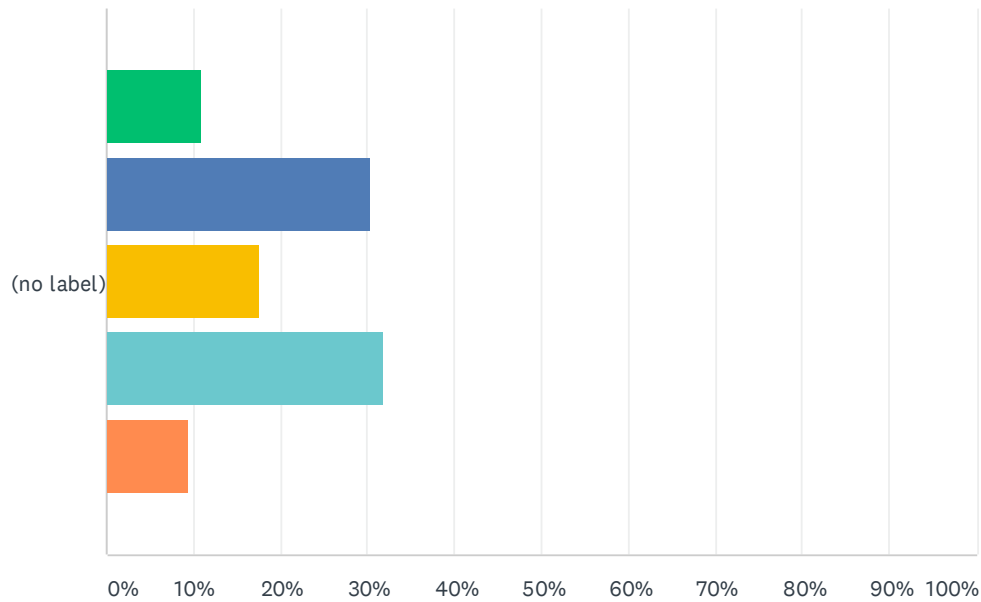
Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	9.48% 58	16.99% 104	14.54% 89	35.29% 216	23.69% 145	612	3.47

For the next four questions, consider a supervisee who works in a group practice, or for an agency or other employer, and their clinical supervisor also works in the same organization.

Q33 The clinical supervisor should have ultimate responsibility for the well-being of the supervisee's clients.

Answered: 612 Skipped: 159

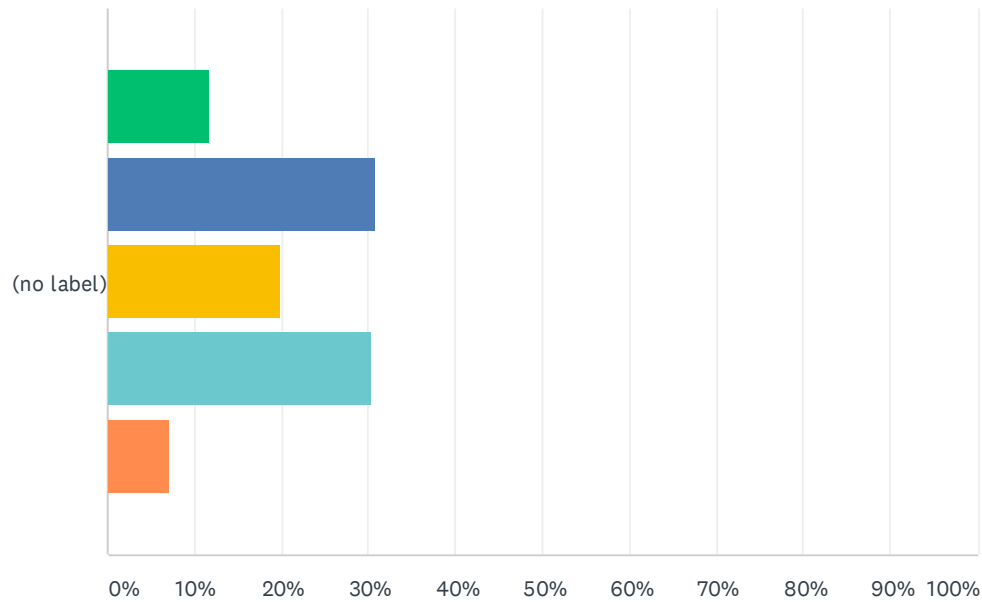


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	10.78% 66	30.39% 186	17.65% 108	31.70% 194	9.48% 58	612	2.99

Q34 The clinical supervisor should be responsible for the actions of their supervisees.

Answered: 612 Skipped: 159

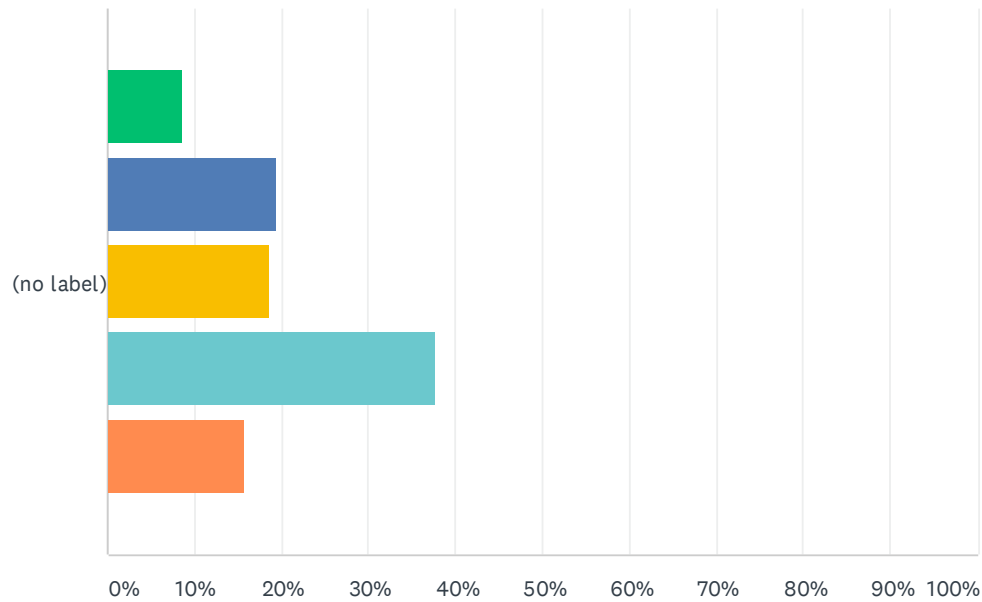


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	11.76% 72	30.72% 188	19.93% 122	30.39% 186	7.19% 44	612	2.91

Q35 The clinical supervisor should know the full names of their supervisees' clients.

Answered: 612 Skipped: 159

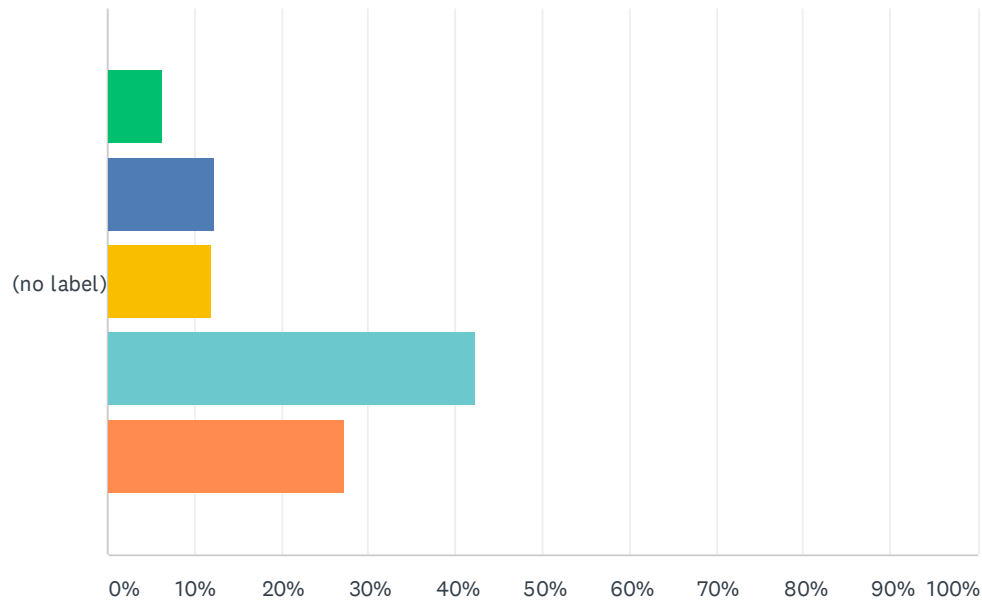


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	8.66% 53	19.44% 119	18.63% 114	37.58% 230	15.69% 96	612	3.32

Q36 Clients should know the name of their therapist's clinical supervisor and can contact them if needed.

Answered: 612 Skipped: 159



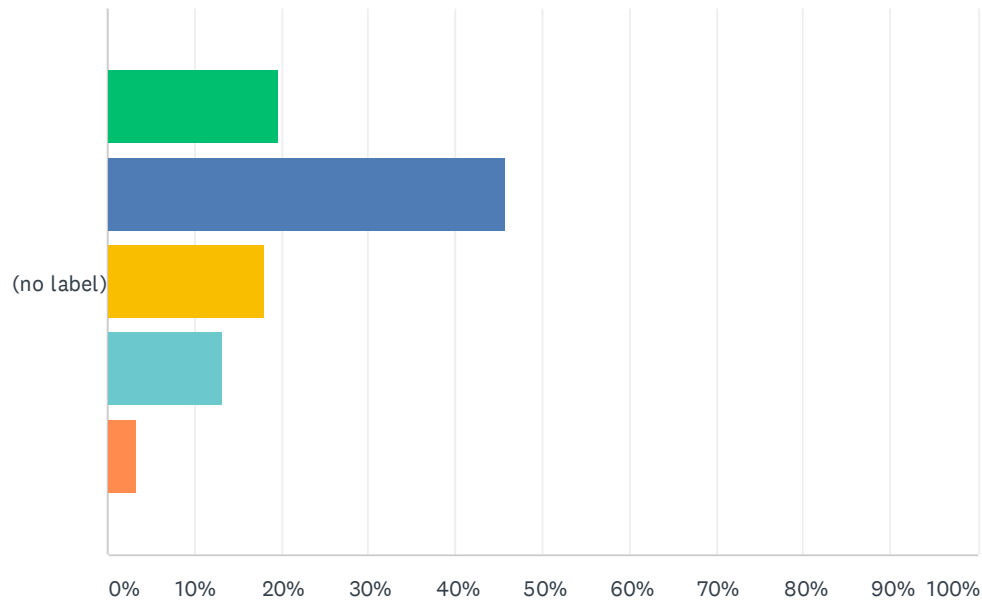
Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	6.37% 39	12.25% 75	11.93% 73	42.16% 258	27.29% 167	612	3.72

For the next four questions, consider a supervisee who works in a group practice, or for an agency or other employer, but their clinical supervisor for CRPO registration purposes works outside the organization.

Q37 The clinical supervisor should have ultimate responsibility for the well-being of the supervisee's clients.

Answered: 612 Skipped: 159

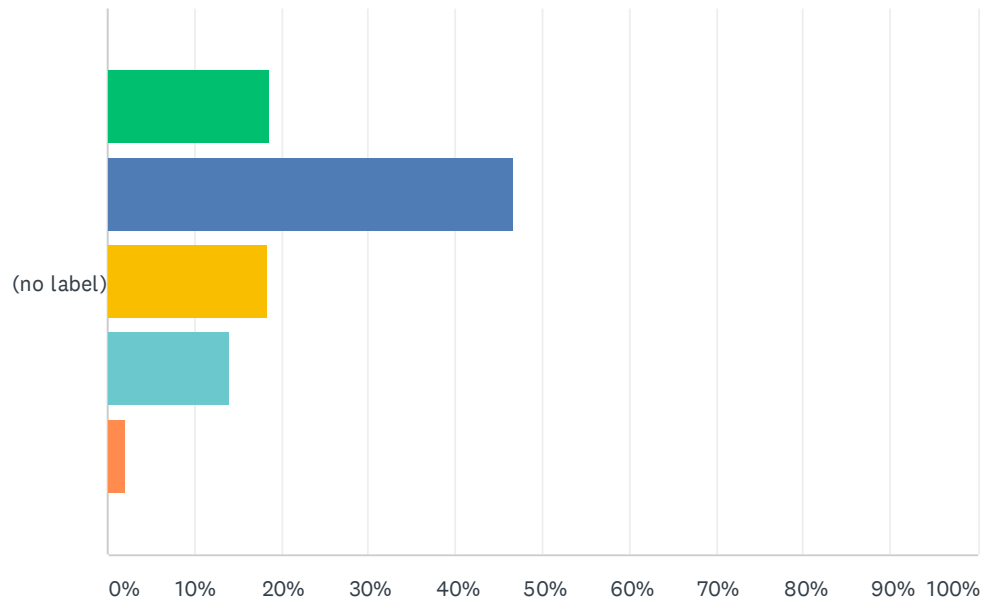


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	19.61% 120	45.92% 281	17.97% 110	13.24% 81	3.27% 20	612	2.35

Q38 The clinical supervisor should be responsible for the actions of their supervisees.

Answered: 612 Skipped: 159

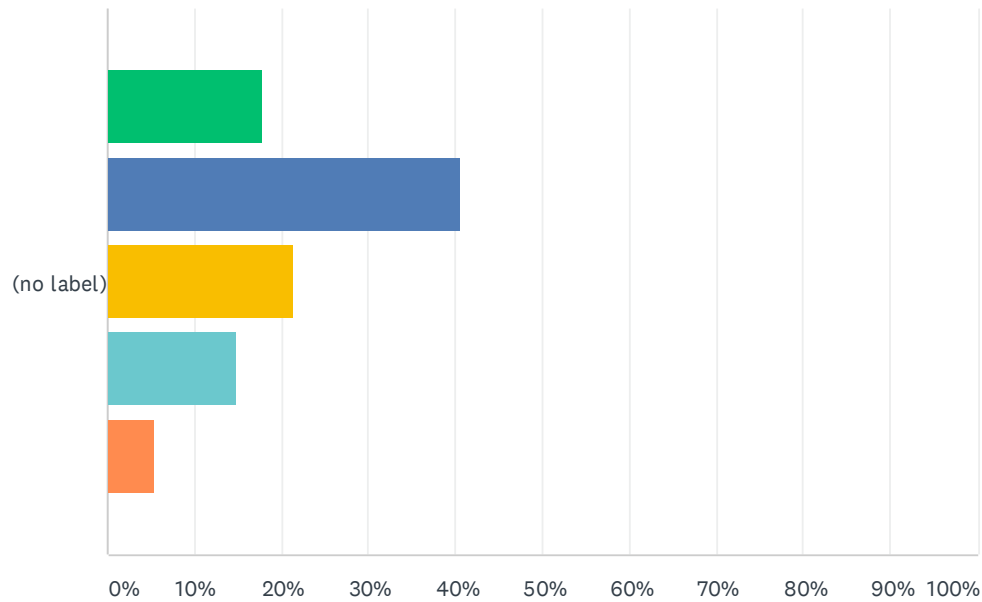


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	18.63% 114	46.73% 286	18.46% 113	14.05% 86	2.12% 13	612	2.34

Q39 The clinical supervisor should know the full names of their supervisees' clients.

Answered: 612 Skipped: 159

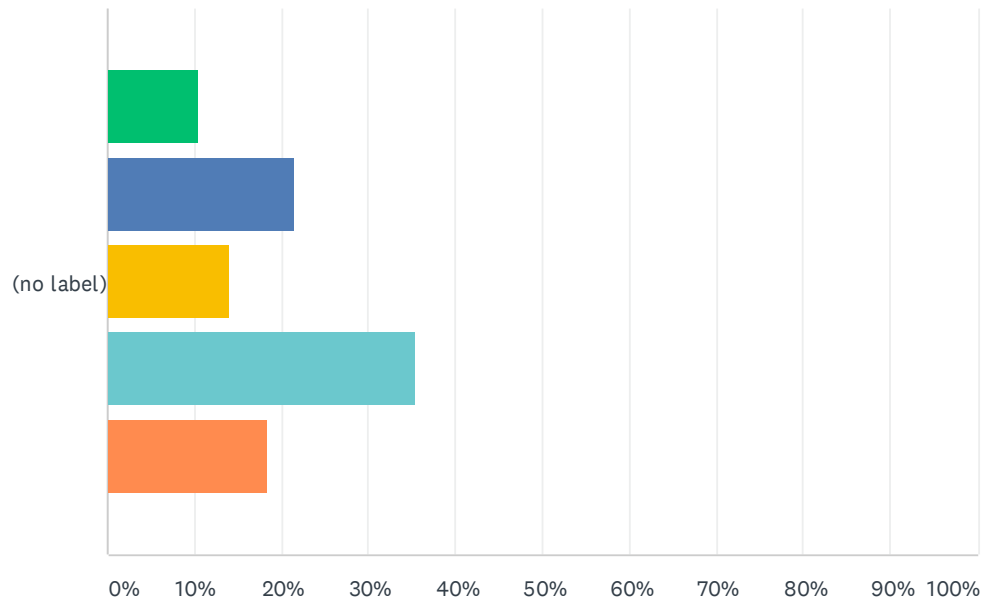


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	17.81% 109	40.52% 248	21.41% 131	14.87% 91	5.39% 33	612	2.50

Q40 Clients should know the name of their therapist's clinical supervisor and can contact them if needed.

Answered: 612 Skipped: 159

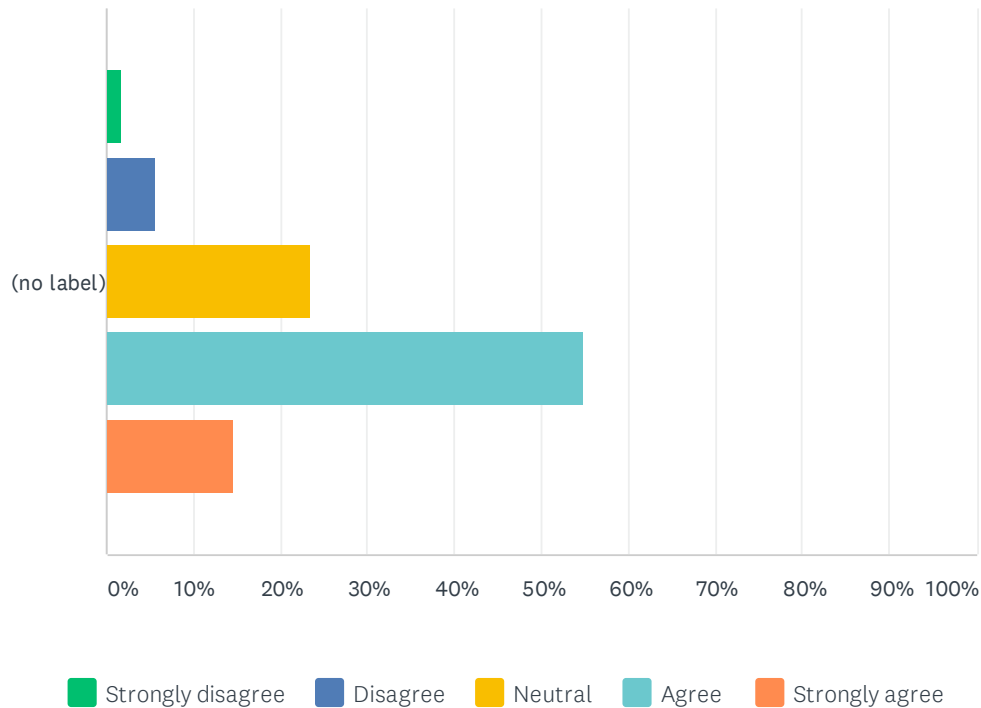


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	10.46% 64	21.57% 132	14.05% 86	35.46% 217	18.46% 113	612	3.30

Q41 Some clinical supervisors and registrants will need more guidance and direction than others; however, any changes to current clinical supervision policy should focus on managing risk that affects the whole of the profession.

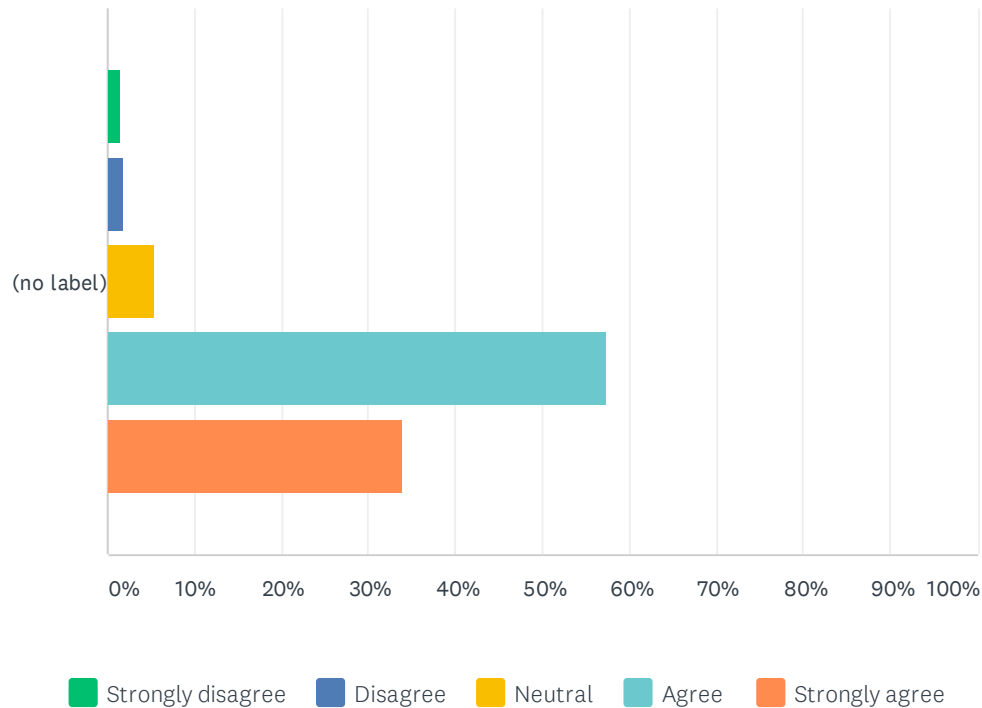
Answered: 610 Skipped: 161



	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.64% 10	5.57% 34	23.44% 143	54.75% 334	14.59% 89	610	3.75

Q42 The clinical supervision at the start of a registrant's practice may change compared to when a registrant is nearing independent practice, so the requirements for clinical supervision should allow for the clinical supervisor to adapt to the registrant's development.

