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# **What is the Controlled Act of Psychotherapy?**

## **Alternative Clarification Document**

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November 1, 2017

# Preamble

The purpose of this document is to provide clarity to the general public, potential clients, regulated providers, and unregulated providers about the controlled act of psychotherapy, as defined under the *Regulated Health Professions Act, 1991 (RHPA)*.<sup>1</sup>

The RHPA is the governing legislation for regulated health providers in Ontario. The Act identifies 14 “controlled acts,” which may only be performed by regulated health providers who are authorized to do so. Controlled acts are restricted because of the risk of harm associated with their performance by unqualified providers. The controlled act of psychotherapy is the only act that is defined by a narrative as opposed to an observable description of a procedure.

## Key Information

### What is Psychotherapy?

Psychotherapy involves communication between a client and health provider. This communication helps the client find relief from mental health concerns, find solutions to problems in their life, and change the ways of thinking and acting that are preventing them from working productively, functioning in daily living, and enjoying personal relationships. Psychotherapy could be complemented by other therapies (such as medication and counselling).

The most important factor for successful psychotherapy treatment is the quality of the relationship between the client and the provider. The client’s understanding of a proposed psychotherapy treatment plan is needed before they can fully participate in the relationship.

There are several treatment models and psychotherapy techniques available but most are time-limited and goal-focused. It is possible for a client to go in and out of psychotherapy throughout their journey to find relief from mental health concerns. The client’s understanding of psychotherapy is required in order for the client to provide “informed consent” to proceed with receiving psychotherapy.

### How Can Psychotherapy Help You?

Individuals usually seek psychotherapy when they have thoughts, feelings, or behaviours that are affecting their day-to-day living. These may be negatively affecting their work, school, and relationships — in effect, the ability to enjoy life. Individual and group psychotherapy treatment techniques and programs have been found to be of benefit in reducing unpleasant symptoms and relapse. Most psychotherapy techniques are evidence-based treatments that should help a client express previously suppressed feelings. The techniques should also allow clients to become aware of how certain thoughts, attitudes, expectations, and beliefs that contribute to their feelings and behaviours are negatively affecting their day-to-day living.

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<sup>1</sup> This document assumes that the controlled act of psychotherapy will be proclaimed.

Determining which provider is best for a particular client is challenging and depends on the needs of the client. A client who feels stuck in their job or in their relationships and wishes to improve their situation may seek the assistance of a life coach. Or, a client who often feels anxious or depressed may seek out the help of a psychologist. Ultimately, trust is the foundation of a good therapeutic relationship, and part of this trust involves the client knowing that what they say to the provider is confidential, and that they feel safe and in a supportive environment, free of judgement and discrimination, so that they can speak openly. As well, the client's knowledge and understanding of what psychotherapy entails and what they can expect throughout the treatment process supports the development of a strong therapeutic relationship and the success of the treatment.

The primary goal of psychotherapy is to improve the mental health of the client. Although clients who have a variety of conditions and diagnoses may benefit from psychotherapy, there are specific conditions and diagnoses for which psychotherapy has not been shown to have a positive impact, such as Alzheimer's disease, dementia, and other advanced cognitive impairments.

Providers may suggest a number of different psychotherapy techniques. There is evidence proving the effectiveness of both medication and psychotherapy<sup>2,3</sup> to treat mental health conditions and diagnoses, both individually and in a group setting<sup>4</sup> (i.e., group therapy), depending on the seriousness of the symptoms.<sup>5</sup> Psychotherapy may be just one of the simultaneous treatments or supports (e.g., medication, supportive counselling)<sup>6</sup> that a client receives.

## What is the Controlled Act of Psychotherapy?

Section 7(14) of the RHPA defines the controlled act of psychotherapy as: "Treating, 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 judgment, insight, behaviour, communication or social functioning."<sup>7</sup>

This document provides further clarification and examples of what the client and the provider should expect and do as part of the controlled act. The final section of this document also provides information on what is *not* considered the controlled act of psychotherapy.

