

By Canada Post and Fax to: 416 874-4079

College of Registered Psychotherapists of Ontario (CRPO)
163 Queen Street East, 4th Floor
Toronto ON M5A 1S1

Dear Sir/Madam:

I am the co-founder of the Stop Psychotherapy Takeover (SPT) group, seeking answers to the matter of natural treatments, counseling and spiritual care to be 'regulated' by your College if the 14th *Controlled Act* is proclaimed.

Both MPP Monty Kwinter and the Ministry of Health and Long-term care have referred us to your College for answers to our questions.

Please note that in the past when an SPT supporter requested clarification regarding the psychotherapy-related legislation that affects their livelihood and personal liberties with threats of a prison sentence and massive fine, the Registrar of your organization failed to answer even one of the questions posed, but implied that association with SPT and its effort to protect our constitutional rights should be condemned.

We therefore respectfully request that your response to this letter does not contain further insinuations that free association with SPT has any bearing on one's right to truthful and full disclosure, or that Ontarians are required to disclose their associations with groups as a precondition to being provided full disclosure and complete answers by the College of Registered Psychotherapists.

Please note our opinion that it is a violation of your duty to be clear and transparent with the public that, to date, you have not answered in any of the communiqués that were brought to our attention, certain legitimate questions posed to your office by unregulated practitioners. In fact, we have observed that instead, in some cases, your organization has provided misleading responses.

For instance, because the *controlled act of psychotherapy* clearly impacts all practitioners, except those from the 6 authorized professions, CRPO had an obligation to clarify the controlled act's implications and CRPO's role as its future enforcer, should it ever be proclaimed, and to do so in detail for practitioners. You had, and continue to have, an obligation to fully declare the impact of not only the *Psychotherapy Act*, but the *Regulated Health Professions Act (RHPA)* that contains the offensive 14th *Controlled Act*.

As you are aware, many regulated and unregulated practitioners and spiritual care counselors have tried to discern under which exact conditions they will be at risk of prosecution, if the 14th *Controlled Act* is proclaimed. According to public documentation, the Colleges whose members

are authorized to engage in psychotherapy if the 14th *Controlled Act* is proclaimed, also await clarification.

We are aware that the CRPO President and Registrar have attended meetings with Ministry staff and representatives of the five colleges whose members are authorized to engage in the 14th *Controlled Act of Psychotherapy*, in order to “ensure that its meaning is transparent”. We are aware of CRPO’s statement that “*elaboration of the controlled act is likely to take the form of interpretative guidelines*”. Clearly, CRPO’s interpretation of the threat posed to some 10,000 non-drug practitioners can be expected to be ever-changing, subjective and without notice provided to affected Ontarians.

In the Registrar’s Messages in CRPO’s 2012/13 Annual Report, and again in its 2014/15 Annual Report, it is stated “*From the day it first appeared in draft legislation, the controlled act of psychotherapy has caused a lot of head-scratching. It’s a bit of a conundrum, to say the least ...*”

And, according to attendees at CRPO’s June 2015 council meeting, we understand Registrar Joyce Rowlands personally stated that

- 1) some involved in the recent exclusive meetings with the Ministry staff and other colleges feel the wording of the 14th *Controlled Act* is flawed,
- 2) the term 'serious disorder' is 'very problematic',
- 3) she considers clarification of the 14th *controlled act* a 'daunting task', and
- 4) she feels that clarification can be completed by the end of 2015 *only if those involved put their minds to it* .

At the same CRPO council meeting, an attendee expressed concerns about CRPO’s potential reliance on the lists of ‘psychotherapy approaches’ published in reference dictionaries of psychology. Her concerns were dismissed with the confusing comment that reference materials written by psychologists are not applicable to Ontario’s psychotherapy legislation.

The sincerity of CRPO’s claim of transparency when viewed in the context of such a cavalier response to an extremely important question is called into serious question given that:

(a) the typical dictionary definition of psychotherapy is that it is a ‘psychological approach or psychological intervention’,

(b) the Transitional Council of the College, for the approximately 9 years of its existence, has been manned largely by Psychologists or those associated with the psychology profession, and even now CRPO’s Vice-President is a psychologist “*currently employed as Professional Practice Leader (Psychology) for St. Joseph’s Health Care, London... registered with the College of Psychologists since 1981... has worked in the field since 1974... a former President of the Ontario Psychological Association...*”

(c) psychologists and psychiatrists were considered the primary stakeholders while documentation shows that psychotherapists themselves were not included in discussions as stakeholders, and

(d) at the same June 2015 council meeting it was made explicitly clear that CRPO fully intends to use the 'psychiatrists' Bible' (DSM-5) as one of the means of defining 'serious disorders'... the same reference material used by psychologists.

We further understand that there are to be no public consultations about the impact on personal liberties and livelihoods of thousands of practitioners, and that the 'stakeholders' are exclusively psychiatrists/MDs, psychologists, registered psychotherapists, nurses, social workers and occupational therapists.

Obviously, there are legitimate concerns about how the public is expected to have the required clarity on the precise meaning of this psychotherapy-related legislation, in order to avoid jail time and/or massive fines, given that:

(a) the presumed experts involved in these psychotherapy-related legislations, who have already had years to consider the issue, need at least six additional months to organize an agreement amongst themselves, *and*

(b) the CRPO plans to produce only 'interpretive guidelines' rather than lists that precisely delineate the problematic terms such as '*psychotherapy technique*' and '*serious disorder*'. Those of us not in the inner circle of this matter cannot be expected to understand the many contradictory and questionable documents we have acquired as we try to resolve this issue and remain lawful. Thus the many questions posed below.

