



College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

Standard

Standards for Psychotherapy

Revised August 2018

Originally Issued 2010

Introduction

The purpose of this document is to ensure the safe, effective, and ethical delivery of psychotherapy services including the controlled act by occupational therapists (OTs) in Ontario. The Standards for Psychotherapy describe the minimum expectations for OTs to provide competent and safe psychotherapy intervention within the scope of practice of the profession of occupational therapy.

The College defines psychotherapy as follows:

Psychotherapy refers to planned and structured interventions aimed at influencing behaviour and function, by psychotherapeutic means¹. Psychotherapy is delivered through a therapeutic relationship to change an individual's disorder of thought, cognition, mood, emotional patterns, perception, or memory that may impair the individual's judgement, insight, behaviour, communication, or social functioning as it relates to the performance of daily activities.

The College recognizes that this definition may not conform to all the published models or philosophies of psychotherapy and mental health care. The Standards for Psychotherapy are not based on any one psychotherapy theory or approach. This definition of psychotherapy is intended to apply in all circumstances in which OTs are practising psychotherapy.

Psychotherapy concentrates on the client's emotional problems for the purpose of changing defeating patterns of thought, emotion, and behaviour. Psychotherapy through a therapeutic relationship aims at promoting positive personality change, growth and development, and re-organizing the personality. Psychotherapists frequently work with a variety of theories or combinations of theories and may use one or more procedures or models to try to achieve desired results.² Psychotherapy intervention can be delivered in individual, group, family, or couple formats. Psychotherapy may be a long-term intensive process that identifies emotional issues and their cause with a focus on a deep, fundamental process of change, and the development of insight about thoughts, feelings and behaviours.

The practice of psychotherapy is broad and can be performed in different clinical settings with diverse client populations. For this reason, the Ministry of Health & Long-Term Care (MOHLTC) directed the College of Registered Psychotherapists of Ontario (CRPO) to make regulations prescribing therapies involving the practice of psychotherapy including the development of policies, guidelines and other supporting resources that outline the activities that are not considered to be part of the controlled act of psychotherapy. In the provision of occupational therapy service, the following are examples of activities considered to fall outside the practice of psychotherapy: advocacy; providing education; counselling and support; teaching and problem solving; learning and re-learning skills to carry out activities of daily living. The College acknowledges that OTs perform many interventions with their clients; an OT who

¹ Adapted from the World Health Organization, 2001

² Corsini et. Al, 2008

performs these interventions in the absence of having a formal psychotherapeutic relationship is considered not to be performing psychotherapy³.

Appreciating that psychotherapy can pose an increased risk to clients with serious disorders, a subset of psychotherapy has been defined as a controlled act under the *Regulated Health Professions Act, 1991* (RHPA). The controlled act of psychotherapy can only be performed by certain regulated health professionals including OTs.

Controlled Act

Controlled acts are procedures or activities which may pose a risk to the public if not performed by a qualified practitioner. The *Regulated Health Professions Act, 1991* (RHPA) grants OTs the authority to perform the controlled act of psychotherapy. The controlled act of psychotherapy is defined in the RHPA as follows:

*“Treating 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 judgment, insight, behavior, communication or social functioning.”*

The following elements must be present for a psychotherapy activity or intervention to fall within the controlled act of psychotherapy:

1. You are treating a client
2. You are applying a psychotherapy technique
3. You have a therapeutic relationship with the client
4. The client has a **serious** disorder of thought, cognition, mood, emotional regulation, perception or memory
5. This disorder may **seriously** impair the client’s judgment, insight, behaviour, communication or social functioning

The Standards for Psychotherapy apply to all psychotherapy practice and are not limited to the controlled act. OTs are required to perform all psychotherapy in accordance with the laws, regulations and standards of practice. For assistance in understanding when these standards may apply in a specific practice context, refer to the resource “Determining When the Standards for Psychotherapy Apply”.