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<sup>2</sup> Abbass et al. (2006). Short-term psychodynamic psychotherapy for somatic disorders: Systematic review and meta-analysis of clinical trials. *Psychotherapy and Psychosomatics*, 78, 265-274.

<sup>3</sup> Lambert & Ogles. (2004). The efficacy and effectiveness of psychotherapy. In M.J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.), pp. 139-193. New York: John Wiley & Sons.

<sup>4</sup> Beutler L.E et al. (2003). Therapist variables. In M.J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.), pp. 227-306. New York: John Wiley & Sons.

<sup>5</sup> De Maat S., de Jonghe, F., Schoevers, R., & Dekker, J. (2009). The effectiveness of long-term psychoanalytic therapy: A systematic review of empirical studies. *Harvard Review of Psychiatry*, 17, 1-23.

<sup>6</sup> Hollon, S.D., Stewart, M.O., & Strunk, D. (2006). Enduring effects for cognitive behavior therapy in the treatment of depression and anxiety. *Annual Review of Psychology*, 57, 285-315.

<sup>7</sup> S.O. 1991, c. 18.

Additional points to note include the following:

- Although many regulated and unregulated providers use psychotherapy techniques, a specified set of conditions that define a strong therapeutic relationship must exist for the controlled act to be practised.
- The controlled act of psychotherapy is a smaller aspect of the overall practice of psychotherapy.
- The RHPA includes an exemption for emergency situations; this exemption may not apply to the controlled act of psychotherapy, however, because the controlled act requires a sustained therapeutic relationship.

## Who Can Provide the Controlled Act of Psychotherapy?

Only members of six regulated colleges are allowed to perform the controlled act of psychotherapy:

- The College of Nurses of Ontario
- The College of Occupational Therapists of Ontario
- The College of Physicians and Surgeons of Ontario
- The College of Psychologists of Ontario
- The College of Registered Psychotherapists of Ontario
- The Ontario College of Social Workers and Social Service Workers (this college is not regulated under the RHPA, but is regulated under the *Social Work and Social Service Work Act, 1998*<sup>8</sup>)

All regulated providers who are members of the six colleges listed above are required to carefully assess the needs of the client and ensure that they (the providers) have the knowledge, skills, and judgement to provide the controlled act of psychotherapy. As well, only members of these colleges would be authorized to use the title “psychotherapist” (subject to the requirements of each college). Only members of the College of Registered Psychotherapists of Ontario are authorized to use the title “registered psychotherapist.”

The knowledge, skills, and competencies required for the practice of psychotherapy vary depending on the provider. For example, the College of Registered Psychotherapists of Ontario has a highly structured set of educational and competency requirements, including education from a recognized training program in psychotherapy, 30 hours of competency development in safe and effective use of self (SEUS),<sup>9</sup> 450 direct client contact hours, 100 hours of clinical supervision, and successful completion of the registration exam.<sup>10</sup> More information about the

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<sup>8</sup> S.O. 1998, c. 31.

<sup>9</sup> SEUS is normally included as part of an applicant’s education and training program.

<sup>10</sup> College of Registered Psychotherapists of Ontario. (2014). Professional Practice Standards for Registered Psychotherapists. Retrieved from <http://www.crpo.ca/wp-content/uploads/2014/02/CRPO-Professional-Practice-Standards-Approved-unedited-Jan29-14.pdf>

knowledge, skills, and competency requirements for providers<sup>11</sup> can be found on the colleges' websites.

## Why is Psychotherapy a Controlled Act?

There are many reasons a controlled act is restricted under the RHPA. Psychotherapy is restricted because there is a risk of harm to the client and, therefore, to the public at large. There are also concerns about the quality of care a client may receive, and the overall protection of clients.

### Risk of Harm

There is a risk of harm and potential negative impact on the client associated with the use of psychotherapy by providers who do not have the appropriate knowledge, skills, and judgement. Negative impacts on the client may include the client becoming dependent on the provider or feeling worsening unpleasant feelings, which could cause the client to engage in behaviours that cause harm to themselves, or to others.<sup>12,13</sup>

### Quality of Care

To ensure quality of care, providers of psychotherapy must fully understand the complexities, benefits, and possible negative outcomes of providing psychotherapy. By restricting the practice of the controlled act of psychotherapy to members of the six regulated colleges, providers are accountable for maintaining their knowledge, skills, and judgement, as well as ensuring quality of care and client safety.

