

**COMPETENCY-BASED
CASE STUDY WORKBOOK
for
ENTRY-TO-PRACTICE PSYCHOTHERAPISTS**

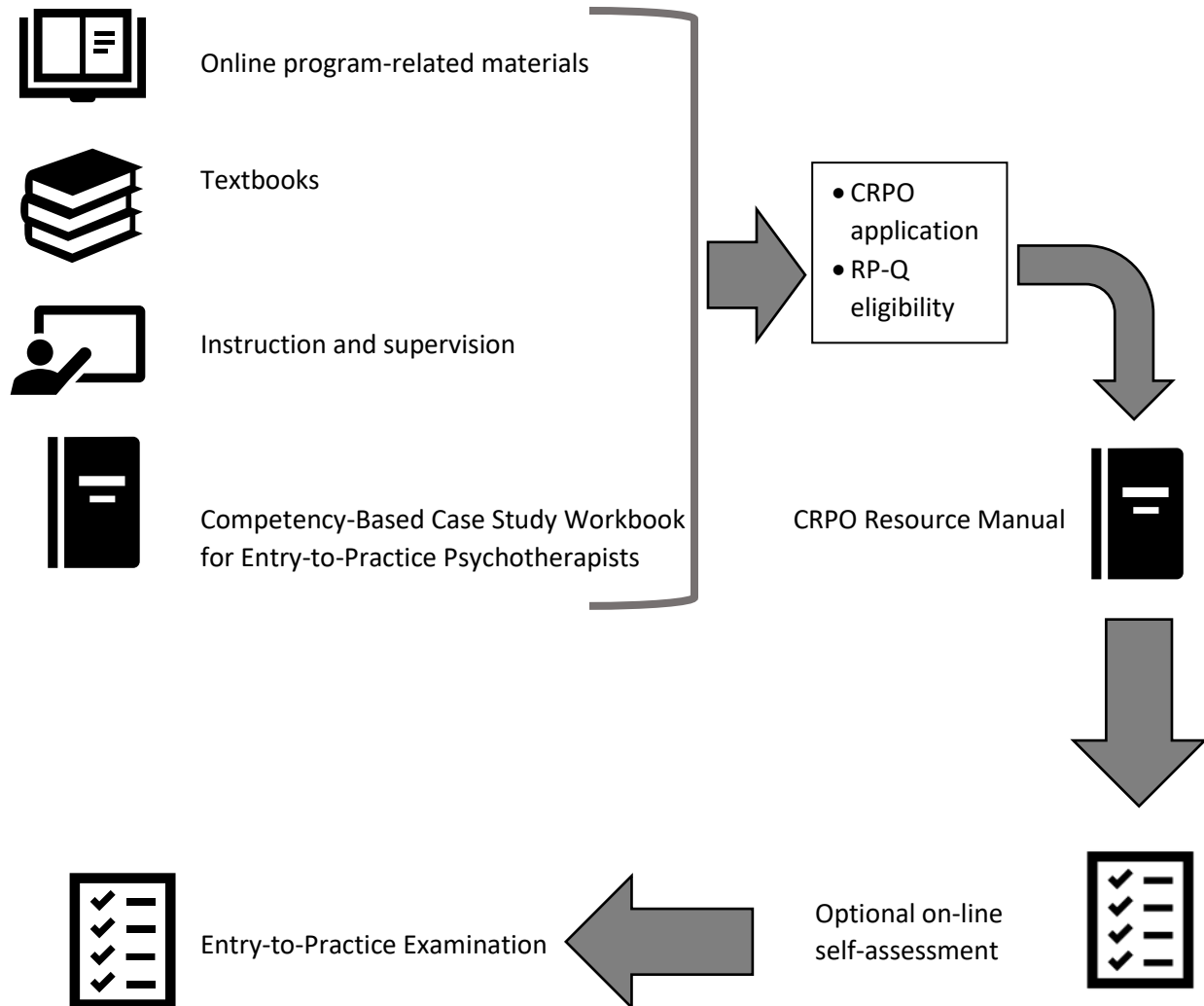


Contents

About This Workbook	5
How to Use this Workbook.....	5
Target Audience	6
Contents.....	6
Case 1: Heather	7
Case 2: Madeleine.....	9
Case 3: Tariq.....	11
Case 4: Carl.....	13
Case 5: Mason and Grace.....	15
KEY TO CASE STUDIES.....	17
Case 1: Heather.....	19
Case 2: Madeleine.....	21
Case 3: Tariq.....	23
Case 4: Carl.....	25
Case 5: Mason and Grace.....	26
Appendices	27
Registered Psychotherapist Competency Profile.....	27
Professional Practice Standards.....	33
Code of Ethics	34

About This Workbook

This workbook is designed to support the information-gathering and decision-making skills of entry-to-practice psychotherapists by using a competency-based, case study approach. This workbook complements classroom-based and supervision-related education and training materials.