CRPO has publicly accused the SPT movement of disseminating false information, without explaining precisely what this allegedly false information is. I trust that you will now take this opportunity to fulfill your duty to SPT and the 14 million Ontarians affected by all psychotherapy-related legislation, by disclosing the requested information that is vital to thousands of holistic, traditional, energy, natural nutrition, counseling, and health and wellness practitioners and spiritual care workers, their clients, and anyone who may attempt to help another with mental, emotional, thinking, reasoning, social functioning or cognitive issues in the province of Ontario – and that you do so without further delay.

Please be so kind as to answer the following questions chronologically in the order numbered. Please do not defer to the Minister of Health or MPPs, as they have already deferred responsibility for responding to our questions to you.

Please avoid answering with the comment '*...as long as the practitioner does not engage in the controlled act of psychotherapy...*', since it is clear that unless everyone understands clearly what activities constitutes psychotherapy in the opinion of the College, the muddied waters in

this affair will continue to cause much unwarranted distress to some 10,000 holistic practitioners and spiritual care workers and their millions of clients.

Should I have imperfectly framed a question or neglected to ask a question that would bear full disclosure of the information all practitioners and Ontarians require, please provide full disclosure nevertheless.

1. On the CRPO website, you indicate that the Stop Psychotherapy Takeover (SPT) information is incorrect and misleading? Please specify exactly what information SPT has provided that is incorrect or misleading, where it was found and in what manner it is incorrect or misleading.
2. Is it a correct understanding that presently only two parts of the *Psychotherapy Act* can be enforced by the College, but if the *controlled act of psychotherapy* is proclaimed, the *controlled act of psychotherapy* will also be enforceable by the College?
3. In 2006, the then Minister of Health and Long-Term Care's Advisory Council recommended that Ministry staff develop and maintain a database of unregulated practitioners. Please advise if the College now has, as part of its duties, the task of keeping this database updated? If so, please forward a copy of the database of unregulated practitioners as of today's date. If not, please advise where this database is kept.
4. Does the College presently have access to, or have knowledge of, a database or list of those practitioners it believes are engaged in the *controlled act of psychotherapy*? If so, please provide details (i.e. How was this list developed? Who is responsible for this list?). Please forward a copy of the list maintained by the College of all persons it believes are presently in violation of the controlled act of psychotherapy and who are at risk of receiving a cease-and-desist order and/or prosecution, if the *controlled act of psychotherapy* is proclaimed.
5. Will the College be investigating and enforcing the *controlled act of psychotherapy*, if it is proclaimed, by using the above-mentioned database of unregulated practitioners in any way? If so, please explain so that we can understand what role the database will play in your enforcement process regarding the *controlled act of psychotherapy*, if proclaimed.
6. Various documentation from the OAMFT assured its members that becoming a Registered Psychotherapist was essential to ensuring the protection of the earned title "Family Therapist". However, the title "Family Therapist" is not a title protected by the legislation. Please clarify why the statements by OAMFT Board members, who

coincidentally were sitting at a per diem rate on the Transitional Council of the CRPO, are not reflected in the legislation or College regulations.

7. According to the President of the Canadian Reiki Association (CRA) in her newsletter to CRA members, the Minister of Health staff and the Transitional Council of the CRPO assured her that none of the psychotherapy-related legislation, including the controlled act of psychotherapy if it is proclaimed, apply to Reiki practitioners.

Please advise if this information is correct and if it is, please provide the supporting documentation that can be relied upon by Reiki practitioners if the *controlled act of psychotherapy* is proclaimed.

If the CRA newsletter information is unreliable or incorrect, please explain why it is so and how Reiki practitioners are affected by the *controlled act of psychotherapy* if it is proclaimed.

8. According to the National Guild of Hypnotists (USA), their lobbyist was able to secure an agreement with the Transitional Council that the psychotherapy-related legislation would not affect their Ontario hypnotist members if those members adhered to the Guild's new Standards of Practice and Terminology, which included such things as referring to depression as sadness and hypnosis services as motivational coaching by means of hypnosis, and coping skills training. Please provide the documentation and specific details about this agreement, and specify exactly what aspects of hypnosis services would not be in violation of the controlled act if it were proclaimed and why. Please also specify exactly what hypnosis-related services would be in violation of the controlled act.
9. We have been told that spiritual care workers associated with the Catholic or Protestant Churches are exempt from the *controlled act of psychotherapy* if it is proclaimed, but that all other faiths and spiritual care workers are not exempt and must be a 'registered psychotherapist' to engage in the spiritual care of others. Please confirm or deny this information.
10. If you confirm that the information as outlined in the question above is incorrect and that Catholic and Protestant faith-based spiritual care providers are not exempted from the *controlled act of psychotherapy* if it is proclaimed, please advise if pastors and ministers of the Catholic and Protestant faiths must become 'Registered Psychotherapists' before engaging in spiritual care of others lawfully if the controlled act is proclaimed.
11. From the *Ontario Human Rights Code* “,,,(the Code) provides for equal rights and opportunities, and freedom from discrimination. The Code recognizes the dignity and

worth of every person in Ontario and applies to the areas of employment, housing, goods, facilities and services, contracts, and membership in unions, trade or professional associations.