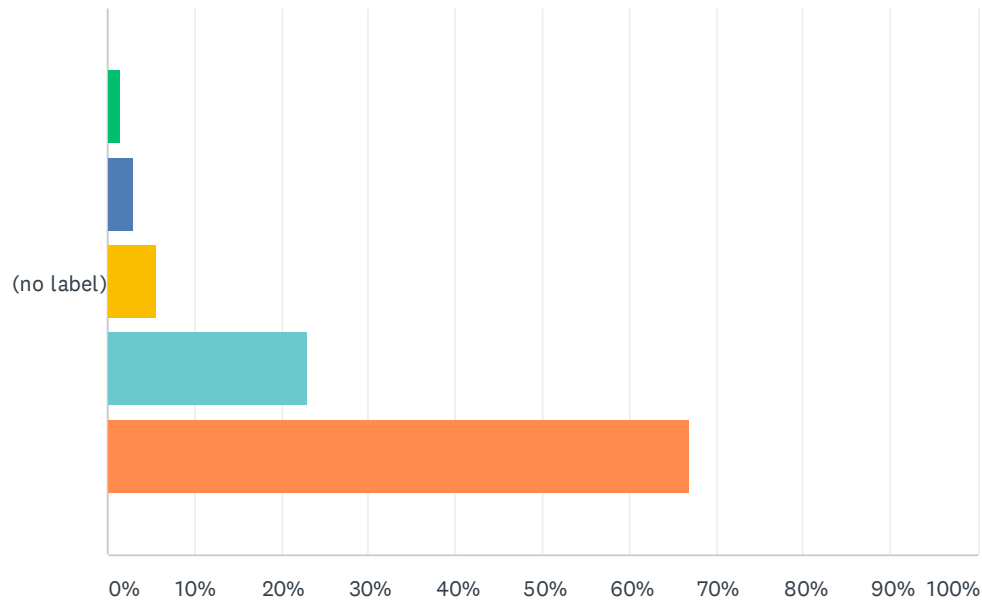
Answered: 610 Skipped: 161



	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.48% 9	1.80% 11	5.41% 33	57.38% 350	33.93% 207	610	4.20

Q43 It is unethical to receive clinical supervision from an immediate family member or spouse.

Answered: 610 Skipped: 161

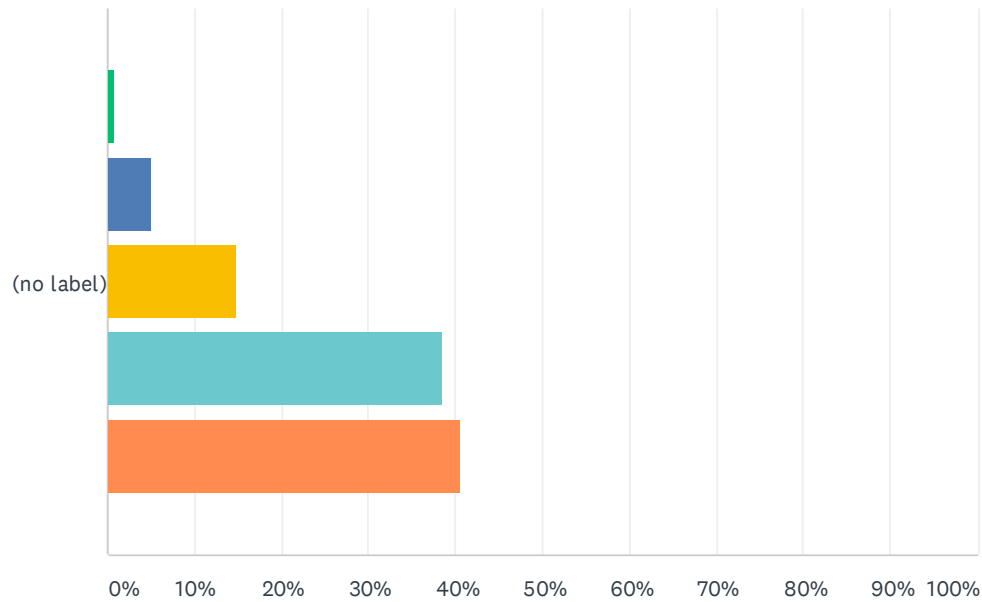


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.48% 9	2.95% 18	5.74% 35	22.95% 140	66.89% 408	610	4.51

Q44 Clinical supervisors and supervisees should have a signed, written agreement between them

Answered: 610 Skipped: 161

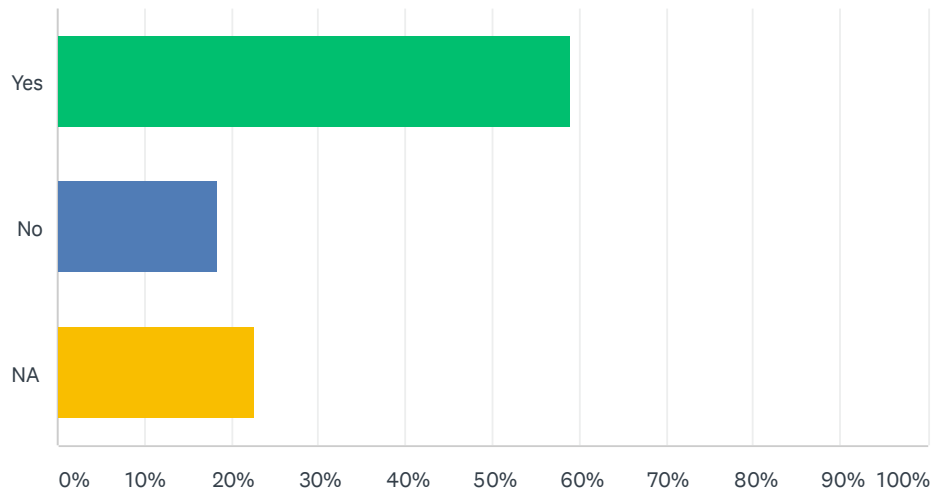


Strongly disagree Disagree Neutral Agree Strongly agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.82% 5	5.08% 31	14.92% 91	38.52% 235	40.66% 248	610	4.13

Q45 If you provide or receive clinical supervision, do you use a signed written supervision agreement?

Answered: 610 Skipped: 161



ANSWER CHOICES	RESPONSES	
Yes	59.02%	360
No	18.36%	112
NA	22.62%	138
TOTAL		610

Q46 Do you have any other comments about clinical supervision in the profession or about CRPO's policies on clinical supervision?

Answered: 218 Skipped: 553

#	RESPONSES	DATE
1	The one hour every 4.5 DCC hours is far to hard to obtain for RP(Qualifying). It is way to expensive as well.	6/15/2021 6:42 PM
2	The ratio is impossible to achieve, but the totals for hours makes sense	6/15/2021 5:41 PM
3	Dual roles are a huge problem in terms of psychotherapist development, particularly during student practica. Research shows that the conflation of administrative oversight (e.g. Agency Director) with clinical supervision compromises the latter, limits student learning, and creates hard to navigate conflicts of interest that sometimes affects the welfare of clients. Ideally separating these roles would be recommended by the CRPO, and in cases where this is not feasible, more explicit guidance on the kinds of power dynamics and conflicts of interest that might arise, and how to navigate them, would be helpful.	6/15/2021 4:28 PM
4	I don't understand how an applicant can attain the RP (Q) status when they haven't completed their internship or degree. I believe this is potentially harmful to the public and may give practitioners a false sense of competency. I believe this criteria needs to be looked at closely by the CRPO	6/15/2021 9:44 AM
5	with regards to who should be responsible, I beleive it is the supervisee who is responsible, as they are also responsible for knowing what to bring to a supervisor.	6/14/2021 10:31 PM
6	For supervisors not connected to the supervisees private practise or group practise, the sharing of names could be a breech of confidentiality. Many clients would not want their information shared. If client names were shared with supervisors, it may deter new clients from working with RP(Q)s. It may also affect EAP companies from hiring RPQ's.	6/14/2021 9:31 PM
7	Conflicts between employer/management goals and clinical requirements and ethics can be a serious problem. More needs to be done to address these conflicts beyond the current demand for RPs to navigate the issues on their own while under threat of being fired.	6/14/2021 3:28 PM
8	Not at the moment, thank you	6/14/2021 12:35 PM
9	More flexibility is needed in these policies. Having a certain threshold of hours needed for practice makes sense, but these need to be attainable and realistic for "real world" practice.	6/14/2021 11:45 AM
10	Oh yes - I would have appreciated a comment section about the last section of this survey regarding supervisors responsibility re: their clients practices. I supervise clients in private practice. If I am supervising training supervisees then I believe I am responsible (along with the school where they train) for their practices. If the supervisee is already an RP then I see my work as more in a consulting role and not responsible for their practices. I cannot comment on the other models of clinical supervision as I have no experience with them. And regarding a written contract for supervisees I believe in having a beginning discussion about how they like to work, what I see that I can provide them (terms of our relationship) and my policies regarding how often, how much, cancellation policies etc. If we agree to move forward together then this to me is a verbal contract. Please no more required paperwork. Or leave it up to the dyad or small group or group to decide? Also, I am hoping you have focus groups with those already providing clinical supervision so that we can provide more nuanced feedback.	6/14/2021 9:43 AM
11	no	6/13/2021 11:21 AM
12	Not at this time	6/13/2021 9:59 AM
13	You didn't provide feedback for this question but I think making supervisors responsible for the clients of those they supervise is extremely problematic. Therapists should always be directly responsible for their clients.	6/12/2021 3:00 PM
14	I find the challenges with clinical supervision is what happens when you work in an agency	6/11/2021 1:55 PM

	setting where your clinical supervisor is predetermined and they may or may not meet the crpo standards. In addition, the agencies themselves are not educated on what the crpo standards are so there is a lot of educating and advocating work that is done by the supervisee to ensure it meets their professional standards. It would be nice if the crpo would have a committee that dedicated their work on educating agencies, especially executive directors or directors of these agencies of the standards that the crpo members have to meet.	
15	Establish requirements to practice supervision, require good standing, hear complaints, but otherwise crpo should remain at arm's length from a confidential process	6/11/2021 10:50 AM
16	No	6/10/2021 2:35 PM
17	There is no indication as to whether or not friends/former romantic partners can enter into a supervisory relationship, nor is there an indication of whether former supervisees/supervisors can enter into a friendship/romantic relationship once the supervisory relationship ends. We only know that current supervisors/supervisees cannot enter into an "inappropriate relationship."	6/10/2021 1:43 PM
18	It is great that there are strict requirements for practitioners starting out in the field to receive supervision, it seems that there could be more leeway for these to be loosened as practitioners develop and show their competence. With good supervision early on, any practitioners I know also develop the self awareness to then seek out supervision and consultation when they need it later.	6/10/2021 1:15 PM
19	n/a	6/10/2021 11:51 AM
20	It needs to reflect actual work experiences better. Some of the requirements are more a requirement you have to complete rather than something that is actually helpful	6/10/2021 6:41 AM
21	The current processes work well - the only suggestions would be to mitigate potential ethical and legal dilemmas.	6/9/2021 9:05 PM
22	Clinicians as a whole would benefit from a periodic supervisor/supervisee assessment and recommendation session. Hours of supervision should be flexible depending on the assessment and recommendation of the supervisor. I don't believe it to be ethical or responsible to place responsibility on a supervisor for the actions or outcomes of the therapist delivering care when they are supervising post care formulations and interventions.	6/9/2021 6:30 PM
23	I want to comment on the aspects of ultimate responsibility for client's wellbeing and supervisee actions. Especially as an independently hired supervisor. I disagree strongly that a supervisor be ultimately responsible for the actions of another professional adult. What I would have agreed with is that if it is discovered that inadequate supervision was given or the supervisor was reckless or careless in their role, then they do have some responsibility. But if I am showing up, responding, advising, evaluating based on what my supervisees bring to me and they turn around and do the opposite, disregard my advice/cautions, misrepresent their client in some way, that should not be my burden. I take my role of supervisor very seriously and endeavor to stay on top of what my supervisees are doing and the kind of support they need from me. The day I hear that I am more responsible for their action/inaction than they are, especially when I have acted in good faith and with integrity, this is the day I will withdraw all supervisory services from my practice. Not to sound too threatening, but those of us in these roles could do quite fine without the added stress we already absorb working with newer therapists. Our practices are thriving, we are at the top of our games for the most part. CRPO needs supervisors more than we need to be supervisors.	6/9/2021 5:08 PM
24	To some degree, the guidelines are not problematic; particular individuals and the monitoring or lack thereof can be problematic. When I was a supervisee, I took it upon myself to make sure that I had regular supervision meetings that were of high quality. If I ever felt like I needed more time or a problem needed more attention, I took on the responsibility of arranging this with my supervisor. I would like to think that other supervisees do the same, and I know some do. However, I also know that this isn't always the case, and that concerns me. Secondly, it is very important for supervisees to clearly communicate with supervisors - at the outset - what their responsibilities are, according to CRPO guidelines, and to get their supervisors' agreement before proceeding. Lastly, I take issue with who can practice the controlled act of psychotherapy and, thus, with who can provide supervision for the provision of psychotherapy. Only those who are trained in providing psychotherapy should be permitted to practice the controlled act and should be permitted to supervise others in practicing the controlled act. It seems to me that there are people who are permitted to practice the controlled act by virtue of	6/9/2021 2:01 PM

	their title/group who haven't received much or any education or training in providing psychotherapy.	
25	I think when an RP is using a supervisor outside of their organization they are contracting, that the responsibility and liability should be shared between the two. If an RP is working for an organization where a supervisor and supervision are provided on site, there is shared risk management so I believe it should be the same for any contract supervision.	6/9/2021 12:52 PM
26	I strongly feel that the questions and the issue here are framed poorly. Again, there should be more distinctions between when a "practice" is supervised and when a "case" is supervised. Early in their professional development, RPs should have more hands-on supervision and it makes sense that supervisors should bear more accountability. As RPs progress toward independent practice, this can diminish and there would be more of a focus on supervising individual cases that require supervision, while the RP works more independently with less complex cases that are within their competency. The major issue that I see is that the concept of supervision has been loose and ill-defined within the RP profession up to now. I suspect you'll see strong pushback from RP supervisors who have been used to having little accountability/liability for their supervisees work and who have been acting as glorified career counselors rather than as key providers of formative clinical skills development.	6/9/2021 11:35 AM
27	No.	6/9/2021 10:09 AM
28	I have encountered many areas of professional practice in which the CRPO has not considered. For example, not every RP works independently, and some of their guidelines conflict with agency policies or procedures. Additionally, qualifying members may have more than one supervisor; one to obtain their hours and one for their overall employment. It can be challenging to navigate communication between supervisors, information on clients and maintain the privacy of the agency.	6/9/2021 9:07 AM
29	I am glad this is being reviewed. Registrants and the public should have more understanding of the 'why' behind policies that exist to protect both the public and the profession.	6/9/2021 8:47 AM
30	Any kind of work whether it's therapy or supervision needs to be connecting and growth oriented - not stressful and full of regulations and policies. To look at who is responsible for the care of the client it is ultimately the therapist working with the client. The supervisor experiences enough responsibility without having to fully carry the responsibility of the client they are meeting through the context of a therapist's description. The supervisor will of course be required to do their due diligence to discover what they need to and offer their best advice - which may include that the therapist is being triggered and need to seek out their own therapist to work through their issue(s).	6/8/2021 11:06 PM
31	Clinical supervision hours should decrease for those that are RP-Qualifying. Where Clinical supervision attention should be more directed towards Students. There are RP-Qualifying members that may have worked and have extensive years of experience where its restrains them from exceeding and moving into a full RP. Let alone having to an exam to prove there competency level after graduating 3-4 years of grad-school. It's not med school.	6/8/2021 10:01 PM
32	I am grateful to my various supervisors and appreciate that there is a system in place to ensure I am well supported as an RP (Qualifying). I anticipate continuing with supervision for the rest of my career.	6/8/2021 8:41 PM
33	I think we need to be careful about supervision. Supervision is intended to ensure public safety by ensuring SEUS, enhancing capability, assessing skills It should just be viewed as a requirement to be checked off. We need to ensure that RP's meet the highest standards in order for the public to be protected.	6/8/2021 8:02 PM
34	This Supervision Review is long overdue. I am glad that this important issue is being closely considered. Psychotherapists are only as good as the training, mentorship and clinical supervision they receive. A good clinical supervisor cares deeply about the profession, the development of supervisees and the well being of clients. Being a good clinical supervisor means committing fully to the growth, wellbeing, and development of the supervisee.	6/8/2021 7:59 PM
35	Keeping requirements simple not fear based. Working with Psychotherapists to understand and support rather than a punitive approach.	6/8/2021 7:06 PM
36	I feel that it is in the best interest that the CRPO vet suitable courses on Clinical Supervision and those courses are the ONLY courses that potential supervisors must take. I also believe that to become a supervisor, a supervision course MUST be taken and passed. As of this	6/8/2021 6:26 PM

time, a potential supervisor can say that they have done self-learning through reading books but how does the CRPO prove that they have the actual knowledge and meet the ethical standards of supervision? I also believe that to become a supervisor within the CRPO, the supervisor must demonstrate competency through written exam (designed for supervisors) and references.

37	RP (qualifying) should not be permitted to be hired as a supervisor but this is happening and needs to be looked in to	6/8/2021 6:21 PM
38	why bother. you have made up your minds. you don't want to hear dissenting opinions - guaranteed. that is unfortunate but predictable - another echo chamber you won't do anything to actually make a difference in the practice but you will cover your collective butts. Best of luck.	6/8/2021 6:14 PM
39	I think #37 on previous page was unclear (marked neutral based on not really. understanding the context).	6/8/2021 5:55 PM
40	There should exist a limitation of supervisor legal and ethical liabilities when it comes to the clients of the supervisee. Direct legal and ethical responsibility cannot be expected to derive from a client which is in at-arms-length supervision. The supervisor can only be liable based on acts that he/she knows about...	6/8/2021 5:43 PM
41	It is difficult to respond to some of these questions; eg those that I have multiple responses to, but force me to choose only 1 response. CRPO does not adequately address the distinction between supervision (for qualification for independent practice and/or a new modality the therapist is learning) and consultation (when a psychotherapist is qualified for independent practice, but wants to benefit from further support/Professional development/ confidence building, etc. I think CRPO overuses 'supervision'. In addition I hope CRPO does not become as rigid as the CPA re psychologists must 'own' the file of those they supervise. There needs to be some leeway for supervisors to make decisions that reflect their experience - and they should always have to be able to explain why they choose a certain approach (eg a modification of the 1hr/4.5 hrs for RP, qualifying); ie some self monitoring as is expected in the SW, psychotherapist guidelines.	6/8/2021 4:58 PM
42	The CCPA offers an excellent course via U Lethbridge on clinical supervision. It is a requirement (or something like it) for the CCC-S designation with the CCPA. Perhaps CRPO should look at it as a model (both the course, and the CCC-S designation).	6/8/2021 4:55 PM
43	Clients are given instructions that while their case may be discussed with a supervisor, if they have complaints, they should go to the CRPO. Supervisors cannot be held responsible for the actions of others. They are not in the room and they do not control what goes on. There is a risk that certain clients may misuse the option of complaining to a supervisor in order to take issues outside of the room that their RP would be willing to address with them. It is good for them to know that there is third-party involvement from a mentor / more-objective 3d party standpoint. However, to tell them that there are two places they can go with their complaints is confusing and dilutes the mandate of the CRPO.	6/8/2021 4:30 PM
44	The supervision hours required are too many. There has been no valid reason for such an arbitrary set of numbers. The development one gets as a professional is dependent on the development they believe they may need. An individual who believes they need not develop anymore will not change because of an arbitrary number of supervision sessions. The CRPO should focus time on continued education and the safety of the public. I have met people with supervision hours who have not developed as their style of therapy is based off of their life experience and education. CRPO should focus on policy as it would pertain to removing restrictions of its members from working in other provinces and other parts of the world.	6/8/2021 3:51 PM
45	Not at this time	6/8/2021 3:48 PM
46	Clinical supervision is a vital aspect of our profession and can be seen as a sub-specialty worthy of it's own set of requirements. I think the ethics and legalities of end-client responsibility in particular are dependent on supervisee skill and qualification, and this needs to be considered more and perhaps better outlined.	6/8/2021 3:46 PM
47	A supervisee who is graduated and is seeking supervision towards being able to practice independently is quite different than a supervisee in a supervised practicum. The needs of those two people are different and require a different level of oversight in my opinion. I think that ongoing professional development for the supervisor is important.	6/8/2021 3:37 PM

48	CRPO needs to be very careful on seeing the whole system issue and bringing in other appropriate and registered psychological resources for the benefit of the public for supervision after full RP designation is received. Instead of creating an RP against college or other professionals appearance.	6/8/2021 3:21 PM
49	Supervision will do well when we help each other do our best and focus on meeting the needs, goals and objectives of the client. If we try to control others or completely remove risk then we will not become professionals needed in our world.	6/8/2021 3:19 PM
50	Clinical supervisors should be monitored as well and have a maximum number of supervisees.	6/8/2021 3:17 PM
51	I would like to see CRPO do a "deep dive" into this topic. There are sufficient numbers of RP supervisors so unsure where your comment about allowing other professors "to ensure..." The development of a comprehensive supervision manual similar to the one posted on the CPO website would be helpful. This has been the case with the Informed Consent Workbook and should be on the CRPOs agenda. I am please you are looking more extensively into this topic. AAMFT/CAMFT has the most rigorous standards for clinical supervision. Let's try to follow the model vs. reinvent the wheel! The cornerstone of the profession is supervision and years of SME have developed a model that CRPO could implement.	6/8/2021 2:55 PM
52	Focus on the training in counselling and psychotherapy for the clinical supervisor. AAMFT has a good standard to follow.	6/8/2021 2:51 PM
53	No. Thank you for all the work you are doing on this issue!	6/8/2021 2:50 PM
54	NA	6/8/2021 2:48 PM
55	No	6/8/2021 2:42 PM
56	I graduate from basic training in the late 90s and still get myself supervised regularly and am in therapy bi-weekly. I don't believe a person can practice without ongoing supervision or therapy. Should be a requirement in my opinion.	6/8/2021 2:36 PM
57	I did not receive adequate supervision in my training program. I am currently completing training as a supervisor and am appreciating the rich literature on the subject. Beginning supervisees need more guidance than those later on.	6/8/2021 2:32 PM
58	no	6/8/2021 2:19 PM
59	no	6/8/2021 2:17 PM
60	Streamlining with other colleges such as psychologist and social work colleges should be prioritized to increase ease of clinical supervision	6/8/2021 1:26 PM
61	Again, I stress the importance of CRPO providing more clarity and guidance to the public by either (a) establishing a supervisory database; or (b) by including a supervisory designation for those RPs who meet the criteria for supervision; e.g., RP(S)	6/8/2021 10:29 AM
62	Supervisors should be required to have a certain amount of supervision hours for supervising	6/7/2021 7:44 PM
63	I really do think CRPO needs to be doing whatever it can to bring its members in line with the other designated health care professionals and so I would hope that our supervisor criteria and policies would be informed by how the other professionals structure their supervisor requirements.	6/5/2021 11:02 AM
64	My biggest concern is of people being disciplined or barred entry to RP category if they exceed the 1:5/1:10 ratios. My strong feeling is that the ratios need to be removed, or only named as a recommendation in some circumstances, but otherwise, it is negotiated between therapist and RP supervisor. Thank you for taking the time to read all of our feedback on these important issues.	6/4/2021 7:46 PM
65	There are many M.A. students looking for RP type practicum placements which are obviously hard to find, as we have received over 20 requests this year so far, while only having the capacity to supervise about 4 Qualifying and/or students at a time. In the interest of the profession you should give thought about how to open up supervised placements for students, particularly in non-profit organizations that could also then multiply their service capacity with less difficult clients, and reduce waiting lists	6/3/2021 2:38 PM
66	I think the ratio of 1:4.5 should allow flexibility as the needs of supervisees can vary.	6/2/2021 5:38 PM