How to Use this Workbook

- Step One: Read the case study
- Step Two: Read the questions that follow the case study
- Step Three: Using the blank chart, fill in column #1 with the professional actions you would take
- Step Four: Using the RP competency profile, standards of practice and code of ethics, complete the remaining columns in the chart
- Step Five: Check your responses with the responses in the Key at the conclusion of the Workbook

Target Audience

The target audience for this resource is students of psychotherapy who are seeking to apply competency-based frameworks to their profession-based activities.

Contents

The workbook contains a series of cases, each of which provides a unique context and client for the consideration of entry-to-practice psychotherapists. The reader is invited to consider the broad questions that follow each study in the context of the College of Registered Psychotherapists of Ontario (CRPO) *Entry-to-Practice Competency Profile for Registered Psychotherapists*, the CRPO *Standards of Practice* and *Code of Ethics*. It is estimated that each case study will take approximately 60 minutes to complete. At the conclusion of the workbook is a key to major competency areas typically used by practitioners to address the circumstances described in each case study. The key highlights the contexts in each case and is not intended to be exhaustive.

Important note: The case studies in this workbook are focused on linking therapeutic processes to the core competencies for entry-to-practice psychotherapists. For readers who are preparing for the CRPO Registration Examination, it is important to note that the Registration Examination is simulation-style (please refer to the CRPO *Entry-to-Practice Registration Examination Resource Manual* for details). The workbook does NOT use simulation-style and is NOT intended as an examination guide.

Case 1: Heather

You are a psychotherapist at a multi-disciplinary Crisis Centre. This morning on your way into work, you were hurrying because of the weather. It was -30°C and the wind was strong. As you rounded the corner of the public parking lot to reach the Centre's front doors, you noticed a thin young girl huddled in a sleeping bag with a dirty green backpack tucked behind her.

Twenty minutes later, you are ready for your first client. The receptionist provides you with a client intake form that indicates your client's name is Heather. She has not provided any further personal information on the form other than to indicate that she has never received any mental health services and has never been prescribed psychiatric medications. All questions related to general and family mental health history have heavy black lines drawn through them.

You stand to meet your client and recognize her as the thin young teenager with the backpack from the parking lot. Now that there is no sleeping bag, you can see that her clothes are caked and crusted from road salt and that she appears to be pregnant. Her fingers and broken nails are dirty; her long hair is stringy and matted. Yellow nicotine stains are evident on her right middle finger. Her hands are trembling, she is sweating, and she is shifting position rapidly, apparently having trouble staying still.

She looks at you intensely through blue eyes with dilated pupils. In a quavering voice she says, "I need help. Now."

Using the chart on the following page, please respond to the following questions:

1. What are the most important actions you could take to assist the client at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. How can trust be built in this situation?
4. What are some key pieces of information about the client that are essential to learn before proceeding with treatment?

Case 1: Heather

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions			
Q2. Contexts			
Q3. Trust			
Q4. Information			

Case 2: Madeleine

You are in private practice as a psychotherapist in a major Canadian city. This afternoon's session with Madeleine is her final session of a 10-session package of therapy related to her symptoms that are consistent with social anxiety.

You have been using a cognitive-behavioural approach to therapy for Madeleine and she has been responding well. She has completed homework assignments regularly and successfully.

Madeleine arrives, and you immediately see that something is distressing her. Her breathing is shallow and rapid and her eyes dart back and forth as if scanning the setting for safety. She repeatedly wrings her hands and she seems to have trouble finding the words to tell you what has happened.

Over the course of this session you learn that, on the way to her appointment today, Madeleine was on the subway train practicing the homework assignment of making eye contact with people who speak to her. The man with whom she was speaking suddenly reached out to her and groped her breasts. He made threatening comments about violent acts against her. No one came to her assistance. She fled the subway train at the next stop and ran the rest of the way to your office.

Using the chart on the following page, please respond to the following questions:

1. What are the most important actions you could take to assist the client at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. How can trust be maintained in this situation?
4. How do you address the fact that this is the final session of a 10-session package?