Psychotherapy and Counselling

Psychotherapy and counselling are often viewed as interrelated. Whether the OT is practising psychotherapy or counselling with a client, the OT must understand that there are some distinctive differences⁴ in the level of risk between the two approaches.

³ College of Registered Psychotherapists of Ontario. (2018). *Controlled Act Task Group Consultation Documents*

⁴ Appendix 1

Counselling can involve education, guidance, encouragement, supportive problem-solving or informational advice. Counselling formats vary and can include: individual, group, family or couple. Counselling can be used in all areas of occupational therapy and is typically considered a lower risk activity for the client. The focus of counselling is on specific problems or changes in life that can impact occupational performance.⁵ Counselling may or may not require grounding in a specific theory.

Although there is some overlap between counselling and psychotherapy, it is important for OTs to be able to identify when they are practising psychotherapy given the increased level of risk posed to the client. See Appendix 1 for additional information.

Application of the Standards for Psychotherapy

- The following **standards** describe the minimum expectations for OTs when performing psychotherapy.
- The **performance indicators** listed below each standard describe more specific behaviours that demonstrate the Standard has been met.
- It is not expected that all performance indicators will be evident all the time. It is expected performance indicators could be demonstrated if requested.
- There may be some situations where the OT determines that a performance indicator has less relevance due to client factors or environmental factors.
- It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.
- It is expected that OTs will be able to provide reasonable rationale for any variations from the Standard.

In the event of any conflict or inconsistency in these Standards for Psychotherapy with any other College standards, the standards with the most recent issued or revised date prevail.

College publications contain practice parameters and standards which all OTs practising in Ontario should consider in the care of their clients and in the practice of the profession. College Standards are developed in consultation with OTs and describe current professional expectations. College Standards may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Pursuant to the RHPA, the College is authorized to make regulations in relation to professional practice. The College's Professional Misconduct Regulation establishes that "contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession" constitutes grounds for professional misconduct.

⁵ *Psychotherapy & Counselling Federation of Australia*

Overview of the Standards for Psychotherapy

1. Scope of Practice
2. Use of Title Psychotherapist
3. Competence
4. Psychotherapy Supervision
5. Maintaining Competence
6. OTs Acting as Supervisors
7. Supervision of Students
8. Occupational Therapist Assistants
9. Consent
10. Risk Management
11. Record Keeping
12. Professional Boundaries
13. Discontinuation of Service

1. Scope of Practice

Standard 1

The OT will perform psychotherapy within the scope of practice of the profession of occupational therapy.

Performance Indicators

An OT will:

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| 1.1 | Determine whether psychotherapy can be effectively applied within their specific role and occupational therapy scope of practice; |
| 1.2 | Perform psychotherapy in accordance with the standards of practice and the Code of Ethics; |
| 1.3 | Refer to other qualified providers if the client requires treatment beyond the scope of practice of occupational therapy, or beyond the limits of the OT's knowledge and skill; |
| 1.4 | Ensure the client clearly understands when psychotherapy will be used within the treatment plan; |
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1.5 Understand and apply relevant legislation pertaining to the practice of psychotherapy;

1.6 Not delegate or assign components of the controlled act of psychotherapy.

2. Use of Title Psychotherapist

In Ontario, there are protected titles that only regulated health professionals are legally permitted to use. The protected title "occupational therapist", the designation "OT Reg. (Ont.)" or any variation or abbreviation can only be used by individuals registered with the College of Occupational Therapists of Ontario. Occupational therapists (OTs) who practice psychotherapy in accordance with the Standards for Psychotherapy are also permitted to use the protected title "psychotherapist" (RHPA, s. 33.1(1)). When using the title "psychotherapist", OTs are responsible for making sure people understand they are accountable to the College of Occupational Therapists of Ontario.

If choosing to use the "psychotherapist" title, OTs must use the protected title "occupational therapist" or identify themselves as a member of the College before the title "psychotherapist" in both oral and written communication.

