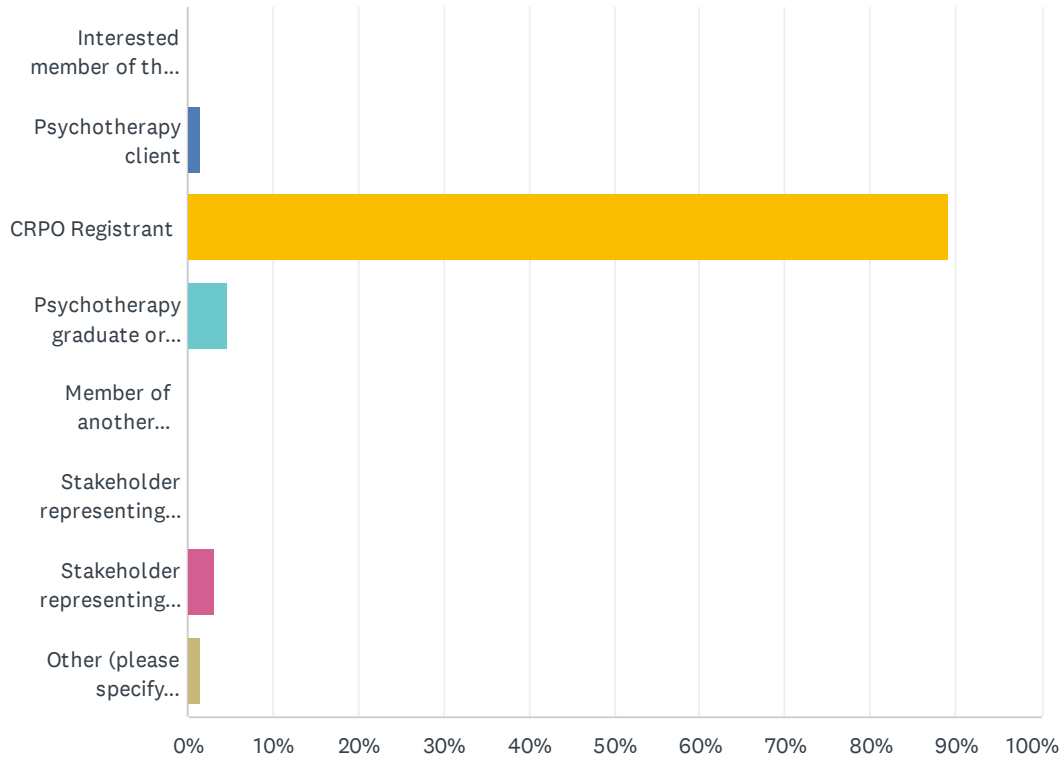


## Q1 I am:

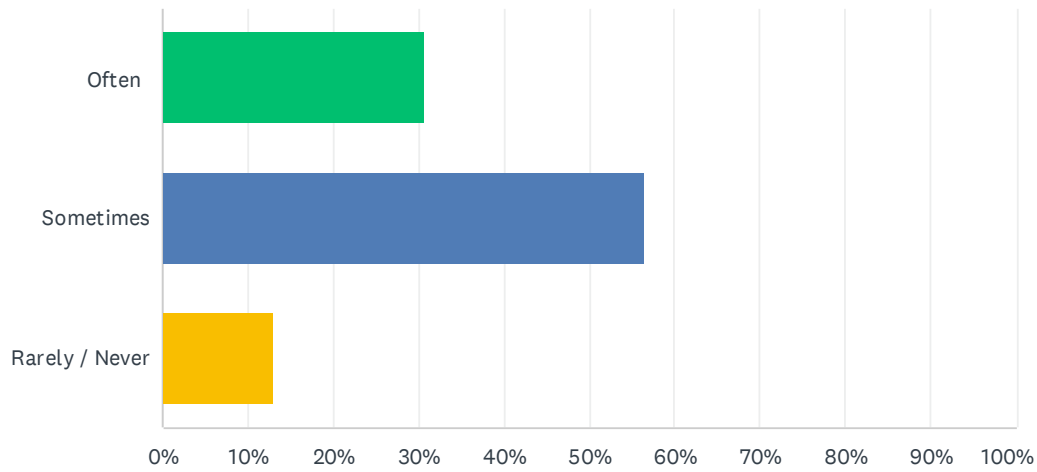
Answered: 64 Skipped: 0



ANSWER CHOICES	RESPONSES	
Interested member of the public	0.00%	0
Psychotherapy client	1.56%	1
CRPO Registrant	89.06%	57
Psychotherapy graduate or student	4.69%	3
Member of another regulated health profession	0.00%	0
Stakeholder representing a professional association	0.00%	0
Stakeholder representing a service providing organization	3.13%	2
Other (please specify affiliation)	1.56%	1
<b>TOTAL</b>		<b>64</b>