### Client Protection

The regulated colleges provide the client with access to a formal complaints process, which can be accessed through each college's website.<sup>14</sup> This complaints process helps to hold providers accountable and helps protect clients against negative impacts of power imbalance between the

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<sup>11</sup> Information for child and youth services can be found in the Ministry of Advanced Education and Skills Development report, *Child and Youth Care Program Standard* (2014). Retrieved from <http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/humserv/60701e.pdf>

<sup>12</sup> Ladwig et al. (2014). What are the Risks and Side Effects of Psychotherapy? Development of an Inventory for the Assessment of Negative Effects of Psychotherapy (INEP). (English Version of) *Verhaltenstherapie*, 24:252–264. Retrieved from [https://www.karger.com/ProdukteDB/miscArchiv/000/367/928/000367928\\_sm\\_eversion.pdf](https://www.karger.com/ProdukteDB/miscArchiv/000/367/928/000367928_sm_eversion.pdf)

<sup>13</sup> Linden, M. & Schermuly-Haupt, M-L. (2014). Definition, assessment and rate of psychotherapy side effects. *World Psychiatry*, 13, 306-309. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4219072/>

<sup>14</sup> College of Physicians and Surgeons of Ontario. (n.d.) The Complaints Process. Retrieved from <http://www.cpso.on.ca/Policies-Publications/Make-a-Complaint/The-Complaints-Process>; College of Registered Psychotherapists of Ontario, Filing a Complaint About a Member. Retrieved from <http://www.crho.ca/home/complaints-and-concerns>; College of Nurses of Ontario. (n.d.). Make a Complaint. Retrieved from <http://www.cno.org/en/protect-public/making-a-complaint-public>; College of Occupational Therapists of Ontario. (n.d.). Retrieved from <https://www.coto.org/you-and-your-ot/questions-concerns-complaints/report-concerns-or-file-a-complaint>

client and the provider and professional misconduct of providers (such as sexual abuse, practising beyond their appropriate scope of practice, not meeting the requirements to provide psychotherapy, practising while not being capable of adhering to their responsibilities, etc.).

## How Do You Know When Psychotherapy is a Controlled Act?

It is important to understand that the *primary goal* of the psychotherapeutic relationship must be an improvement to the client's mental health. Although many regulated and unregulated providers use psychotherapy techniques, a specified set of conditions that define a strong therapeutic relationship must exist for the controlled act to be practised.