67	thanks for the thought put into this survey	6/1/2021 12:23 PM
68	One hour (100\$-150\$) of supervision per 4 clients is too high and is not affordable for people just starting in the profession . something needs s to be done to make this affordable.	6/1/2021 6:15 AM
69	Supervisors work with therapists. Therapists work with clients. Supervisors cannot possibly be held responsible for all of the therapies of all of the individuals with whom they work. Often, a therapy is entirely unsupervised because the therapist does not seek help with it - even when they have contracted a supervisor. Therapy - and the supervision of therapies in progress - cannot become bureaucratized and controlled and remain confidential, creative and therapeutic. It risks becoming a medium for blame and litigation.	6/1/2021 12:48 AM
70	Similar to RP's, Supervisors should be required to register themselves with CRPO prior to beginning supervision. This protects the public (can include RP's supervisor records for public viewing) offers transparency and potential CRPO quality assurance program and protects supervisee from potential misrepresentation by supervisors. As well the current crpo supervisor training option of self-directed reading is insufficient for experiential peer learning. Recommend some form of CRPO supervision exam that covers similar themes across any modality of practice.	5/31/2021 9:17 PM
71	We need a clear understanding of the difference between clinical supervision and clinical consulting.	5/31/2021 5:30 PM
72	Is it possible to include a "Clinical Supervisor" designation in the registration page so this information is readily available to the public and RP in training?	5/31/2021 4:00 PM
73	Questions 41 and 42 are quite vague and ambiguous. They should be written in a format that is clearly understandable...perhaps use examples to illustrate the points.	5/31/2021 11:34 AM
	<p>The current criteria do not address the problem of questionable supervision practices. These can occur in every discipline. There is no need to exclude members from other Colleges from taking part in training for students trying to get licensure. It would be much better to develop and implement clear and strict guidelines for psychotherapy supervision ACROSS the colleges, so that students can benefit from cross-disciplinary training. At the current time, CRPO looks more invested in political and economic self-interests than in student training per se. The "risk prevention" discourse is a false narrative in my opinion, no matter how well-intentioned. If collaboration between colleges is too fraught with problems, AT THE VERY LEAST implement some kind of accreditation process for members of other colleges who want to provide supervision. For instance, documented experience in supervision, reference letters, written/oral exam, etc. Do not simply block them from contributing to student training, which in my opinion is callous and disrespectful.</p>	
74	The requirements and level of supervision for students, RP (Qualifying), and RP without unsupervised practice is an extreme hindrance to working in the field. As a student, in addition to my masters education costs, I had to pay for a supervisor out of pocket to ensure I received supervision from an RP. It is extremely difficult to find supervision from an RP (limited spacing and availability). Further, as an RP(Q) the hours of supervision and costs are not only taking up 3-5 hours of my work week, but also putting a HUGE cost on me when the field doesn't pay well (difficult to make a living wage). To think that this level of supervision extends for such a long period of time is draining financially. It further makes entering the field (for what limited RP jobs there are) difficult. Employers are seeking RP's who do not require supervision because they cannot take on the cost of an RP's supervision requirements. Beyond that, many supervisors simply do not have the time to provide this much supervision on a weekly basis. RP's should be practicing self-care and living a balanced life to ensure proper practice. Hard to accomplish with your requirements. You are blocking the progression of RP's in the field, when the mental health demand is high.	5/31/2021 10:26 AM
75	Clinical supervision is vital for safeguarding the public and ensuring standards of the profession	5/30/2021 11:43 PM
76	Only that it would be important to have some sort of mechanism to manage issues with supervision for the supervisee.	5/29/2021 6:29 PM
77	Clinical supervision is obviously a very pertinent part of the process and there is no gainsaying the fact that it is part of the structure that strengthens the skills and competence needed for practice.	5/29/2021 5:43 PM
78	Clinical supervision should not be done by anyone else but a RP. I don't see how a physician	5/29/2021 9:58 AM

or OT can help if they don't work the profession in the same manner. Therapy is a very delicate field and need proper guidance for the benefit and health of the clients.

79	There should be a statement that it is recommended that clinical supervisors obtain professional designation for this role (e.g., from CCPA, AAMFT)	5/28/2021 11:59 AM
80	We need more clear guidelines of best practices! There is a higher level of risk being taken on by the supervisor and that should be addressed - supervisors cannot ultimately be responsible for the choices of the supervisee, but they can give clear instructions on how to address issues brought to supervision (cannot be held responsible for the issues not brought to supervision).	5/27/2021 8:11 PM
81	I am glad that the CRPO is evaluating supervision practices and considering shifting the supervisor requirements to include other regulated psychotherapists.	5/27/2021 3:33 PM
82	I think the expectation for supervision is important but should be based on quality, not quantity. It puts financial pressure and unrealistic time expectations to have the ratio expected from RP Qualifying and RPs currently and it is not assuring that people are well supervised.	5/27/2021 9:00 AM
83	I just strongly feel that the ratio needs to be adjusted. If there's a problem, the clinician can receive more, but in general, it's too high.	5/27/2021 8:03 AM
84	I think it would be good to have an interactive form on the web site that lets you select your role and then answer questions to give an answer for the supervision requirements for your specific situation.	5/26/2021 3:42 PM
85	There should be more room to evaluate the individual registrant's need for supervision.	5/26/2021 3:02 PM
	I believed the ratio of supervision required was a lot different than some other colleagues I knew. Supervision does not also account for PEER SUPERVISION. I have 3 hours of formal monthly peer support that is a very meaning part of my self-reflection, growth, learning and effectiveness as a practitioner. This should also be acknowledged as an important component of promoting professional and ethical practice.	
86	My concern with having clients being able to contact supervisors is one of triangulation which would then be encouraged as well as potential of overdependence on the supervisor. Clients may begin to call supervisors over anything that occurs. I believe that the relationship between the therapist and client should remain that way and that the client be encouraged to work through everything with their therapist as triangulation or overdependence on a supervisor can cause therapeutic ruptures. Part of our goal as therapists too is to help clients work through hardships and if a client has difficulty with confrontations for instance, they may not end up working on it as they rely on the supervisor to transfer information to the therapist when it should be directly worked out and encouraged in the session. These types of issues can also be time consuming for supervisors who may have to redirect clients constantly.	5/26/2021 1:31 PM
87	1. I would like the scope of clinical supervision widened. Currently it only counts in association with DCC however, the purpose of CS is also to ensure professional development. I think it is important to remember that, while students, the client care responsibility is on the supervisor however, once the supervisee has a liscence, the responsibility is shared. How both parties share responsibility should be clarified in the CS contract. -More information would be appreciated about the clinical standards related to supervision. Among other things, what needs to be contained in the CS notes about the clients and the supervisee. Also, if CRPO audits the clinical files of a supervisor, do they also need to audit the files of the supervisees? What is the supervisees are students?	5/26/2021 12:16 PM
88	Policies need to balance the duty to protect and what is realistic to expect.	5/25/2021 6:01 PM
89	To invite a positive culture of supervision (instead of a box to tick hours), CRPO could regulate competencies that emerge out of the students use of supervision.	5/24/2021 2:49 PM
90	Excellent opportunity to provide feedback thank you. would like to comment on previous questions: 1) absolutely require written contract for clinical supervision 2) responsibility of clts/supervisor/etc can be documented in the contract - as situations are different - if a student, then the supervisor is fully responsible for the clients; if working in a clinic, and therapist qualifying, then supervisor & agency in clinic are responsible for wellbeing of clt/share this responsibility with qualifying therapist. However there are some situations, where a qualifying member works as a contractor for (eg an agency) and receives direct consultation and supervision as needed/ if risks, etc - and they are fully responsible of the clients.	5/24/2021 2:10 PM

HOWEVER the qualifying therapists needs MORE clinical supervision hours than is offered within that agency/company - and seeks out additional supervision for their development and qualifying, and that supervisor may not be privy to the identifying names of clients. In these circumstances, the documentation should: 1) clarify who is responsible for the clients' welfare and 2) ALWAYS include/therapist advising the clients of the name of supervisor and offering to provide clients with the supervisor contact information (while therapist documenting in their clinical notes consent of clts, and providing name and offering contact information)

91	The essence of supervision is for less experienced practitioners to have access to the wisdom of experienced practitioners. I believe that those who need this experience should have the ability to freely access whoever they believe will help them and that other than requiring supervision, CRPO should remove any regulation that gets in the way of this free process.	5/24/2021 10:32 AM
92	The ratio of 1 supervision hour for 5 client hours for RR (Qualifying) registrants is unrealistic and needs to be changed. I am also nervous that many qualifying registrants might not be following this because it's way too expensive and far too frequent.	5/22/2021 1:22 PM
93	Many clinicians are now practicing independently who are not ready to yet. They are a danger to clients and can cause harm. Increasing the required number of supervision hours would help along with number of years required to have supervision.	5/22/2021 12:28 PM
94	I'm anxious to see the results of this survey and what can be implemented to raise the bar for supervision of qualified registrants. I do plead for affordability in this regard, however, to ensure that can be accessible for all practitioners.	5/21/2021 8:34 PM
95	Yes. Being a psychotherapist is a second career for me. In my previous career I was licensed through a regulatory body with different categories of licenses including categories requiring supervision. In my previous profession, the regulatory body would issue licenses in the requiring supervision category but the licenses would be inactive until both the registrant and the supervisor provided the regulatory body with confirmation that the registrant was being supervised by someone with a category of license that could provide supervision. If a supervisor advises the regulatory body they are no longer supervising a registrant, that registrants license is returned to an inactive state until a new supervisor is in place. It is very concerning to me that CRPO requires registrants to work under supervision but currently has no mechanism for ensuring that registrants have a supervisor. The only way that I can see that CRPO finds out about a registrants supervisor is when the attestation forms are submitted which is well after the time the registrant has been working providing the controlled act of psychotherapy. How is this protecting the public?	5/21/2021 3:32 PM
96	A categorized evaluation of the supervisee's clinical skills/knowledge is essential, instead of only considering the hours of practice.	5/21/2021 2:28 PM
97	I feel clinical supervisors should be obligated to provide more feedback to their supervisees and should be assessed on an annual basis by their supervisees in return.	5/20/2021 3:06 PM
98	I don't believe the supervisor always needs access to the therapist's client names nor that the client needs the supervisors name. I do believe that they should have the ability to get that information freely and clients should be informed that there is supervision taking place (because it is another limit to confidentiality).	5/20/2021 2:30 PM
99	I think providing supervision for an RP qualifying who is gearing towards independent practice is a grey zone. Obviously, for RP's who are not seasoned at all and are just entering into their first supervision, the supervisor should have ultimate responsibility to oversee their supervisee's clients. However, once a supervisee is more independent. For example, they have an independent practice but contract a clinical supervisor, I believe the responsibility/liability of the clients should be shared where the supervisee also should take responsibility of their clients. Some contracted supervision is very hands-off where the supervisee may only discuss cases they need consultation for. Ultimately, I think clinical supervision should scale with the supervisee's needs. Less responsibility on the supervisor if the supervisee is more experienced and near independent practice.	5/20/2021 10:44 AM
100	The idea that RPs could be taking on a roster of paying supervisees without really doing much to supervise them except signing off is very troubling. I don't know of this happening, but I really think that supervisors should be meeting regularly with their supervisees and discussing whatever is relevant to their developing practice, at minimum. In my experience, my supervisor has been very diligent and effective in this capacity. The power dynamic between supervisors and supervisees should also be kept in mind: is there a safe, anonymous means by which	5/20/2021 9:56 AM

supervisees can report to the CRPO if they are aware of an individual who is taking advantage of their RP clinical supervisor qualifications to exploit student therapists in some way? If not, there should be!

101	The survey was comprehensive and well structured. While I appreciate CRPO's efforts to safeguard public interest and have the highest standards of practice, I believe that the DCC/Supervision hours of individuals who have studied/worked abroad or outside of ON and their program has been recognized by the WES i.e. it has been deemed equivalent to a Canadian degree, those hours should be counted. Clearing CRPO's exams should be a good enough benchmark and prior experience cannot be disregarded akin to the experience which one acquires as a driver. This knowledge only grows and treating experienced individuals similar to fresh graduates is unfair. Canada's policies to welcome immigrants should be fair and non-discriminatory at all levels.	5/19/2021 9:56 PM
102	-In small communities there is a lack of clinical supervisors. In those cases, the years of experience and the relationship to the supervisor should be disregarded unless CRPO can provide supervision via video.	5/19/2021 11:53 AM
103	Hold supervisors accountable to a written agreement.	5/19/2021 6:34 AM
104	Training requirements for qualification as Clinical Supervisor should be increased	5/18/2021 7:32 PM
105	Clinical supervisors have too much power within the system. It makes it hard for marginalized individuals to become accredited.	5/18/2021 5:58 PM
106	In regards to your questions about providing the name of your clinical supervisor to clients. I do think that there ought to be a process in place, so that clients can contact the supervisor in the case of concerns about ethical breaches; however, supplying contact info to the client right off the bat, may pose clinical/therapeutic issues that for some clients they will involve the supervisor when it would be therapeutically beneficially to work it out with the therapist. However, a process to provide access is essential.	5/18/2021 3:48 PM
107	Revisions to CRPOs clinical supervision guidelines need to be reflected in the policies of psychotherapy training institutions as those policies inform the student clinician's understanding of supervision and its goals.	5/18/2021 2:26 PM
108	I believe that it is important to give space for adaptation and creativity in the approaches, so long it is in keeping with reasonable standards and ethics.	5/18/2021 9:56 AM
109	CRPO could provide a list/directory of supervisors available to take new students and itemize their area of expertise, so that supervisees don't have to contact/"cold-call" supervisors to determine if they take on new students.	5/18/2021 9:52 AM
110	The issue of responsibility and liability is tricky, but important. I make it as explicit as possible in my supervision agreement: I identify it as shared, gradually more on the therapist as they get closer to independent practice, and proportional if I am a primary or a secondary/external supervisor.	5/17/2021 7:47 PM
111	I would strongly recommend revisiting the expectations for supervision for students, qualifying and on way to independent. Its discouraging to those wanting to enter the profession, who are in the early stages and to those in it who are choosing to register with another body (i.e. college of social workers) instead of CRPO. We need RPs more than ever to meet the increasing demands of the mental health fall out of the pandemic and to increase our presence and legitimacy in the health care field.	5/17/2021 4:12 PM
112	Not at this point but I thank everyone for the opportunity	5/17/2021 4:05 PM
113	When the supervisor and the supervisee work for a public organization it should be unnecessary to have a signed supervision agreement as there is no money changing hands, and the employment contract requires the supervisory relationship it is not selected on either party's part. If however it is an independent practice or the supervisee is employing the supervisor from an outside agency there should be a contract.	5/17/2021 12:39 PM
114	I want to re-emphasize two points I made earlier. 1) Our supervisors should all be CRPO members. 2) Set total limits for supervision hours which can be accumulated over the whole course of the individuals training- student, pre-qualifying and after membership is acquired. Leave the ratio up to the discretion of the supervisor. We need flexibility here, as needs change over time (due to accumulated experience) and the nature of the practice (an EAP	5/17/2021 10:40 AM

	practice versus working with clients with serious attachment disorders requires different supervision strategies)	
115	I'm glad you are doing this survey and really hope that you listen. No offence, but as a RP I feel that the college is very unorganized and sees us as a distraction. Helping the public means properly supporting your members which you do not do at this time.	5/16/2021 10:52 PM
116	CRPO should provide a list of RP Supervisors on the CRPO website for registrants to access.	5/16/2021 5:57 PM
117	Although I understand the college needs to assess risks and regulate the profession as a whole, I believe that clinical supervisors need to have more of a responsibility to provide good quality supervision, and assess the competence of their supervisees on an individual basis to protect clients and the reputation of the college and practice. Too many supervisors rush through the Supervision process because they don't have the time. That should be a stipulation of becoming a supervisor, dedicating an appropriate amount of time to supervisees. Too many incompetent supervisees are slipping through the cracks if this system and providing inappropriate care for clients, and nobody is taking responsibility for this.	5/16/2021 5:23 PM
118	I received A LOT of deep, revelatory, small group supervision as part of my training. It was experiential, psychodynamic, structured, and high quality. It is very unfortunate that this experience doesn't count towards registration and Independent Practice.	5/16/2021 1:43 PM
119	we need a model that belongs to us - not one borrowed from more antiquated systems. We need to own our profession.	5/16/2021 12:35 PM
120	I think that the requirements for supervision should be lower as approaching Independent Practice, while maintaining the high number of direct hours. But also maintain that it is the ethical responsibility of registrants to get supervision AS NEEDED	5/16/2021 2:46 AM
121	I believe the ratio of number of client contact hours to supervision hours should change.	5/15/2021 8:15 PM
122	Strengthening the requirements for training, qualification and ongoing professional development will help to increase supervisor competence, and also reduce client risk to clients. Clear criteria for supervisor status will help RPs, supervisors and ultimately clients.	5/15/2021 7:46 PM
123	No, thank you	5/15/2021 5:07 PM
124	In the past, before I was an RP I enjoyed mentoring and supervising, and reportedly this relationship was appreciated and valued. I have not stepped up to do this because of requirements and apprehension about my responsibilities. I have thought about it and decided that presently it might be a very difficult role to play.	5/15/2021 4:39 PM
125	If a person is only 150 supervisory hours away from private practice the responsibility should fall on the professional they are becoming not on the supervisor. We have no control over the behaviour of others is a basic psychological premise. To think a supervisor can control the behaviour of a supervisee is not realistic. Supervisees need to be the responsible parties in this dynamic. Consult when needed to protect your client at all stages of practice.	5/15/2021 4:21 PM
126	CRPO might provide more clarity around supervisors' insured risk when taking on responsibility for practicing therapists. Should there be a separate rider on our insurance to allow for that additional risk and responsibility, as different from our standard therapist malpractice insurance policies?	5/15/2021 2:37 PM
127	The CRPO is very paternalistic and not inclusive of non-white communities. It would be beneficial for the CRPO to consider culture.	5/15/2021 2:25 PM
128	-change it to "clinical consultation" but with the same professional requirements/experience/training currently listed with the CRPO for recognized "supervisors" - no legal responsibility for the consultant -have a process for supervisees to provide feedback to the CRPO regarding the quality of the supervision they received... I have run into some issues with a supervisor not signing off on my hours because she had a policy about attending a certain amount of group meetings (she accepted payment though), she also did not want me to provide her name to my clients which I found unethical.	5/15/2021 1:09 PM
129	A recent announcement about people being able to backdate and claim they had supervision seems highly unethical and unprofessional. In spite of having the same level of education as a family dentist we get treated less than and paid less than because of unprofessional and incongruous standard that seem to be applied to succumb to social pressures and appease backlash from politically delicate groups rather than uphold the integrity of the profession. It	5/15/2021 12:06 PM

literally made me vomit when I read that. Then every goes on about not being covered by insurances well is it any wonder. Get hte standards of education the highest possible, the supervision in tact and responsible and accountable, quite being a bowl of Jello and let our profession get the standard it deserves. I do not know what happened int he CRPO but one never ever sees this in comparable professions. Likewise you cannot be a different profession and suddenly become a dentist or psychologist. The water walls of this profession are what has held us bakk from payscales and being fully respected and insured.

130	It would be great to see this process more streamlined	5/15/2021 11:38 AM
131	Clarification on if the 'client' also refers to a supervisee since we too have a legal contract and are receiving payment from them.	5/15/2021 11:20 AM
132	Some of these supervisors should be assessed themselves for competency. I've had an experience where the supervisor was constantly going against information that was supported by research and seemed to be driven by her lived experience at all times. I wonder if there's an opportunity to assess competency to supervise	5/15/2021 11:01 AM
133	Should be more ethical than commercial. The relationship should be close, respectful and fruitful	5/15/2021 11:01 AM
134	Just because there was no comment box for the last set of questions: - A clinical supervisor should simply know and accept that their role is as the therapist's mentor in the field and with clients. Thus, they really should be responsible for much of the therapist's actions in therapy (unless of course the therapist acted contrary to supervisory direction). However, in a clinic/agency, the therapist may have competing rules, directives and priorities at their workplace and thus the supervisor's responsibility for the therapist may be blurred in these cases if the therapist confused as to whose directives to listen to. - I've never before considered the idea of having supervision from a spouse or family member, and while there of course could be risks associated with that, I also think the risks could outweigh the benefits in many cases (e.g. the supervisor would already know many of the therapist's interpersonal blind spots; the supervisor may have much more availability to meet with the therapist; if the supervisor is a much more seasoned and an ethically model practitioner, this would actually be a great setup!)	5/15/2021 11:01 AM
135	1. If it is within CRPO's scope to do so, advocating for insurance companies to cover the services of RPs would be valuable. For RP (Q)s, this would mean being able to choose supervisors based on expertise, rather than scrambling to find a psychologist willing to take on RPs for supervision, regardless of whether they are a good fit for supervision. 2. Fewer supervision hours should be expected of RP (Q)s. 3. Consider replacing the exam, which does not do an adequate job of assessing competence, with supervisor evaluation.	5/15/2021 10:50 AM
136	The cost should be controlled. It isn't always accessible due to the cost.	5/15/2021 10:43 AM
137	Supervision might be the only place some practitioners have someone question and invite reflection on specific cases; it is vital to invite this, and should be actually mandated for all RPs irrespective of hours/years of experience, in some form.	5/15/2021 10:41 AM
138	Agencies should provide clinical supervision to their staff internally, especially when serving specialized populations.	5/15/2021 10:21 AM
139	With regards particularly to registrants who work in an agency where there is a supervisor in their agency responsible for overseeing their work, if such a registrant also seeks supervision from an outside supervisor, it would likely not be reasonable for the outside supervisor to have ultimate responsibility for case management or to know all clients on the supervisees caseload (especially given confidentiality and consent issues). Such issues should be clearly addressed and spelled out in the supervision contract. Likewise when supervising a registrant in private practice vs agency setting, all clients may not give permission for sharing info with the supervisor. The supervision contract should address this and any limitations in responsibility and liability may be limited to clients who have been discussed in supervision.	5/14/2021 5:34 PM
140	I have appreciated how the CRPO has put more effort into clarifying supervision requirements in the recent years. As a supervisor, it has been helpful and validating to better understand what these are. The biggest things I would like to see changed would be restricting supervision to only receiving from other RPs if you are an RP or hoping to become registered, and I would also make more clear who is liable for clients. I do not believe supervisors have responsibility over the supervisees clients, as our services are on a consultation basis. If we are not in the same practice as the client (ie they have a solo practice), it is entirely unrealistic to think that	5/14/2021 1:14 PM

we would have access to knowing who all their clients are, having client lists, and full responsibility. I have in my written agreement a section about liability and explaining this, but it would be beneficial to have backup from the CRPO on this as well. Thank you for exploring these issues further and creating this survey!