## Q2 How often do you access the standards?

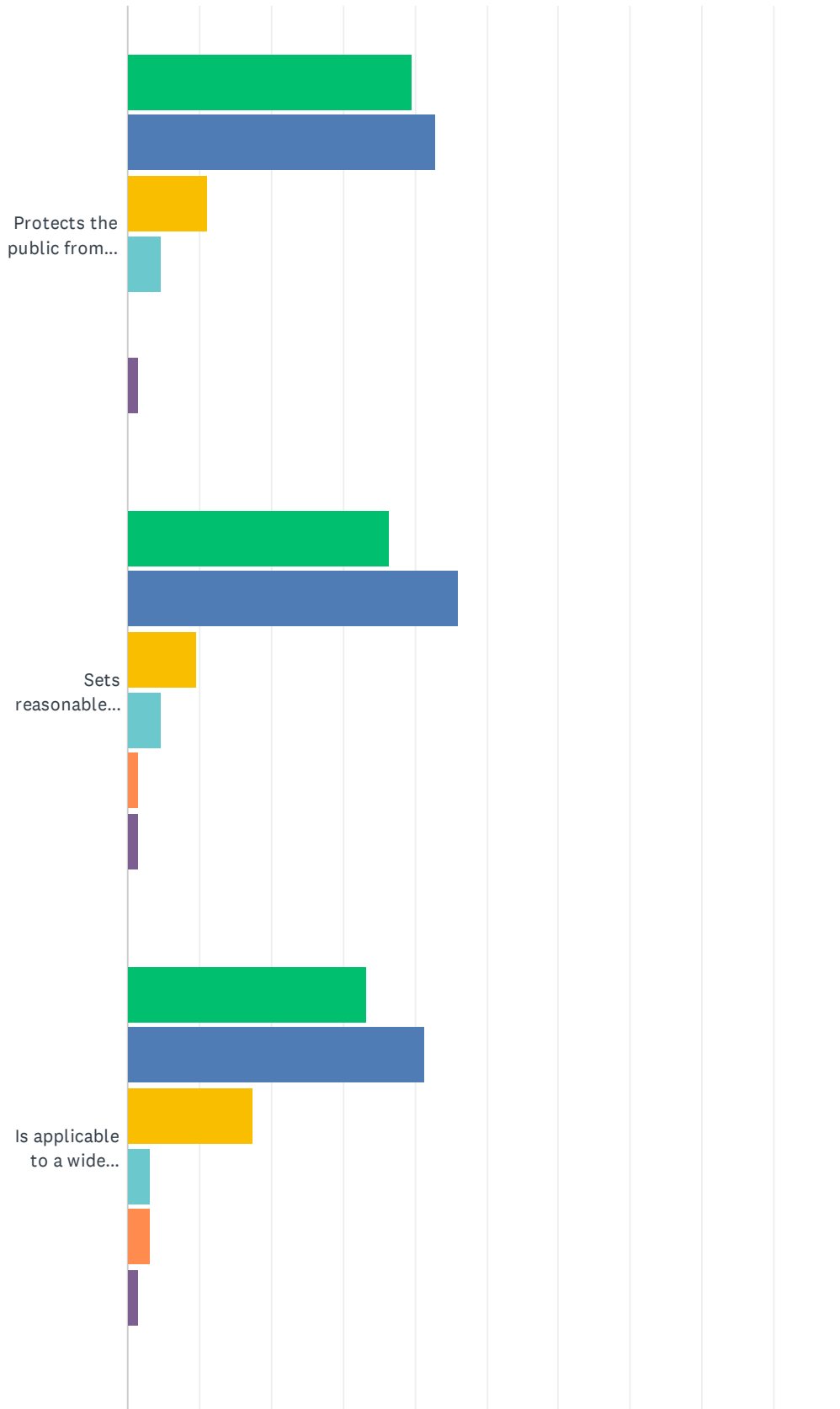
Answered: 62 Skipped: 2



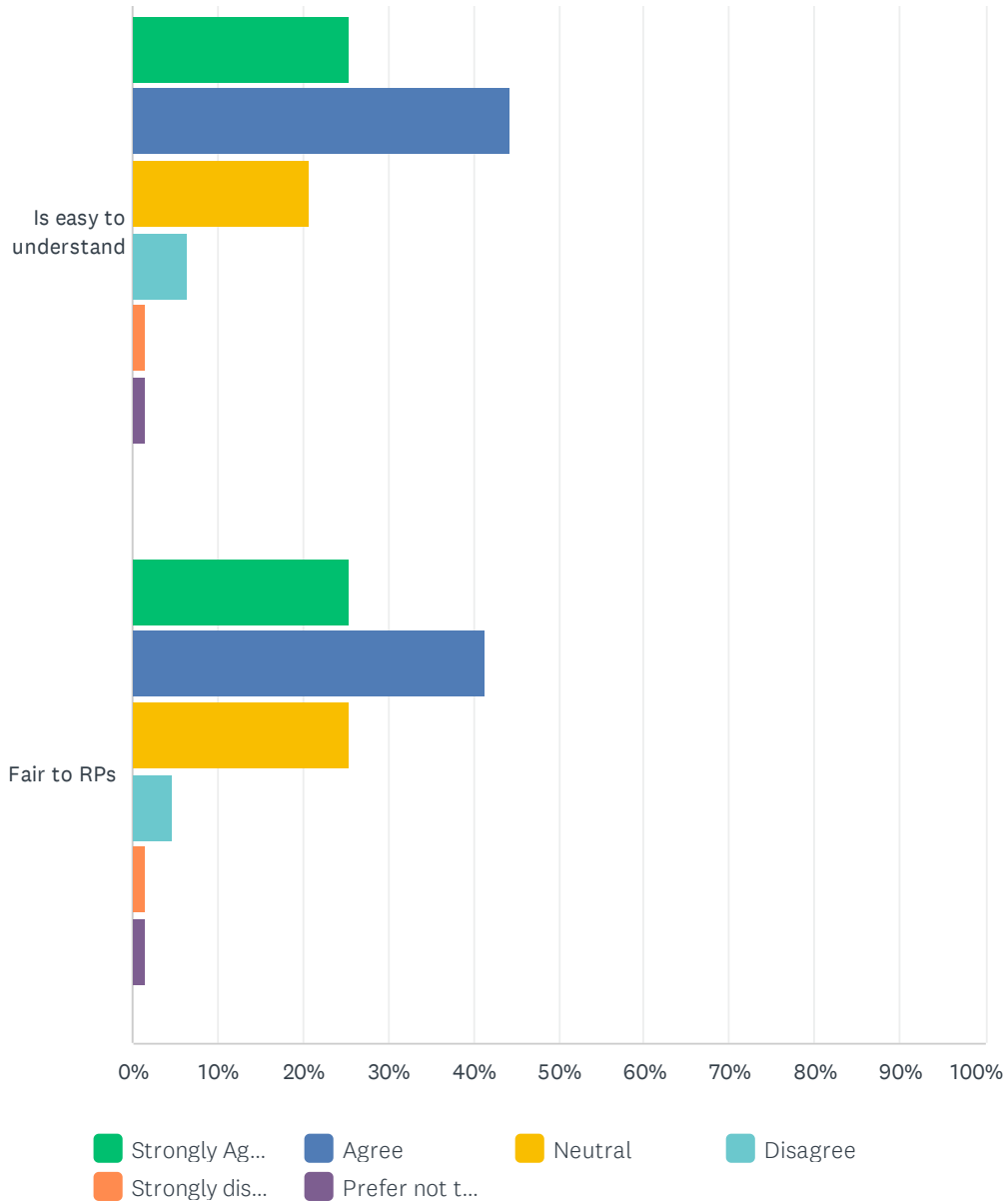
ANSWER CHOICES	RESPONSES	
Often	30.65%	19
Sometimes	56.45%	35
Rarely / Never	12.90%	8
<b>TOTAL</b>		<b>62</b>

### Q3 Indicate how the draft revised standards meets the criteria below:

Answered: 63 Skipped: 1



## Professional Practice Standards: Public Consultation



	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	PREFER NOT TO ANSWER	TOTAL	WEIGHTED AVERAGE
Protects the public from harm	39.68% 25	42.86% 27	11.11% 7	4.76% 3	0.00% 0	1.59% 1	63	1.81
Sets reasonable minimum expectations for the profession	36.51% 23	46.03% 29	9.52% 6	4.76% 3	1.59% 1	1.59% 1	63	1.87
Is applicable to a wide variety of practice settings	33.33% 21	41.27% 26	17.46% 11	3.17% 2	3.17% 2	1.59% 1	63	2.00
Is easy to understand	25.40% 16	44.44% 28	20.63% 13	6.35% 4	1.59% 1	1.59% 1	63	2.13
Fair to RPs	25.40% 16	41.27% 26	25.40% 16	4.76% 3	1.59% 1	1.59% 1	63	2.15

