

# Understanding When Psychotherapy is a Controlled Act.

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# Introduction

The *Regulated Health Professions Act, 1991* (RHPA), the governing legislation for regulated health professionals in Ontario, identifies 14 “controlled acts,” which may only be performed by regulated health professionals authorized to do so. In the case of the controlled act of psychotherapy, the RHPA also authorizes members of the Ontario College of Social Workers and Social Service Workers, who are regulated under the *Social Work and Social Service Work Act, 1998*, to perform the controlled act. Controlled acts are restricted

because of the risk of harm associated with their performance by unqualified individuals.

The controlled act of psychotherapy is a smaller aspect of the overall practice of psychotherapy. This document only focuses and lends clarity to the meaning of the controlled act of psychotherapy. It was developed by the five colleges whose members are authorized to perform the controlled act<sup>1</sup>.

It assists regulated and unregulated practitioners, employers, patients/clients and the general public to better understand when psychotherapy involves the controlled act, and when it should only be performed by a qualified, regulated professional authorized to do it.

The RHPA defines the controlled act of psychotherapy 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<sup>2</sup> the individual’s judgment, insight, behaviour, communication or social functioning.”

All five elements must be present for an activity or intervention to fall within the controlled act of psychotherapy.



The practitioner responds to an assessed need or diagnosis through the use of therapeutic interventions or techniques.

The treatment involves one or more interventions or approaches based on recognized psychotherapeutic theories, models or frameworks and/or empirical evidence.

The practitioner builds a strong therapeutic alliance with the individual. The relationship between the practitioner and the individual is integral to the treatment and based on clear professional boundaries.

The descriptions below provide additional clarity on what is meant by a “serious disorder of thought, cognition, mood, emotional regulation, perception or memory.”

The descriptions below provide additional clarity regarding “seriously impair the individual’s judgment, insight, behaviour, communication or social functioning.”

**Thought** Impairment in concentration, persistence, and pace. May include delusions, or hallucinations, unwanted or intrusive thoughts that distort an individual’s ability to discern different states such as reality, fantasy and imagination.

**Cognition** Persistent difficulty in understanding the meaning or importance of something, learning new things, concentrating or making decisions.

**Mood** Prominent and persistent affective disturbance characterized by significant lows (diminished interest or pleasure in all, or almost all, activities) or significant highs (elevated, expansive or irritable disposition).

**Emotional regulation** Persistent difficulty controlling emotion or emotional responses that do not appropriately fit the situation. May exhibit marked changes in moods or report difficulties with interpersonal relationships.

**Perception** Difficulty recognizing or making sense of sensory stimuli needed to understand, learn or prompt a particular action or reaction; may be accompanied by diminished, exaggerated, distorted or impaired response to the stimuli.

**Memory** Difficulty storing and retrieving or recalling information about their abilities and previously experienced connections, sensations, impressions, information or ideas.

**Judgment** Difficulty making sound, reasoned or responsible decisions and contingencies. Reduced ability to predict and anticipate.

**Insight** Difficulty recognizing mistakes, drawing connections between a problem, action and its consequences; lack of awareness of the impact behavior may have on oneself and/or others; may have difficulty formulating a plan.

**Behaviour** Difficulty maintaining conduct within the limits prescribed by major societal norms, laws, rules; may violate the rights of others or disregard safety of self.

**Communication** Difficulty receiving, sending, processing or comprehending concepts or words in context — verbally or nonverbally; may use words and meanings inappropriately, may not be able to follow directions; may have trouble getting others to understand what they are communicating.

**Social Functioning** Difficulty with day-to-day functioning that interferes with performance at work or school, in relationships, taking care of self or connecting with others.



<sup>1</sup> The College of Nurses of Ontario; the College of Occupational Therapists of Ontario; the College of Psychologists of Ontario; the College of Registered Psychotherapists of Ontario; and the Ontario College of Social Workers and Social Service Workers.

<sup>2</sup> Individuals may show less serious impairment when they are taking medications and/or receiving other treatment services that reduce the symptoms of the disorder. The practitioner must take into account the extent of the impairment that could result if the individual discontinued the medications or other treatment services.



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