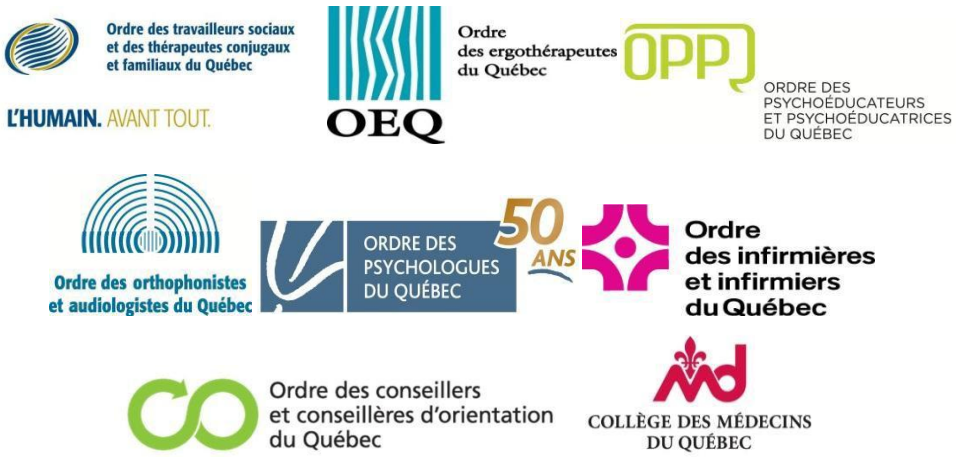
BILL 21

Shared professional competences in mental health and human relations: the individual at the forefront

Act to amend the Professional Code and other legislative provisions in the mental health and human relations field
September 2012

AN UPDATED GUIDE – *December 2013* - IS AVAILABLE IN FRENCH ONLY RIGHT NOW

THE TRANSLATION WILL BE AVAILABLE AS SOON AS THE LATEST MODIFICATIONS ARE DONE TO THE "CODE DES PROFESSIONS"



May 4, 2012

Object: Bill 21 Publication of the Guide to understanding the inter-orders

Dear members,

We are pleased to announce the publication of the **Guide to understanding the application of the provisions from Bill 21.**

This Guide, written jointly by the concerned professional orders in close cooperation with the *Office des Professions du Québec*[1], is available to the health and social services network, the education network, the employment network and the other work environments where the professionals targeted by Bill 21 are working.

This unique Guide ensures a coherent and uniform interpretation of the various provisions of Bill 21 in all the environments where these professionals work, from the perspective of protecting the public and modernizing the practices.

The Guide shows the reviewed description of the fields of practice for each profession and specifies the reserved activities deemed at risk of harm in the mental health and human relations field. This allows drawing out the activities that are not reserved and to encourage an optimum use of each individual's competences. Thus, it offers essential answers to the various environments in order to organize the work of the interdisciplinary teams among the targeted vulnerable clienteles, while respecting the provisions provided in Bill 21 and ensuring quality services centered on the client's needs.

The Guide must be considered as open-ended. Some sections, notably those on the supervision of psychotherapy, will have to be completed when the related regulations will be adopted by the government. In order to support the Guide's interpretation and implementation, a network of respondents made up of representatives from the targeted professional orders and from the organizations representing the institutions will ensure the liaison between the environments and the orders for everything concerning the implementation of the changes brought on by Bill 21.

Although the Guide is now of public knowledge, one will have to wait for the adoption of the necessary regulations and decrees by the National Assembly for the provision of Bill 21 to come into effect. In all likelihood this should be done before the end of the present parliamentary session, in September. We invite you to go the Web site of the *Office de Professions du Québec* http://www.opq.gouv.qc.ca/ to download this document and follow the communications related to the enforcement of Bill 21.

We count on your cooperation so that the implementation of this bill, so important for our sector of practice, is done harmoniously and respects all, for the greatest benefit of the individuals served. We are aware that it is an important change of culture and we expect a period of adaptation. The orders are ready to work together in order to resolve

[1] Old name: Québec Professions Board

as and when required the difficulties that could occur. We invite you to send us the questions raised in the field, in order for us to discuss them and send you a common answer.

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Shared professional competences in mental health and human relations: the individual at the forefront

Act to amend the Professional Code and other legislative provisions in the mental health and human relations field

Guide

September 2012

Ordre des conseillers et conseillères d'orientation du Québec

Ordre des ergothérapeutes du Québec

OEQ

COLLÈGE DES MÉDECINS DU QUÉBEC

Ordre des orthophonistes et audiologistes du Québec

OPP

ORDRE DES PSYCHOÉDUCATEURS ET PSYCHOÉDUCATRICES DU QUÉBEC

Ordre des infirmières et infirmiers du Québec

ORDRE DES PSYCHOLOGUES DU QUÉBEC

Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec

L'HUMAIN. AVANT TOUT.