*In Ontario, the law **protects everyone from discrimination and harassment in these areas because of mental health disabilities and addictions.** This includes past, present and perceived conditions."*

From the Code:

Services

1. Every person has a **right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.** R.S.O. 1990, c. H.19, s. 1; 1999, c. 6, s. 28 (1); 2001, c. 32, s. 27 (1); 2005, c. 5, s. 32 (1); 2012, c. 7, s. 1

*...**disability**" means,*

(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

*(b) a **condition of mental impairment** or a developmental disability,*

(c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

*(d) a **mental disorder**, or*

(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; ("handicap"

9. No person shall infringe or do, directly or indirectly, anything that infringes a right under this Part. R.S.O. 1990, c. H.19, s. 9.

Please advise how a member of the CRPO would avoid violations under the Ontario Human Rights Code if they were to insist on the client being given a diagnosis, or refusing mind-body-spirit treatment of their choice, by a practitioner of their choice because the CRPO regulations require all clients to be diagnosed and treated in medical facilities where mind-body-spirit treatments are not available?

Please advise how, if the controlled act were proclaimed, an unauthorized professional would avoid violations under the Ontario Human Rights Code if they were to insist on the client being treated by an authorized professional instead of the mind-body-spirit practitioner the client prefers and with the treatment the client wishes?

12. From ON Human Rights Commission:

*The **Accessibility for Ontarians with Disabilities Act** (2005) says goods and services must be provided in a way that respects the dignity and independence of people with disabilities, which includes people with mental health disabilities and addictions. It is discriminatory to deny a service to someone with a mental health disability or addiction simply because of their disability. Goods, services and facilities could be public or private and include:*

“disability” means...

.(d) a mental disorder, or..

Please advise how, if the controlled act of psychotherapy were proclaimed, an unauthorized professional would avoid violations of the AODA if the goods and services provided by a mind-body-spirit practitioner were denied someone suffering a disability, mental disorder or who simply prefers non-medical approaches to health?

13. From the *Canadian Human Rights Act*: *“The purpose of this Act is to extend the laws in Canada to give effect, within the purview of matters coming within the legislative authority of Parliament, to the principle that all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability or conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.*

Discriminatory Practices

Denial of good, service, facility or accommodation

5. It is a discriminatory practice in the provision of goods, services, facilities or accommodation customarily available to the general public

(a) to deny, or to deny access to, any such good, service, facility or accommodation to any individual, or

(b) to **differentiate adversely** in relation to any individual, on a prohibited ground of discrimination.

Millions of Canadians prefer and pay-out-of-pocket for healthcare treatments, and in fact feel that natural treatments unavailable from conventional medical professionals gives them the quality of life they seek.

Please advise how an unauthorized mind-body-spirit professional would avoid violations of the *Canadian Human Rights Act* if the goods and services they could provide were denied someone suffering a disability, mental disorder or who simply prefers non-medical approaches to health, given that unauthorized professionals would be prohibited from providing the desired services and goods under the controlled act?

14. According to the College of Naturopaths of Ontario, Professional Practice Policies, PPO4.0, page 2 :” *No Alternatives: There are no known alternatives to vaccinations that accomplish that which a vaccination does and a member should offer no alternative therapy.*”

Please advise if this restriction applies to ALL unauthorized professionals if the controlled act is proclaimed?

Please also advise if a member of CRPO would be restricted from discussing alternate therapy to conventional vaccinations with their clients?

Please advise if a member of CRPO would be restricted from discussing current affairs and information on vaccinations with their clients, including but not restricted to CDC revelations, Health Canada approvals of homeopathic vaccines, Vaccine Court Awards and so on?

15. According to the *Health Care Consent Act*, a practitioner is obligated to ensure that all AVAILABLE information is provided to the client/patient in order that ‘fully informed consent’ is obtained.

According to the CRPO’s Professional Practice/Jurisprudence Manual, page 21, a member must provide all available information to the client in order to obtain their consent to treatment: “*It is necessary that the client understand what s/he is agreeing to. The Member must provide information to the client before asking the client to give consent, and must respond appropriately to client requests for additional information. (See Section 2, The Concept of Informed Consent, p.22.)*”

Please advise if there are any subjects, information, or news items that a CRPO member is not permitted to discuss with a client, including alternatives to conventional vaccinations and psychiatric medications, such as mind-body-spirit therapies?

Also, please advise how the withholding from a client of all available information on vaccines, psychiatric medications, mental health diagnoses, genetically modified and chemicalized foods and so on would not cause the CRPO member or any other

practitioner, authorized or unauthorized, to be in violation of the *Health Care Consent Act*, if the controlled act were proclaimed?

16. According to CRPO's Professional Practice/Jurisprudence Manual, page 21—Be Voluntary and No Misrepresentation or Fraud, clients must be given accurate, factual information and opinions based in truth and fact.

Please advise how a Member can stay in compliance with this regulation and the *Health Care Consent Act* if they are required by the CRPO to refer a client to a conventional medical practitioner for a diagnosis and conventional treatment, when a less invasive mind-body-spirit approach is desired by a client and available (Dec 19/2014 CRPO website communiqué)

Professional Practice Standards

17. On December 19, 2014, the CRPO's website communiqué in regards to trained healthcare providers stated *"It is worth noting that Registered Psychotherapists will be required to refer such clients to more appropriately trained health care providers, if the Member concerned lacks the knowledge, skill and judgment to care for such a client."* Please specify exactly what a 'trained' healthcare provider is considered skilled at?

