



September 20, 2017

Thomas Corcoran

Chair

Health Professions Regulatory Advisory Council
56 Wellesley St W., 12th Floor
Toronto, Ontario
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Re: Input on the Controlled Act of Psychotherapy to HPRAC

Dear Mr. Corcoran,

The Ontario Association of Child and Youth Care (OACYC) is pleased to provide input to the Health Professions Regulatory Advisory Council to help to inform the response to the Minister.

The OACYC represents Child and Youth Care Practitioners (also known as Child and Youth Workers, Child and Youth Counsellors and Child Care Workers) in Ontario. As you may be aware, Child and Youth Care Practitioners (CYCPs) provide therapeutic intervention to the most vulnerable children and youth within our communities. Our practice unfolds within numerous settings including; child welfare, youth justice, health and mental health, special education, residential treatment facilities, addictions programs, and other community based agencies. CYCPs offer support through developmentally responsive relational practice using a variety of evidence informed models. As such, we are concerned about the Psychotherapy Act in Ontario and how it will impact our scope of practice and service delivery of these therapeutic models of care. Our scope of practice is unique and our work includes psychotherapy technique, however many Child and Youth Care Practitioners do not qualify for the College of Registered Psychotherapists of Ontario.

Our concern is that some of the therapeutic models of care, that CYCPs utilize within mental health and community settings, fall within the recent definition of psychotherapy as a controlled act put forth by the CRPO (in collaboration with the five colleges who regulate members authorized to perform the controlled acts). This definition, outlined in the document, *Understanding When Psychotherapy is a Controlled Act* (2016), identifies the controlled act as: “treating by means of psychotherapy techniques 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, behavior, communication or social functioning.”

The Ontario Association of Child and Youth Care (OACYC) has been requesting regulation for Child and Youth Care in Ontario for over 20 years. To date, our request has not been recognized and we remain an unregulated profession. Therefore, we fear the proclamation of the Controlled Act of Psychotherapy will negatively impact our ability to do the work we have been educated and hired to perform. This we believe will decrease service and increase risk to vulnerable children and youth.



1. In 2015, a Working Group consisting of five regulatory colleges¹ created a draft *Clarifying Document on the Psychotherapy Controlled Act*. HPRAC will be building on the excellent work of the Colleges. After reading this document (Attachment 2), do you feel that it clearly explains the Controlled Act? If not, why?

While we recognize the excellent work of the regulatory colleges, we do not feel that the Clarifying Document clearly explains the Controlled Act.

- I. “Treating” – Therapeutic interventions or techniques is a broad term that can be applied to many different interventions used by many different practitioners. This does not provide clarity.
- II. “By means of psychotherapy technique” – We believe that a list of recognised psychotherapeutic theories, models and frameworks and/or empirical evidence must be provided for all to understand this element of the controlled act.
- III. The final three elements in the description of the controlled act provide adequate information for the public and for practitioners.
- IV. When looking at this as a whole, there are gaps in the understanding and it is far reaching and all encompassing. This description, even with the understanding that all elements must be present, represents the work of many other service providers who may not view their work as psychotherapy or may view their work as informed by psychotherapy.
- V. This description does not clearly identify the specialty of the controlled act. Rather it is far too inclusive of the work that is being done by many. This does not capture the specific essence of psychotherapy and runs a risk of negatively impacting the scope of practice of other practitioners who are providing necessary and professional services in an ethical way to those who require them.
- VI. The inclusive description ends up being exclusive in that it could prevent service providers from doing the work they are trained to do.
- VII. There are also concerns about the controlled act and the five regulatory colleges. There are questions as to the specific qualifications of all members of the 5 regulatory colleges to practice the controlled act of psychotherapy.