While OTs have legal authority to use the title psychotherapist, they are not required to use this title. Alternative means for conveying this area of practice may be: *Andrew James, OT Reg. (Ont.), practising in the area of psychotherapy.*

Standard 2

The OT will use the protected title for occupational therapists in Ontario or identify themselves as a member of the College first when also choosing to use the title "psychotherapist".

Performance Indicators

An OT will:

2.1 When **speaking** to a client, use the title "occupational therapist", or the full name of the College first, before using the title, "psychotherapist".

For example,

Andrew James, Occupational Therapist, Psychotherapist

Or

Andrew James, member of the College of Occupational Therapists of Ontario, Psychotherapist

2.2

When communicating **in writing**, write their name as it appears on the public register and the title “occupational therapist” or the designation “OT Reg. (Ont.)” immediately before writing the title, psychotherapist.

For example,

Andrew James, OT Reg. (Ont.), Psychotherapist

OR

Andrew James, Occupational Therapist, Psychotherapist

2.3

When communicating in **writing** and choosing to use the name of the College or the profession instead of the “occupational therapist” protected title or the designation “OT Reg. (Ont.)”, write the name of the College or the profession in full, not the abbreviation, before the title “psychotherapist”.

For example,

Andrew James, College of Occupational Therapists of Ontario, Psychotherapist

OR

Andrew James, Occupational Therapy, Psychotherapist

3. Competence

OTs will ensure that they have adequate knowledge, training, skills, and judgement to perform psychotherapy interventions safely and effectively. OTs are expected to have completed training and coursework in psychotherapy. This may include recognized psychotherapy courses, training offered to OTs at their work sites, and professional development activities. Psychotherapy training programs must contain both theoretical and practical components and be taught by an individual who is qualified to practise psychotherapy.

Standard 3

The OT must have successfully completed training in psychotherapy and demonstrate competence prior to practising psychotherapy.

Performance Indicators

An OT will:

3.1

Have formal psychotherapy training that includes: instructional, theoretical, and practical components;

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| 3.2 | Be competent in assessing clients as candidates for psychotherapy based on knowledge of current literature and effectiveness of the psychotherapy intervention; |
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| 3.3 | Know the evidence for the relevance and effectiveness of the psychotherapy interventions used and appropriately select, apply and evaluate these interventions based on the client's needs; |
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| 3.4 | Monitor outcomes of the psychotherapy intervention and outcomes of the therapeutic relationship; |
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| 3.5 | Understand the indications, contraindications, benefits, and limitations of various psychotherapy techniques and approaches; |
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| 3.6 | Decline to perform psychotherapy if the performance of the intervention is outside of the OT's knowledge, training, skills, and abilities; |
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| 3.7 | Understand the effects of any medications, drugs, and substances that the client is taking, and their potential impact on the client's ability to participate in psychotherapy. |
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4. Psychotherapy Supervision

Psychotherapy supervision is a process where an individual is professionally supported by another psychotherapy practitioner who has a minimum of 5 years of psychotherapy practice experience and is qualified to practise psychotherapy. In this supervisory relationship, the supervising OT or other psychotherapy practitioner will discuss decision-making processes and provide support for complex or stressful situations to protect the client's well-being and facilitate the OT's professional growth in psychotherapy practice.

Standard 4

The OT must engage in psychotherapy supervision that is appropriate to their level of competence and aligns with their psychotherapy approach for the duration of their psychotherapy practice.