141	No	5/14/2021 10:41 AM
142	No	5/14/2021 10:22 AM
143	If you make too many rules I believe it will make it challenging for people to find and receive supervision.	5/14/2021 8:17 AM
144	CRPO's prohibition against people being supervised btw graduation and registration as a member is problematic. CRPO's interpretation of "person in the process of becoming a member" as being equivalent to a "student" is inaccurate, and should be expanded to include people in the process of applying to become a member, in order to facilitate good clinical practice, as well as to make it easier to develop training opportunities which can subsequently lead to employment	5/13/2021 8:49 PM
145	If anyone couldn't go through the exam, they can have more hours of clinical supervision.	5/13/2021 7:46 PM
146	I have greatly benefited from clinical supervision and strongly endorse it. No one person can know everything so can benefit from the wisdom, experience and expertise of another. I look forward to the day when RPs have enough credibility with insurance providers that we no longer need a registered psychologist to provide supervision in order for clients to access their benefits.	5/13/2021 2:28 PM
147	With RP who have more than 1,000 DCC hours, they should still receive supervision. Maybe 1 supervision hour per 4.5 DCC till they have 1,500 DCC hours, then 1 supervision hour per 10 DCC hours till they have 3,000 DCC hours. After that they should still have supervision, maybe 1 supervision hour per 50 DCC hours. If there is no requirement of ongoing supervision, with just 1,000 DCC hours, their practice may not be that safe for clients who need psychotherapy. The public cannot decipher the competency of the therapists who call themselves RP. Supervisor should be required more than just attending a 30 hours course. If they just attend the course without mentoring, that is without accountability, without ongoing training. Please look at how AAMFT's requirement for someone who wants to be a supervisor and what this person needs to do in order to be an Approved Supervisor. AAMFT's 30 hours course would require the student to write a big paper, instead of just attending the course. They would require mentorship, a certain number of doing supervision for therapists under the mentorship and also a certain number of being mentored.	5/13/2021 2:25 PM
148	Yes, I am seeing students entering the profession who do not have the knowledge they should have coming out of their program. As such, i am having to take much more time preparing them and teaching them. I think that Supervisors are given too much responsibility for their Supervisee's client's well-being as the Supervisors are not in the sessions and cannot monitor everything that happens in the 'room'. Supervisee's often come out of their training programs with very little real knowledge but think they know a lot. Supervisees also lie and dissemble, they often will hide what they are doing. I do make sure that I am viewing Supervisee session videos on a regular basis to ensure quality as much as I am able.	5/13/2021 2:11 PM
149	Another issue to consider in the conversation about ratios is the cost. Generally an RP(Q) in private practice gets \$70 per client and has to pay on average \$135 for supervision - more like between \$160 and \$200 in the GTA. That means, with 5 clients (\$350) and 1 hour of supervision (\$135); 10 clients (\$700) and 2 hours of supervision (\$270); if the RP(Q) would like to earn a living wage from their practice in the GTA they would have to increase their clientele at those rates to about 20 or 25 clients (more than that and the practice will suffer), this means an income of (\$1400 to \$1750), but cost of supervision of \$540 to \$675, which of course reduces the income by 1/3.	5/13/2021 1:54 PM
150	There needs to be a distinction between supervision (clinician is not yet qualified to provide the act of psychotherapy independently) and consultation (the clinician is able to provide the act of psychotherapy independently). Supervision requires the name of the clients and the responsibility for the clients. Consultation does not require the name of the clients nor assumes responsibility for the consultees practice. A written contract is required for both.	5/13/2021 1:13 PM
151	Clinical supervision must ensure a Qualified Clinical supervisor with the skills, knowledge and understanding of RP role, psychotherapy... I see too many social workers with a generic degree and no clinical component or even clinical practicum in a mental health area supervise	5/13/2021 12:53 PM

or attempt to supervise. A clear, role and expectations of what constitutes a Qualified, Competence Clinical supervisor.

152	I am grateful that CRPO requires a robust supervision component to the training and registration process of RPs with strong criteria and clear definitions, as this is missing or weaker in other colleges such as the OCSWSSW.	5/13/2021 12:45 PM
153	Gaining entry into the profession is difficult.	5/13/2021 11:58 AM
154	I applaud CRPO's rigorous clinical supervision practice but I do think it needs to be provided by an RP and not depend on other regulatory college professionals where the training and expectations can be very different (i.e. nurses and social workers)	5/13/2021 10:50 AM
155	It is perhaps a good idea to separate out supervisor's attestation of experience from the supervisee's clinical hours forms. I would suggest for any RP in CRPO supervisor eligibility should/could be approved by the CRPO in advance and be an available status on the register. I would suggest for every supervisory relationship: A basic CRPO-approved supervisor contract/form should be registered with the CRPO at the beginning of every new supervisory relationship. An attestation form should be submitted at that point for any non-CRPO supervisor. A clinical hours and supervisory report/evaluation form can be submitted multiple times throughout the supervisory relationship as hours are accumulated. A registered supervisor could be linked with a supervisee's profile through the CRPO register.	5/13/2021 10:18 AM
156	My position is that clinical supervision is an ongoing and essential process and relationship for those practicing psychotherapy, including those of us doing supervision, and that how we are supervised and provide supervision need to be adapted for individual therapists and how their practices evolve over time and with experience. It is not a one size fits all approach.	5/13/2021 9:40 AM
157	I think perhaps clinical supervisors should be registered (if they are not already) as supervisors and perhaps monitored somehow, as it is easy to skirt and fast track hours from some supervisors but that doesn't help the profession or the person for standards and learning.	5/13/2021 9:39 AM
158	None at this time.	5/13/2021 8:19 AM
159	No,	5/12/2021 10:39 PM
160	with respect to having a written agreement between Supervisor and Supervisee, this should be required when supervising someone in independent practice or if they work for an agency without a supervisor. This should not be required if supervisor and supervisee both work for the same agency as the agency should hold responsibility for developing the expectations for supervising staff.	5/12/2021 9:42 PM
161	If supervisors are required to provide more detailed feedback on the supervisees, this needs to be strongly taken into consideration by CRPO, and not just part of a checklist. Specifically if a supervisor has concerns about a supervisee, CRPO needs to take this information into consideration as to whether the supervisee qualifies for independent practice.	5/12/2021 9:39 PM
162	Supervisees should also evaluate supervisors	5/12/2021 7:17 PM
163	Follow the recent research on clinical supervision as it will help guide any changes that you want to make.	5/12/2021 7:12 PM
164	My main concern is the amount of hours RPQ's need as it is unsustainable and is creating barriers. I do not have the capacity to supervise at the rate that is required. If the rate is kept the way it is, I would suggest allowing for professional development hours to be used as supervision hours.	5/12/2021 7:06 PM
165	That last question about written agreement with clinical supervisors - this is under the control of the employer in many cases, not the supervisee - that is, both whether a written agreement exists and what the wording is. This can be problematic, though in principle having it in writing would help potentially prevent confusion. Also, the question about responsibility - if one is already a fully qualified RP, then supervisor not responsible, if one is a student or qualifying RP, then supervisor should have responsibility/oversight for well-being of clients - supervisor should know supervisee student well enough to determine who might be safely assigned as a client, for example. I would love to see supervision education programs be accredited by CRPO also (along with the education programs in psychotherapy as is already being done).	5/12/2021 7:03 PM
166	Distinctions could be made on Consultation vs. Supervision, with the latter carrying more responsibility, such as in the case of an agency. Those in private practice could retain a	5/12/2021 5:34 PM

supervisor who is willing to take on responsibility of their client base, or engage a consultant to assist them in clinical direction and client care, but not take on responsibility for the safety of the clients unknown to them. Both Supervisor and Consultant designations should require the same level of experience, training and clinical expertise in the field. Hours that contribute toward CRPO requirements for clinical currency and education should be able to be fulfilled by either supervision or consultation. In other words, one isn't better than another, but practitioners could choose what feels relevant to them, and anyone in a mentoring role isn't necessarily responsible for the clients of the supervisee, or consultee.

167	I think the CRPO's clinical supervision standards are something that sets us, as a regulatory body, apart from some others that have little supervision of registrants and allow them to engage in the controlled act of psychotherapy as independent practitioners. I am a proud member due to this as it speaks to the high standard of care we seek for clients.	5/12/2021 4:44 PM
168	Generally, the greatest barrier I have found to accessing supervision is the generally high cost. Qualifying RPs already face immense financial barriers due to the fact that experience often dictates the number of clients one sees (and therefore, their income). As such, more should be done to mitigate this issue - part of how I personally believe the CRPO could help in this regard is by significantly reducing the number of hours of supervision required for both qualifying RPs and full registrants.	5/12/2021 4:33 PM
169	Thank you for asking our opinion!	5/12/2021 4:29 PM
170	It is very difficult for a clinical supervisor to be responsible for the care of clients especially if there are performance issues with a supervisee known or unknown. In my personal experience, I reported concerns with a supervisee multiple times to my employer who insisted on keeping this person on despite my concerns and the risk they posed. I had no idea what to document to protect myself so I wrote everything down. I felt at a loss as to what to do as ultimately, the agency had indicated the clients welfare was the responsibility of the clinical supervisor. The clarity of this from the college would be helpful	5/12/2021 4:07 PM
171	Yes, earlier I mentioned the potential for problems when a supervisee has more than one supervisor. They are madly trying to get all their hours and seek out multiple supervisors. This can be problematic when looking at who is responsible for the supervisee's clients and the supervisee's actions. This also leaves the potential for large gaps in the supervisee's exposure and experience. Also, the issues stated earlier about some RP's running under the umbrella of another college members credentials (Psychologists) for the purpose of insurance coverage and or increased fees is happening all around us. The RP standing will continue to be under recognized as long as this practice is allowed to continue at such a rate.	5/12/2021 3:00 PM
172	I assumed these instances are of fully registered RPs and not students. The supervisor is there to guide the RP but ultimately cannot be responsible for their actions.	5/12/2021 2:58 PM
173	I answered 'strong disagree' to all the scenarios regarding the client's knowing the supervisors name as it might circumvent a more appropriate need for clients to call the college directly with concerns. It can be bumped back to the Supervisor but I don't believe clients should be going to a supervisor except in the model of an agency or program internship where the training and supervision is embedded within the organizational structures. If the qualifying or full RP functions in an agency or organization then the client can (and should) contact the executive director or program manager who then can consult with the Supervisor if need be. Keeping 'in the loop', of psychotherapist and supervisor feels to circumvent using the appropriate lines of communication and accountability in the organization and/or in the psychotherapist-College accountability structure. Could be just my lens and assumptions though. I'm not a super experienced Supervisor. Also - I do not agree with a Supervisor knowing names of clients if they are not functioning within a circle of care as specified by PHIPPA. the world is very small, in smaller communities there are often unavoidable dualities or multiple threads between people. To Supervise it is not necessary to know a client's name. I have been in the past concerned with group consultations sometimes with just how much identifying information is shared even without names and I am located in a large urban area.	5/12/2021 2:12 PM
174	The invoices are sufficient to indicate a contractual relationship for the purpose of supervision.	5/12/2021 2:09 PM
175	Thank you for developing this survey! I think supervision is really important for this profession and I am glad that the practices of supervision with CRPO are being evaluated.	5/12/2021 1:48 PM
176	Clinical supervision cannot be babysitting - it's impractical. I suggest more consideration be given to upping the number of hours and supervision required to get into the RP Qualifying	5/12/2021 1:15 PM

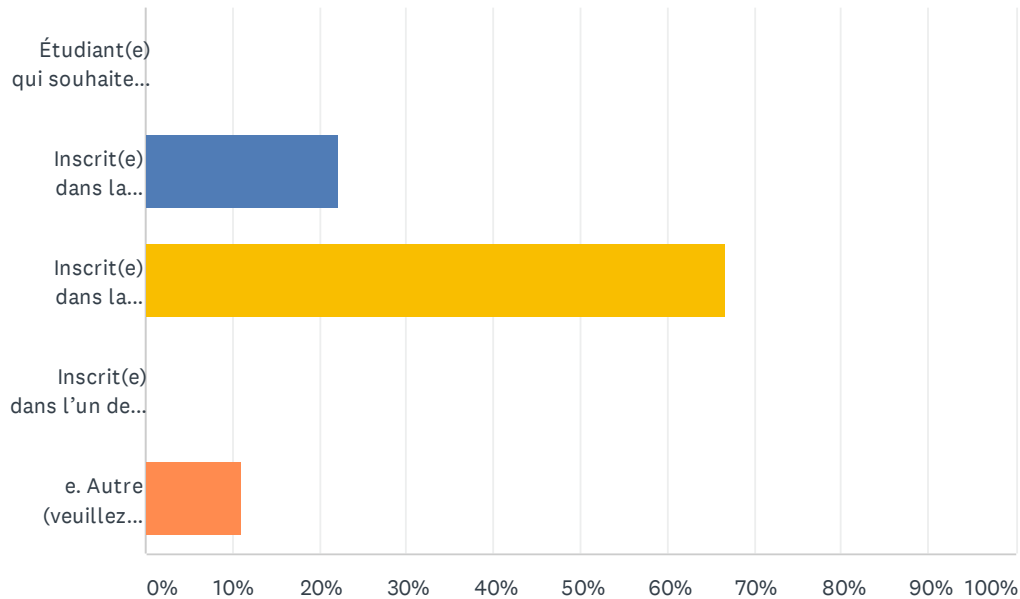
	category	
177	I strongly urge you to consider the supervision requirements of 4.5 DCC to 1 hour of supervision as this is a very challenging, restrictive requirement that can limit the capacity of those entering the profession and makes the process very onerous.	5/12/2021 1:13 PM
178	I believe that responsibility for clients is a shared one between supervisor and supervisee. I know that ethics commissions state that supervisor is ultimately responsible for clients, but I disagree with this policy and believe that responsibility is shared.	5/12/2021 12:19 PM
179	I would like to see recommendations/guidelines around how many individuals a clinical supervisor can supervise.	5/12/2021 11:54 AM
180	Peer supervision is an open, fluid process which allows for exchange of ideas and approaches. I would hate to loose this type of interaction.	5/12/2021 11:51 AM
181	I simply want to say that I am very glad to see that this is being addressed and looked at as I think it is a very important issue.	5/12/2021 11:16 AM
182	n/a	5/12/2021 11:07 AM
183	There seems to be no process in assessing a supervisor's competencies or holding them accountable to the quality of their supervision	5/12/2021 11:04 AM
184	Supervisors should know if they are approved by CRPO before they offer to help supervisees get supervision.	5/12/2021 10:58 AM
185	Again I think the public would be better served by a single college. I also think the public would be better served by clearer ways to upgrade and add capacity and capability in practice and through supervision versus solely based on the initial education program.	5/12/2021 10:58 AM
186	None at this time.	5/12/2021 10:48 AM
187	The RP clinical supervisor should submit a portfolio describing the 30 hours completed with a statement from the practitioners who were involved in the RPs work; e.g. if an RP trains him/herself by doing practice supervision with other RPs, the RPs who served as practise subjects should sign a statement that this took place. Otherwise anybody can just claim they did 30 hours without actually doing so.	5/12/2021 10:44 AM
188	Regarding the third type of supervision relationship where the supervisee is answerable to an employer that has no relationship with the supervisor, the clients are "owned" by the employer/third party. The supervisee is also answerable to the employer and likely a manager of some sort. However, the clinical supervisor is not. It is not appropriate under these circumstances for the clinical supervisor to be directly responsible for the actions of the supervisee and the the wellbeing of the clients. Unless, of course, the clinical supervisor give the supervisee a specific directive regarding specific clients. That's unlikely because the employer/ third party would not likely be in agreement for the clinical supervisor to act in this manner. Under these circumstances the CS's primary role is to focus on the development of the supervisee and to ensure that the supervisee does not engage in any practices that endanger clients. Regarding supervisor responsibility, it is important to consider whether supervision sessions should include a detailed discussion of all of the supervisees active clients in each session. If the supervisee has 25 active clients, is it practical to cover all clients in a hour or hour and half session?	5/12/2021 10:36 AM
189	no	5/12/2021 10:34 AM
190	Recognize the difference between highly structured environments e.g. large agencies/hospitals with many regulated professionals and many people with a level of responsibility for client care vs. independent practice	5/12/2021 10:34 AM
191	Some supervisors are bad: no agreement signed; highly critical and say inappropriate things; sends recorded Zoom videos even the participant didn't attend, and count that into hours. There should be a way to flag such supervisors.	5/12/2021 10:25 AM
192	Supervisors of RPQ and RP cannot and should not be held responsible for the wellbeing of the clients as these practitioners have been licensed. They are not required to stay with one supervisor. They have to pay for it. Its not a practicum. It's too much pressure and responsibility on the individual supervisor in private practice who may be paid for 1 or 2 hours a month to monitor and regulate what goes on in another person's therapy room. They are not	5/12/2021 10:24 AM

	onsite supervisees and practicum or intern students. You cannot put that pressure on private practice supervisors because they will have to charge very high rates and spent a lot more time monitoring what the RP or RPQ is doing, which is nearly impossible online and off site. Better to ask supervisors to just have more training and for the supervisors to be able to have at least minimal input into the quality of practice of that supervisee..and them not be able to dump that eval and go to another supervisor if its negative.	
193	We should make clinical supervision more accessible and available to those who need it most. This can be in the form of a registry, pricing guidelines, crisis line etc.	5/12/2021 9:52 AM
194	Look at the CAMFT regulations they are reasonable and ethical and provide excellent training for supervisees.	5/12/2021 9:26 AM
195	While I do advocate for focusing on risk management for the profession as a whole, my hope is that there will be some flexibility within policy that acknowledges just how contextual supervision is	5/12/2021 9:16 AM
196	Focus on those with least experience and gradually ease up on control of the process as a clinician gains experience. Don't over-regulate.	5/12/2021 9:09 AM
197	if a supervisee works for an agency/org, there will not be any supervision contract	5/12/2021 9:08 AM
198	CRPO's policies, procedures and guidelines are too onerous, complex and confusing.	5/12/2021 9:06 AM
199	I have been working as an RP for 5 years and still have not been able to get enough clinical supervision to qualify for independent practice. My company currently offers one hour per month of supervision and I do not have the funds to pay for clinical supervision outside of work. I feel I am very competent in my role but would still continue to use supervision as a tool to better my practice however reaching 150 supervision hours is proving to be very difficult. I have also looked into getting another supervisor I pay for however there is no one in my area who qualifies for this or is willing to take on a new supervisee.	5/12/2021 9:02 AM
200	Clinical supervisors should be able to enter the hours directly into an interface with CRPO instead of through the supervisee.	5/12/2021 8:32 AM
201	I have trained as a supervisor and chose to not provide supervision. There is too much liability on a supervisor but most are not aware of the scope of their responsibility There should be quality assurance for supervisors. But also ease off on the liability The supervisee needs to have growing responsibility as well	5/12/2021 8:14 AM
202	I agree that there should be a written contract between supervisor and supervisee that it is in addition to the supervisor's agreement with an educational institution that is moderating practicum. Sample agreements or clear guidance on what should be addressed in the supervisor/supervisee contract should be provided by the CRPO.	5/12/2021 8:07 AM
203	Regarding knowing everything and responsibility for clients. If the person is a Member, the responsibility is shared but primarily that of the qualifying member. If the member doesn't bring their sticky situations to the supervisors, it's not right that the supervisor bears full responsibility. It is not reasonable that the supervisor is expected to know every detail of every moment with every client. That would make The cost of supervision prohibitive and also limit supervisors capacity to take on supervisees or their own clients. It is the responsibility of SCHOOLS to produce competent people. I do have my doubts about programs that offer only online and minimal experiential training. But that is my bias to how I train. Thanks for this opportunity	5/12/2021 8:06 AM
204	Supervisors should be responsible and have knowledge of client names for students but not for RP qualifying and those seeking independent practice. Once a person is registered with the CRPO, they should have some level of responsibility for their actions regardless of them being supervised. Also, supervises who are registered with the CRPO should be able to practice similar to full RPs including providing the minimum required information for the purpose of supervision. Sharing all information goes against client privacy and confidentiality. We create our own agreements with supervises. How about creating a template for us.	5/12/2021 8:05 AM
205	The CRPO should have a list of "approved" clinical supervisors, rather than paperwork that supervisees get signed and submit to the CRPO at the end of a placement. It's ridiculous to ask a student to go through a full placement if there's absolutely any risk that the supervisor's qualification could be rejected.	5/12/2021 8:03 AM
206	no	5/12/2021 8:01 AM

207	N/A	5/12/2021 7:56 AM
208	I think that there are major issues in transparency with clients about supervision and access to supervisors. The dynamic should be located in the dyad, with support and guidance from supervisor- not on overt triadic relationship.	5/12/2021 7:50 AM
209	no	5/12/2021 7:47 AM
210	I would like to emphasize the importance of RP's being supervised only by RP's going forward.	5/12/2021 7:43 AM
211	There should be more invitation for POC Supervisors.	5/12/2021 7:34 AM
212	If you guys make the clinical supervisor solely responsible for the supervisees clients no one is going to want to take the liability and responsibility of supervision on.	5/12/2021 7:32 AM
213	It is expensive, time consuming and in my view with the current hours imposed very unnecessary. This is why these type of requirements are not used by any other college.	5/12/2021 7:25 AM
214	While it is of utmost importance to have ongoing supervision, there also needs to be a better balance between mitigating risk, providing an adequate ratio of supervision, and the financial costs/burden that current ratios impose on RP(Qualifying) registrants	5/12/2021 7:25 AM
215	To become fully RP, supervision only should be individual with the supervisor. Supervision requirements to become fully registered is too lenient.	5/12/2021 7:24 AM
216	It's good to see the CRPO looking at improving the current landscape when it comes to supervision. It is so important to increase access to less privileged people who cannot afford to go through the process that is currently required to become an RP. The CRPO should seriously look at how the current policies favour the privileged and leave marginalized or less privileged people without an avenue toward attaining a license to practice as an RP.	5/12/2021 7:14 AM
217	CRPO could allow for more anti-oppressive practices in their regulations of supervision. Where are the indigenous, BIPOC, and queer folks at that level?	5/12/2021 7:13 AM
218	I think a supervision contract is essential for qualifying RP's and even RPs that don't have independent practice status. For independent status	5/12/2021 7:07 AM