¹ College of Registered Psychotherapists of Ontario (CRPO), College of Occupational Therapists of Ontario (COTO), Ontario College of Social Workers and Social Service Workers (OCSWSSW), College of Nurses of Ontario (CNO) and the College of Psychologists of Ontario (CPO)



2. What changes would you suggest be made to improve the Clarifying Document so that the public and other health care providers (regulated and unregulated) have a better understanding of it?

It would be to the benefit of the general public and other health care providers if a more full-some description of interventions that make up treatment and a list of recognised psychotherapeutic theories, models and frameworks and/or empirical evidence was provided for all to understand these elements of the controlled act. It requires more specificity and to clearly address the difference between counselling and psychotherapy. For example, counselling may be for more mild disorders where the counsellor would implement teaching and educational methods such as coping skills while psychotherapy is for more serious diagnosis such as personality disorders. There is significant overlap between counselling and psychotherapy that has not been addressed in the clarifying document and has left many questioning their understanding of psychotherapy technique.

Additionally, it is not clear if all members of the identified regulatory colleges would be automatically qualified as psychotherapists able to practice the controlled act. This leads to further questions about various levels of education in psychotherapy theory and technique. For example, we believe that Nurses may complete an Introduction to Psychology and a Developmental Psychopathology course. Does this qualify a Nurse to practice the controlled act? Does a Social Services Worker (SSW) have equal rights to do this work as a Social Worker? An SSW having completed a 2 year generalized diploma program, may not have the same basic education as a Nurse or Social Worker in psychology and psychodynamic theory. How qualified is a Family Doctor and can they practice the controlled act?

A Child and Youth Care Practitioner in Ontario has completed a postsecondary level of education. The BA CYC degree provides an Introduction to Psychology and a Developmental Psychopathology course. The CYC 3-year Advanced Diploma provides an Introduction to Psychology and a Therapeutic Interventions course that covers Psychodynamic Theory. Both provide additional training that is relevant to the practice of Child and Youth Care and the controlled act including group work, therapeutic programming, counselling and child and youth growth and development.

The clarifying document does not help the public or practitioners to understand how these professions are different and the reason that some are able to practice while others can not. Is it simply based on being a regulated profession or are there additional educational qualifications that some members of the colleges have that especially qualifies them? There is a need for more communication and a greater understanding.

The current expectations for registration with the CRPO seems to require a graduate level of education to become a registered psychotherapist and yet there seems to be some disparity in the requirements within the other 5 regulatory colleges included.



3. Should other health care providers, either unregulated or regulated and not members of the six colleges² who would practice the controlled act of psychotherapy if this section of the *Regulated Health Professions Act, 1991* (RHPA) is proclaimed, be allowed to practice the controlled act?

It is imperative that some unregulated and regulated service providers be able to practice the controlled act of psychotherapy when providing services to the public, after this section of the act is proclaimed. There are many service providers who are valued members of the health care team who provide this service as described in the current description in the clarifying document. If they could no longer practice the controlled act as you have defined it, their scope of practice would be diminished and services to the public would be negatively impacted. At the very least it could drastically increase wait times for services.

Many of the unregulated practitioners offer these important services at a reduced cost and not every mental health need requires a psychiatrist, a psychotherapist or a doctor. In fact, many other service providers may be more qualified and more appropriate to respond in certain situations such as in residential care or community based programs. The requirement for this to be provided by a member of one of the six regulatory colleges would put undue strain and pressure on the current system especially on budgets during a time of fiscal restraint and responsibility.

4. Are there conditions under which health care providers, either unregulated or regulated and not members of the six colleges who would practice the controlled act of psychotherapy if this section of the *Regulated Health Professions Act, 1991* (RHPA) is proclaimed, be allowed to practice the controlled act? If so, which health care providers and under which conditions?

Because public safety is the primary goal behind regulation, it would be necessary to identify clear circumstances for other service providers to be able to practice the controlled act.