Performance Indicators

An OT will:

- 4.1** Assume full responsibility to seek out a supervisor of practice qualified to practise psychotherapy and provide supervision;
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- Request a level of supervision appropriate to the OT's training and experience in psychotherapy.
- 4.2** 4.2.1 Supervision for OTs with **less than 3 years** psychotherapy experience:
OTs will engage in regular supervision with a qualified practitioner of psychotherapy, appropriate to their level of experience to enhance psychotherapy skills
- 4.2.2 Supervision for OTs with **more than 3 years** psychotherapy experience:
OTs currently practising psychotherapy, with more than 3 years of experience are expected to engage in self reflective processes to determine whether they require a more structured supervision process or a less formal consultative process;
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- 4.3** Establish a supervision agreement with the supervisor for the duration of the supervision considering the roles and responsibilities of the supervisor and supervisee, the scope of the supervision to be provided and the accountability for the clinical services provided to clients (See Appendix 2);
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- 4.4** Establish a written supervision plan in collaboration with the supervisor, ensuring the frequency and duration of the supervision corresponds with the OT's experience, clientele, and requirements of the psychotherapy approach used;
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- Maintain supervision meeting notes, at a minimum, for the duration of supervision. Meeting notes may include:
- 4.5**
- Meeting dates
 - Summary of any ethical, or professional issues addressed with the supervisor
 - Any direction, recommendations, feedback or evaluation provided by the supervisor
 - A record of any payment made for the supervision;

Note: Supervisory notes are not considered part of the clinical record.

4.6 Inform the client of the existence of the supervision process and address any questions regarding the supervision process;

4.7 Identify when the OT may be ready to transition to a less formal or consultative model for ongoing peer support. The move to the peer consultation model will be determined by the OT's skill development, personal reflection processes, and the supervisor's recommendation.

5. Maintaining Competence

OTs are expected to maintain competency through ongoing professional development as it relates to the psychotherapy services being provided. Maintaining competency enables OTs to refine and build on the skills developed through training.

Standard 5

The OT will maintain competence by engaging in ongoing psychotherapy-based learning activities.

Performance Indicators

An OT will:

5.1 Participate in professional development activities that ensure the maintenance of knowledge, skills, and abilities to perform psychotherapy including, but not limited to: workshops, conferences, peer supervision, consultation, personal reflection, reading, case reviews, mentors, support networks, recognized education programs, online teaching modules, and/or research, while continually updating knowledge of current psychotherapy approaches.

6. OTs Acting as Supervisors

The College expects that OTs who agree to perform a supervisory role for OTs and other practitioners will possess the knowledge, training, skills, experience and judgement to safely, effectively and ethically provide psychotherapy guidance. OTs who are providing

psychotherapy supervision must be clear that they are not taking accountability for client care; the supervisee remains responsible for the psychotherapy provided to their client(s).

Standard 6

The OT will ensure they have the knowledge, skills and required experience to safely and effectively provide psychotherapy supervision to OTs and other practitioners who are performing psychotherapy.

Performance Indicators

An OT acting as a supervisor will:

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| 6.1 | Have a minimum of 5 years psychotherapy practice experience with no restrictions on their practice; |
| 6.2 | Have the knowledge and skills to provide consultation, support, resources, and direction appropriate for the psychotherapy approach utilized to ensure the well-being of the client; |
| 6.3 | Ensure the OTs and other practitioners requesting supervision are performing psychotherapy safely, ethically, and effectively; |
| 6.4 | Be accountable for the information and guidance provided during the provision of supervision; |
| 6.5 | Maintain and retain supervisory notes in a secure manner, maintaining privacy and confidentiality for the duration of the supervision. The supervisory notes may include: <ul style="list-style-type: none">• Meeting dates• Summary of any ethical, or professional issues related to the supervisee's performance of psychotherapy• Any direction, recommendations, feedback provided to the supervisee• Supervisee areas of strength and areas requiring additional development• A record of any fees charged for the supervision; |
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Note: Supervisory notes are not considered part of the clinical record.

7. Supervision of Students

Student Occupational Therapists

Student OTs may be included in the delivery of psychotherapy as part of their student placement. However, due to the sensitive nature of some psychotherapy treatments, it may not always be in the client's best interest or be appropriate for a student to be present in the session. As student OTs are often in placements for a short period, they may be present for only a portion of the psychotherapy intervention. OTs should use clinical judgement to determine when it is appropriate for students to be included in their psychotherapy sessions. Student OTs may participate in psychotherapy sessions with the client's consent and may take part in post-session discussions and case reviews. Student OTs who participate in the psychotherapy treatment with clients must be directly supervised by the OT, or another qualified member of the team during the session. OTs supervising students must comply with the Standards for the Supervision of Students.