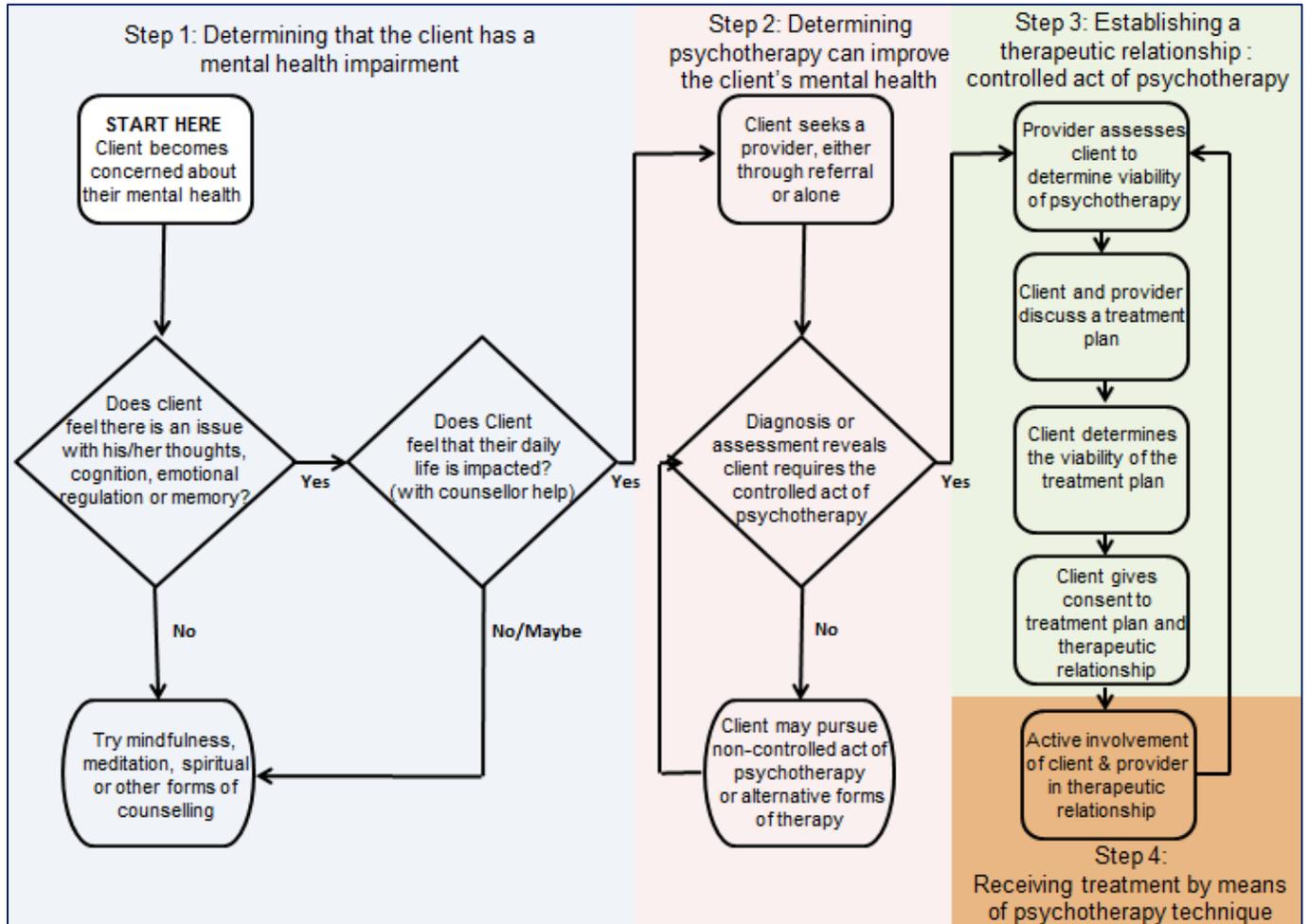
The client's journey toward the controlled act of psychotherapy includes the following four steps (these are further defined in the next section):

1. Determining that an individual has a mental health impairment that is affecting the individual's judgement, perception, and actions
2. Determining that psychotherapy could improve the client's mental health impairment
3. Establishing a therapeutic relationship between the client and the provider
4. Receiving treatment by means of a psychotherapy technique

The controlled act of psychotherapy occurs when a **therapeutic relationship**, which includes psychotherapy, is established between the client and the provider. This relationship is structured and includes a number of key elements, as outlined in the next section. Most importantly, the key elements of this relationship are observable by both the provider and the client.

# The Client's Journey and the Controlled Act of Psychotherapy

The flowchart below illustrates the journey of the client toward receiving the controlled act of psychotherapy.



# The Client's Journey Toward the Controlled Act of Psychotherapy

**Relevant section of the RHPA definition:** “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.”

## Step 1: Determining That an Individual Has a Mental Health Impairment That is Affecting the Individual’s Judgement, Perception, and Actions

The client is an equal partner and active participant in the journey to receive psychotherapy. The first step toward receiving psychotherapy, which may lead into the controlled act of psychotherapy, is the insight by the client that their mental health condition is affecting their life in some way. In some cases, the client’s friends, family members, or providers may be the first to recognize signs that something has changed and that the client may require professional supports.

The descriptors below are helpful in empowering the client to communicate their present mental health condition (disorder of thought, cognition, mood, emotional regulation, perception or memory, etc.) to another person, such as a friend, family member, or provider. It is at this point that the client may decide, with the assistance of a provider who is regulated or unregulated, that they require additional intervention, and may seek professional assistance to address their mental health condition.

