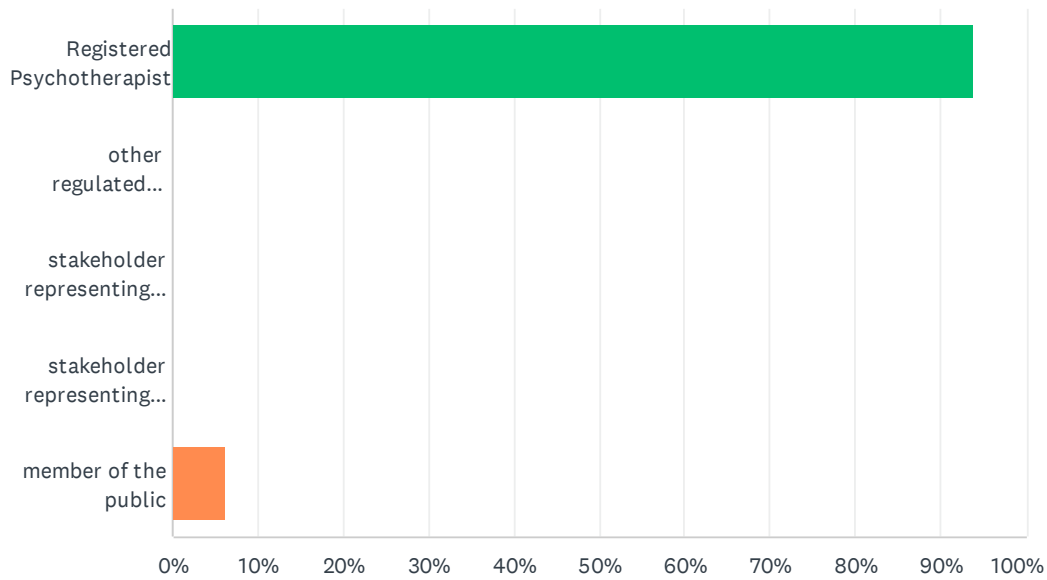


Q1 Are you a:

Answered: 16 Skipped: 0

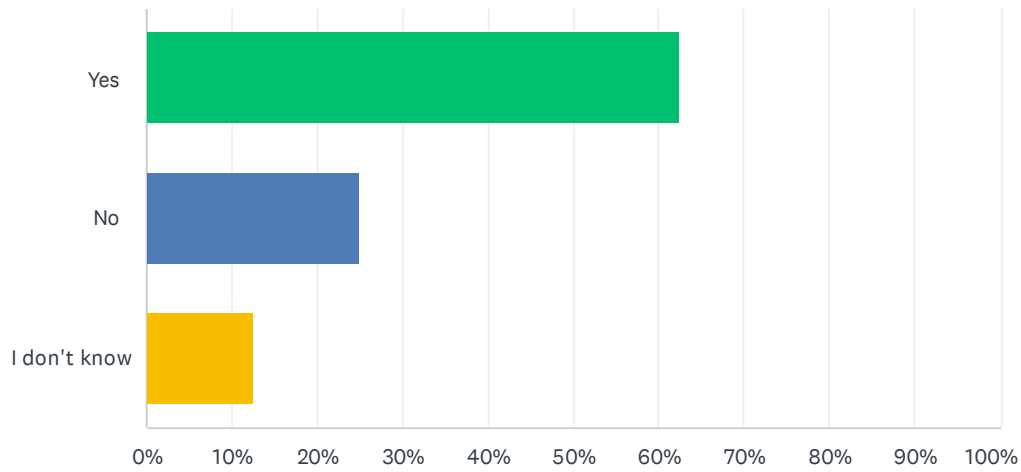


| ANSWER CHOICES | RESPONSES | |
|---|-----------|----|
| Registered Psychotherapist | 93.75% | 15 |
| other regulated professional | 0.00% | 0 |
| stakeholder representing a professional organization | 0.00% | 0 |
| stakeholder representing a service-providing organization | 0.00% | 0 |
| member of the public | 6.25% | 1 |
| Total Respondents: 16 | | |

| # | OTHER (PLEASE SPECIFY): | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q2 Do you support the draft Clinical Experience for Registration policy?