Case 2: Madeleine

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions			
Q2. Contexts			
Q3. Trust			
Q4. Final Session Facts			

Case 3: Tariq

You work as a psychotherapist at a stabilization unit in an in-patient adolescent mental health treatment centre connected to a major teaching hospital. Today you are meeting with Tariq. This is the third time you are seeing him this week. He has been at the centre for two weeks.

Tariq has been diagnosed with post-traumatic stress injury. He has legal refugee status in Canada. His history includes witnessing the violent death of his parents in Syria and ten years in a refugee camp where he was abused by older boys. His intake form estimates his age to be 14. He has had a limited and interrupted education. He understands and speaks English.

Tariq's thin frame appears, ghost-like, in your doorway with one of the attendants. Tariq is silent. At the team meeting this morning, you learned that earlier this week Tariq threatened to kill two boys at the treatment centre. Staff could not determine any cause for the threat. This morning he used his mattress to barricade himself into his bedroom. His pillow was wedged under the door. Looking at your case notes and those of the attending psychiatrist, this behaviour is not unusual for Tariq.

Using the chart on the following page, please respond to the following questions:

1. What are the most important actions you could take to assist the client at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. How can trust be maintained in this situation?
4. What are some key pieces of information about the client that are essential to learn before proceeding with treatment?

Case 3: Tariq

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions			
Q2. Contexts			
Q3. Trust			
Q4. Information			

Case 4: Carl

You are in group practice in a small rural town. Today you are meeting with Carl. Your colleague has been offering family therapy to Carl and his parents (i.e., mother and stepfather) for the past year. His parents have been experiencing marital problems. A mediator suggested therapy as a step to reconciling differences before the couple decides whether to begin divorce proceedings. At your colleague's suggestion, Carl's mother has decided that it would be helpful for Carl to have additional therapy on his own to address any emotional concerns.

Carl is seven years old. This is your fifth meeting with him. He is with his mother in the waiting room but, as is typical of him, he is not sitting near her. He is drawing with crayons while waiting for his appointment. You ask him to bring his drawing with him as he gets up to go into your office.

Carl is relaxed and chatty. After some friendly conversation, the two of you begin to explore his feelings about his family and the current home environment. Carl begins to tell you about his home situation in more detail than in previous sessions. Carl tells you that his house is quiet. His stepdad spends a lot of time on the computer and taking pictures for his computer. His mother is busy and is still tired a lot of the time. Carl confides that he prefers to play at his friend's house most of the time and does not have friends come to his house. He especially likes sleepovers at his friend's house. When you explore this statement a bit further, Carl fidgets and says, "Jeffery is mad at me now because my Daddy got me my own computer and webcam for my bedroom. Jeffery has to use his Mom's computer. But I told him that it was okay because the bedtime video games with Daddy weren't fun anyway. Jeffery is still mad."

Your intuition tells you that something about the story doesn't fit. Before saying anything, you turn your attention to the content of Carl's drawing. It shows very deep, thick lines coloured across a very large person. There is a smaller person drawn below the scratched-out person, and another person at the edge of the page who seems to be looking through a window.

Using the chart on the following page, please respond to the following questions:

1. What are the most important actions you could take to assist the client at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. How can trust be maintained in this situation?
4. What are some key pieces of information about the client that are essential to learn before proceeding with treatment?

Case 4: Carl

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions			
Q2. Contexts			
Q3. Trust			
Q4. Information			

Case 5: Mason and Grace

You are in group practice in a major Canadian city. Tomorrow afternoon, you have a session with Mason and Grace. This will be your second session with the couple. Their younger son, Daniel, was killed a year ago after being struck by a distracted driver while crossing the street at a designated crosswalk on the way to Kindergarten. He was holding his mother's hand. Grace broke her wrist in the incident. Daniel sustained fatal head injuries. Mason suggested to Grace that seeing a therapist might help her "bounce back" to life. He says that since the funeral, she doesn't seem to be able to grasp the simplest of ideas, cannot cope with the housework, and has not returned to work. He says she overprotects their 12-year-old son who is now exhibiting perfectionist tendencies.

In the beginning of the first session, Mason often spoke for Grace or spoke over her words. With your prompting, and a growing rapport, Grace began to speak more openly toward the end of the session about her sense of deep guilt at having survived the accident when her child did not. She admits that she cannot seem to accomplish tasks and that she is fearful for her 12-year-old son. She also admitted that her relationship with her husband has been more complicated since the death of Daniel.

You look forward to your upcoming session with Mason and Grace. Upon reflection, you realize you have a lot in common with Grace, and this might be part of the reason for your ease in quickly developing a strong rapport with her. Your own daughter died of bone cancer when she was a toddler, something you and your ex-spouse never discussed.