## Q4 Is there any specific feedback you would like to provide on the standards as a whole, or on specific standards?

Answered: 29 Skipped: 35

#	RESPONSES	DATE
1	Inadequate time has been given for a proper review of the revisions, and this request for feedback comes over the summer months. Six months for the review would be appropriate, and not over July and August. It is unethical to confirm the revisions with significant (and potentially controversial) components left incomplete, as is the case here. The revisions should be put on hold until the federal government acts to bring psychotherapists fully in line with psychologists and social workers (as the CCPA continues to promote). How can the CRPO committee find further regulation acceptable when the requisite recognition as health professionals fails to follow?	9/19/2023 7:57 AM
2	The revised version is missing data from the original such as supervision hours. Also, there is inconsistency in regard to bartering. Standard 6.1.6 says not to barter but below under Equity and Forms of Payment suggests otherwise. That is confusing and especially so when utilizing these standards for the CBA. Also, it would be difficult to look at two sources of standards when writing the CBA. As a result, I have summarized both into one document.	9/18/2023 5:36 PM
3	The Revised standards are very comprehensive and thorough. The commentary sections are extremely helpful.	9/16/2023 7:57 PM
4	General Love the simplified language in the section titles. Standard 1.5 Along with the expansion of conduct to include online conduct, it would be helpful to have examples of online conduct that would be considered "conduct unbecoming a registrant". Standard 3.7 When will the revised section 3.7 be available for review? How much additional time will be provided for review of the updated section 3.7 before the standard document is finalized and published? Standard 4.1 Is the College amenable to providing a template or example document for the newly mandated written clinical supervision agreement? This could be added to the existing Clinical Supervision Records Checklist. Standard 6.3 Some clarification on how to reconcile Standard 6.3 with Standard 2 (Competence) and the previous Standard 3.7 would be helpful. For example: if a client is seeking treatment for gender dysphoria or issues related to gender identity, and the therapist has no training or experience in this area, would citing a lack of competence and referring the client to a qualified therapist constitute refusal of treatment?	9/16/2023 1:09 PM
5	Comments on these 3 proposed changes: 1.8.3 Expansion: I imagine if you're in a small community, this might not be realistic. And, generally, it might not even be foreseeable / known to you (and therefore, maybe not realistic either). 6.2.2 and "Testimonials, Reviews and Endorsements " are still not clear enough about if a psychotherapy advertising website with practitioner profiles uses star ratings, is it permitted or not to for a member to choose to advertise on this type of a website? Further clarity on this (rather than a lack of clarity) might be very helpful to members, so they don't have to guess. 6.4 Contingency planning. Options should be provided for assistance with identifying an appropriate designate if this is a challenge for a registrant, such as if an RP or other RHP offers this service to other members, the College could perhaps have this information on hand upon request, or the College could collaborate with professional associations to have this information on hand upon request.	9/16/2023 10:28 AM
6	I am grateful for the work that has gone into this important document as we continue to evolve as a College	9/14/2023 4:55 PM
7	The revised standards are reasonable.	9/8/2023 12:12 PM
8	Overall, excellent revisions. A few minor queries: 1.2 & 6.2: Would holding oneself forth in advertising one's practice as "Jo Smith, MD" where one has that degree (from another jurisdiction) but is not practising medicine in violation of the standard? 1.4: Does waiting, post-graduation and post-submission, for the CRPO to respond to one's registration application count positively as being "in the process of fulfilling the requirements to become registered with the CRPO"--and therefore able to practice with clinical supervision? 4.2: Does the expectation of weekly/bi-weekly supervision apply to relatively new practitioners with fewer	9/4/2023 10:54 AM

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than four DCC hours per week? 4.2: Would it be clearer to say that "When required clinical supervision hours have been completed, registrants should continue to meet with their supervisor on a regular basis" ("should" inserted)? 5.1: The intention of expanded inclusion is welcome. That said, if clients request their clinical records including session notes, is it the burden of the registrant to translate them into English or French at the client's request? Further, many/most supervisors may be unwilling to provide clinical supervision where the entire clinical record is not available in a language in which the supervisor is fluent. Have supervisors been consulted on this change?