Other Students

In a multidisciplinary setting, where the OT may participate in the supervision of students from other professions in the process of providing psychotherapy, the performance indicators below also apply.

Standard 7

The OT will, ensure they have the knowledge, skills and abilities to safely and effectively supervise students and provide direct supervision when performing psychotherapy.

Performance Indicators

An OT will:

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| 7.1 | Have the knowledge, skills, and judgement necessary to undertake the supervisory role for students; |
| 7.2 | Have knowledge of the student's level of skill, experience and competence, prior to involving students in psychotherapy interventions; |
| 7.3 | Provide direct supervision for the student during psychotherapy to ensure psychotherapy is completed in a safe and therapeutic manner; |
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7.4 Manage student supervision in a collaborative manner when the student is involved in a psychotherapy session with another qualified health care professional;

7.5 Ensure that informed consent is obtained from the client for the participation of student(s) in the psychotherapy sessions.

8. Occupational Therapist Assistants

Due to the knowledge, training, skills, and judgement required in the practice of psychotherapy, an OT may **not** assign or delegate components of psychotherapy to occupational therapist assistants (OTAs). OTAs may be involved with clients in mental health programs, carrying out other interventions.

Standard 8

The OT will not delegate the whole or parts of the controlled act of psychotherapy or assign psychotherapy interventions to occupational therapist assistants.

Performance Indicators

An OT will:

8.1 Not delegate or assign psychotherapy interventions to occupational therapist assistants.

9. Consent

OTs practising psychotherapy are expected to comply with the Standards for Consent. Consent is an ongoing process to be re-evaluated throughout the intervention process.

Standard 9

The OT will ensure that informed and ongoing consent is obtained from the client to perform psychotherapy, in accordance with the Standards for Consent.

Performance Indicators

An OT will:

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| 9.1 | Determine client capacity to consent and participate in psychotherapy; |
| 9.2 | Obtain informed consent for psychotherapy ensuring the client or referral source understands the practice of psychotherapy within the occupational therapy scope of practice |
| 9.3 | Respect the client's choice not to proceed with psychotherapy and offer alternative courses of action. |
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10. Risk Management

OTs practising psychotherapy should take reasonable measures to recognize and minimize the risks to client safety. OTs should be aware of contraindications and be responsive in managing adverse reactions that may occur during psychotherapy. When considering alternative methods of delivering psychotherapy interventions, such as telepractice, OTs should have a process in place to manage any risks, or unexpected events.

Standard 10

The OT will be responsible for recognizing, minimizing, and managing the risks associated with performing psychotherapy.

Performance Indicators

An OT will:

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| 10.1 | Practise psychotherapy within the occupational therapy scope of practice adhering to principles, standards and guidelines intended to minimize risks to client safety; |
| 10.2 | Establish and/or apply policies and procedures for recognizing and managing adverse reactions during, or resulting from psychotherapy; |
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| 10.3 | Recognize, assess, and manage any potential physical or emotional risks of harm to the client or others associated with the performance of psychotherapy; |
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| 10.4 | Discuss the potential risk of temporary worsening of the client's condition if painful feelings or experiences are reopened, as part of the therapy process; |
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| 10.5 | Be aware of contraindications and negative treatment effects based on the client's issues and model of psychotherapy used; |
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| 10.6 | Determine if the delivery of psychotherapy intervention by telepractice is appropriate; |
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| 10.7 | Have training in recognizing and managing suicidal, aggressive, or violent behaviour including the practice of crisis intervention and de-escalation techniques; |
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| 10.8 | Be aware of any legal authority that permits or requires an OT to disclose personal health information for the purpose of eliminating or reducing a significant risk of serious bodily harm to an individual or a group of persons; |
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| 10.9 | Recognize and take action when the intervention is not effective and where the client's status may deteriorate; |
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| 10.10 | Recognize and will not practise psychotherapy beyond their training or competence. |
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11. Record Keeping

OTs practising psychotherapy are expected to comply with the Standards for Record Keeping.