18. The *Authorized Act, Section 4* states: *"In the course of engaging in the practice of psychotherapy, a member is authorized, **subject to the terms, conditions and limitations imposed on his or her 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. 2007, c. 10, Sched. R, s. 4."*

Please clearly explain what the 'terms, conditions and limitations' are that are imposed on a certificate of registration with the CRPO.

19. Does the CRPO consider it a violation of their Professional Standards if a CRPO member holistically educates a client who wishes to have a wide-range of information on vaccines, and psychiatric medications, including that released by Health Canada, CDC, FDA and other authorities and/or present and former employees of such agencies?
20. The CRPO's Entry-to-Practice Competency Profile for Registered Psychotherapists states that an RP is able to:

1.3 Integrate knowledge of comparative psychotherapy relevant to practice.

- a Integrate knowledge of key concepts common to all psychotherapy practice.*
- b Recognize the range of psychotherapy practised within the province of Ontario.*
- c Integrate knowledge of psychopathology.*
- d Recognize the major diagnostic categories in current use.*
- e Recognize the major classes of psychoactive drugs and their effects.*

Please explain precisely what is meant by ‘comparative psychotherapy relevant to practice’.

What are the ‘key concepts’ considered to be common to all psychotherapy practice and how has the CRPO arrived at the decision that these ‘key concepts’ are common to all psychotherapy practice?

What is the ‘range’ of psychotherapy practiced in Ontario? Please be explicit.

What is meant by ‘integrate’ knowledge of psychopathology? Specially, what is psychopathology and what knowledge is an RP to have about this subject?

Does the reference to ‘*d. Recognize the major diagnostic categories in common use*’ mean that all RPs must be trained or acquire training in psychiatric diagnoses?

If all RPs must be trained in psychiatric diagnoses, must they also be prepared to diagnose their clients?

Does the reference to ‘*e. Recognize the major classes of psychoactive drugs and their effects*’ mean that all RPs must be trained in pharmacology?

If all RPs must be trained in pharmacology, must they also be prepared to prescribe drugs to their clients, at the present time or in the future?

If an RP’s training and background is in Spiritual Care and other mind-body-spirit approaches to wellness that do not subscribe to diagnoses and psychoactive drugs, is that RP required to become proficient in both in order to meet the CRPO’s Competency Profile?

If the answer to the above question is yes, please advise how much time is granted for such members to acquire the skills and knowledge to recognize diagnoses and psychotherapy drug effects.

21. From the CRPO's Professional Practice & Jurisprudence for Registered Psychotherapists June, 2013, we learn at pages 17 and 18 that an RP must diagnose a client and must refer clients to conventional medical treatment. This would suggest that if the client sought a non-medical treatment approach such as mind-body-spirit treatment, that such a client must be redirected to that which he/she has not chosen? Please confirm or deny that this is the case and if you deny this is the case, please explain why the scenarios provided suggest that there is only one approach to health and wellness.
22. Further to Questions 20 and 21, is it the CRPO's position that self-reporting by a client, especially in the case of addictions, should not be relied upon, but that instead the DSM should be the final word on what treatment is appropriate for the client?
23. On Page 22, CRPO Professional Practice and Jurisprudence Manual: *"Alternatives: If there are reasonable alternatives to the intervention, the client must be told."*

Are there restrictions, if the controlled act is proclaimed, as to what alternatives the client can be informed about, such as about mind-body-spirit approaches that do not require diagnoses or medications to provide good effect, even if they are available only from unauthorized professionals?

Naturopaths are not permitted to discuss or suggest any alternatives to conventional vaccinations, even though Health Canada itself has approved as safe and effective, some 20 homeopathic vaccines (College of Naturopaths of Ontario, Professional Practice Policies, PP04.0, page 2 :*" No Alternatives: There are no known alternatives to vaccinations that accomplish that which a vaccination does and a member should offer no alternative therapy."*).

Please advise how these unauthorized practitioners would not be in violation of the *Health Care Consent Act* by withholding such information from their clients?

24. Is it a violation of the *RHPA*, the CRPO regulations, or of any other regulations for a member practitioner to treat a client anonymously if that client/patient requests such anonymity? If so, please explain the reason?

25. What importance does a Masters degree or the equivalent play in the competent and effective provision of mind-body-spirit treatments? Please be detailed.
26. Are the Professional Practice Standards for Registered Psychotherapists (approved by Council January 15, 2014) an all-inclusive list of standards that all Registered Psychotherapists will be required to follow, regardless their training and background?
27. Many, if not all, of the holistic approaches used by holistic, energy, hypnosis, spiritual care and traditional practitioners are now deemed 'psychotherapeutic approaches' in the various professional Dictionaries of Psychology. Will the College provide a separate scope of practice for those modalities of healing that do not require conventional training, a Master's Degree or equivalent, and which are not, or cannot be, used concurrently with conventional treatments? If not, why not?
28. If there are no separate scopes of practice for Reiki, Hypnosis and Hypnotherapy Services, Body Therapies, Energy Therapies, various counseling types, Natural Nutrition approaches and Holistic Education, and if these are all deemed 'psychotherapeutic techniques' by the College, or if they will be in the future, then please explain how practitioners of such approaches can stay in compliance with Psychotherapy Standards of Practice and regulations while remaining a member of your College?
29. Is a registered psychotherapist obligated to disclose to his/her client that they are providing service in accordance with the professional practice standards set out for Registered Psychotherapists by the College, and not necessarily of their modality... eg. spiritual minister, family therapist, marriage counselor...?
30. Are Family Therapists permitted to provide services entirely within the scope of practice of family therapists and in keeping with their training and experience, or must they adhere to the scope of practice of a Registered Psychotherapist and acquire training as a psychotherapist?
31. According to the co-author of the DSM IV, Allen Frances, there is no scientific evidence (objective laboratory measures) to support any DSM mental illness diagnosis, yet CRPO's Entry-to-Practice Competency Profile for Registered Psychotherapists states that "*at entry-to-practice the RP is able to... recognize the major diagnostic categories in current use.*" Which diagnostic categories are Registered Psychotherapists required to recognize and what scientific evidence would they rely upon to recognize such conditions?