Office des professions Québec

This work was developed under the coordination of the *Offices des professions du Québec* by an editorial committee where the professional orders concerned by Bill 21 were represented. Consultations with many organizations (Ministries, associations, and other groups) have largely contributed to enriching it.

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List of the modifications made to the guide

Dates of updates	Modified pages
August 2012	4. A measure to prevent any break in the services (p.49 & 50) 5. Supervision of psychotherapy (p. 51 to 60)
September 2012	Appendix 3 (p. 65)

Foreword

The *Act to amend the Professional Code and other legislative provisions in the mental health and human relations field* (Bill 21) has been adopted unanimously by the Québec General Assembly on September 19, 2009.

To encourage its harmonious implementation, the professional orders targeted by Bill 21 and the *Office des professions du Québec* have cooperated to writing a common/single guide for the interpretation of the new legislative provisions.

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Introduction

The object of the present guide is to explain the provisions of Bill 21. The professional orders concerned by the bill have developed a single and same guide that will be available to the health and social services network, the education network, and the other work environments when the professionals' members of these orders are working.

It aims to ensure coherence and a uniform interpretation in all work environments.

It is for the members of the professional orders and the managers who, in various environments, have to organize interdisciplinary team work. In an interdisciplinary team, the results of the evaluations, observations and interventions performed by various team members are put in common in order to share a global understanding of the situation and to agree on the common intervention objectives. The title "interdisciplinary practice context" in the present guide presents the contribution of the professionals concerned by Bill 21, but this does not exclude the contribution of other workers.

It is important that the meaning given to the provisions of Bill 21 is the same over time from one profession to the other, one institution to the other, in the guidelines or the answers given in these environments. The services offered to meet the clientele's needs should be linked to the specific contribution of the various professionals.

It is pertinent to remember that some principles, such as the protection of the most vulnerable clienteles, are the basis for Bill 21. The safeguard clauses regarding the activities with a risk of injury for the members of the professional orders, as well as the psychotherapy supervision are within this logic.

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1. Context of the *Act to amend the Professional Code and other legislative provisions in the mental health & human relations field*

This law amends the *Professional Code* in order to provide a re-definition of the professional practice in the mental health and human relations field for the professions of psychologist, social worker, marriage and family therapist, guidance counsellor and psychoeducator. In addition, it establishes for the members of these orders, as well as for the nurses, the occupational therapists, the speech-language pathologists, and the audiologist a safeguard clause regarding the activities with a risk of injury in the field of mental health and human relations.

In addition, for the practice of these professions, the law includes the information, promotion and prevention activities common to practicing certain health professions. It introduces also suicide prevention among the prevention activities.

Finally, the law provides the supervision of the practice of psychotherapy. It provides a definition of psychotherapy, a safeguard clause for the practice and the title of psychotherapist for the doctors, the psychologists and the members of professional orders such as the members holders of the psychotherapist licence, the management of the licence by the *Ordre des psychologues du Québec* and the creation of an interdisciplinary advisory council on the psychotherapy practice[2].

1.2. The continuity of the modernization of the professional practice in the health and human relations sector

For health professions, the first modernization phase started by the coming into effect of the *Act amending the Professional Code and other legislative provisions as regards the health sector* (Bill 90 adopted in September 2002).

In the second phase of the work, Bill 21 gives effect to the necessary modernization of the mental health & human relations professional practice. It was adopted in September 2009, following a parliamentary committee. It had been preceded by Bill 50 which had also been the object of thee parliamentary committee on March 2008.

The developed approach in mental health and human relations is based on the elements of the legal framework implemented by Bill 90.

1.3. Professional supervision

The modernization of the mental health the human relations professional practice consists in the following:

- Reviewing the definition of fields of practice so that they describe the XXIst century professional practices.
- Reserving activities that can be prejudicial to clienteles particularly vulnerable.
- Supervising the practice of psychotherapy by the professional system.

It targets the following professions: Psychologist, social worker, marriage and family therapist, guidance counsellor, psychoeducator, occupational educator, nurse, doctor, speech-language pathologists, and the audiologist.

[2] Explanation notes introducing Bill 21 by the *Éditeur official du Québec*, 2009

Bill 21 brings to the forefront the mission of the professional orders which is to protect the public. The effect is to oblige the eligible workers to adhere to their order in order to perform certain activities deemed prejudicial, whether they work in the private sector, the institutions of the public health and social services network, the school network, the community organizations or elsewhere. Belonging to a professional orders guaranties that the professional has the minimum required competencies to perform reserved activities and that he is targeted by public protection mechanisms, such as quality control of the professional practice, the code of ethics and on-going training.