### How Will the Client Feel or Act?

The client may experience behavioural changes that are affecting their day-to-day life in negative ways. The severity and impact may change depending on the client and their situation. There is no specific definition of what is considered “serious.” For some clients, a particular mental health condition may have a very significant impact on their daily life, while for others, this same condition may not have an impact.

These descriptions outline what clients may be experiencing. However, the experience may vary from person to person.

- **Thought:** Impairment in concentration, persistence, and pace. May include delusions, hallucinations, or unwanted or intrusive thoughts that distort an individual’s ability to discern different states, such as reality, fantasy, and imagination.
- **Cognition:** Persistent difficulty in understanding the meaning or importance of something, learning new things, concentrating, or making decisions.
- **Mood:** Prominent and persistent effective disturbance characterized by significant lows (diminished interest or pleasure in all, or almost all, activities) or significant highs (elevated, expansive, or irritable disposition).

- **Emotional regulation:** Persistent difficulty controlling emotion or emotional responses that do not appropriately fit the situation. May exhibit marked changes in moods or report difficulties with interpersonal relationships.
- **Perception:** Difficulty recognizing or making sense of sensory stimuli needed to understand, learn, or prompt a particular action or reaction; may be accompanied by diminished, exaggerated, distorted, or impaired response to stimuli.
- **Memory:** Difficulty storing and retrieving or recalling information about their abilities and previously experienced connections, sensations, impressions, information, or ideas.

The client may use words such as the ones below to describe to the provider the impacts of their impairment on their life:

- **Judgement:** The client finds it hard to make reasoned or responsible decisions. It is hard for them to anticipate or predict the impact of their actions on themselves or on others.
- **Insight:** The client has a hard time understanding when they have made a mistake. They have a hard time seeing how their mistake will result in a consequence. They may have a hard time recognizing how their behaviour is affecting them or those near them, such as family or friends. The client finds it hard to make a plan and stick with it.
- **Action:** The client's actions may be considered out of the ordinary by other people, including friends and family. For example, the client may walk around in a heavy jacket when it is very hot outside, or in inappropriate clothing when going outside of the house (e.g., pyjamas). The client may have been a very neat person but has stopped cleaning their house or has become dishevelled because they are not looking after their personal hygiene. The client may also engage in dangerous behaviours that may harm themselves or others who come into contact with them. For instance, the client may have thoughts of harming themselves, an animal, a child, or someone close to them.
- **Communication:** The client has a hard time communicating clearly in any language or following basic, step-by-step instructions. For instance, when someone tells the client something, it may be hard for them to understand the person. As well, the client may not clearly understand what someone else says (in any language) or get someone else to understand what they are saying or means (in any language).
- **Connecting with others:** The client has a hard time getting out of bed, eating regularly, or looking after themselves. For instance, the client does not take regular showers or change out of their clothes. The client has a hard time completing tasks that are assigned at school or at work. The client has a hard time connecting with friends and family like they used to.

## What Should the Provider Do?

In some cases, the individual may already be receiving supports from a provider, either regulated or unregulated. The provider may hear that the client is experiencing difficulties in their life, or may be observing the client's behaviour. The provider may discuss with the client their experience and may suggest that additional supports and treatment could be beneficial for the client.

For example, a client may have experienced a recent or previous traumatic event, such as a sexual or physical assault, violence, or the sudden loss of a loved one. The client may have sought immediate support from a range of providers, such as a grief counsellor, a crisis counsellor, or a sexual assault support worker. The counsellor, for instance, may be providing information to the client on how to find a shelter so that the client can get away from a dangerous situation and stabilize their situation. The counsellor may hear from or observe that the client is experiencing mental health impairments that are affecting the client's life. The provider may use their judgement along with input from the client to determine whether the client requires additional supports or treatment.