32. Given that CRPO's Entry-to-Practice regulations require a member to be proficient in recognizing diagnostic categories in current use, would they also require a member to be skilled in the assignment of those diagnoses?
33. Is a spiritual care practitioner who is a 'Registered Psychotherapist' obligated to disclose to their client that they are a 'Registered Psychotherapist' and not exclusively a spiritual care provider?
34. If the controlled act is proclaimed and a Registered Psychotherapist does not have the skills or knowledge in the mind-body-spirit treatment required or requested by their client, will they be permitted to refer that client to a qualified non-member practitioner, especially if their client either does not wish to be treated by a qualified Registered Psychotherapist or there are none available who are skilled in the required/requested treatment?
35. Are Registered Psychotherapists required to be skilled in mind-body-spirit therapies and required to recognize when a client is best served by such treatment? If not, why not?
36. Under what circumstances may a Registered Psychotherapist refer a client to an unauthorized practitioner?

Techniques

37. The APA Dictionary of Psychology, 2006, and the APA Dictionary of Clinical Psychology, 2013, contain lists called 'Psychotherapy and Psychotherapeutic Approach Entries' (see attached). Are the approaches listed in these dictionaries a true reflection of what the College considers to be psychotherapeutic treatments and/or techniques? If not, why not?
38. On page 9 of CRPO's 2012/13 Annual Report, it was stated that CRPO had been asked to create a list of psychotherapeutic techniques and had refused to do so because it is not CRPO's role to 'write the textbook on psychotherapy'. Therefore, please provide all pre-existing lists of those specific techniques and approaches that the College will rely upon for determining if a practitioner is using a 'psychotherapeutic technique' in their practice, especially if the *controlled act of psychotherapy* is proclaimed. It would not be helpful to have vague terms, such as 'treatment' or 'listening' or 'counseling'.
39. Please also provide the names of all textbooks and other reference materials that CRPO will rely upon when determining if a practitioner is using a 'psychotherapeutic

technique’, and all relevant definitions, lists and other passages contained therein.

40. Please provide complete disclosure of all materials that CRPO will rely upon in determining which techniques are psychotherapeutic and which ones are not, since the College has advised practitioners that it is up to them to determine if they are in violation of the law.

41. We are aware that the College has held that it will not be defining the term ‘psychotherapeutic technique’ (or any other key terms in the 14th *controlled act*). However, the College is obligated to disclose its own ‘working definitions’, and to use clear, consistent and specific criteria in its assessments as to whether a practitioner is engaged in psychotherapy.

Please provide CRPO’s current ‘working definition’ for determining if a practitioner is using a ‘psychotherapeutic technique’ in their practice, especially if the *controlled act of psychotherapy* is proclaimed.,

As well, please provide the CRPO’s and its predecessors’ ‘working definitions’ that were used when conducting research identifying practitioners in the broader health and social service sectors whose work may involve the controlled act (as referenced on page 9 of CRPO's 2012/13 Annual Report).

It would not be helpful to receive vague terms, such as ‘treatment’ or ‘listening’ or ‘counseling’ as a response.

42. Does CRPO plan to alert Ontarians if and when any ‘working definitions’ used by CRPO are changed in any way? If so, by what means will CRPO do this?

43. Please advise what specific aspects of counseling work *would* constitute ‘psychotherapy’.

44. Please advise what specific aspects of counseling work *would not* constitute ‘psychotherapy’.

45. Will a treatment of a client with a ‘serious disorder that may seriously impair;’ by means of energy transfer and balancing, including Reiki treatments and/or any parts of energy treatments, when performed by an individual not authorized by the 14th *controlled act of psychotherapy* constitute a violation of the controlled act if proclaimed? If so, which aspects of these treatments will do so and in what way?