Using the chart on the following page, please respond to the following questions:

1. What are the most important next steps you could take to assist the clients at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. Which therapeutic processes might you use to enhance a sense of safety in sessions?
4. What are some key pieces of information about the clients that are essential to learn before goal setting?

Case 5: Mason and Grace

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Next Steps			
Q2. Contexts			
Q3. Therapeutic Processes			
Q4. Goal Setting			

KEY TO CASE STUDIES

Case 1: Heather

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions <ul style="list-style-type: none"> - Establish rapport - Determine the client’s reasons for seeking help - Employ empathy, respect and authenticity - Clarify responsibilities and boundaries/scope of practice 	4.1e, g, h 4.2a, b, c, d, e 4.4a, c, d 4.5p, q, r	2.0 Competence 3.0 Client-Therapist Relationship	Integrity
Q2. Contexts <ul style="list-style-type: none"> - Potential for substance use/detox needs, pregnancy, homelessness, abuse, need for medical attention - Physical and emotional safety/safeguards - Cultural and age-appropriate responsibilities - Appropriate risk assessment for risk/resiliency balance - Legal responsibilities/client autonomy 	1.3e 1.5b, d 4.4a 4.5b, e	2.0 Competence 3.0 Client-Therapist Relationship	Excellence in Professional Practice
Q3. Trust <ul style="list-style-type: none"> - Actively listen - Pace according to comfort of client - Establish and maintain core conditions for therapy - Non-judgmental stance, dependability - Foster client autonomy, support resilience - Address power inequities/dynamics - Identify advocacy and barriers - Immediacy; focus on needs that brought client to psychotherapy 	3.8a, b 4.2a, b, c, d, e, j 4.3a, b, c, d, e	2.0 Competence 3.0 Client-Therapist Relationship	Autonomy and Dignity of All Persons

<p>Q4. Information</p> <ul style="list-style-type: none"> - With what issue does the client seek assistance? - Within context of assistance need: <ul style="list-style-type: none"> - Age of client, living conditions, history (e.g., developmental, mental and physical health, familial, social, educational, employment...) - Access to medical supports - Appetite or eating problems / potential food insecurity - Signs or symptoms of sadness, grief, depression, anxiety, panic, fear, chronic pain - Use of drugs / alcohol / substances - Significant recent life changes - Existing relationships / social network 	<p>3.1b 3.8a 3.2a</p>	<p>2.0 Competence 3.0 Client-Therapist Relationship 5.0 Record-keeping and Documentation</p>	<p>Excellence in Professional Practice</p>
--	-------------------------------	--	--

Case 2: Madeleine

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions <ul style="list-style-type: none"> - Check for injuries - Acknowledge physical and psychological trauma - Attend to her breathing - Ask if she has made / would like to make a police report - Ask if she wants to contact family / friends for support / transport - Offer to rebook session 	4.4a, c 3.8a, b 3.1a 4.5o, p, t	1.0 Professional Conduct 2.0 Competence	Excellence in Professional Practice
Q2. Contexts <ul style="list-style-type: none"> - Situational trauma - Medical concerns - Protection / safety - CBT homework vs random violence - Support / caring 	3.2c 4.2c 4.4a 4.5n, r	2.0 Competence 3.0 Client-Therapist Relationship	Excellence in Professional Practice
Q3. Trust <ul style="list-style-type: none"> - Ask if she has made / would like to make a police report - Active listening / immediacy - Foster autonomy in decision-making - Unconditional positive regard for any decision - Identify advocacy opportunities - Follow Madeleine's lead on next steps 	1.2b, g 3.2a 3.8a, b 4.2a, g, j 4.4c	3.0 Client-Therapist Relationship	Excellence in Professional Practice

<p>Q4. Session Facts</p> <ul style="list-style-type: none"> - Rebook / rethink termination session - If Madeleine wishes to continue with termination session, discuss gains, including recent event in progress reporting - Acknowledge acts of self-protection - Identify supports and networks - Normalize stress of traumatic distress 	<p>1.2f, g 3.8b 4.2j 4.5t 4.7a, b</p>	<p>1.0 General Conduct 3.0 Client-Therapist Relationship</p>	<p>Autonomy and Dignity of All Persons</p>
--	---	--	--