Based on the discussion with the client and understanding of the situation, the provider may:

- Continue to provide emotional and/or other supports to the client and monitor their progress
- Conduct further assessments to determine options for next steps
- Refer the client to a regulated provider who practices psychotherapy

## **Step 2: Determining That Psychotherapy Could Improve the Client's Mental Health Impairment and Functioning**

The provider would conduct assessments or diagnose the client (if diagnosing is within the scope of practice of the provider). An assessment is carried out differently depending on the setting and the provider (e.g., social workers use different assessment tools than do psychologists). Employment settings such as hospitals may also use specific assessments for clients in an emergency department or out-patient clinic.

There are several assessment tools (scales, questionnaires, inventories, etc.) targeted at specific ailments such as anxiety, depression, or eating disorders. An example of an assessment tool is the GAD-7, which is used to measure generalized anxiety disorder. Assessments can be used alone or in combination. During an assessment, a method such as a questionnaire, a scale (e.g., "From 1 to 5, how do you feel?") or an inventory might be used to determine the best psychotherapy technique to help with the client's mental health condition.

Under the RHPA, communicating a diagnosis is considered a controlled act and can only be performed by a small number of regulated health professionals, such as nurse practitioners, physicians, and psychologists. There are a number of diagnostic tools that providers utilize, such as the *Diagnostic and Statistical Manual, Fifth Edition* and the *International Classification of Diseases*.

Although psychotherapy can provide positive outcomes for a number of clients who have various mental health conditions, there are some conditions for which psychotherapy has not shown evidence to be effective. These include advanced cognitive conditions, such as Alzheimer's and dementia. For these conditions, the provider would recommend alternative treatments (e.g., medication) and may refer the client to other providers who are more qualified to treat these conditions.

## What Should the Client Do?

Once the client decides that they would like to take steps to improve their mental health, the client would:

- Continue to work with their existing provider (regulated or unregulated) to explore treatment options based on the provider's knowledge, skills, and judgement; or
- Seek a provider to discuss concerns and potential treatment options.

The client, on the provider's advice, would conduct various assessments to better understand their impairment. Many assessments may be self-administered by the client or be conducted by the provider, who asks the client questions about their symptoms, impairment, and experiences.

## What Should the Provider Do?

The provider's role is to conduct assessments or a diagnosis to determine whether the client can benefit from psychotherapy, and specifically the controlled act of psychotherapy. The provider would discuss with the client the purpose of the assessments and what the assessments would entail. The provider would also share the results of the assessment with the client.

Some providers, such as nurse practitioners, physicians, and psychologists, are legally allowed to communicate to the client a specific diagnosis of a mental health disorder (such as general anxiety disorder). All other providers are not legally permitted to communicate a diagnosis, but can describe the results of the assessments.

Based on the assessment or diagnosis, the provider will discuss with the client a recommendation for next steps. The recommendation may be that the client receive counselling, coaching, spiritual guidance, or other types of supports. The recommendation could also be that the client receive psychotherapy.

The provider should be aware of the following:

- During continued interactions with the client, the client may present symptoms or describe their condition such that it requires additional intervention beyond the knowledge, skills, and judgement of that provider (e.g., the rape crisis centre worker who is providing initial counselling to the client). If the provider does *not* have the knowledge, skills, and judgement to manage the level of impairment described by the client, then the provider must refer the client to an appropriate regulated provider.
- The provider, whether regulated or unregulated, has a responsibility under the *Mental Health Act*<sup>15</sup> to refer a client for a mental health assessment if the client expresses an intent to harm themselves or other persons and in the judgement of the provider meets the criteria for mental health assessment as set out in the *Mental Health Act*.

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<sup>15</sup> R.S.O. 1990, c. M.7.

## Step 3: Establishing a Therapeutic Relationship Between the Client and a Provider: The Controlled Act of Psychotherapy

**Relevant section of the RHPA definition:** “delivered through a therapeutic relationship.”

A therapeutic relationship between the client and the provider is the cornerstone of psychotherapy and is integral to the treatment. The *primary* goal of a therapeutic relationship is to improve the mental health and functioning of the client.