46. Will the holistic education of a client on issues regarding holistic healthcare and/or natural nutrition, constitute, in whole or in part, a violation of the *controlled act of psychotherapy*, if proclaimed, when performed by an individual not authorized under the 14th *controlled act of psychotherapy*, and if so, which aspect of holistic education of a person requesting such service does so?
47. Does the act of providing natural nutrition services and dietary recommendations and advice by a practitioner who is not one of the authorized professionals, constitute, in whole or in part, a violation of the *controlled act of psychotherapy* if it is proclaimed, and if so, which aspects of natural nutritional services will do so?
48. Holistic education is defined in already-mentioned psychology dictionaries as a psychotherapeutic approach. Will holistically educating clients by means of written articles, training videos and so on, when done by a practitioner who is not one of the authorized professionals, be considered a violation of the *controlled act of psychotherapy* if it is proclaimed?
49. If the *controlled act of psychotherapy* were proclaimed and if holistic education were deemed by the College to be an act of psychotherapy, would publishers (who are not one of the authorized professionals) of holistic educational material, dietary supplementation advice and advertisements for energy-based, hypnosis-based and body and mind therapies also be considered to be violating the controlled act?
50. Presuming that all of the approaches and treatments utilized by unauthorized holistic, traditional, hypnosis, energy and nutrition-based, and spiritual care practitioners are deemed by the College to be 'psychotherapy' if the *controlled act of psychotherapy* were proclaimed, would advertising of such services in various media in Ontario also constitute a violation of the *controlled act of psychotherapy*, and if so, why?

'Serious' and the act of Diagnosing

51. The CRPO's Entry-to-Practice Competency Profile for Registered Psychotherapists states that an RP is able to '*d Recognize the major diagnostic categories in current use.*'

Is it the CRPOs position that the only correct and acceptable means an RP has of treating a client is by diagnosing, referring for diagnosis and/or referring to conventional medical practitioners, even if the client does not wish conventional medical approaches?

52. Is it the CRPO's position that a lack of diagnosis of a client together with a mind-body-spiritual treatment of such a client who seeks such treatment from an RP is unacceptable and will be prosecutable if the controlled act is proclaimed?
53. With regards to Professional Practice & Jurisprudence for Registered Psychotherapists June, 2013, and specifically the scenario presented on page 18 regarding a client being diagnosed with a serious drinking problem, is it the CRPO's position that self-reporting and self-assessment by the client is not sufficient, but instead that a medical professional must decide the severity of the problem before the RP can treat that client?
54. Are Registered Psychotherapists required to be competent in diagnosing addiction clients before it is deemed that the RP is competent to assist that client with an addictions issue? If so, please advise how an RP would demonstrate competency in diagnosing addiction.
55. If a member of the College is not competent in assigning diagnoses, what is the specific protocol that a member must follow to stay in compliance with the psychotherapy-related legislation?
56. If the client of a Registered Psychotherapist does not wish to have a diagnosis, what protocol must a Registered Psychotherapist follow to remain in compliance with the legislation?
57. If a client receives a diagnosis and does not agree with the diagnosis, what is the protocol that must be followed by an RP?
58. Is a Registered Psychotherapist obligated to disclose to his/her client when they are assigning a diagnosis to the client? If so, when must the disclosure be made?
59. Please provide the criteria the College will rely upon to determine if a practitioner's client has a 'serious disorder'.
60. What is the protocol to be followed if a client does not feel their issue is 'serious'?
61. Will the College deem all diagnosed conditions 'serious' for the purposes of enforcing the *controlled act of psychotherapy* if it is proclaimed.

62. In some correspondence, the College authorities have indicated that 'serious' is interpreted by the College as referring to '...*psychosis, bipolar disorder, schizophrenia, etc...*'.
- (a) Please provide the scientific evidence and criteria that a practitioner would rely upon to determine if their client in fact has any of these issues and whether they may 'seriously' impair that person.
- (b) With regards to the 'etc' noted above, please provide a list of the other issues of human health that the College considers 'serious'.
63. Please describe an example of a client of a holistic, traditional, energy, hypnosis or spiritual care practitioner who would be deemed NOT to have a serious issue of cognitive, emotional regulation, behavioral, thought, cognition, mood, perception, memory, judgment, insight, communication or social functioning.
64. The public is now indoctrinated to self-diagnose and is using diagnostic terms such as depression, anxiety, fears and so on. However, there is no scientific evidence to support the hundreds of formal mental health diagnoses, including those listed in the DSM-5. Please provide the scientific, factual or other evidentiary criterion that a practitioner must rely upon to determine if they are engaged in treating a person with a 'serious' *undiagnosed* health issue.
65. What protocol should a practitioner who is not one of the authorized professionals follow in order to clarify whether or not a potential client has a serious disorder that may seriously impair?
66. Please provide the criteria the College will rely upon to determine if a practitioner's client is suffering or may suffer 'serious impairment'.
67. Does the College consider that *any* 'serious disorder' *may* seriously impair a client? That is, please clarify if these terms are mutually inclusive and possibly even interchangeable terms for purposes of enforcement of the *controlled act of psychotherapy*, if it were proclaimed.
68. For the purpose of helping regulated but unauthorized practitioners and unregulated practitioners understand how the *controlled act of psychotherapy*, if proclaimed, will be enforced, please provide an example of when a 'serious disorder' or 'serious condition' *may not* seriously impair a client if the College regards these terms as not mutually inclusive.

69. Ontario case law on the issue of serious disorders and serious impairment has established that any reduction in the quality of life of an individual can constitute a serious disorder or serious impairment, even if that person is still employed. Will the College be relying upon Ontario case law to determine if a practitioner is working with an individual who is suffering a 'serious disorder that may seriously impair'?

70. As 'CRPO's Entry-to-Practice' regulations require a member to be proficient in recognizing diagnostic categories in current use, will holistic practitioners who join the College, but whose proficient and effective use of their training and skills in their chosen holistic modality requires an avoidance of diagnostic language or of the application of diagnoses, be accommodated so that they are not cited for violations of the Standards of Practice of the College?