Case 3: Tariq

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions <ul style="list-style-type: none"> - Establish rapport - Exhibit empathy, respect, genuineness - Establish relaxed environment 	4.2a, b, d	3.0 Client-Therapist Relationship	Excellence in Professional Practice
Q2. Contexts <ul style="list-style-type: none"> - Recognize interrupted learning and effects of migration - Recognize instability of current living conditions - Illness related to post-traumatic stress? - Tariq's perception of basic needs - Is Tariq typically silent? Chatty? Reserved? - Is there a source of information for understanding potential triggers for behaviours? 	1.1a, b, c 1.2b, d, g 1.3c, d 1.5a, b, c, e 2.3a, c	2.0 Competence 3.0 Client-Therapist Relationship	Autonomy and Dignity of All Persons
Q3. Trust <ul style="list-style-type: none"> - Respect Tariq's space: Where is he likely to feel most comfortable? - Pace according to comfort of Tariq - Non-judgmental stance - Comfort with silence - Build alliance through alignment ("I'm on your side.") 	4.2a, b, c, e, j 4.5a	3.0 Client-Therapist Relationship	Excellence in Professional Practice

<p>Q4. Information</p> <ul style="list-style-type: none"> - Mental Status Exam findings - Would translation services be of assistance? - Is recent behaviour consistent with previous confinements? History of kidnapping? History of abuse? - Is behaviour new? - Consult with inpatient staff: what transpired prior to barricading (to inform session content) - Determine best mode of deep communication: Art? Music? Sculpture? Talking? Photography? - Tariq's primary concerns and goals - In whose care is Tariq? Options for support network? - Treatment to date? - Hallucinations? Delusions? Dissociation? 	<p>1.2c, d 1.3c, d 1.5d, e 2.3a, c 3.5a 3.8a 4.4a, c</p>	<p>2.0 Competence</p>	<p>Excellence in Professional Practice Integrity</p>
--	--	-----------------------	---

Case 4: Carl

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions <ul style="list-style-type: none"> - Listen to Carl's story - Consult - Check custody rights and responsibilities - If assessed as safe to do so, speak to mother - Play therapy 	1.2c 2.3c 3.1a, b, c 3.2a, b 3.5a 4.2a, c, j 4.5a	3.0 Client-Therapist Relationship	Autonomy and Dignity of All Persons Justice
Q2. Contexts <ul style="list-style-type: none"> - Child age and developmental stage - Possibility of child abuse - One parent or both parents may be involved in potential abuse - The situation may be completely innocent / benign - Ontario law regarding disclosures of abuse 	1.5b, d 3.1a, b, c 4.5a	2.0 Competence 3.0 Client-Therapist Relationship	Excellence in Professional Practice
Q3. Trust <ul style="list-style-type: none"> - Unconditional positive regard - Involve Carl in any decision-making in informing parent - Involve Carl in any decision-making for reporting 	4.1f 4.2a, b, c, d, g, j 4.3b 4.5a	3.0 Client-Therapist Relationship	Excellence in Professional Practice
Q4. Information <ul style="list-style-type: none"> - Is the child typically imaginative and playful? - Has there been a change in behaviour at home? - What is Carl's emotional relationship with stepfather? - How strong is attachment to mother? - What therapeutic techniques would be helpful? 	1.5b 4.2k 4.4a, b, g, r	2.0 Competence	Excellence in Professional Practice

Case 5: Mason and Grace

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Next Steps <ul style="list-style-type: none"> - Expectations for therapy - Talk with Mason and Grace individually - Psycho-education re grief and loss - Determine available community supports for grieving families 	1.2a, b, d, g 2.3c 3.6a, b, c	2.0 Competence 3.0 Client-Therapist Relationship	Autonomy and Dignity of All Persons Excellence in Professional Practice
Q2. Contexts <ul style="list-style-type: none"> - Marital relationship history and current status - Awareness of elder son’s perfectionism and potential reactions to his brother’s death - What has happened in the last year? - Significant changes in family life / structure? - Willingness of both parties to change 	4.5e, g, h, r 1.1a, b, c	2.0 Competence	Excellence in Professional Practice
Q3. Therapeutic Processes <ul style="list-style-type: none"> - Seek supervision for transference/countertransference - Assess for any potential depression or trauma - Establish ground rules for respecting the voice of each person in the room 	3.2c 3.5a, b 4.3a, c, e 4.4a, c 4.5e, k, m, n, r, t 4.6b	1.0 Professional Conduct 2.0 Competence	Integrity
Q4. Goal Setting <ul style="list-style-type: none"> - Marital relationship history and current status - Expectations of each other - Expectations of the therapist - Willingness to communicate / work together - Insight into household responsibilities 	4.5b, e, g, i, r	2.0 Competence	Excellence in Professional Practice Integrity

Appendices

Registered Psychotherapist Competency Profile

<https://www.crpo.ca/wp-content/uploads/2017/08/RP-Competency-Profile.pdf>

Philosophy, Assumptions and Uses of the Competency Profile

The competency profile lists the competencies that must be possessed by individuals entering the profession for the first time, in order for them to practise safely, effectively and ethically across a variety of practice settings. “Entering the profession for the first time” signifies registration following completion of entry-to-practice requirements.