This relationship is formally established and structured based on the following:

- **The client’s full understanding of, and commitment to, the expectations and obligations of the proposed treatment plan:** The client will be required to complete assignments and record events between sessions with the provider.
- **The client’s informed consent to treatment:** The client will provide informed consent to receive the treatment discussed with the provider. The client can withdraw their consent at any time,<sup>16</sup> at which point the relationship would be ended. By consenting, the client agrees to enter a relationship with the provider to receive treatment and acknowledges that they will take part in the treatment plan. The informed consent requires that the provider educate the client on what the relationship and treatment would entail. The client’s full understanding also supports the development of trust and the client’s role as an active partner in the relationship.
- **Development and execution of a treatment plan:** The provider will work with the client to develop a treatment plan, including treatment options. The treatment plan will include:
  - the goals of the psychotherapy treatment
  - the type of psychotherapy technique(s) to be used
  - the activities expected by the client
  - the duration of the treatment
  - any risks involved in the treatment
  - the anticipated improvement as a result of the treatment
  - the frequency of appointments and method of interaction (in person, via telephone, or online)
- **Re-evaluation of the treatment plan:** The treatment plan and goals will be evaluated at regular intervals to assess whether a change in the treatment plan may be required; this could include being referred to another regulated or unregulated provider.
- **Conclusion of the treating relationship:** By providing consent to enter into a treating relationship with the provider, the client understands that the relationship will come to an end at a determined time as discussed with the provider. The conclusion of the

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<sup>16</sup> As part of informed consent, a client may leave the relationship at any time for a variety of reasons, including if they feel unsupported, uncomfortable, or disconnected with the treatment. Additionally, a client has the right to choose their provider.

relationship can happen when the client withdraws consent, or when either the client or the provider decide that they want to end the relationship.

**A provider is practising the controlled act of psychotherapy when psychotherapy is delivered through a therapeutic relationship that includes all of the above elements.**

### **What Should the Client Expect?**

The client is an equal partner in the therapeutic relationship. Because the therapeutic relationship is crucial to the success of psychotherapy, it is important that the client is comfortable with and trusts the provider. The client should consider whether they can build enough of a rapport with the provider to be able to make the relationship work. If the client is not comfortable with the provider, they can decide to end the relationship at any point.

The client should seek to understand fully what psychotherapy will entail, what types of treatments or techniques will be used, and what they will be expected to do.

### **What Should the Provider Expect?**

The provider should consider whether there is a good fit between the client and the provider so that a rapport can be established. If the provider does not think that they are the right fit for the client, the provider should inform the client and make a referral to another provider. The provider can decide to end the relationship at any point.

The provider should discuss with the client the knowledge, skills, and judgement that the provider has and how the provider will support the client. The provider should also educate the client on what psychotherapy is, what the psychotherapy technique(s) will entail, and what can be expected from the client to make the treatment effective.

The provider should be aware of the following:

- A therapeutic relationship is not formed when a provider shares information with a client. For example, counselling is an example of a short-term intervention in which the provider shares information with the client and provides supports.
- When a provider deals with a client with the primary purpose of stabilizing a situation (e.g., after a traumatic event), this should not be considered the controlled act of psychotherapy.
- The provider should advise the client that the client may continue current supportive relationships with other providers, in addition to receiving psychotherapy.

## Step 4: Receiving Treatment by Means of Psychotherapy Technique

**Relevant section of the RHPA definition:** “treating by means of psychotherapy technique.”

Although there are many psychotherapy techniques, there are just four broad treatment models (see table below).<sup>17</sup> These models include one-on-one and group treatments.

Type of Psychotherapy	Individual	Group	Family
<b>Cognitive/behavioural</b>	Cognitive treatment of depression Rational-emotive therapy	Group treatment of agoraphobia Assertiveness training groups	Behavioural marital/family
<b>Psychodynamic</b>	Psychoanalysis Focal Psychodynamic	Insight-oriented heterogeneous group therapy	Insight-oriented marital/family therapy
<b>Strategic/systems</b>	Uncommon therapy	Most heterogeneous group therapies	Structural family therapy Strategic family therapy Paradoxical family therapy
<b>Experiential</b>	Client-centred therapy Existential	Gestalt Psychodrama Most homogeneous group therapies	Experiential family therapy

It is important to note that psychotherapy may involve the use of a single technique as part of the treatment that a client may receive. However, psychotherapy may be combined with other treatments, such as counselling or medication, to help improve the client’s mental health condition.