9	I am happy to see more detailed commentary re: bartering, block fees and discontinuation of therapy. Also, the list of documents to be included in a clinical record is helpful. Generally, I find this draft easier to read and understand and feel confident that supervisees/new therapists will have an easier time to wrap their heads around the standards.	8/16/2023 7:18 PM
10	Thank you for updating this!	7/29/2023 9:47 AM
11	I think issuing when the changes would take effect and when it's expected to be 'officially' updated. This updated version would be really helpful to have finalized for new RP's and those intending on taking the exam to support their preparation.	7/28/2023 11:20 AM
12	Two things. First of all, these are a vast improvement overall so thanks for that. Second, 6.3, discontinuing services. . .there is a category of circumstance, for instance, if a therapist wishes to shift the modality they primarily work in, that does not allow for discontinuance with current clients. I am thinking in particular, if a therapist practices in a longer term modality, where the end point is more nebulous and sometimes clients are reluctant to let the relationship go. There is often an argument for continuing benefit, but the benefit may be small. So, the therapist isn't obligated to discontinue, it isn't a useless therapy. However, if the therapist wishes to shift to less client hours or change from primarily individual to primarily couples, or change from psychodynamic to somatic practice like EMDR, are they obligated to keep these clients where the benefit is minimal? It seems strange that a competent referral to another therapist wouldn't be sufficient to address client well being in this case. This is tricky because I think there is an assumption in the profession that we can tell definitively when we are "done" with the work. In practice, that line is very blurry for many modalities and can be argued either way. A client may not be able to "complete" their work unless they move on to someone new, but if they don't see it that way, must we continue to be bound to them for a logarithmically reducing benefit and also thwarted in what the therapist may want to do in their practice? No easy answers here but I think it's worth thinking about, since you have done so much other thinking here.	7/27/2023 4:47 PM
13	The preoccupation with inclusivity complicates the application of the standard. Everything is subject to prejudice, which takes away communication's simplicity and spontaneity.	7/26/2023 3:26 PM
14	Compared to the RSW/MSW, I would choose their registration for practice. They do not need to demonstrate the same yearly professional development, high fee and provide the supervision hours etc. The RP standard seems to be an inequitable money gauge plus RPs in management roles cannot practice the same amount of hours as demanded. In short, the RP status is not in line with other colleges in the mental health profession, it is blind to RPs in various roles and the fees and updated educational proof is too high.	7/23/2023 8:33 AM
15	none	7/21/2023 4:55 PM
16	Once a student has graduated they should be able to drop the Qualifying status but still get supervision until the hours are met.	7/19/2023 11:21 PM
17	I think that standards of practice, particularly entry into the profession needs to be raised. It looks like that this is slowly being done. Too much time is being taken to raise standards of practice.	7/19/2023 10:14 PM
18	Not reading 93 pages	7/19/2023 5:49 PM
19	Na	7/19/2023 5:14 PM
20	I like that the language used is more accessible and neutral for registrants, great update! Professional practice standards can be challenging, but I appreciate the CRPO's dedication to figuring out solutions and making things clearer when possible.	7/19/2023 5:12 PM
21	no	7/19/2023 4:34 PM
22	I would like to see a companion document that lays out the CRPO's parallel responsibilities,	7/19/2023 4:17 PM

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including promoting the profession to the public so they may make informed decisions about their mental healthcare choices.

23	the document could include guidance regarding patient holidays length/duration versus patient's expectation for keeping same day, time of consultation	7/19/2023 4:14 PM
24	The experience of having a complaint made against me by a client and how CRPO dealt with me was shocking and traumatic for me. Having been a therapist for 52 years and belonging to other colleges i did not imagine that i would have been subjected to such a brutal process. I am writing a more detailed statement about my experience to submit . This happened 18 months ago and i had hoped that that time and supervision and therapy would help me make peace with the process. However I now feel greater clarity that the complaints procedure with CRPO was unacceptable to me. If i did not need the CRPO credentials for my therapy work I would surrender my membership.	7/19/2023 4:07 PM
25	Counsellors who work in the 24 Ontario colleges, such as myself, provide a varied and unique service and limited psychotherapy. I believe the standards are have limited applicability to our setting, and I do not think CRPO represents our interests.	7/19/2023 4:07 PM
26	I find the fees for CRPO is inappropriate especially with the impact of the pandemic and comparatively to other colleges and for what we receive. There are many disgruntled CRPO folks. There needs to be more transparency for the funding formula and wages for employees etc.	7/19/2023 3:30 PM
27	The 30 day time line to respond to the CRPO should mimic the 30 day time limit to provide a report (ie give some latitude for an extension of time is this is resonably needed) so that there is no immediate finding of professional misconduct when the registrant is unable to respond in time for no fault of their own.	7/19/2023 3:29 PM
28	Removing HST from psychotherapy as essential.	7/19/2023 3:19 PM
29	I am grateful for all the CRPo does for its members.	7/19/2023 3:05 PM