- A competency is the ability to achieve a specified level of proficiency in a practice activity, and results from specific skills, knowledge and judgement.
- Entry-to-practice competency is the ability to achieve entry-level proficiency.
- Entry-level proficiency is defined as follows:
 - In the ordinary practice of the profession, the entry-level Registered Psychotherapist (RP) calls upon competencies in an informed manner based upon the practice context, and does not normally require immediate supervision or direction. The entry-level RP monitors responses and reacts appropriately, and works within a reasonable timeframe, towards the achievement of outcomes consistent with the generally accepted standards in the profession.
 - When dealing with unusual, difficult to resolve and complex situations, the entry-level RP recognizes situations which are beyond his/her professional capacity and addresses them in discussion with his/her supervisor and/or through referral to a practitioner who is appropriately qualified.

The competency profile establishes minimum requirements, and creates a foundation upon which to build. The possession at entry-to-practice of additional competencies, and higher levels of proficiency, is encouraged.

Following entry-to-practice, a member’s competencies will evolve based upon work experience and continuing professional development. Specifically:

- New competencies may be added.
- Levels of proficiency in competencies that are regularly utilized may increase.
- Levels of proficiency in competencies that are not regularly utilized may decrease.

The competency profile informs the registration requirements for new registrants entering the profession for the first time. Additionally, it informs the requirements for the registration of experienced workers, as well as the College’s ongoing expectations for members such as its standards of practice and quality assurance program.

RP Competency Profile – Approved by Council March 30, 2012

Principles Behind the Competency Profile

The competency profile is constructed to serve users both within and outside the profession. The terminology is generic, and should be interpreted in the context of professional self-regulation in Ontario and in a manner relevant to the therapist's orientation, modality and practice.

The individual competencies within the profile should be thought of as an interdependent array of abilities which an individual brings to the workplace, and uses according to the situation at hand. Competencies are not used in isolation.

The profile does not represent a protocol, or a listing of what the practitioner must do in practice; rather, it represents what the practitioner must be able to do when necessary.

In any practice situation the order of use, and the significance, of the competencies will vary according to context.

At entry-to-practice the RP is able to:

1. Foundations

- 1.1 Integrate a theory of human psychological functioning.
 - a Integrate knowledge of human development across the lifespan.
 - b Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.
 - c Integrate knowledge of the psychological significance of spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development.
- 1.2 Work within a framework based upon established psychotherapeutic theory.
 - a Integrate the theory or theories upon which the therapist's practice is based.
 - b Integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation.
 - c Identify circumstances where therapy is contraindicated.
 - d Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.
 - e Establish a therapeutic relationship informed by the theoretical framework.
 - f Integrate a theory of change consistent with the therapist's theoretical orientation.
 - g Integrate knowledge of the impact of trauma on psychological functioning.
- 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.
- 1.4 Integrate awareness of self in relation to professional role.
 - a Integrate knowledge of the impact of the therapist's self on the therapeutic process.
 - b Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.
 - c Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.

- d Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.
- 1.5 Integrate knowledge of human and cultural diversity.
- a Integrate knowledge of human diversity.
 - b Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.
 - c Adapt the therapist's approach when working with culturally diverse clients.
 - d Recognize barriers that may affect access to therapeutic services.
 - e Identify culturally-relevant resources.
2. Collegial & Interprofessional Relationships
- 2.1 Use effective professional communication.
- a Use clear and concise written communication.
 - b Use clear and concise oral communication.
 - c Use clear and concise electronic communication.
 - d Communicate in a manner appropriate to the recipient.
 - e Use effective listening skills.
 - f Differentiate fact from opinion.
 - g Recognize and respond appropriately to non-verbal communication.
- 2.2 Maintain effective relationships.
- a Show respect to others.
 - b Maintain appropriate professional boundaries.
 - c Recognize and address conflict in a constructive manner.
 - d Demonstrate personal and professional integrity.
- 2.3 Contribute to a collaborative and productive atmosphere.
- a Create and sustain working relationships with other professionals encountered in practice.
 - b Create and sustain working relationships with colleagues of diverse socio- cultural identities.
 - c Initiate interprofessional collaborative practice.
3. Professional Responsibilities
- 3.1 Comply with legal and professional obligations.
- a Comply with applicable federal and provincial legislation.
 - b Comply with CRPRMHTO legislation and professional standards.
 - c Address organizational policies and practices that are inconsistent with legislation and professional standards.
 - d Comply with relevant municipal and local bylaws related to private practice.
- 3.2 Apply an ethical decision making process.
- a Recognize ethical issues encountered in practice.
 - b Resolve ethical dilemmas in a manner consistent with legislation and professional standards.
 - c Accept responsibility for course of action taken.