Psychotherapists tend to focus their experience within particular groups of techniques. Although there are many techniques, each psychotherapist may only practise a small subset of those techniques for which they have the knowledge, skills, and judgement.

<sup>17</sup> Health Professions Regulatory Advisory Council. (2006). *Regulation of Health Professions in Ontario: New Directions*, c. 7. Retrieved from [http://www.hprac.org/en/reports/resources/New\\_Directions\\_April\\_2006\\_EN.pdf](http://www.hprac.org/en/reports/resources/New_Directions_April_2006_EN.pdf)

## **What Should the Client Expect?**

The provider will discuss with the client the best evidence-based therapeutic technique(s) to treat the client's mental health condition, based on the provider's knowledge, skills, and judgement to perform the technique. For example, the provider may choose cognitive behavioural therapy to help a client who has mild to moderate anxiety or depression. The provider may suggest a therapeutic technique, a combination of therapeutic techniques, or a combination of a therapeutic technique(s) and other treatment options, such as medication. The provider may also discuss how the client and provider would work together to identify whether the therapeutic technique used is successful and, if it is not, what alternative therapeutic techniques or other treatment options are available. If the provider determines that they are not trained in the type of technique that the client requires, the provider may refer the client to another provider.

At any time during the therapeutic process or client interaction with the provider, the client has the right to re-visit the treatment plan and discuss the suggested psychotherapy technique or request a change.

## **What Should the Provider Do?**

Each provider is trained in specific psychotherapy techniques. The provider will work with the client to explain the psychotherapy technique that is most likely, in their judgement, to best improve the mental health condition of the client. The explanation should address the following:

- What psychotherapy techniques can be provided
- The rationale for recommending this particular psychotherapy technique over others
- What the psychotherapy technique entails
- The anticipated results of this psychotherapy technique to improve the client's mental health condition
- Other types of treatments that could be considered in combination with this psychotherapy technique (e.g., medication).

If the provider does not have the required knowledge, skills, and judgement to perform the recommended psychotherapy technique, the provider will refer the client to another provider who does have the required knowledge, skills, and judgement.

# What is *Not* the Controlled Act of Psychotherapy?

The controlled act of psychotherapy does *not* apply in the following cases:

- Regulated or unregulated providers providing information, encouragement, advice, or instructions about emotional, social, educational, or spiritual matters where the goal in the relationship with the client is to provide support, information, and choices to the client for follow-up plans (this would include first point of contact after a mental health crisis following a traumatic event)
- Interactions whose primary goal is improvement for a client who does not have significant impairments such as a disorder of thought, cognition, mood, perception, emotional regulation, or memory that could negatively affect the client's judgement, insight, behaviour, communication, or social functioning
- Activities such as counselling, coaching, crisis intervention/management, motivational interviewing, information/advice and knowledge transfer, spiritual or faith guidance, rehabilitation aimed at helping an individual deal with symptoms of a medical illness, clinical follow-up, family counselling (including of family members), and psychological education intended to teach skills
- Interactions that do not include a defined treatment plan and implementation of a psychotherapeutic technique and a therapeutic relationship, as defined earlier in this document

For further clarity, the following terms are defined:

- **Coaching** is “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. Coaching supports personal growth based on self-initiated change in pursuit of specific, actionable outcomes.”<sup>18</sup>
- **Counselling** is an episodic encounter limited to providing assistance and support after making a preliminary assessment regarding a mental health concern to help a patient develop a follow-up plan involving linkages to community agencies or support networks; may include the controlled act of psychotherapy.
- **Crisis management** interaction is usually focused first on addressing the crisis; the therapeutic relationship is shorter term and the impairment is addressed once the person has stabilized.

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<sup>18</sup> International Coach Federation. (n.d.). Coaching FAQs. Retrieved from <https://www.coachfederation.org/need/landing.cfm?ItemNumber=978&navItemNumber=567>



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