Q1 Veuillez nous indiquer si vous êtes :

Answered: 9 Skipped: 0

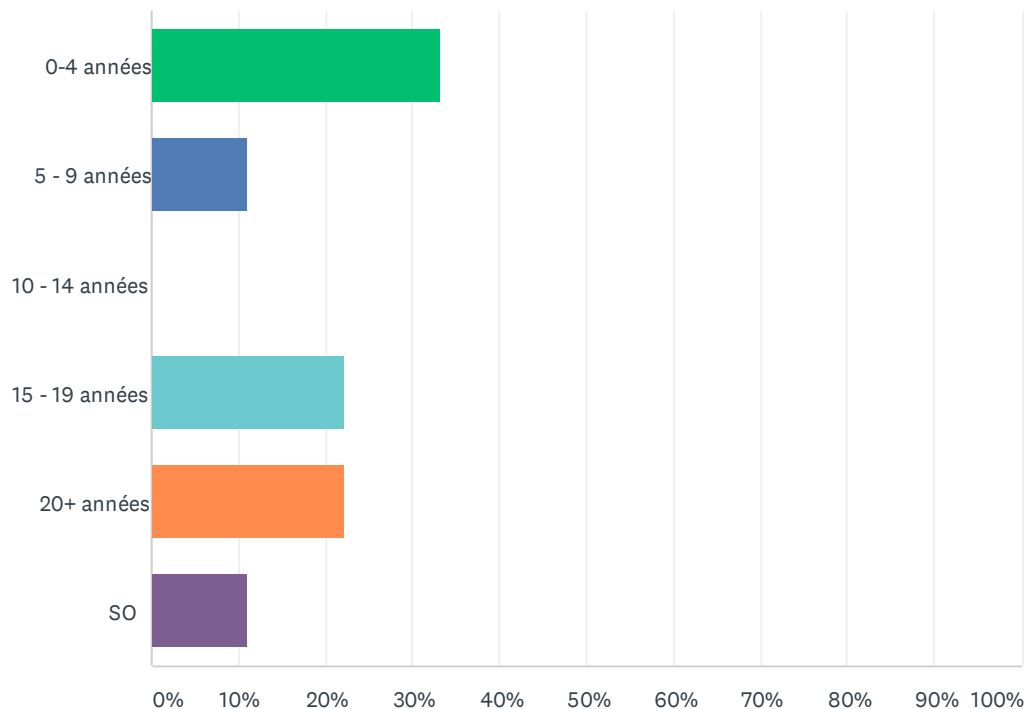


ANSWER CHOICES	RESPONSES	
Étudiant(e) qui souhaite s'inscrire auprès de l'OPAO	0.00%	0
Inscrit(e) dans la catégorie psychothérapeute autorisé(e) (stagiaire)	22.22%	2
Inscrit(e) dans la catégorie de psychothérapeute autorisé(e) ou inactive	66.67%	6
Inscrit(e) dans l'un des cinq autres collèges de l'Ontario dont les membres pratiquent la psychothérapie (médecin, infirmier[ère], psychologue, travailleur[se] social[e], ergothérapeute)	0.00%	0
e. Autre (veuillez préciser) :	11.11%	1
TOTAL		9

#	E. AUTRE (VEUILLEZ PRÉCISER) :	DATE
1	NA	5/12/2021 7:25 AM

Q2 Si vous êtes psychothérapeute, depuis combien d'années exercez-vous votre profession? Si vous n'êtes pas psychothérapeute, répondez SO.

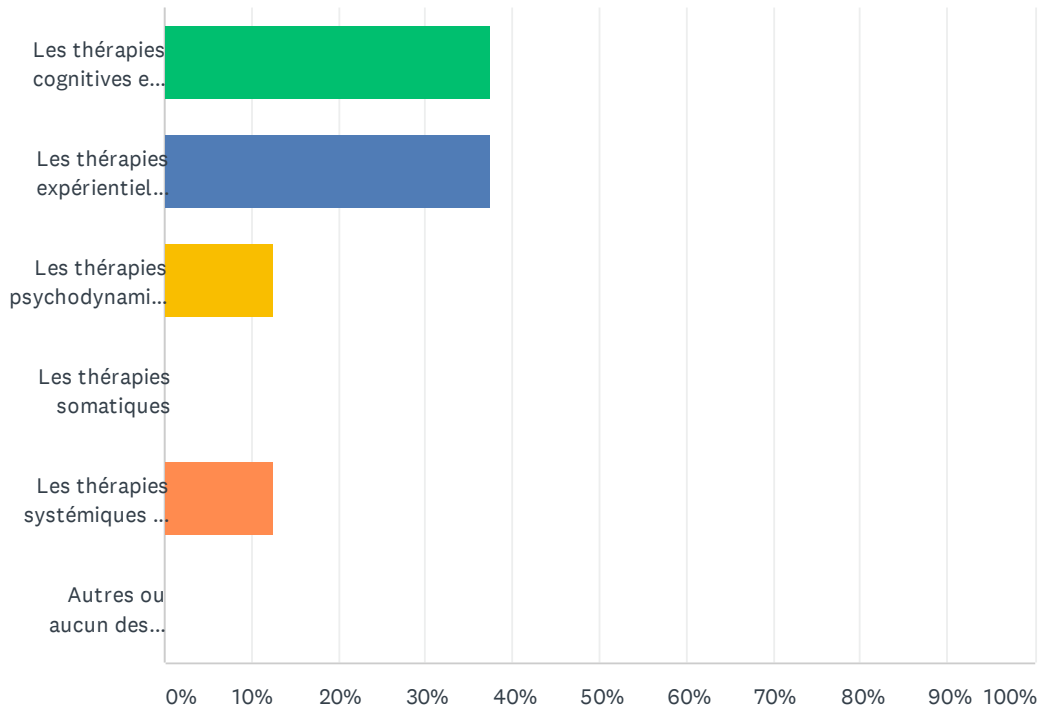
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES
0-4 années	33.33%3
5 - 9 années	11.11%1
10 - 14 années	0.00%0
15 - 19 années	22.22%2
20+ années	22.22%2
SO	11.11%1
TOTAL	9

Q3 Si vous êtes psychothérapeute, laquelle des modalités suivantes pratiquez-vous principalement? Voir cette liste (en anglais seulement) pour de plus amples renseignements sur les modalités.

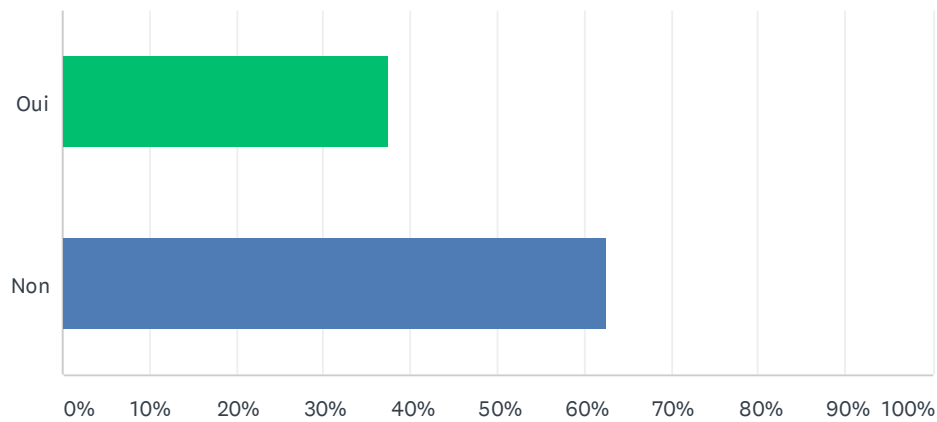
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Les thérapies cognitives et comportementales	37.50%	3
Les thérapies expérientielles et humanistes	37.50%	3
Les thérapies psychodynamiques	12.50%	1
Les thérapies somatiques	0.00%	0
Les thérapies systémiques et collaboratives	12.50%	1
Autres ou aucun des éléments ci-dessus ne prédomine	0.00%	0
TOTAL		8

Q4 Si vous êtes psychothérapeute, votre rôle correspond-il à la définition de superviseur clinique?

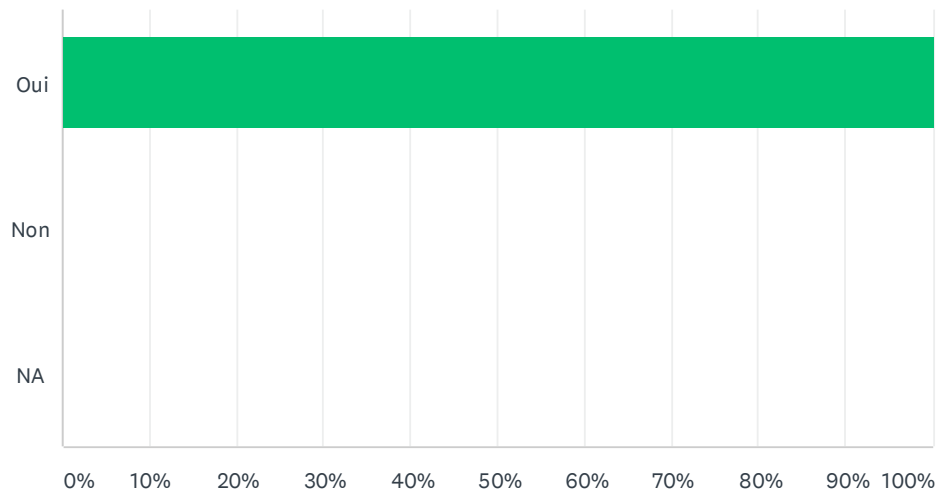
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Oui	37.50%	3
Non	62.50%	5
TOTAL		8

Q5 Effectuez-vous actuellement la supervision clinique?

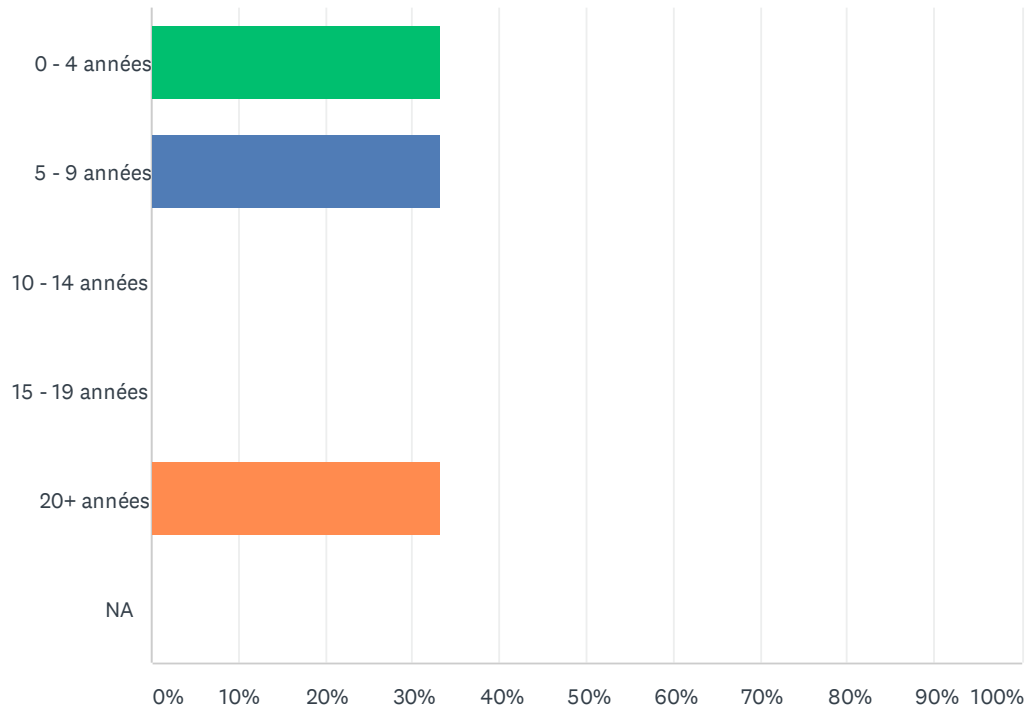
Answered: 3 Skipped: 6



ANSWER CHOICES	RESPONSES	
Oui	100.00%	3
Non	0.00%	0
NA	0.00%	0
TOTAL		3

Q6 Depuis combien d'années effectuez-vous la supervision clinique?

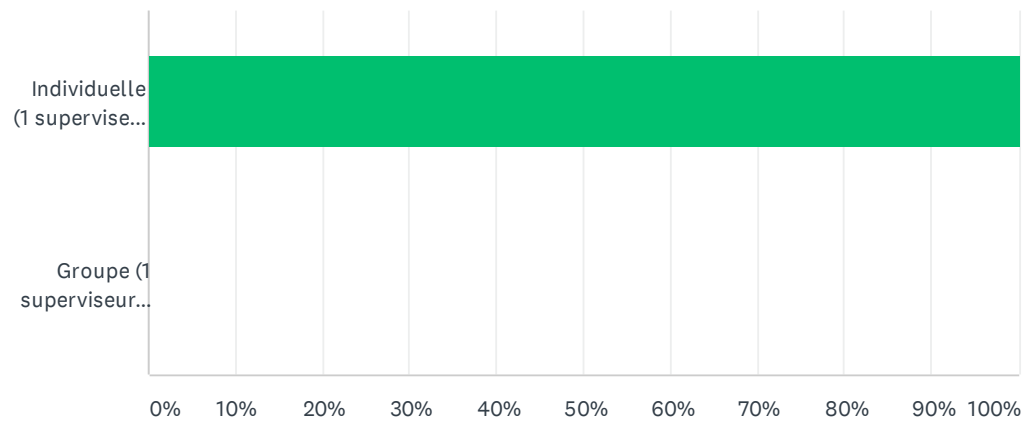
Answered: 3 Skipped: 6



ANSWER CHOICES	RESPONSES	
0 - 4 années	33.33%	1
5 - 9 années	33.33%	1
10 - 14 années	0.00%	0
15 - 19 années	0.00%	0
20+ années	33.33%	1
NA	0.00%	0
TOTAL		3

Q7 Quel type de supervision clinique effectuez-vous? (Sélectionnez tout ce qui s'applique)

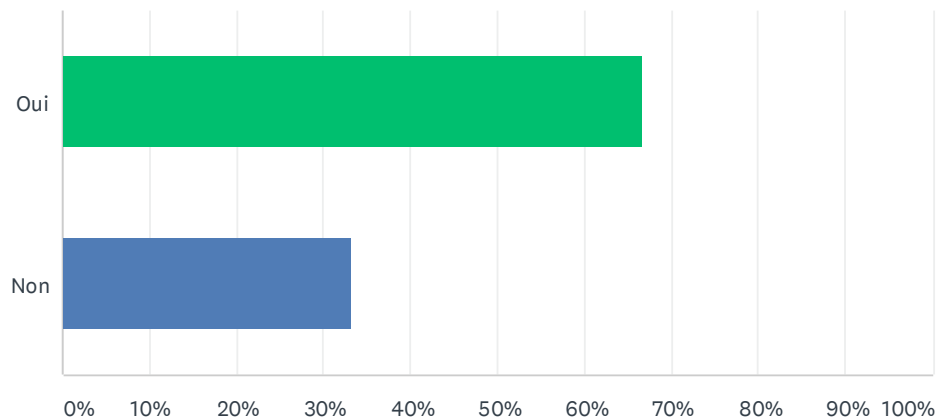
Answered: 3 Skipped: 6



ANSWER CHOICES	RESPONSES	
Individuelle (1 superviseur clinique et 1 supervisé) et/ou dyadique (1 superviseur clinique et 2 supervisés)	100.00%	3
Groupe (1 superviseur clinique et 3 supervisés ou plus)	0.00%	0
Total Respondents: 3		

Q8 Avez-vous une désignation spécifique pour effectuer la supervision clinique? (par exemple, de l'ACCP, l'AAMFT)?

Answered: 3 Skipped: 6

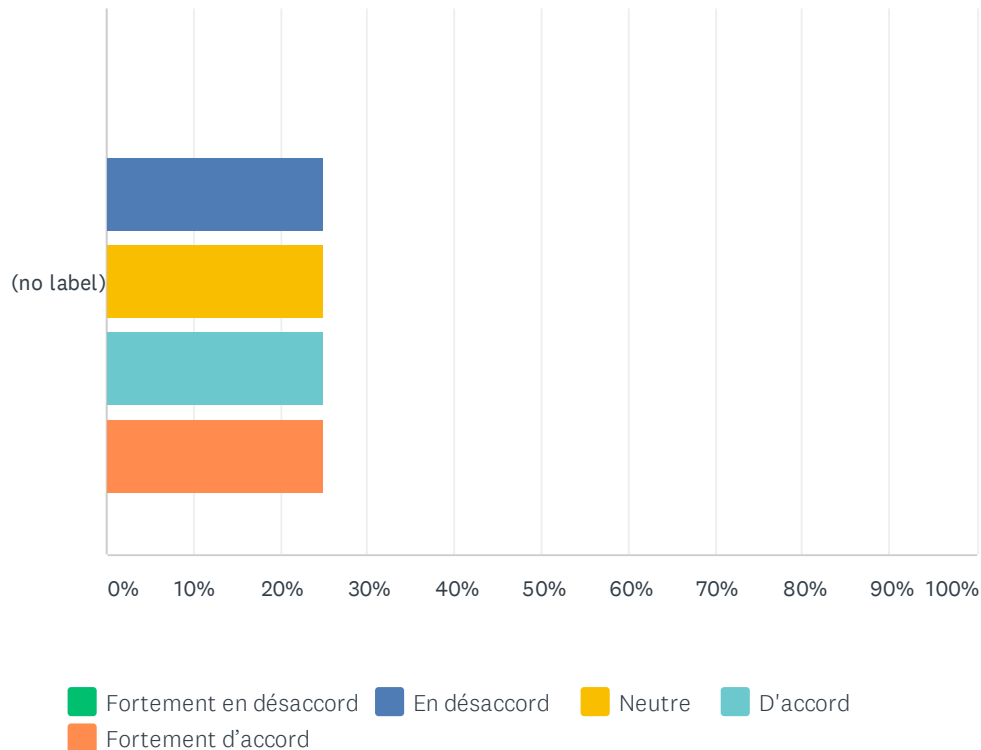


ANSWER CHOICES		RESPONSES	
Oui		66.67%	2
Non		33.33%	1
TOTAL			3

#	SI VOUS AVEZ RÉPONDU « OUI », VEUILLEZ PRÉCISER LA DÉSIGNATION QUE VOUS DÉTENEZ.	DATE
1	OTSTCFQ	5/12/2021 8:26 AM

Q9 Les étudiants doivent bénéficier d'une supervision clinique de l'acte autorisé de psychothérapie par une personne exerçant l'une des six professions de la psychothérapie en Ontario (psychothérapeute autorisé, travailleur social, médecin, infirmière, ergothérapeute et psychologue).

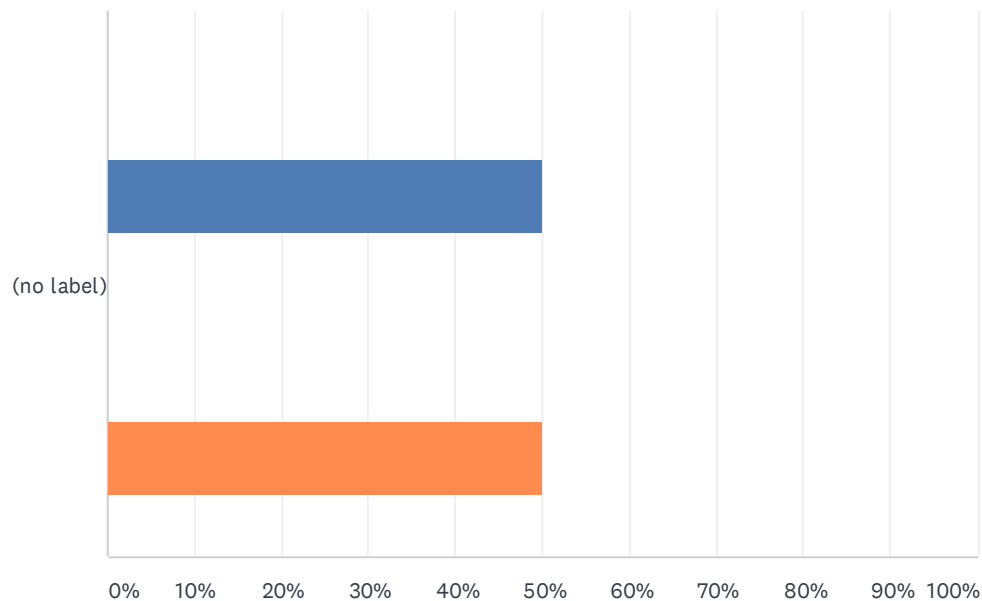
Answered: 4 Skipped: 5



	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	25.00% 1	25.00% 1	25.00% 1	25.00% 1	4	3.50

Q10 Les superviseurs cliniques des étudiants ne doivent être que des psychothérapeutes autorisés.

Answered: 4 Skipped: 5

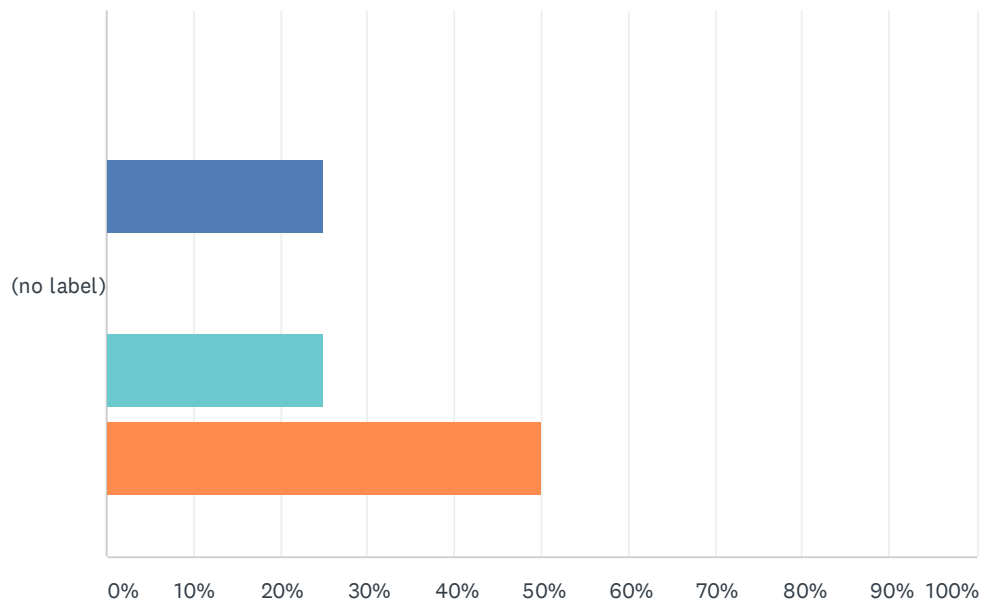


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	50.00% 2	0.00% 0	0.00% 0	50.00% 2	4	3.50

Q11 Cette question (à savoir quels professionnels peuvent servir de superviseurs cliniques aux étudiants souhaitant s'inscrire à l'OPAO) devrait constituer une priorité pour l'OPAO.