71. Some clients do not use diagnostic language and simply express dissatisfaction with life or their health. Holistic, traditional, spiritual care, energy, counseling and natural nutrition practitioners typically do not subscribe to the diagnostic system of the conventional medical approaches for two reasons—they are irrelevant to treatment outcomes and studies have proven diagnoses to be detrimental to recovery of health.

Please advise if a practitioner is obligated to enquire of their client if they have a formal diagnosis? Please answer this question with regards to both members and non-members of CRPO, as well as for unauthorized practitioners under the controlled act.

72. Under the *Health Care Consent Act*, a practitioner is obligated to disclose all available information to the client. Since most practitioners know or should know that many studies have shown the use of diagnoses in mental health treatments is detrimental to recovery, should practitioners be sharing this information with their clients?

73. Since non-medical practitioners are prohibited from making, discussing or using diagnostic language with their clients, would it be a violation of any medicine act that they request information such as 'diagnostic status' from their clients?

74. If the *controlled act of psychotherapy* is proclaimed, will an unauthorized practitioner be required to compel their client to obtain a diagnosis if they do not have one, before the unauthorized practitioner can provide their treatment?

75. If the *controlled act of psychotherapy* is proclaimed, will a Registered Psychotherapist be required to compel their client to obtain a diagnosis if they do not have one, before the RP can provide their treatment?

76. Please provide the criteria that a practitioner must rely upon to determine if a client has a *diagnosable* condition.
77. Is a practitioner required to compel a client to get a formal diagnosis if the client meets the College's criteria for having a 'diagnosable' condition?
78. Is a Registered Psychotherapist who provides spiritual care to others obligated to diagnose their clients or refer them to someone who is trained to diagnose before they can engage in providing spiritual care to that client?
79. Is it, or will it be required that all Registered Psychotherapists, including those who offer spiritual care and grief counseling, be qualified to diagnose their clients if the *controlled act of psychotherapy* is proclaimed?
80. Is it, or will it be required that all clients of Registered Psychotherapists be diagnosed before service is provided, particularly if the *controlled act of psychotherapy* is proclaimed?
81. Is it now, or will it be required if the controlled act is proclaimed, that all Registered Psychotherapists be trained in pharmacology and skilled in diagnosis?
82. Is an energy practitioner obligated by law to be aware of any serious disorders that the client may have? If so please explain why this is the case.

Further Questions Regarding the Controlled Act

83. Will the provision of past-life regression, medium, channeling and psychic services to those with various issues with life, such as grief, loss and sadness, anxiety and fears constitute a violation of the *controlled act of psychotherapy*, if it is proclaimed? If so, why and if not, why not?
84. Are hypnosis services of all kinds, regardless the name of the service or the technique used, considered psychotherapeutic techniques? If not, specifically, which hypnosis services are considered non-psychotherapeutic?
85. If the controlled act were proclaimed, what portion of a normal Reiki session would constitute 'psychotherapy'?

86. If the controlled act were proclaimed, what portion of a normal hypnotherapy session would constitute 'psychotherapy'?
87. If the controlled act were proclaimed, what portion of any hypnosis service, including past-life regression would constitute 'psychotherapy'?
88. Please review the attached list of 'Psychotherapy' approaches found as part of the definition of psychotherapy in the APA Dictionary of Psychology, 2006 and APA Dictionary of Clinical Psychology, 2013 and advise which of those entries, that if engaged in by a holistic, traditional, hypnosis, energy, spiritual care or natural nutrition practitioner, would constitute a violation of either the *Psychotherapy Act* or the 14th *Controlled Act*, if it were proclaimed and if that practitioner were not one of the authorized professionals?
89. If the College is inclined to answer the previous question with a statement that 'it depends on the seriousness of the issue(s) treated', then please provide the criterion to be used by a practitioner to determine the seriousness of the issue, and what would constitute 'serious impairment' for each of the listed approaches.
90. Holistic Education is listed in various Dictionaries of Psychology as a psychotherapeutic approach. Will authors and publishers of holistic educational material, whether on-line or in print, be considered in violation of the *controlled act of psychotherapy*, if it is proclaimed?
91. Are on-line and/or print publishers of holistic-related information, such as dietary supplementation information, health and wellness improvement in violation of the *controlled act of psychotherapy* if it is proclaimed?
92. Is Life Skills Training and Coaching a psychotherapeutic act? If yes, please explain why that is the case.
93. If part of a Life Skills Coach's involvement with a client involves lifestyle changes such as dietary recommendations, will that coach be in violation of the controlled act, if it is proclaimed?
94. Will those who provide distance healing services, (such as those performed via Skype), and who are not members of one of the groups authorized to perform the *controlled act of psychotherapy*, be in violation of the controlled act for doing so?
95. Is a spiritual care practitioner who is not a member of one of the authorized groups, but who ministers, advises, provides spiritual care, grief or marriage counseling and the

other typical services of spiritual care workers, deemed in violation of the *controlled act of psychotherapy* if it is proclaimed?

96. Please define 'spiritual care' and exactly what techniques, actions and communications would constitute 'spiritual care' for the purpose of enforcement of the controlled act.
97. What aspect of spiritual care is considered to be psychotherapeutic and which aspect is considered to be non-psychotherapeutic for the purposes of enforcement of the *controlled act of psychotherapy* if it is proclaimed?
98. If a person who is not a Registered Psychotherapist is approached for spiritual care, including grief and marriage counseling, are they obligated to ask that client if they have received a medical diagnosis and/or if they suffer a 'serious' issue or 'serious impairment' prior to engaging in spiritual care?
99. If a person who is not a registered psychotherapist is approached for spiritual care by another, including for grief and marriage counseling services and that requester has an issue of mental, emotional, cognitive, thinking, reasoning or social functioning, is the spiritual care provider automatically engaged in a violation of the controlled act if it is proclaimed, if they provide the requested service?

