



Definitions

Clinical Supervision

CRPO defines clinical supervision as a contractual relationship in which a clinical supervisor engages with a supervisee to discuss the direction of therapy and the therapeutic relationship; promote the professional growth of the supervisee; enhance the supervisee's safe and effective use of self in the therapeutic relationship; and safeguard the well-being of the client.

Clinical supervision can be individual, dyadic or group. Group supervision may include **structured peer group supervision** if the supervision is formal and structured and includes at least one group member who meets CRPO's definition of a clinical supervisor (see below).

Structured peer group supervision differs from group clinical supervision, in that the latter is led by a clinical supervisor, whereas the former includes at least one member who would qualify as a clinical supervisor but is an equal participant (not the leader). Structured peer group supervision often occurs in an institutional setting but may be formalized outside such settings.

Informal "peer supervision" i.e. unstructured discussion of clients with colleagues, is not considered an acceptable form of supervision for registration purposes.

Clinical Supervisor

Clinical Supervisor in Ontario

Prior to proclamation (i.e., before April 1, 2015), a clinical supervisor is a practitioner who has extensive clinical experience, generally five years or more, in the practise of psychotherapy.

In the first three years following proclamation (i.e., April 1, 2015 – March 31, 2018), a clinical supervisor is a regulated practitioner in psychotherapy in good standing with their College*, who has extensive clinical experience, generally five years or more, in the practice of psychotherapy and who is competent in providing clinical supervision.

Three years after proclamation (i.e., April 1, 2018 to present), a clinical supervisor must be a regulated practitioner in psychotherapy in good standing with their College*, who has extensive clinical experience, generally five years or more, in the practice of psychotherapy, and who has **demonstrated competence in providing clinical supervision**.

The Registration Committee has approved the following criteria for demonstrating competence in providing clinical supervision:

1. The supervisor must be a Member in good standing of a regulatory college whose members may practise psychotherapy.*
2. The supervisor must have five years' extensive clinical experience.
3. The supervisor must meet CRPO's "independent practice" requirement (completion of 1000 direct client contact hours and 150 hours of clinical supervision).



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4. The supervisor must have completed 30 hours of directed learning in providing clinical supervision. Directed learning can include course work, supervised practice as a clinical supervisor, individual/peer/group learning, and independent study that includes structured readings.

5. The supervisor must provide a signed declaration that they understand CRPO's definitions of clinical supervision, clinical supervisor, and the scope of practice of psychotherapy.

CRPO staff may request evidence of 30 hours of directed learning in providing clinical supervision and may also request a letter of verification and a statement describing the supervisor's approach to providing supervision.

Upon request, a clinical supervisor should be able to provide their supervisee with a letter attesting to their competency, as set out in items 1 through 5 above. It is not necessary to submit this to the CRPO unless it is specifically requested by staff.

**Includes College of Registered Psychotherapists of Ontario, College of Nurses of Ontario, College of Occupational Therapists of Ontario, College of Physicians and Surgeons of Ontario, College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers.*

Clinical Supervisor Outside Ontario

Outside Ontario, a clinical supervisor is an experienced practitioner of psychotherapy qualified to provide clinical supervision in their jurisdiction.

Note: An updated Definition of Clinical Supervisor will take effect on April 1, 2026.

Controlled Act

In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on their Certificate of Registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. See *Psychotherapy Act, 2007, Section 4.*

Currency Hours

Currency hours include a broad range of professional activities related to the practise of psychotherapy, such as:

- direct client work;
- record-keeping and preparation in relation to direct client work;
- professional development in psychotherapy;
- engaging in clinical supervision as a supervisee;
- conducting research or writing in the field of psychotherapy;
- supervising;
- teaching;
- managing;
- consulting; and
- other professional activities that impact the practice of psychotherapy.



Definitions

Date of Application

Date of application refers to the date on which a **completed** application (for registration) is submitted to the College.

Direct Client Contact (DCC)

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

Also included in direct client contact are:

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

The following are not considered direct client contact:

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

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

Grandparenting

Grandparenting was a time-limited, alternate route to registration for established practitioners in Canada. The grandparenting option was available for two years following proclamation of the *Psychotherapy Act, 2007*, and was designed for experienced practitioners whose competence will be assessed using a different set of criteria than regular applicants. This application route closed on March 31, 2017 and is no longer available.

Indigenous

Indigenous refers to Canada's First Nations, Métis and Inuit peoples.

Psychotherapy vs. Counselling

"The practice of psychotherapy is distinct from both counselling, where the focus is on the provision of information, advice-giving, encouragement and instruction, and spiritual counselling, which is counselling related to religion or faith-based beliefs." HPRAC: *New Directions*, 2006; Chapter 7, Regulation of Psychotherapy, p. 208.

CRPO does not regulate counsellors or counselling. However, psychotherapy and counselling can be highly interrelated.



Definitions

Safe and Effective Use of Self (SEUS)

One of the defining competencies of psychotherapy practice, safe and effective use of self, refers to the psychotherapist's learned capacity to understand his or her own subjective context and patterns of interaction as they inform his or her participation in the therapeutic relationship with the client. It also speaks to the psychotherapist's self-reflective use of his or her personality, insights, perceptions and judgments in order to optimize interactions with clients in the therapeutic process.

Psychotherapeutic traditions and practices related to the development of a psychotherapist's safe and effective use of self in the therapeutic relationship are diverse. Some applicants will have developed this competency while engaging in their own personal psychotherapy. Others will have taken courses that address use of self. These may include, for example, personal family history and dynamics, anti-oppression and diversity, power dynamics, relational boundaries, experiential practice as client or interpersonal relationship development. Others may have engaged in a guided and reflective Indigenous practice, such as the four directional way. For some practitioners, this competency may also be addressed in a particular form of clinical supervision.

Scope of Practice

The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication. See *Psychotherapy Act, 2007*, Section 3.