- 3.3 Maintain self-care and level of health necessary for responsible therapy.
 - a Maintain personal physical, psychological, cognitive and emotional fitness to practice.
 - b Build and use a personal and professional support network.
 - c Maintain personal hygiene and appropriate professional presentation.
- 3.4 Evaluate and enhance professional practice.
 - a Undertake critical self-reflection.
 - b Solicit client feedback throughout the therapeutic process.
 - c Plan and implement methods to assess effectiveness of interventions.
 - d Obtain feedback from peers and supervisors to assist in practice review.
 - e Identify strengths as a therapist, and areas for development.
 - f Set goals for improvement.
 - g Modify practice to enhance effectiveness.
 - h Participate in relevant professional development activities.
 - i Maintain awareness of resources and sources of support relevant to practice.
- 3.5 Obtain clinical supervision or consultation.
 - a Initiate clinical supervision or consultation when appropriate or required.
 - b Articulate parameters of supervision or consultation.
 - c Protect client privacy and confidentiality, making disclosure only where permitted or required.
 - d Initiate a legal consultation when necessary.
- 3.6 Provide education and training consistent with the therapist's practice.
 - a Recognize when to provide education and training to clients and others.
 - b Recognize therapist's limits of professional expertise as a trainer / educator.
 - c Plan and implement effective instructional activities.
- 3.7 Maintain client records.
 - a Comply with the requirements of CRPRMHTO and relevant professional standards.
- 3.8 Assist client with needs for advocacy and support.
 - a Identify when advocacy or third-party support may be of value to the client, and advise client accordingly.
 - b Support client to overcome barriers.
- 3.9 Provide reports to third parties.
 - a Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.
 - b Recognize ethical and legal implications when preparing third-party reports.
- 3.10 Establish business practices relevant to professional role.
 - a Comply with the requirements of CRPRMHTO and relevant professional standards.
 - b Explain limitations of service availability.
- 4. Therapeutic Process
 - 4.1 Orient client to therapist's practice.
 - a Describe therapist's education, qualifications and role.
 - b Differentiate the role of the therapist in relation to other health professionals.
 - c Explain the responsibilities of the client and the therapist in a therapeutic relationship.
 - d Explain the advantages and disadvantages of participating in psychotherapy.

- e Explain client rights to privacy and confidentiality, and the limitations imposed upon it by law.
 - f Explain relevant rules and policies.
 - g Respond to client questions.
 - h Explain and obtain informed consent in accordance with legal requirements.
- 4.2 Establish and maintain core conditions for therapy.
- a Employ empathy, respect, and authenticity.
 - b Establish rapport.
 - c Demonstrate awareness of the impact of the client's context on the therapeutic process.
 - d Demonstrate sensitivity to the setting in which therapy takes place.
 - e Assume non-judgmental stance.
 - f Explain theoretical concepts in terms the client can understand.
 - g Foster client autonomy.
 - h Maintain appropriate therapeutic boundaries.
 - i Define clear boundaries of response to client's requests or demands.
 - j Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.
 - k Employ effective skills in observation of self, the client and the therapeutic process.
 - l Demonstrate dependability.
- 4.3 Ensure safe and effective use of self in the therapeutic relationship.
- a Demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process.
 - b Recognize the impact of power dynamics within the therapeutic relationship.
 - c Protect client from imposition of the therapist's personal issues.
 - d Employ effective and congruent verbal and non-verbal communication.
 - e Use self-disclosure appropriately.
- 4.4 Conduct an appropriate risk assessment.
- a Assess for specific risks as indicated.
 - b Develop safety plans with clients at risk.
 - c Refer to specific professional services where appropriate.
 - d Report to authorities as required by law.
 - e Follow up to monitor risk over time.
- 4.5 Structure and facilitate the therapeutic process.
- a Communicate in a manner appropriate to client's developmental level and socio-cultural identity.
 - b Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.
 - c Respond non-reactively to anger, hostility and criticism from the client.
 - d Respond professionally to expressions of inappropriate attachment from the client.
 - e Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.
 - f Recognize a variety of assessment approaches.
 - g Formulate an assessment.