1.3 Sharing competencies

Bill 21 clarifies the particularities of each professions, encourages the optimum use of competencies within an interdisciplinary and multi-disciplinary viewpoint in order to reach a greater efficiency within using the human resources and in order to offer quality services to the population.

1.4 Work organization

Bill 21 brings modifications to the *Professional Code*, framework Law of the professional system, as well as certain other laws[3]. Thus the modernized professional laws provide, among other things, the health and social services additional means to organize multidisciplinary and interdisciplinary teams. Consequently the objective consists in optimizing access to the services and the contribution of each professional and, therefore, the efficiency of the work teams

It ties the professional intervention to the knowledge and competencies provided by the received training on the basis of the degrees or their equivalent presently giving access to the licences from the professional orders.

Let us specify that the work of workers other than the members of the professional orders is not described in detail in the present guide. Indeed, this guide is on the changes made to the professional laws and, most of all, it does not aim to describe or specify the work organization modalities, which remain the responsibility of the employers in the concerned environments. Regarding the contribution of the social work technicians, the technicians in specialised education and the technician in delinquency intervention, a picture of their interventions related to the activities reserved by Bill 21 can be consulted in the report of the Co-chairs of the Table on analysing the situation of the technicians working in the mental health and work relations field[4].

1.5 Integrating the criminologists and the sexologists to the professional system

In the framework of its mandate the committee of experts in charge of modernizing the mental health and human relations professional practice has suggested solutions concerning some groups of workers who are not integrated into the professional system.

In this context, the professions of criminologist and sexologist were the object of special proposals since the committee of experts considered that there are ties between the practice of these two professions and those recognized work in the mental health and human relations field.

[3] The *Nurses Act*; the *Medical Act*

[4] www.opq.gouv.qc.ca

The experts suggested they are recognized as professions within the meaning of the professional system, with a definition of the field of practice and reserved activities.

When the Parliamentary Commission was held regarding Bill 50 (first version of Bill 21), the Minister of Justice, in charge of the application of the professional laws, entrusted the *Office des professions* with the mandate to undertake the necessary steps with the criminologists and sexologists in order to integrate them into the professional system and reserve for them the activities suggested in the report of the committee of experts; *Partageons nos compétences – Modernisation de la pratique professionnelle en santé mentale et en relations humaines*[5].

The *Office* is responsible for executing this ministerial mandate. The integration process for the professional system is in progress.

The present guide will be updated, if applicable, in order to introduce these two groups of professionals as soon as a governmental decree will give effect to their integration into the professional system.

[5] Translator's comment: This is a loose translation. Sharing our competencies - Modernization of the mental health and human relations professional practices

2. The modernization of the field of practices for the professionals working in mental health and human relations

2.1. The fields of practices updated by Bill 21

The changes made to the *Professional Code* modernizing the fields of practice for the professionals working in the mental health and human relations field.

The updated descriptions of the social worker, marriage and family therapist, psychologist, guidance counsellor, psychoeducator fields of practice are introduced in the *Professional Code.*

As for the speech-language pathologist, the audiologist, the occupational therapist, the nurse and the doctor, their fields of practice where all review when adopting Bill 90.

It is within the framework of the field of practice that the reserved activities for each profession targeted by Bill 21 are reserved.

2.2. The criteria that guided the description of the fields of practice

The fields of practice are descriptive and not reserved.

The updating of the professional fields of practice is based on the following principles:

- be sufficiently specific so to make a distinction between one profession and the other and establish its distinct mark
- be concise in order to keep to what is essential and to the acts practiced by the majority of the members
- specify the end-purpose of the professional's intervention in Is particular about it
- avoid detailed lists of activities, task descriptions, lists of means, of environments and practice locations or of clienteles
- omit all comments regarding the used goods or services, methods and techniques

The field does not pretend to cover an entire discipline; it must rather state the main activities so to understand its nature and end-purpose. The content of the fields is limited to the following constituting elements:

- the designation of the professional discipline
- the profession main activities
- the end-purpose of the practice

The expression "the human being in interaction with his environment" reflects the work of the professionals with the individuals, couples, families, groups, communities and organizations. Depending on the profession, the environment can be more or less broad, and the perspective of the intervention can differ from one profession to the other. The fields of practice for the occupational therapist, the nurse, the doctor, the speech pathologist and the audiologist that were already changed in Bill 90, have been adjusted along the same lines.