Answered: 16 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|----|
| Yes | 62.50% | 10 |
| No | 25.00% | 4 |
| I don't know | 12.50% | 2 |
| TOTAL | | 16 |

Q3 Please provide your comments here (optional):

Answered: 10 Skipped: 6

| # | RESPONSES | DATE |
|----|---|--------------------|
| 1 | As a supervisor I understand the need for more individual supervision at the beginning phase of practice. However, I would like CRPO to acknowledge the big financial burden that the high requirement of individual supervision hours places on new practitioners who usually don't have a vibrant practice. Most psychotherapists still build private practice which is a slow and costly process. I would suggest that CRPO consider other supervision formats such as small groups of 3 - 5 participants as part of the clinical supervision to allow for some financially less burdensome options of supervision to be developed. I do not feel that learning in a group of three or four would be less deep and important than individual sessions. | 7/25/2020 4:16 PM |
| 2 | This is an extremely valuable and necessary clarification; I can only imagine how frustrating it may be for someone to submit hours and find that they do not qualify towards registration. Regarding single session services being excluded from accepted activities: I wonder if this could be re-examined? Single session therapy can be longer than a typical therapy session and psychotherapeutic interventions can and do take place within these sessions. | 7/21/2020 7:44 PM |
| 3 | The policy as presented is in inaccessible language. Perhaps an annotated or plain-language version would help the general public (and professionals who are not trained in policy) clearly understand the policy and changes that are being suggested. | 6/29/2020 9:22 AM |
| 4 | both surveys seem to be titled the same - clinical experience - my feedback is meant for the recognition survey - I do not agree that a master's degree is necessary. It is time that the College think about 2 categories if they believe it is necessary. A psychotherapy program or a post grad certificate program is fine. Also, for supervision, I do not think it is necessary for a Registered Psychotherapist but rather someone who is a registered professional in a discipline that is authorized to practice the act of psychotherapy with significant psychotherapy experience | 6/1/2020 8:35 PM |
| 5 | CRPO's policies and requirements are becoming too complex, difficult to understand and too many in numbers. It is hard to keep up with what is acceptable and what is not. CRPO is becoming too focused on regulations and moving away from actual psychotherapy. CRPO still doesn't have other categories of registrants as per other professional colleges (i.e. registered mental health therapists). | 6/1/2020 9:58 AM |
| 6 | I strongly disagree that single session therapy is outside the controlled act of psychotherapy. I know the rationale is because single session is considered to not involve a therapeutic alliance and transference/countertransference, but this is against the literature and evidence based practice which clearly outlines the benefits for clients, and the skill of the therapists in quickly developing a therapeutic alliance. In my opinion, this is a very narrow view of therapy, and one that is not in alignment with emerging research and practice. In addition, I believe this policy privileges clients who can pay for therapy or who have access to benefits through work, as many clients access community resources for therapy and this often involves single session approaches. I believe the College should consider the research and reconsider their stance on single session counselling. | 5/31/2020 11:51 PM |
| 7 | Too complicated. | 5/29/2020 7:18 PM |
| 8 | Would have been nice to have the whole policy presented in 1 format, rather than looking here and there. What does "HPARB" stand for. All other defined in the document. | 5/29/2020 2:56 PM |
| 9 | I support 95 percent of the draft. My concern comes from the more firm number of hours of supervision per DCC hours. The reality of the job market where I live is that many organizations do not provide supervision for free. Where I currently work, I had to seek supervision on my own and pay out of my own pocket. With my caseload and the rate I was paying my supervisor, I was paying 2000\$ a month. For a new grad, this is simply not feasible. I would recommend a loosening of the hours ratio. | 5/29/2020 12:09 PM |
| 10 | I feel it would also be helpful for the College to note whether a member with full RP (i.e., not | 5/29/2020 11:36 AM |

Public Consultation: Draft Clinical Experience for Registration policy

RP-Qualifying) status is licensed for independent practice on their certificate/listing for public clarity.