Exceptions

100. Regarding the exceptions to the *controlled act of psychotherapy*, please provide CRPO's precise working definitions for the following terms:
- a) 'first aid';
 - b) 'temporary assistance';
 - c) 'prayer';
 - d) 'spiritual means';

Please provide the 'tenets' of every religion practiced in Ontario as recognized by the CRPO.

101. Please advise if those who do not subscribe to a religion are deemed 'exceptions', and if they are, please define the College's working definition of 'tenets' of those without religious affiliations.

Titles / Holding Out

102. Are members of the College of Registered Psychotherapists and future members required to use the title 'Registered Psychotherapist', even if they are hypnotherapists, family therapists, spiritual pastors, and so on?
103. According to CRPO literature, *"No person other than a member of one of the authorized groups shall hold himself or herself out as a person who is qualified to practice in Ontario as a psychotherapist, registered psychotherapist or registered mental health therapist"*.
- Is a practitioner who treats others who freely choose his/her holistic, traditional, spiritual care, energy, nutritional and hypnosis services considered to be holding themselves out as qualified to practice psychotherapy or mental health therapy even when they do not refer to themselves as psychotherapists or hold their services out to be psychotherapy? If yes, please explain why that would be the case.
104. Is a person automatically deemed to be holding themselves out to be qualified to engage in psychotherapy if they engage in any activity or approach listed in the APA Dictionary of Psychology, 2006 or APA Dictionary of Clinical Psychology, 2013, and/or any future Dictionaries of psychology and psychotherapy as 'psychotherapeutic', even if that person is not referring to themselves as a registered psychotherapist, psychotherapist or holding out in speech and/or writings that their work is psychotherapy?
105. Are those who have been trained in holistic, energy, hypnosis, natural nutrition and other non-medical approaches to health and wellness considered professionals in their fields?
106. How would the College determine which practitioner of natural therapies is adequately trained to offer their specialized treatment to the public?
107. If your response to the above questions is inclined to be that it depends on the seriousness of the issue(s) treated, please advise what serious issues exactly that a holistic, traditional, energy, body, spiritual care or hypnotherapy practitioner is not permitted to treat, even if they have specialized modality-specific training to deal with that issue.
108. Is it correct to state that the College does not regard any practitioner who is not trained in conventional health treatment approaches to be professionals, even if they

may have extensive mind-body-spirit training and experience for their chosen modality?

109. If the *controlled act of psychotherapy* is proclaimed, will regulated professions, such as chiropractic, naturopathy, reflexology, Traditional Chinese Medicine, and so on, be prohibited from treating any person, by verbal or non-verbal means, who have issues of cognition, emotional disturbance, mental dysfunction, social dysfunction, thinking and reasoning, unless they are also a member of one of the 'authorized' groups permitted to engage in psychotherapy?
110. If your response to the above question is inclined to be that it depends on the seriousness of the issue(s) treated, please advise what serious issues exactly that a regulated but unauthorized practitioner is not permitted to treat, even though they have specialized modality-specific training to deal with that issue.
111. If a regulated but unauthorized professional is not permitted to treat any issue of cognition, emotional or mental disturbance, social functioning, thinking, judgment or reasoning, and the reason for this is not related to the 'seriousness' of the issue(s), please explain what the reason would be in exact terms.
112. If the *controlled act of psychotherapy* is proclaimed, will regulated professions, such as chiropractic, naturopathy, reflexology and so on, be prohibited from treating any person, by verbal or non-verbal means, who have 'serious' issues with cognition, emotional disturbance, mental dysfunction, social dysfunction, thinking, or reasoning, unless they are also a member of one of the 'authorized' groups permitted to engage in psychotherapy, EVEN if their client is not specifically seeking treatment for those issues at the time they are requesting services and/or if they are not diagnosed with such an issue?
113. Please provide CRPO's current 'working definitions' of the various terms of the controlled act legislation ("treating", "serious disorder... that may seriously impair", "therapeutic relationship", "psychotherapy technique").
114. Please provide the 'working definitions' of the various terms of the controlled act legislation ("treating", "serious disorder... that may seriously impair", "therapeutic relationship", "psychotherapy technique") used by the Transitional Council of the new College of Psychotherapy when it carried out taxpayer-funded research (as mentioned in the Registrar's Message in CRPO's 2012/13 Annual Report). Please also provide a copy of the research studies and the relevant reports referred to in that Message.

115. Will the College send practitioners and persons they believe are in violation of the *controlled act of psychotherapy*, if it is proclaimed, a cease and desist letter before prosecuting them?

Given the degree of distress this matter is causing thousands of practitioners, I look forward to your early response, but in any event answers to my questions by October 2nd, 2015.

Sincerely,

Grace Joubarne
Co-founder, Stop Psychotherapy Takeover
279 Columbus Avenue
Ottawa, ON K1K 1P3

cc by email: all Ontario MPPs, Premier Kathleen Wynne, Minister of Health Dr. Eric Hoskins