Standard 11

The OT will document the provision of psychotherapy in accordance with the Standards for Record Keeping.

Performance Indicators

An OT will:

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| 11.1 | Maintain client records in accordance with the Standards for Record Keeping noting a rationale for the psychotherapy approach and model used; |
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12. Professional Boundaries

Professional boundaries are crucial to the maintenance of a respectful client-therapist relationship. OTs should adhere to the Standards for Professional Boundaries when providing psychotherapy to their clients. Due to the OT's position of authority and professional knowledge related to the client's health status, vulnerability, unique circumstances, and personal history the client-therapist relationship has a power imbalance in favour of the OT. The power imbalance exists due to the OT's ability to influence a client's access to care or services. A client's desire to improve his or her health results in trust being established much more quickly and completely than might occur otherwise. OTs should be aware of this power imbalance during the provision of psychotherapy treatment. It is not appropriate to develop a personal relationship with a client at any time during psychotherapy treatment or once psychotherapy is discontinued. There may be situations where an OT may encounter a client in the community; however, these casual contacts are not considered personal relationships.

In relation to the topic of professional boundaries, transference and counter-transference are important considerations. Transference is generally defined as the set of expectations, beliefs, and emotional responses that a client brings to the therapist-client relationship. Countertransference is the emotional reaction of the OT to the client's behaviours. It is important that OTs are consciously aware of these feelings and emotions and reflect on what may be the result of transference/countertransference and what response may be warranted to the situation.

Standard 12

The OT will take full responsibility to establish and maintain appropriate professional boundaries in accordance with the Standards for Professional Boundaries.

Performance Indicators

An OT will:

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| 12.1 | Comply with the Standards for Professional Boundaries and Standards for the Prevention of Sexual Abuse; |
| 12.2 | Never develop a personal relationship or engage in sexual relations at any time with a client or former client, during or following psychotherapy treatment; |
| 12.3 | Refrain from entering into a dual relationship, such as providing psychotherapy to individuals whom the OT has a pre-existing relationship (friends, colleagues, business associates); |
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12.4	Provide and document a clear rationale in a situation where the model of psychotherapy may indicate an action that may be perceived as a boundary crossing (for example, meeting the client out of their usual therapeutic setting to address phobic behaviours);
12.5	Refrain from disclosing their own personal information, unless carefully considered as part of the treatment process (for example, safe and effective use of self);
12.6	Recognize and effectively manage transference and countertransference.

13. Discontinuation

The OT’s decision to discharge a client from psychotherapy begins with the referral and is an ongoing consideration throughout the intervention process. It is recognized that an unplanned, unanticipated, or unintended end to the client-therapist relationship can also occur, prior to the completion of the intended treatment plan. This is termed “discontinuation of service” as outlined in the Guide to Discontinuation of Service.

The OT’s practice of discontinuation will vary according to the psychotherapy approach and the context in which the service is being delivered. Although, psychotherapy can be temporarily interrupted or prematurely discontinued due to factors that impact a client’s ability to participate in treatment; unintended discontinuation of psychotherapy intervention can be detrimental to the client. The OT should consider the level of risk when considering discontinuation, ensuring that the client can access the appropriate resources in a timely manner. Where possible, there should be an agreement between the client and OT that the client has achieved what can reasonably be expected from psychotherapy before discontinuation of psychotherapy intervention. Additionally, the OT should consider if the client would benefit from a referral to another qualified practitioner.

Standard 13

The OT will discontinue psychotherapy in a safe and ethical manner.