Child and Youth Care Practitioners offer essential services to young people in our province. These practitioners are currently unregulated, however, their scope of practice could be viewed to include the controlled act as it has been described in your clarifying document. These practitioners offer services across the province, across Ministries, and across sectors. They are valued members of multi-disciplinary teams supporting vulnerable young people in the spaces where they live their lives. This service may not be initially identified as psychotherapy as it happens on the go, in the community, in the home and in the moments that matter to young people and their families. This service is provided during moments of crisis and during moments of celebration and recognition and during daily life events.

² This is in reference to the above five colleges plus the College of Physicians and Surgeons of Ontario (CPSO).



Child and youth Care Practitioners must be able to work within their full scope of practice to offer all of the services for which they are educated to deliver via our highly respected Postsecondary Education System in Ontario.

We believe that Child and Youth Care Practitioners should be able to practice the controlled act under the following conditions:

- I. They have completed a degree or advanced diploma in Child and Youth Care.
 - II. They work within the scope of practice of Child and Youth Care.
 - III. They are members of the provincial association which requires that they commit to a code of ethics and complete yearly professional development activities.
 - IV. Through their place of employment or through contract they engage in appropriate supervision.
5. The five regulated colleges, along with the College of Physicians and Surgeons of Ontario (CPSO) will be able to use the title “Psychotherapists” once the Controlled Act is proclaimed. How important is it that the title “Psychotherapist” be protected?’

Once the controlled act has been clearly defined we believe it is important that the title “Psychotherapist” is protected. Exempt practitioners will have no need to identify their services as being psychotherapy as they will be performing their duties as set out by their own scope of practice.

Any other comments?

The proclamation of this controlled act as currently described in the clarifying document would have a serious and negative impact on mental health services to young people in this province unless exemptions are provided to those who are providing necessary, ethical, educated and valuable services every day across sectors. The result is likely a serious disruption in service delivery as Child and Youth Care Practitioners are no longer able to do their jobs, the jobs they were trained to do at Ontario Colleges and Universities. Resulting issues could include the closing of programs, vulnerable and high risk children and youth will be placed at an increased risk, the termination of employment of some of our experienced, valued, and established staff, and an increase in wait times. Additionally, this will affect budgets due to the cost of hiring new differently trained staff members who will require additional professional development to ensure they can perform some of the work of the professional Child and Youth Care Practitioner. The needs of children are different and we must ensure that a full range of services are available and are provided by different practitioners with different specialties, requiring different remuneration.



Child and Youth Care Practitioners are engaged in providing services to children and youth in many ways including the controlled act. We are aware of situations in the past six months in which job postings have been changed to require a regulated professional to do the work of Child and Youth Care Practitioners because of their regulated status, and despite their lack of some of the necessary training and education to provide the best supports in these environments. The holistic approach to mental health services currently in place, which should be expanding, will be at risk.

At a time when we should be increasing services, this situation will in fact decrease available support to children who are already waiting far too long for urgent mental health services. This will impact service provision in hospital settings, schools, youth justice services, community service programs and residential care facilities which will likely then put additional pressure on the children's mental health system.

We ask at this time for more clarity about the controlled act and about the qualifications of all of those who are eligible to practice it. We ask that members of the OACYC who have met our specific educational requirements, committed to our code of ethics for Child and Youth Care Practitioners, working within the scope of practice as outlined by the OACYC and the Canadian Council of Child and Youth Care Associations, be exempt from this act as we pursue our own college to legislate our work. Let's work together to ensure that all of those who have trained in Ontario to be valuable team members in the provision of mental health services to our young people can continue to provide these services in a timely and meaningful way.

We invite you to refer to our report *Safeguarding the Other 23 Hours: Legislation of Child and Youth Care Practice in Ontario*. http://oacyc.org/attachments/article/65/Safeguarding_FINAL_WEB_VERSION.pdf

Sincerely,

Christine Gaitens
President of the Board of Directors of the OACYC

Michelle Shelswell
Vice President of the Board of Directors of the OACYC