Answered: 4 Skipped: 5



■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	25.00% 1	0.00% 0	25.00% 1	50.00% 2	4	4.00

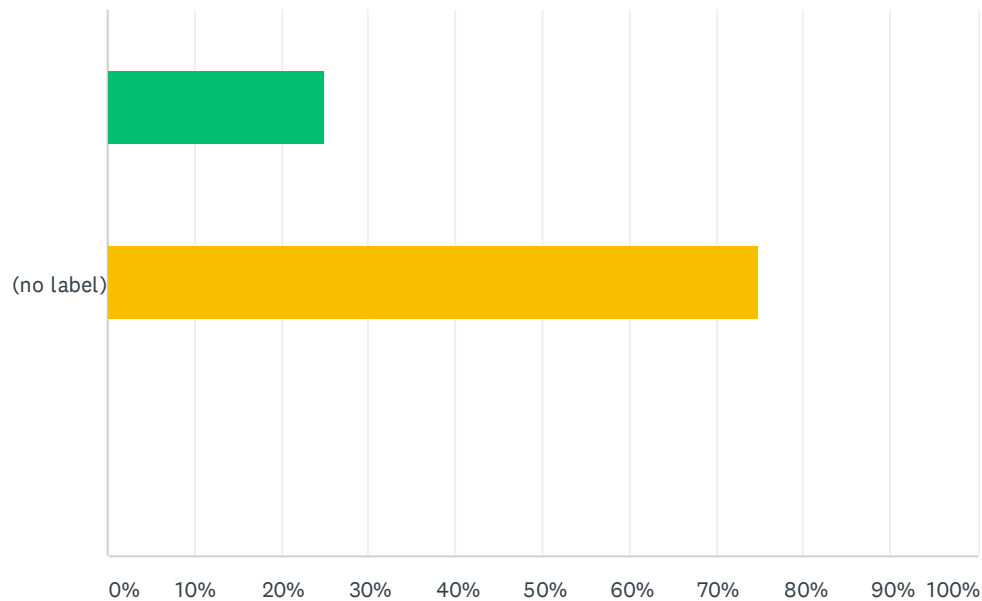
Q12 Veuillez nous faire part de vos commentaires sur cette question.

Answered: 3 Skipped: 6

#	RESPONSES	DATE
1	Il est primordial que les futurs psychothérapeutes soient supervisés par des psychothérapeutes	6/9/2021 2:58 PM
2	C'est une question importante, mais pas nécessairement une "priorité". Il y a des choses plus importantes: par exemple, mettre sur pied un système de reconnaissance des superviseur-e-s clinicien-nés.	5/18/2021 9:33 AM
3	aucun	5/12/2021 8:27 AM

Q13 La définition actuelle du terme « superviseur clinique » est :

Answered: 4 Skipped: 5



Beaucoup trop laxiste Un peu trop laxiste Équilibrée
Un peu trop contraignante Beaucoup trop contraignante

	BEAUCOUP TROP LAXISTE	UN PEU TROP LAXISTE	ÉQUILIBRÉE	UN PEU TROP CONTRAIGNANTE	BEAUCOUP TROP CONTRAIGNANTE	TOTAL	WEIGHTED AVERAGE
(no label)	25.00% 1	0.00% 0	75.00% 3	0.00% 0	0.00% 0	4	2.50

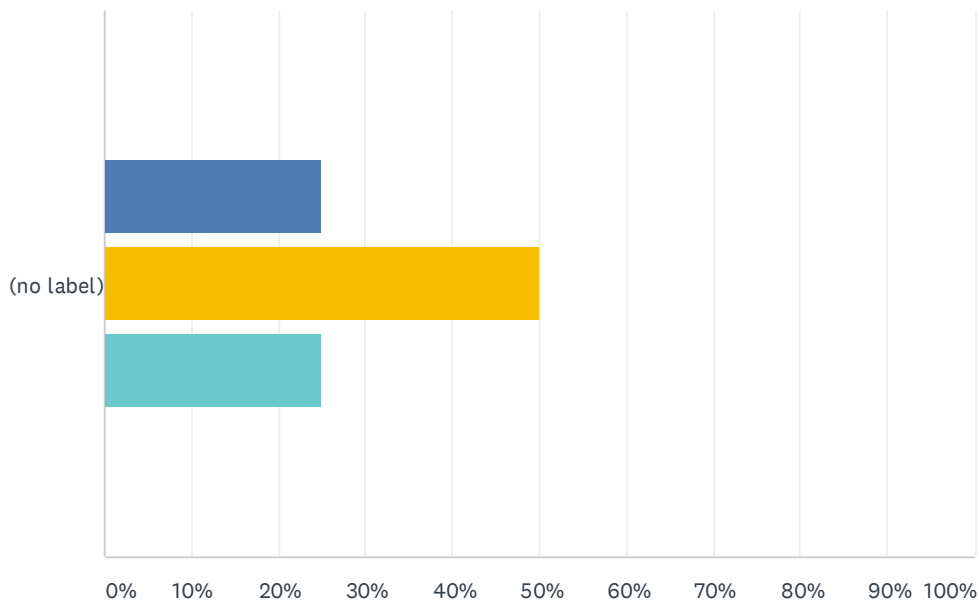
Q14 Avez-vous des commentaires ou des réactions sur la définition du terme « superviseur clinique »?

Answered: 3 Skipped: 6

#	RESPONSES	DATE
1	Sans commentaires	6/9/2021 3:01 PM
2	On doit y indiquer les "tâches" de base des superviseur-e-s clinicien-nés entre autres. La définition actuelle décrit des psychothérapeutes, et non des superviseur-e-s.	5/18/2021 9:36 AM
3	aucun	5/12/2021 8:29 AM

Q15 La contrainte imposant un maximum de 50 % de supervision clinique de groupe aux fins d'inscription est

Answered: 4 Skipped: 5

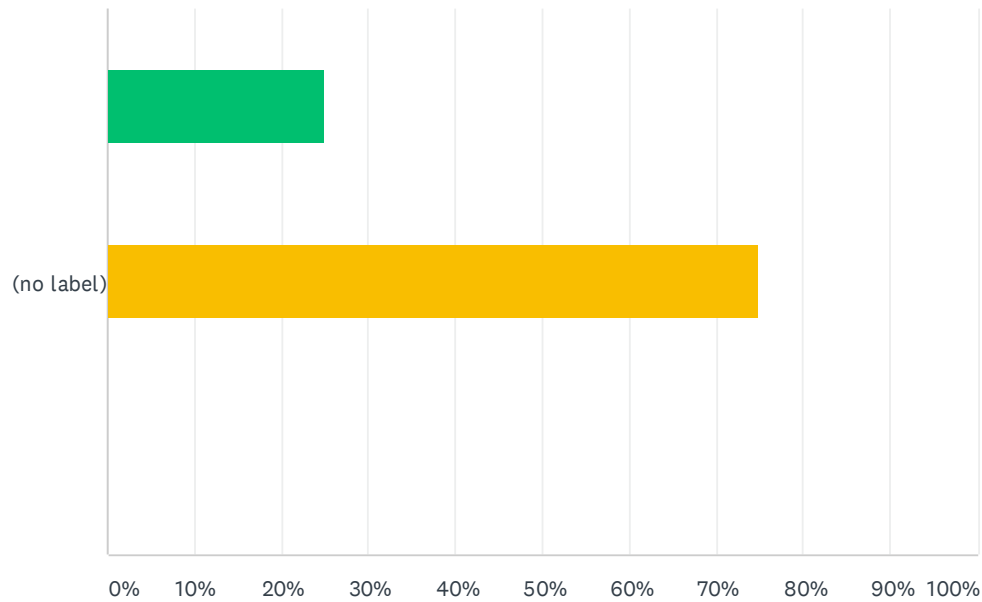


Beaucoup trop laxiste Un peu trop laxiste Équilibrée
Un peu trop contraignante Beaucoup trop contraignante

	BEAUCOUP TROP LAXISTE	UN PEU TROP LAXISTE	ÉQUILIBRÉE	UN PEU TROP CONTRAIGNANTE	BEAUCOUP TROP CONTRAIGNANTE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	25.00% 1	50.00% 2	25.00% 1	0.00% 0	4	3.00

Q16 La contrainte imposant un maximum de 8 supervisés aux fins d'inscription est

Answered: 4 Skipped: 5



Beaucoup trop laxiste Un peu trop laxiste Équilibrée
Un peu trop contraignante Beaucoup trop contraignante

	BEAUCOUP TROP LAXISTE	UN PEU TROP LAXISTE	ÉQUILIBRÉE	UN PEU TROP CONTRAIGNANTE	BEAUCOUP TROP CONTRAIGNANTE	TOTAL	WEIGHTED AVERAGE
(no label)	25.00% 1	0.00% 0	75.00% 3	0.00% 0	0.00% 0	4	2.50

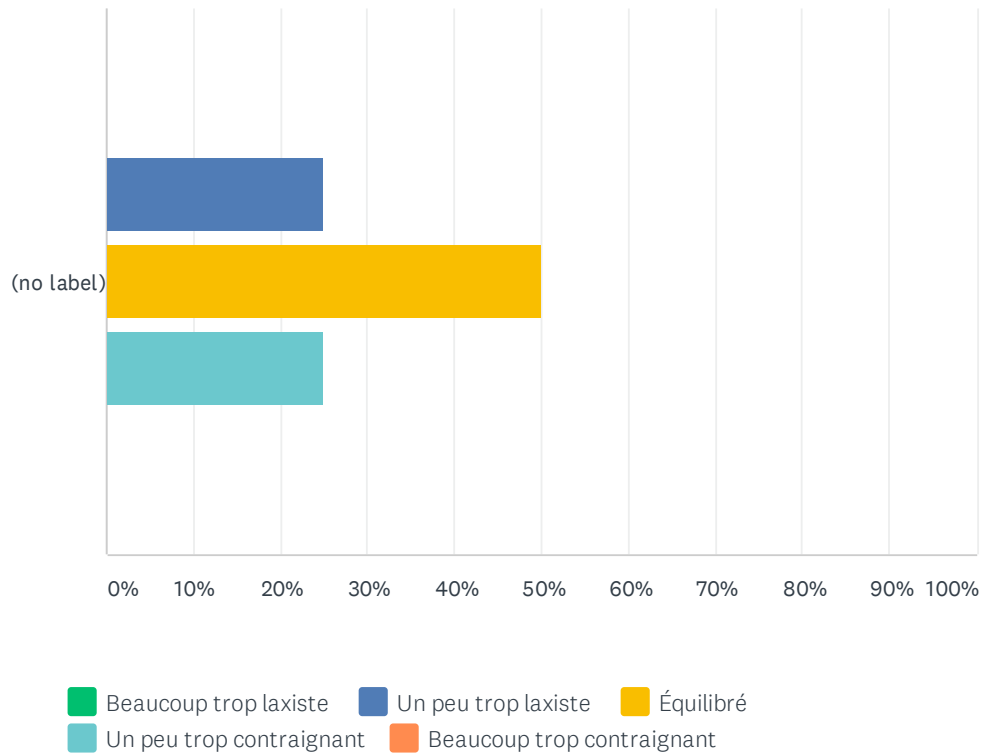
Q17 Veuillez nous faire part de vos commentaires sur la supervision clinique de groupe.

Answered: 3 Skipped: 6

#	RESPONSES	DATE
1	Pas de commentaires	6/9/2021 3:03 PM
2	Un maximum de quatre supervisé-e-s devrait être imposé. Certaines institutions offrent de prime abord une formation en psychothérapie déjà limitée donc la supervision personnalisée devrait être de rigueur afin de compenser ce manque de formation!	5/18/2021 9:39 AM
3	aucun	5/12/2021 8:29 AM

Q18 À votre avis, pour une personne inscrite à la catégorie de psychothérapeute autorisé (stagiaire), le ratio d'environ 1 heure de supervision clinique pour chaque tranche de 4,5 heures de contact direct avec les clients est

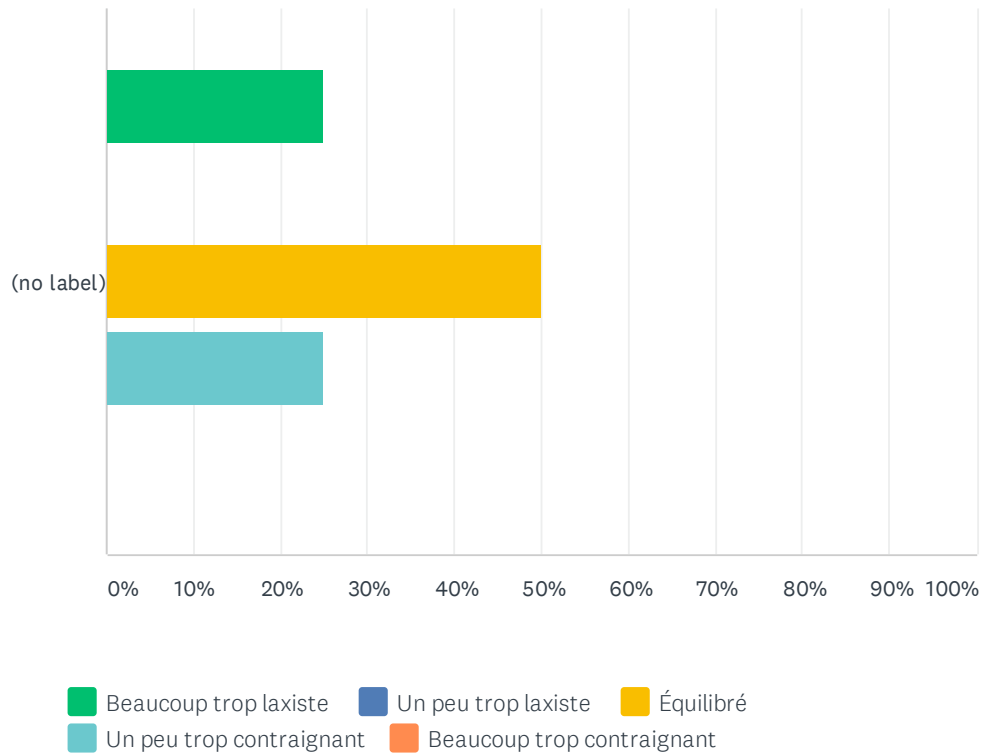
Answered: 4 Skipped: 5



	BEAUCOUP TROP LAXISTE	UN PEU TROP LAXISTE	ÉQUILIBRÉ	UN PEU TROP CONTRAIGNANT	BEAUCOUP TROP CONTRAIGNANT	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	25.00% 1	50.00% 2	25.00% 1	0.00% 0	4	3.00

Q19 À votre avis, pour une personne inscrite à la catégorie de psychothérapeute autorisé (stagiaire), le ratio d'environ 1 heure de supervision clinique pour chaque tranche de 10 heures de contact direct avec les clients est

Answered: 4 Skipped: 5



	BEAUCOUP TROP LAXISTE	UN PEU TROP LAXISTE	ÉQUILIBRÉ	UN PEU TROP CONTRAIGNANT	BEAUCOUP TROP CONTRAIGNANT	TOTAL	WEIGHTED AVERAGE
(no label)	25.00% 1	0.00% 0	50.00% 2	25.00% 1	0.00% 0	4	2.75

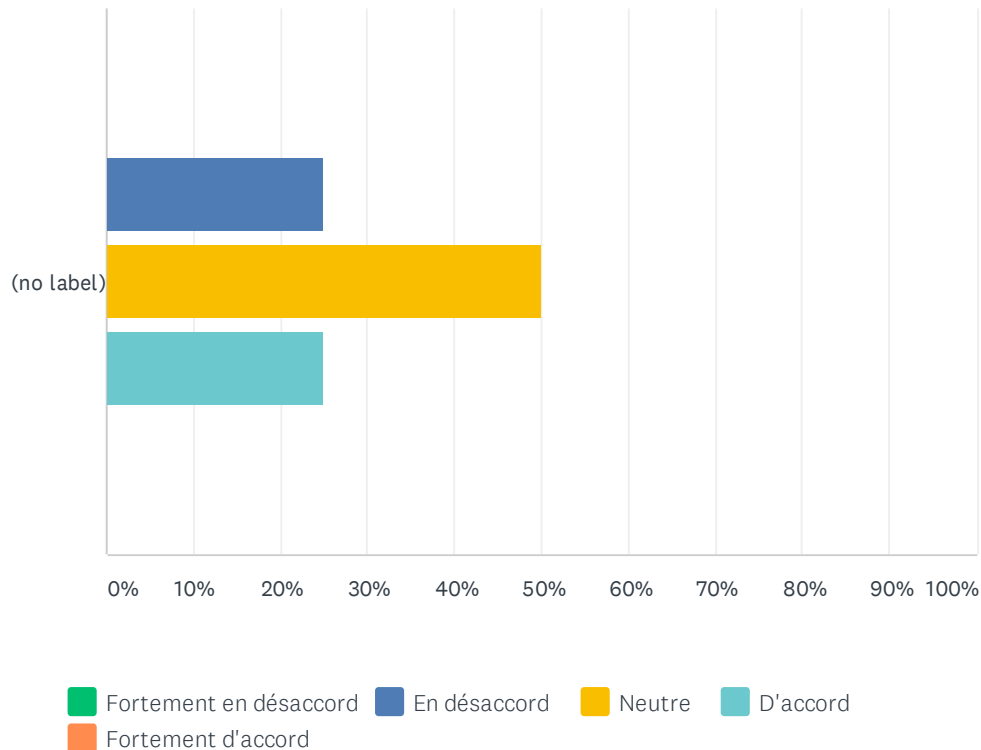
Q20 Veuillez nous faire part de vos commentaires sur les ratios d'expérience clinique.

Answered: 3 Skipped: 6

#	RESPONSES	DATE
1	Pas de commentaires	6/9/2021 3:06 PM
2	Il est important que les stagiaires obtiennent un maximum d'heures de supervision avant de devenir psychothérapeutes autorisé-e-s. Un ratio de 1 à 4 est optimal à mon avis.	5/18/2021 9:42 AM
3	aucun	5/12/2021 8:31 AM

Q21 L'OPAO fournit suffisamment de renseignements, de ressources et de conseils aux superviseurs et supervisés cliniques sur les démarches à suivre pour satisfaire aux exigences en matière d'heures de supervision clinique aux fins d'inscription.

Answered: 4 Skipped: 5



	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	25.00% 1	50.00% 2	25.00% 1	0.00% 0	4	3.00

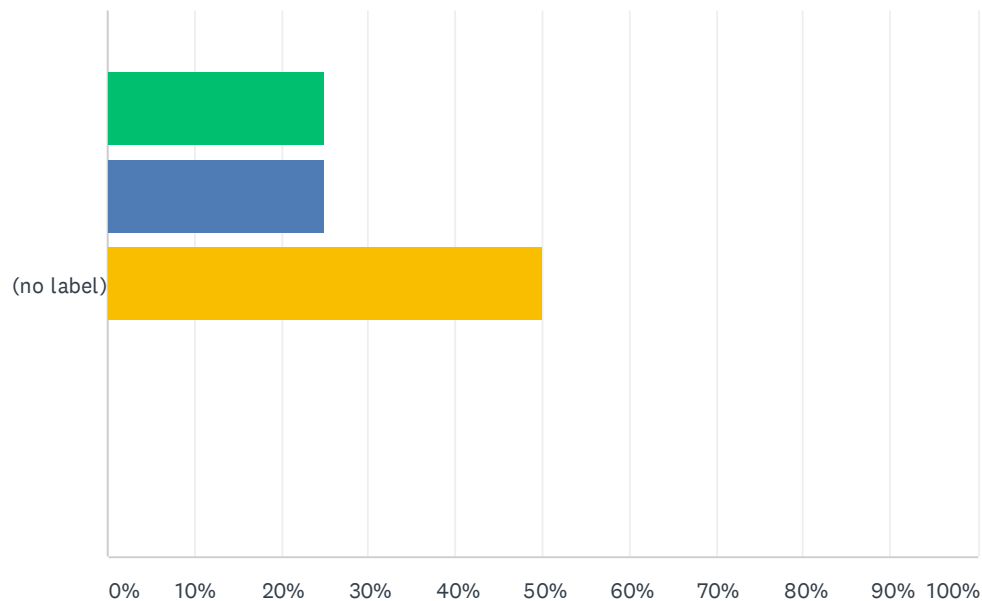
Q22 Veuillez nous faire part de tout commentaire concernant les renseignements que l'OPAO fournit ou pourrait fournir en matière de supervision clinique.

Answered: 1 Skipped: 8

#	RESPONSES	DATE
1	aucun	5/12/2021 8:32 AM

Q23 Les superviseurs cliniques ne doivent pas se limiter à fournir une attestation du superviseur clinique pour prouver qu'un inscrit a effectué ses heures de supervision clinique.

Answered: 4 Skipped: 5

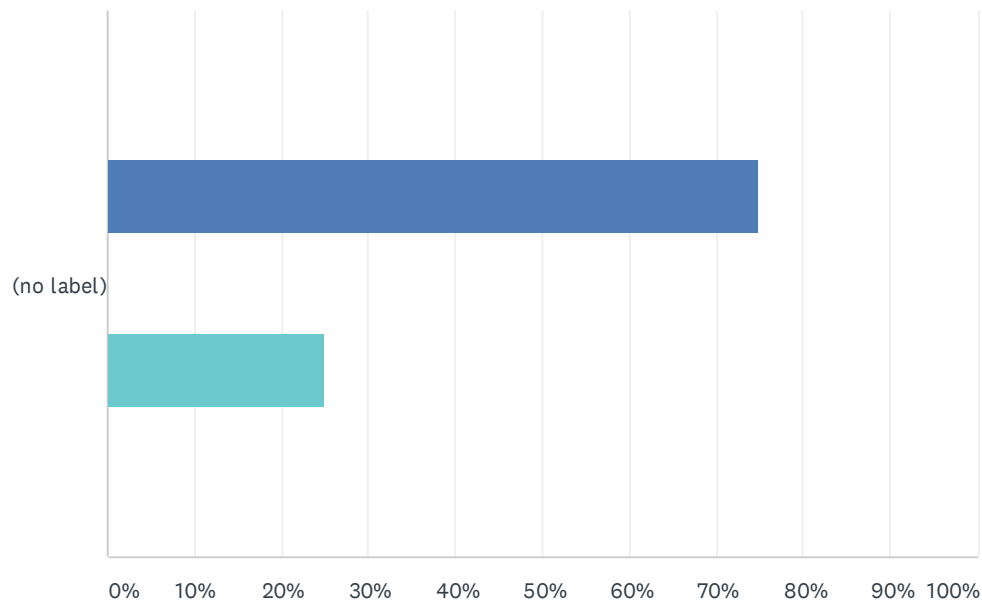


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	25.00% 1	25.00% 1	50.00% 2	0.00% 0	0.00% 0	4	2.25

Q24 L'OPAO doit déployer davantage d'efforts pour s'assurer que les superviseurs cliniques évaluent les compétences des supervisés.