Performance Indicators

An OT will:

- 13.1 Establish clear expectations for psychotherapy intervention at the onset of service;

13.2 Establish a process for discontinuation of psychotherapy, based on the psychotherapy approach, client status and goals;

Discontinue treatment for the following reasons:

- psychotherapy is no longer appropriate due to a change in the client's status;
 - Further treatment would not produce additional benefits;
 - The client has withdrawn consent;
 - Treatment goals have been met;
 - The client has been given reasonable opportunity to achieve set client goals but has been unsuccessful due to a lack of engagement, readiness, or motivation for the psychotherapy process;
 - The client is engaging in threatening, harassing, assaultive or other negative behaviours posing danger to the OT;
- 13.3**
- The OT does not feel competent to provide the necessary treatment for the condition;
 - When the client-therapist relationship has become compromised;
 - The OT is engaging in a conflict of interest
 - Discontinuation has been chosen as a constructive, therapeutic strategy;
 - The available service resources have been exhausted;
 - The client is unable to meet agreed upon terms of payment for services provided;
 - The OT is ceasing practice, changing practice or moving to a different type of practice.

13.4 Discuss the reason for discontinuation with the client, including the arrangement of referrals to another qualified health care professional if further treatment is indicated;

Document:

- Reasons for discontinuing services;
 - The condition of the client;
- 13.5**
- The availability of alternate services, as appropriate;
 - The post discharge plan
 - All correspondence relevant to the discontinuation of psychotherapy service.
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Appendix 1- General Characteristics of Psychotherapy and Counselling

Psychotherapy	Counselling
<ul style="list-style-type: none"> • Frequently a long-term process, however there are short-term models (i.e. 8-12 sessions); • Treatment can range from a few months to years. 	<ul style="list-style-type: none"> • Most often a short-term process; • Visits may range from 1 to 12 sessions • Some models of counselling can carry on over a longer period of time.
<ul style="list-style-type: none"> • Generally associated with a higher level of risk in treatment as the focus may be on past unresolved issues, unpleasant emotions or behaviours. 	<ul style="list-style-type: none"> • Generally associated with a lower level of risk in treatment as the focus may be on overcoming obstacles to personal growth.
<ul style="list-style-type: none"> • Examines thoughts, feelings, and actions of chronic and more severe emotional conditions. • Encourages changing defeating patterns of behaviour and promotes personality change. 	<ul style="list-style-type: none"> • Examines specific problems or changes in life adjustment. • Encourages behaviour change. • Supports the client to perform day-to-day activities.
<ul style="list-style-type: none"> • Goals may include gaining self-knowledge, dealing with defenses which are no longer working or useful, behaviour change, change in lifestyle or personality. 	<ul style="list-style-type: none"> • Goals may include wellness, personal growth, healing, problem solving, adjustment to life situations, the development of coping skills.
<ul style="list-style-type: none"> • Examples of techniques may include Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), and Solution Focused Brief Therapy. 	<ul style="list-style-type: none"> • Examples of counselling may include health teaching, providing information, encouragement and support, giving advice and suggestions.
<ul style="list-style-type: none"> • Requires a greater depth of training and supervision. • Practicing with individuals with a serious disorder of thought, cognition, mood or emotional regulation falls under the Controlled Act. 	<ul style="list-style-type: none"> • May be practiced by non-health professionals or those experienced in the nature of the specific problem (i.e. addictions, eating disorders) • Practice is not a controlled act.

Appendix 2: Supervision Agreement Considerations

The considerations below are intended to be used as a resource to facilitate discussions about the supervision agreement between the supervisor and supervisee. Not all elements of an agreement are captured below. This resource should be used in conjunction with the Standards for Psychotherapy and any components appropriate to the psychotherapy approach.

In developing a supervision agreement, the supervisor and the supervisee should consider the following:

1. The responsibilities of the supervisor and supervisee;
2. The scope of the supervision
3. The accountability for client care
4. Supervisory notes and agreements for confidentiality
5. Anticipated length of supervisory relationship
6. Fees associated with supervision
7. An alternate plan in case of an emergency and the supervisor is unavailable;

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