- h Develop individualized goals and objectives with the client.
- i Formulate a direction for treatment or therapy.
- j Practise therapy that is within therapist's level of skill, knowledge and judgement.
- k Focus and guide sessions.
- l Engage client according to their demonstrated level of commitment to therapy.
- m Facilitate client exploration of issues and patterns of behaviour.
- n Support client to explore a range of emotions.
- o Employ a variety of helping strategies.
- p Ensure timeliness of interventions.
- q Recognize the significance of both action and inaction.
- r Identify contextual influences.
- s Review therapeutic process and progress with client periodically, and make appropriate adjustments.
- t Recognize when to discontinue or conclude therapy.

4.6 Refer client.

- a Develop and maintain a referral network.
- b Identify situations in which referral or specialized treatment may benefit the client, or be required.
- c Refer client, where indicated, in a reasonable time.

4.7 Conduct an effective closure process.

- a Prepare client in a timely manner for the ending of a course of therapy.
- b Outline follow-up options, support systems and resources.

5. Professional Literature & Applied Research

5.1 Remain current with professional literature.

- a Read current professional literature relevant to practice area.
- b Access information from a variety of current sources.
- c Analyze information critically.
- d Determine the applicability of information to particular clinical situations.
- e Apply knowledge gathered to enhance practice.
- f Remain current with developments in foundational areas.

5.2 Use research findings to inform clinical practice.

- a Integrate knowledge of research methods and practices.
- b Determine the applicability of research findings to particular clinical situations.
- c Analyze research findings critically.
- d Apply knowledge gathered to enhance practice.

Professional Practice Standards

<https://www.crpo.ca/wp-content/uploads/2017/08/Professional-Practice-Standards-For-Registered-Psychotherapists.pdf>

Section 1 Professional Conduct

- 1.1 Accepting the Regulatory Authority of the College
- 1.2 Use of Terms, Titles and Designations
- 1.3 Reporting Unsafe Practices
- 1.4 Controlled Acts
- 1.5 General Conduct
- 1.6 Conflict-of-interest
- 1.7 Dual and Multiple Relationships
- 1.8 Undue Influence and Abuse
- 1.9 Referral

Section 2 Competence

- 2.1 Consultation, Clinical Supervision and Referral

Section 3 Client-Therapist Relationship

- 3.1 Confidentiality
- 3.2 Consent
- 3.3 Communicating Client Care
- 3.4 Electronic Practice
- 3.5 Unnecessary Treatment
- 3.6 Complaints Process
- 3.7 Affirming Sexual Orientation and Gender Identity

Section 4 Clinical Supervision

- 4.1 Providing Clinical Supervision
- 4.2 Practising with Clinical Supervision

Section 5 Record-keeping and Documentation

- 5.1 Record-keeping – Clinical Records
- 5.2 Failing to Provide Reports
- 5.3 Issuing Accurate Documents
- 5.4 Record-keeping – Appointment Records
- 5.5 Record-keeping – Financial Records
- 5.6 Record-keeping – Storage, Security and Retrieval

Section 6 Business Practices

- 6.1 Fees
- 6.2 Advertising and Representing Yourself and Your Services
- 6.3 Discontinuing Services
- 6.4 Closing, Selling, or Relocating a Practice

Code of Ethics

<https://www.crpo.ca/wp-content/uploads/2017/08/Code-of-Ethics.pdf>

Autonomy & Dignity of All Persons. To respect the privacy, rights and diversity of all persons; to reject all forms of harassment and abuse; and to maintain appropriate therapeutic boundaries at all times.

Excellence in Professional Practice. To work in the best interests of clients; to work within my skills and competencies; maintain awareness of best practices; and to pursue professional and personal growth throughout my career.

Integrity. To openly inform clients about options, limitations on professional services, potential risks and benefits; to recognize and strive to challenge my own professional and personal biases; and to consult on ethical dilemmas.

Justice. To strive to support justice and fairness in my professional and personal dealings, and stand against oppression and discrimination.

Responsible Citizenship. To participate in my community as a responsible citizen, always mindful of my role as a trusted professional; and to consult on potential conflicts-of-interest and other personal-professional challenges.

Responsible Research. To conduct only basic and applied research that potentially benefits society, and to do so safely, ethically and with the informed consent of all participants.

Support for Colleagues. To respect colleagues, co-workers, students, and members of other disciplines; to supervise responsibly; to work collaboratively; and to inspire others to excellence.