Answered: 4 Skipped: 5



Fortement en désaccord En désaccord Neutre D'accord
Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	75.00% 3	0.00% 0	25.00% 1	0.00% 0	4	2.50

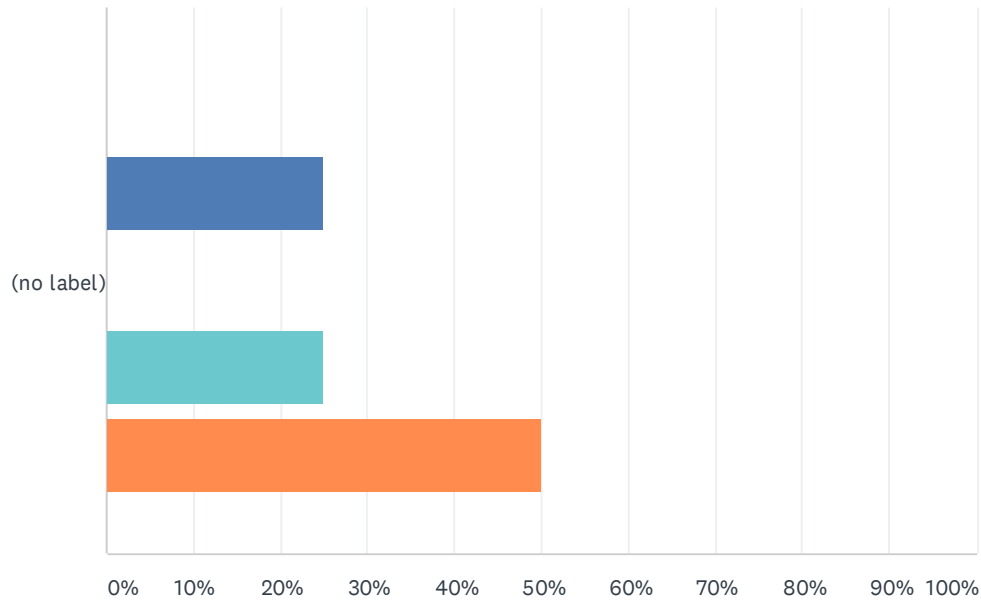
Q25 Veuillez nous faire part de vos commentaires sur le rôle de l'OPAO visant à garantir que les supervisés sont évalués par leurs superviseurs cliniques.

Answered: 3 Skipped: 6

#	RESPONSES	DATE
1	L'OPAO doit s'assurer de la qualité des superviseurs cliniques. Lorsque l'OPAO a agréé un superviseur clinique, il ne devrait pas y avoir de contrôle supplémentaire de ce qui se passe en supervision.	6/9/2021 3:11 PM
2	On pourrait proposer une grille de critères ciblés (4 à 6... pas des dizaines!) afin de vérifier que les stagiaires répondent à des normes de base.	5/18/2021 9:45 AM
3	aucun	5/12/2021 8:33 AM

Q26 L'affiliation des psychothérapeutes autorisés à des superviseurs cliniques dans le seul but d'obtenir une couverture d'assurance pour leurs clients constitue un problème.

Answered: 4 Skipped: 5

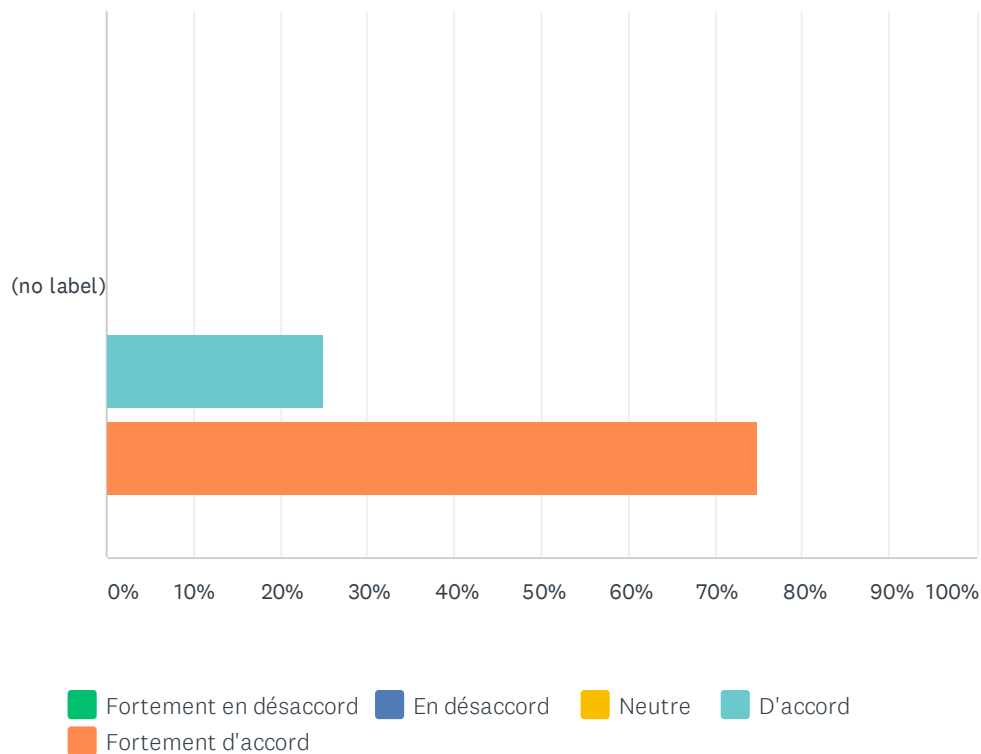


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	25.00% 1	0.00% 0	25.00% 1	50.00% 2	4	4.00

Q27 Un psychothérapeute autorisé ne devrait déclarer des heures de supervision clinique aux fins de l'inscription (y compris pour parvenir à une pratique indépendante) que lorsque la supervision clinique est liée à un contact direct avec le client, et non lorsque la supervision clinique est fondée uniquement sur l'accès à une couverture d'assurance.

Answered: 4 Skipped: 5



	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	25.00% 1	75.00% 3	4	4.75

Q28 Veuillez nous faire part de vos commentaires sur cette question.

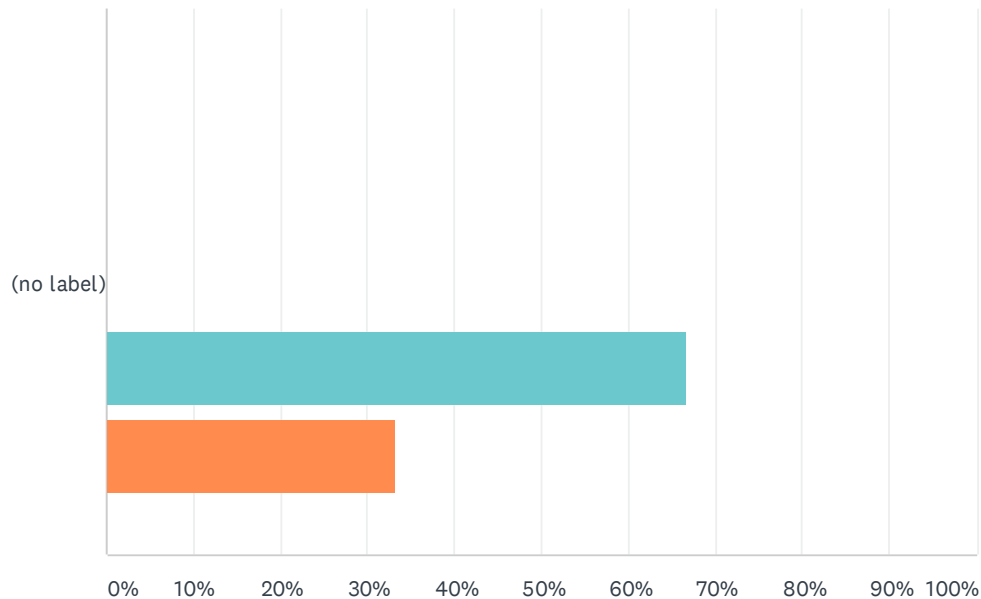
Answered: 2 Skipped: 7

#	RESPONSES	DATE
1	Une supervision clinique doit absolument être offerte en lien aux client-e-s vu-e-s lors de consultations cliniques.	5/18/2021 9:48 AM
2	aucun	5/12/2021 8:35 AM

Pour les quatre questions suivantes, prenons le cas d'un supervisé qui gère son propre cabinet privé et qui engage un superviseur clinique.

Q29 Il incombe au superviseur clinique de veiller avant tout au bien-être des clients du supervisé.

Answered: 3 Skipped: 6

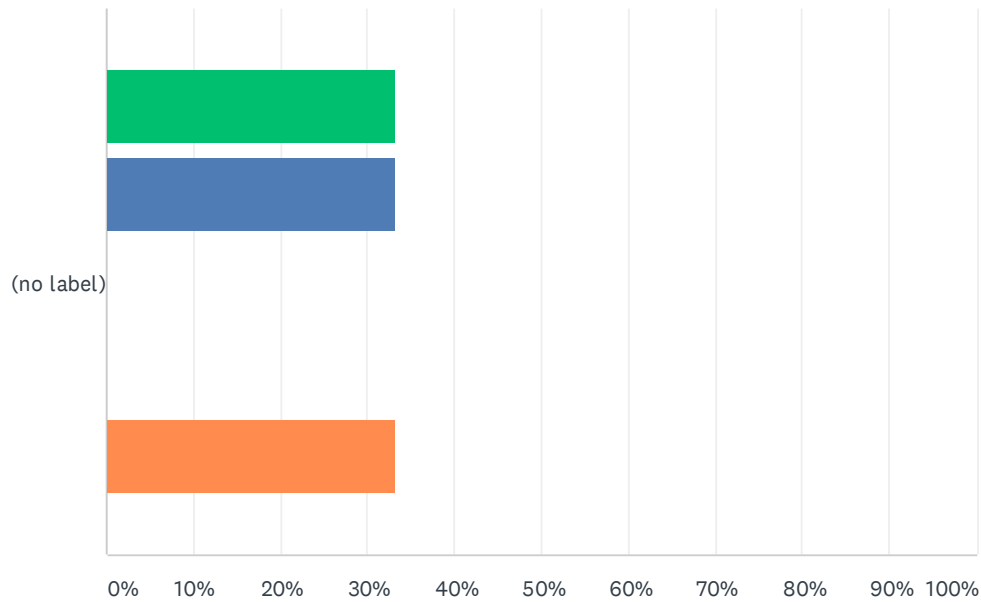


Fortement en désaccord En désaccord Neutre D'accord
Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	3	4.33

Q30 Le superviseur clinique doit être tenu responsable des actions de leurs supervisés.

Answered: 3 Skipped: 6

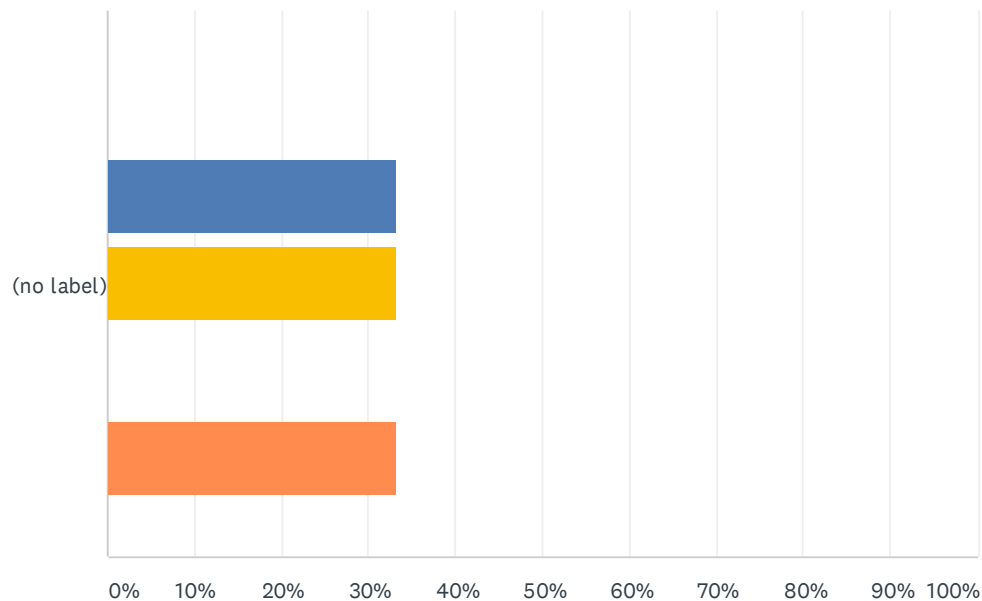


■ Fortement en désaccord
 ■ En désaccord
 ■ Fortement d'accord
 ■ Neutre
 ■ D'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	33.33% 1	33.33% 1	0.00% 0	0.00% 0	33.33% 1	3	2.67

Q31 Le superviseur clinique doit connaître les noms complets des clients de leurs supervisés.

Answered: 3 Skipped: 6

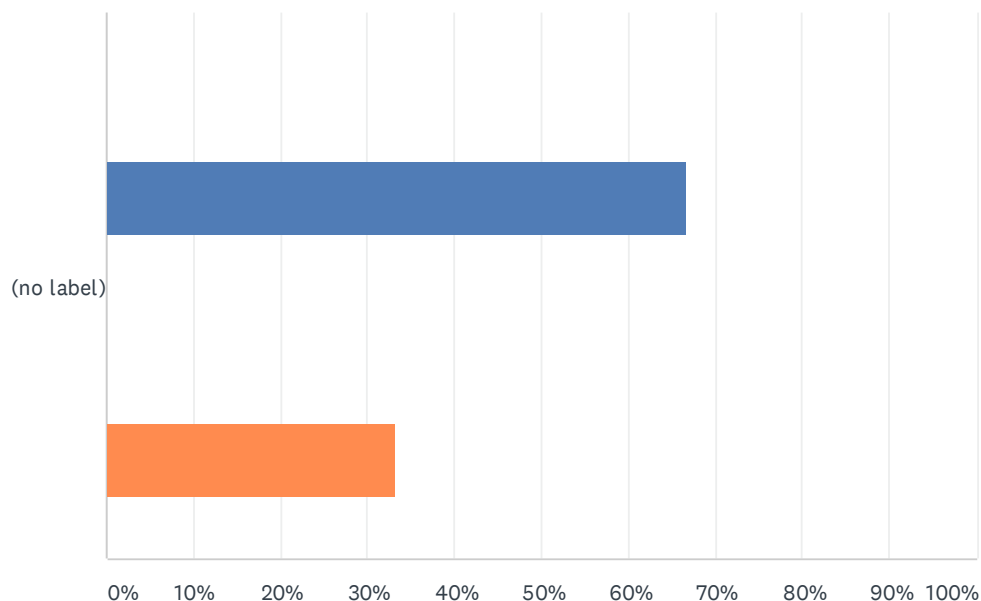


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	33.33% 1	33.33% 1	0.00% 0	33.33% 1	3	3.33

Q32 Les clients doivent connaître le nom du superviseur clinique de leur thérapeute et peuvent communiquer avec lui en cas de besoin.

Answered: 3 Skipped: 6



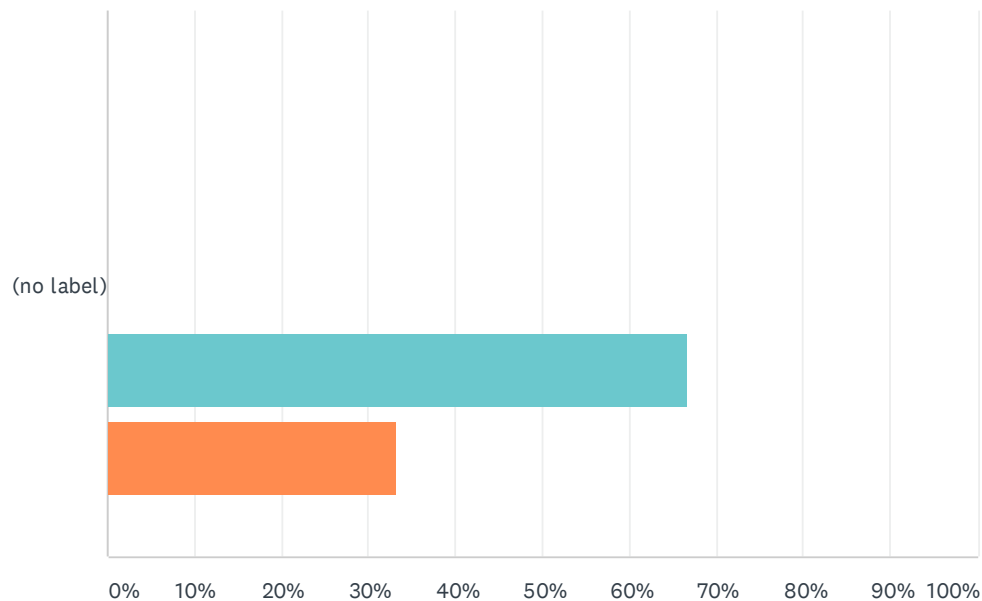
Fortement en désaccord En désaccord Neutre D'accord
Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	66.67% 2	0.00% 0	0.00% 0	33.33% 1	3	3.00

Pour les quatre questions suivantes, prenons le cas d'un supervisé qui travaille dans un cabinet de groupe, ou pour une agence ou un autre employeur, et son superviseur clinique travaille également dans la même organisation.

Q33 Il incombe au superviseur clinique de veiller avant tout au bien-être des clients du supervisé.

Answered: 3 Skipped: 6

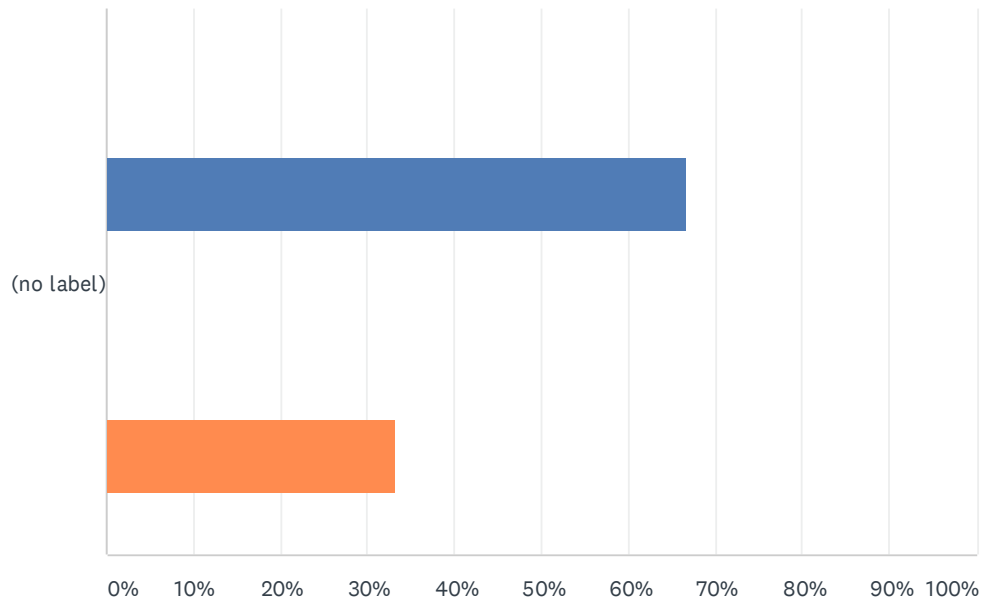


Fortement en désaccord En désaccord Neutre D'accord
Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	3	4.33

Q34 Le superviseur clinique doit être tenu responsable des actions de leurs supervisés.

Answered: 3 Skipped: 6

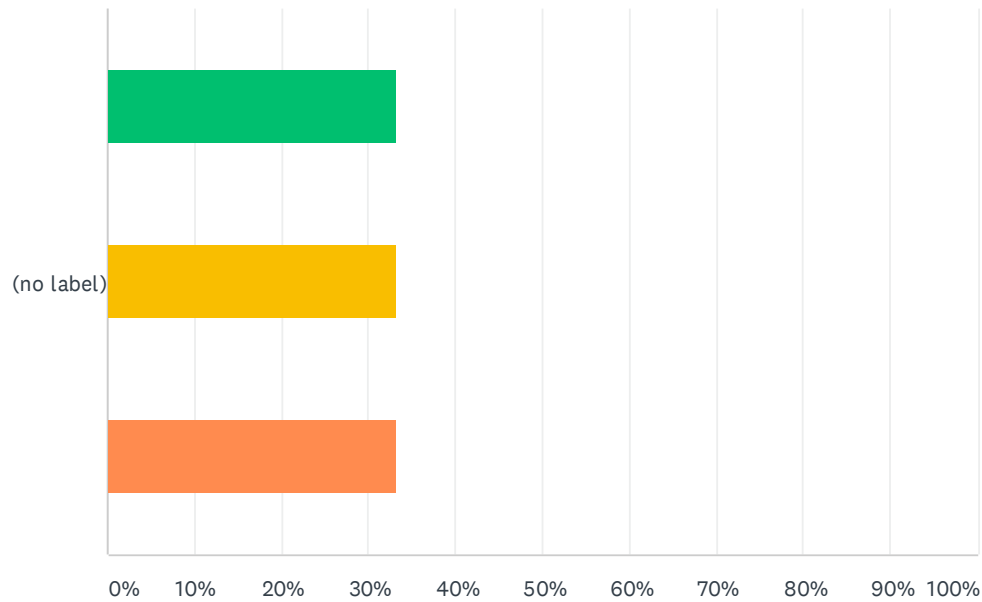


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	66.67% 2	0.00% 0	0.00% 0	33.33% 1	3	3.00

Q35 Le superviseur clinique doit connaître les noms complets des clients de leurs supervisés.

