



# Update on Psychotherapy

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In 2007, the Ontario government proposed changes to the *Regulated Health Professions Act* that would establish a new college of psychotherapists, create a new controlled act for psychotherapy, and authorize only members of the colleges of medicine, nursing, occupational therapy, psychotherapy, psychology, and social workers and social service workers to perform the controlled act of psychotherapy. These new provisions have not as yet been proclaimed into law and the Transitional Council of the College of Registered Psychotherapists of Ontario is not at this time named as a College.

The Ministry of Health and Long-term Care is now considering options related to the controlled act of psychotherapy to enable child and youth workers, crisis counselors and other types of workers in the mental health system to continue to provide psychotherapy. It is now clear that these workers will not be regulated through the College of Registered Psychotherapists of Ontario at this time.

## WHAT IS PSYCHOTHERAPY

The proposed controlled act of psychotherapy is described in section Q of Bill 171 as follows: as “to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder or thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning”

When determining whether counselling a patient is the controlled act of psychotherapy, it is important to break down the definition into understandable parts. The following features must be present in order for a treatment to be considered psychotherapy:

- The purpose of the treatment is treating the actual psychological disorder;
- A known psychotherapy technique must be used;

- A therapeutic relationship with the client must exist – the client and psychotherapists must understand that the purpose of the relationship is treating the psychological disorder;
- The disorder must be a serious disorder of cognition, mood, emotional regulation, perception or memory; and
- The serious disorder has the potential to result to serious impairment.

## IMPACT ON PRACTICING DIETETICS

Some RDs who treat clients with eating disorders do provide psychotherapy. Until the controlled act is proclaimed into law, they may continue to practice psychotherapy. As soon as psychotherapy becomes a controlled act, RDs must not continue to do psychotherapy unless they have received a delegation from a professional who is legally authorized to do psychotherapy or unless they become a member of the new College of Registered Psychotherapists (CRPO).

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RDs who do psychotherapy in keeping with the above definition now have an opportunity to explore becoming a member of CRPO through a grandparenting application process.

## HOW ABOUT PSYCHOSOCIAL COUNSELLING?

Psychosocial-counselling especially within the context of supporting a nutritional treatment plan is not performing the controlled act of psychotherapy. The RD scope of practice will continue to include providing psychosocial counselling/psychotherapy to clients who have disorders that are not serious or not likely to lead to serious impairment or for purposes other than treating an actual psychological disorder. Psycho-social counselling for nutrition conditions even when done with a known psychotherapy technique, such as cognitive or

dialectical behavior therapies, are not psychotherapy as intended by the definition of the controlled act.

## HOW DO I KNOW IF MY PSYCHOSOCIAL COUNSELLING CROSSES THE LINE INTO THE CONTROLLED ACT AS STATED IN THE RHPA?

The College is working on education material on the controlled act of psychotherapy using real practice scenarios to guide RDs in this area of practice. We plan to publish these scenarios in an upcoming issue of *résumé*.