Answered: 3 Skipped: 6

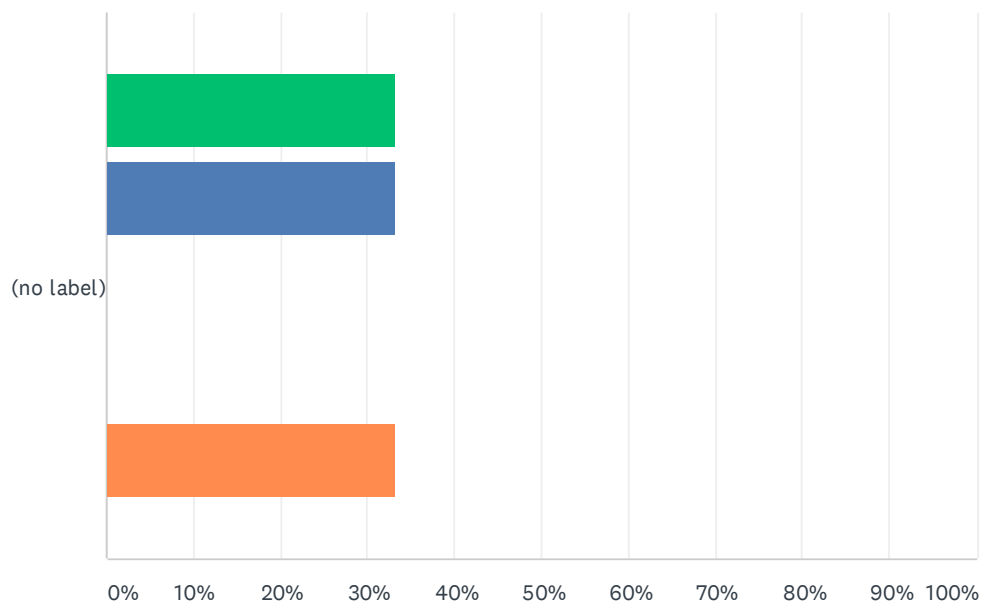


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	33.33% 1	0.00% 0	33.33% 1	0.00% 0	33.33% 1	3	3.00

Q36 Les clients doivent connaître le nom du superviseur clinique de leur thérapeute et peuvent communiquer avec lui en cas de besoin.

Answered: 3 Skipped: 6



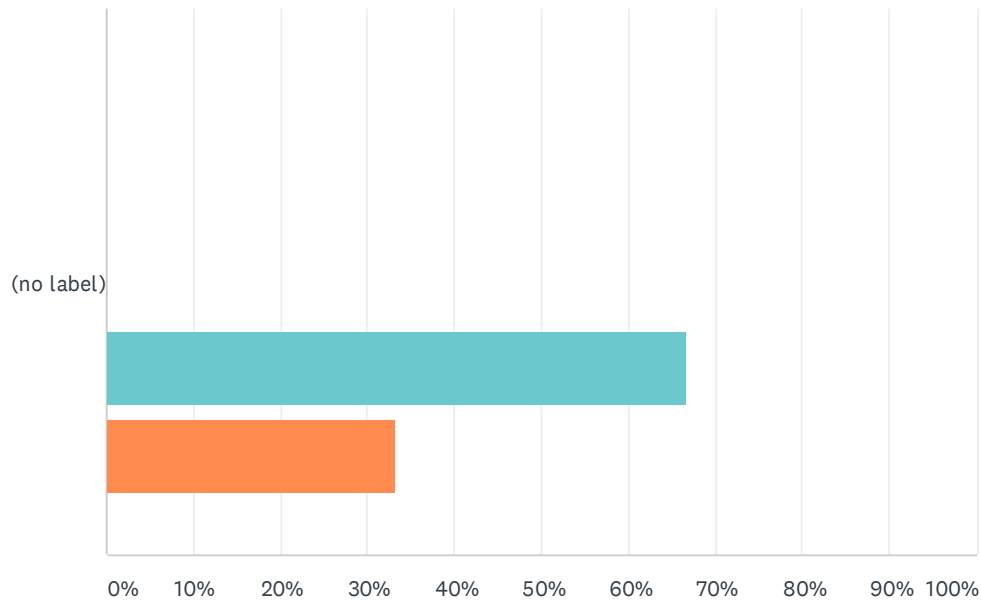
■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	33.33% 1	33.33% 1	0.00% 0	0.00% 0	33.33% 1	3	2.67

Pour les quatre questions suivantes, prenons le cas d'un supervisé qui travaille dans un cabinet de groupe, ou pour une agence ou un autre employeur, mais dont le superviseur clinique, aux fins de l'inscription de l'OPAO, travaille en dehors de l'organisation.

Q37 Il incombe au superviseur clinique de veiller avant tout au bien-être des clients du supervisé.

Answered: 3 Skipped: 6

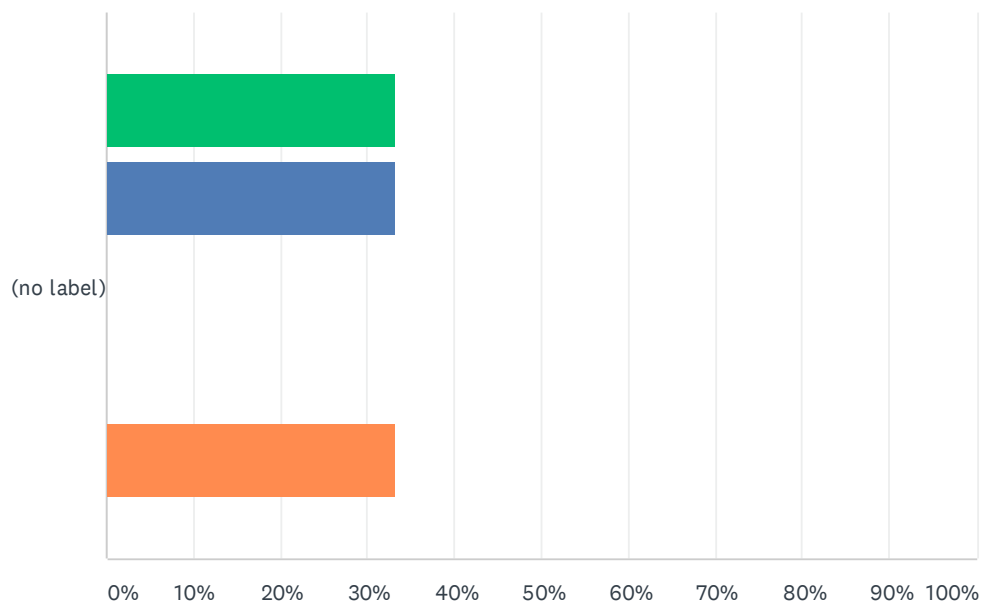


Fortement en désaccord En désaccord Neutre D'accord
Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	3	4.33

Q38 Le superviseur clinique doit être tenu responsable des actions de leurs supervisés.

Answered: 3 Skipped: 6

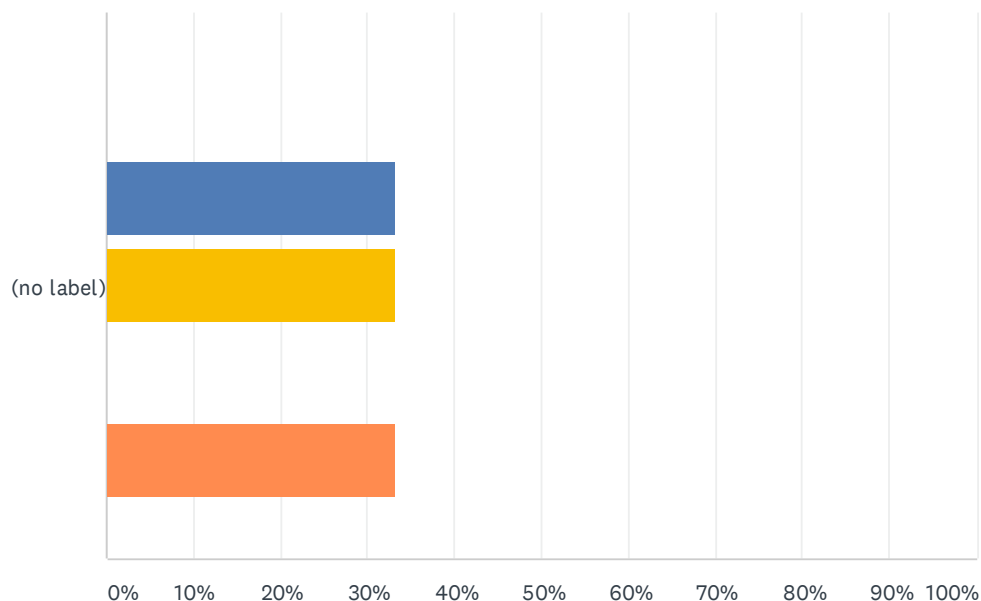


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	33.33% 1	33.33% 1	0.00% 0	0.00% 0	33.33% 1	3	2.67

Q39 Le superviseur clinique doit connaître les noms complets des clients de leurs supervisés.

Answered: 3 Skipped: 6

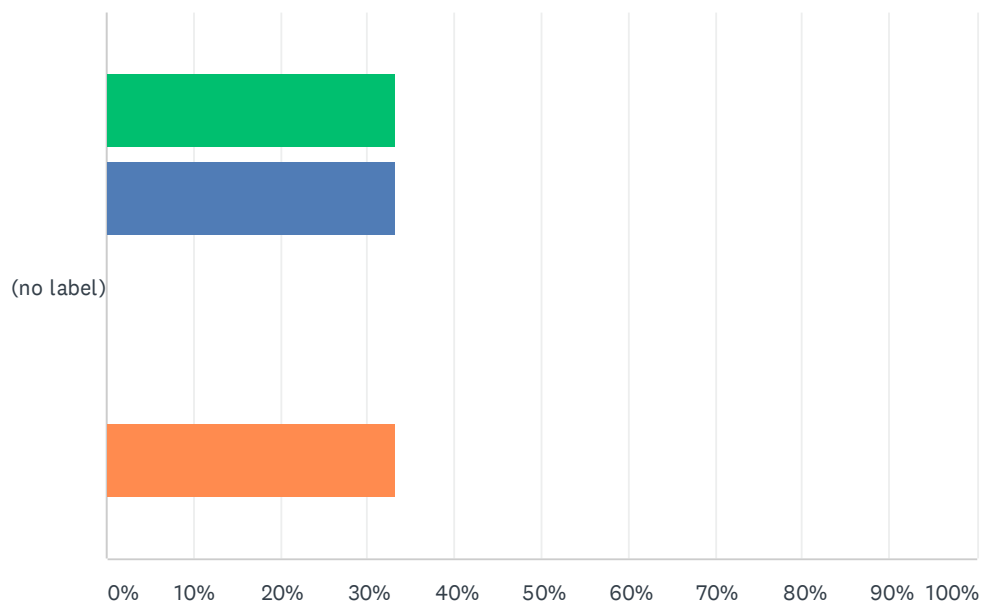


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	33.33% 1	33.33% 1	0.00% 0	33.33% 1	3	3.33

Q40 Les clients doivent connaître le nom du superviseur clinique de leur thérapeute et peuvent communiquer avec lui en cas de besoin.

Answered: 3 Skipped: 6

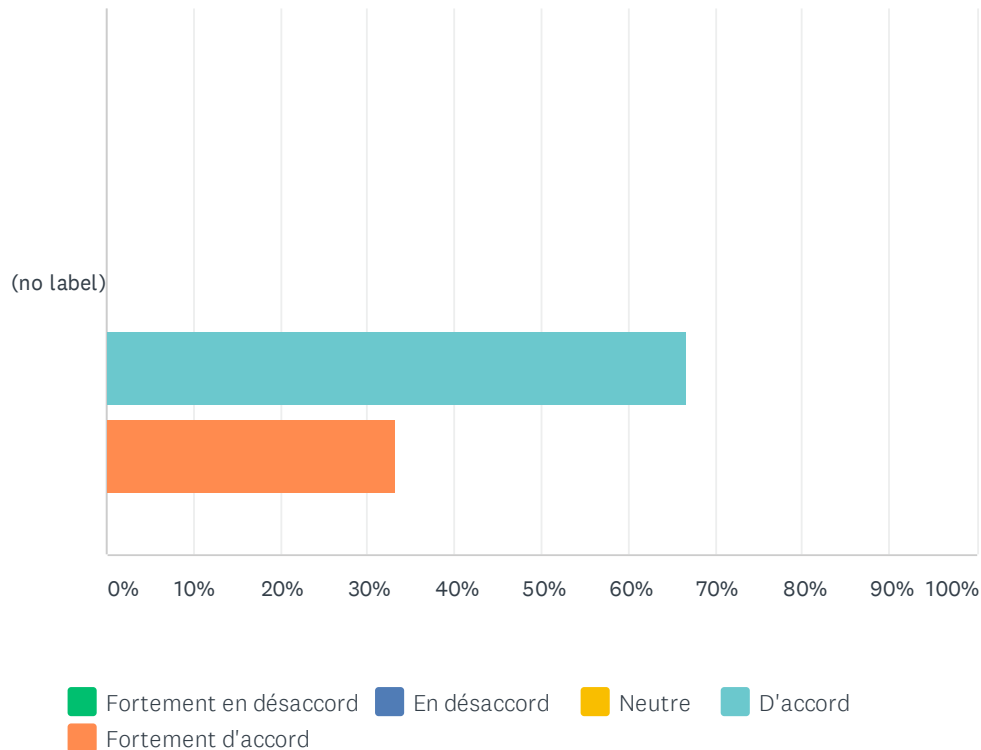


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	33.33% 1	33.33% 1	0.00% 0	0.00% 0	33.33% 1	3	2.67

Q41 Certains superviseurs cliniques et certains inscrits auront besoin de plus de conseils et de directives que d'autres; cependant, tout changement à la politique actuelle de supervision clinique devrait se concentrer sur la gestion des risques qui touchent l'ensemble de la profession.

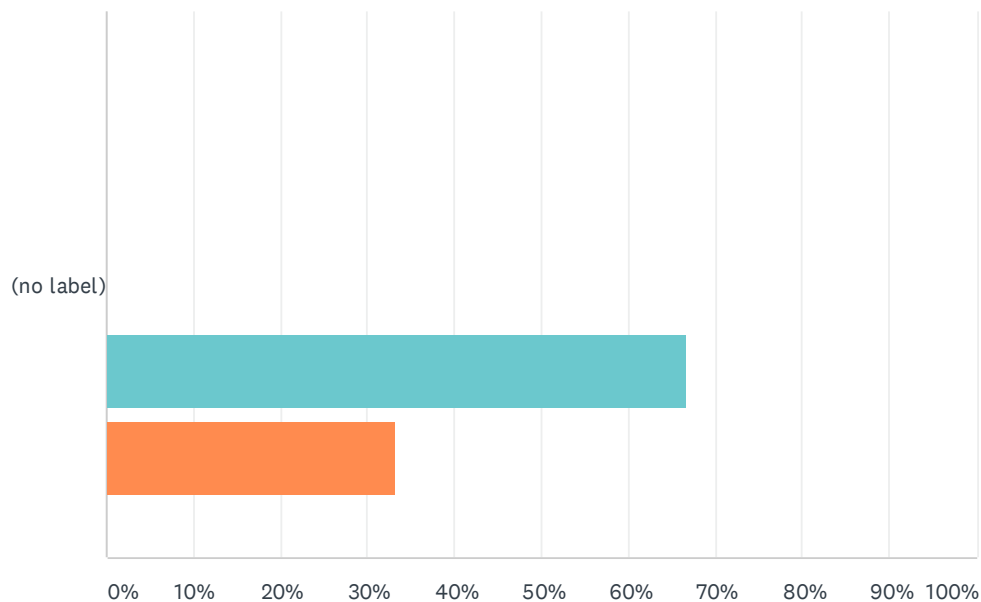
Answered: 3 Skipped: 6



	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	3	4.33

Q42 La supervision clinique lorsqu'un inscrit commence sa pratique peut changer par rapport à celle qui a lieu lorsqu'un inscrit s'approche de la pratique indépendante, de sorte que les exigences en matière de supervision clinique doivent permettre au superviseur clinique de s'adapter au développement de la personne inscrite.

Answered: 3 Skipped: 6

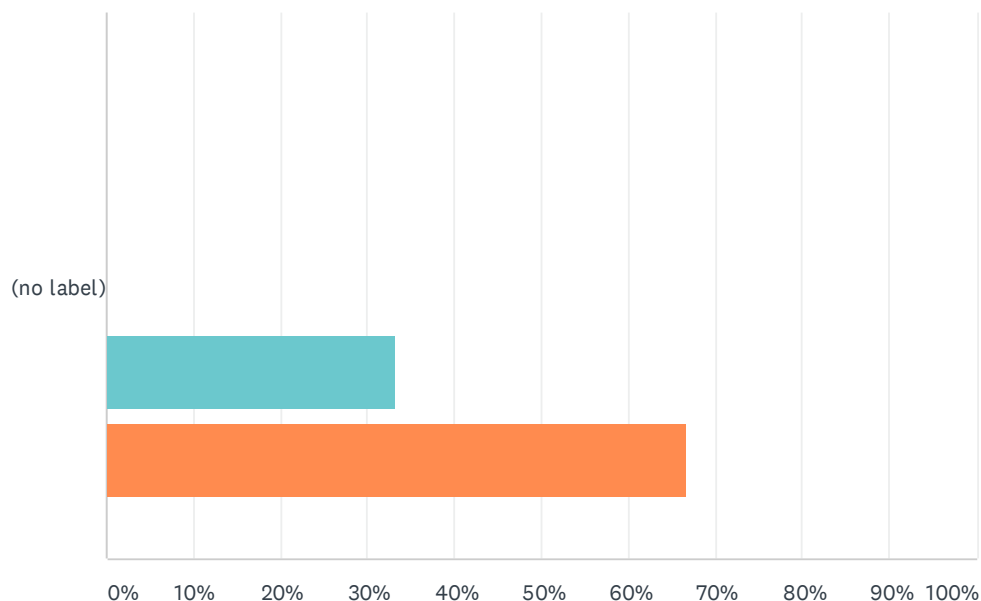


■ Fortement en désaccord
 ■ En désaccord
 ■ Neutre
 ■ D'accord
 ■ Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	3	4.33

Q43 Il est contraire à l'éthique de faire appel à une supervision clinique d'un membre de la famille immédiate ou d'un conjoint.

Answered: 3 Skipped: 6

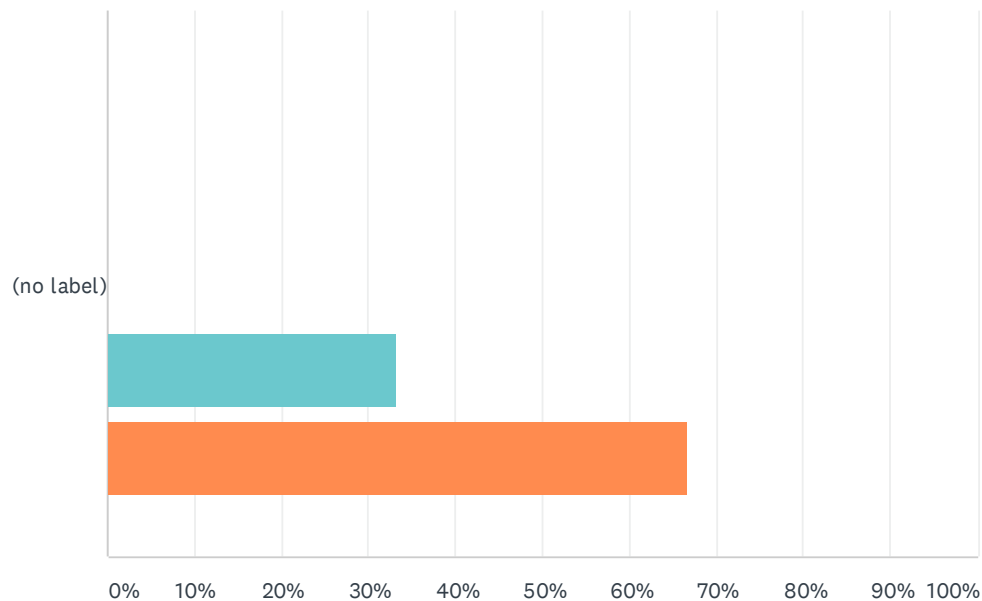


Fortement en désaccord En désaccord Neutre D'accord
Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	33.33% 1	66.67% 2	3	4.67

Q44 Les superviseurs cliniques et les supervisés doivent conclure un accord écrit et signé.

Answered: 3 Skipped: 6

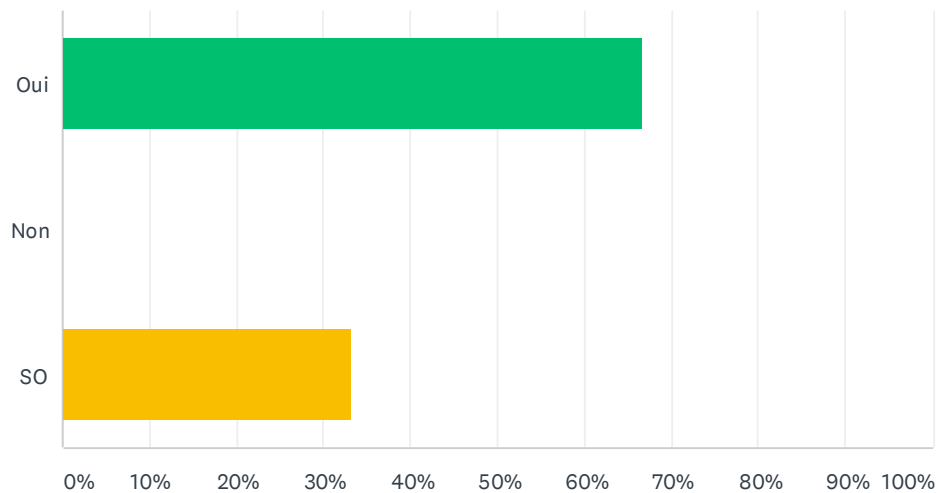


Fortement en désaccord En désaccord Neutre D'accord
Fortement d'accord

	FORTEMENT EN DÉSACCORD	EN DÉSACCORD	NEUTRE	D'ACCORD	FORTEMENT D'ACCORD	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	33.33% 1	66.67% 2	3	4.67

Q45 Si vous fournissez une supervision clinique ou en bénéficiez, utilisez-vous un accord de supervision écrit et signé?

Answered: 3 Skipped: 6



ANSWER CHOICES		RESPONSES	
Oui		66.67%	2
Non		0.00%	0
SO		33.33%	1
TOTAL			3

Q46 Avez-vous d'autres commentaires sur la supervision clinique dans la profession ou sur les politiques de l'OPAO en matière de supervision clinique?

Answered: 2 Skipped: 7

#	RESPONSES	DATE
1	Non	6/9/2021 3:17 PM
2	Il serait bon d'avoir un répertoire de superviseur-e-s clinicien-ne-s au sein de l'OPAO. Il serait également bien d'avoir des normes claires bien définies afin de clarifier le rôle et les tâches des superviseur-e-s clinicien-ne-s. Il serait également important d'avoir un répertoire de psychothérapeutes clinicien-ne-s offrant de la thérapie de couple ou familiale... et éventuellement avec un répertoire de ces thérapeutes qui peuvent également offrir des services de supervision à ce titre.	5/18/2021 9:54 AM