2.3. The social worker field of practice

Evaluating the social operation, deciding on the intervention plan and ensuring its application as well as supporting and re-establishing the social functioning of the individual reciprocal with his environment in order to encourage the optimum development of the human being in interaction with his environment

The distinct mark of the profession

The social worker evaluates social functioning within an interactive viewpoint between the individual and his environment, by integrating a critical consideration of the social aspects influencing the situation and the problems experienced by the individual. This individual can be an individual, a couple, a family a group or a community.

As for the environment, it regards the individual's living environment, the network he belongs to, as well as his material and societal conditions. This paradigm is at the heart of the social worker's evaluation and intervention, and the latter are based on the defence of human rights and the promotion of social justice.

The evaluation of a individual by the social worker refers to the way the individual exercises his various social roles as well as the means he and his environment have to allow him to accomplish these roles satisfactorily according to his needs and his reality. Without prejudice to the activities reserved for the social worker in points 3.6.4, 3.6.5, 3.6.6, 3.6.7, 3.6.8, 3.6.9, 3.6.10, and 3.6.12, the evaluation of social functioning present in the social worker's field of practice does not have as effect to reserve this activity for the SW.

In this context, the intervention plan to which the social worker's field of practice refers to does not have as effect to reserve this activity for the SW. Any individual designated by the institutions will be able to continue determining and implementing the intervention plan without prejudice to the activity reserved for the social worker at point 3.6.7.

The social worker's interventions consist generally in determining a social intervention plan for which he assumes the implementation alone or within a multidisciplinary or interdisciplinary team or also in cooperation with other partners.

The practice in a few lines

The social worker aims to improve the social functioning of an individual, a family, a group or a community when these want to make a situation more satisfactory according to their goal. The social worker believes in the intrinsic value of the individual, his right to self-determination and autonomy. By his professional activities the SW implements with the individuals, groups and communities conditions encouraging the development of their power to act and achieve their potential and ambitions. He aims to meet their psychosocial and community needs through social interactions and a satisfactory participation to society life.

Particular end-purpose

The end-purpose of the social worker's practice is to achieve a balance between the needs of an individual or a community and the capability of the environment to meet these needs. The pursued result is to encourage and re-enforce these individual's power to act in their interpersonal relationships, to accomplish their social roles and exercise their individual and social rights.

2.4. The marriage and family therapist field of practice

Evaluating the dynamic of the marriage and families relational dynamics, environment a treatment and intervention plan as well as restoring and improving the communication means in order to encourage better spousal and familial relationships for the human being in interaction with his environment.

The distinct mark of the profession

The marriage/family therapist carries out a clinical evaluation of the coupes and families relational systems dynamics. Therefore, for the intervention the marriage/family therapist treats the couples, families and their members' relational dynamics. Notably, he evaluates the communication processes, the interactions, the structural aspects of the familial systems and sub-systems, such as the couple and siblings. He also studies the history of the individual, his couple, his immediate family and family of origin by drawing out the intergenerational issues. He considers all the present problems rather than fragmenting them, and he places them into context. He draws out the function of the present problems, separating and placing into interrelation the individual, interpersonal, familial and ecosystemic factors. He develops and communicates the individual and relational hypotheses, formulates recommendations and determines the treatment and intervention plan with the clients.

Without prejudice to the activities reserved to him in points 3.6.4, 3.6.8 an 3.6.9, the evaluation of the couples and families relational systems dynamics is present in the marriage/family therapist field of practice and does not have as effect to reserve this activity for the marriage/family therapist

The practice in a few lines

The marriage/family therapist practice is based essentially on therapeutic interventions with the couples and the families, and it involves determining with them the objectives of change to reach in association to the appropriate therapeutic plan.

The marriage/family therapist intervenes by performing the treatment of the relational dynamics in order to restore and improve the couples, families and family members' interactional processes and methods of communications. He instates a process of change based on the strength of the ties in order to decrease the negative interactions and break the couples and family relational impasses.

Particular end-purpose

The marriage/family therapist intervenes in order to encourage better marital and familial relationships for the individual in interaction with his environment. These interventions restore and improve the communications methods of the couples and the families.

2.5. The psychologist field of practice

Evaluating the psychological and mental functioning as well as determining, recommending and carrying out interventions and treatments in order to encourage psychological health and restore the mental health of the human being in interaction with his environment.

The distinct mark of the profession

The psychologist evaluates the psychological functioning, which constitutes the profession's object of study and intervention. In addition, he evaluates the mental functioning in order to identify the disorders, meaning a dysfunction, an alteration of the mental functions, such as intellectual disability, mental disorders and

neuropsychological problems. Without prejudice to the activities reserved for the psychologist and described in points 3.6.1, 3.6.2, 3.6.3, 3.6.4, 3.6.6, 3.6.8, 3.6.9, 3.6.11, and 3.6.12, the psychological and mental functioning evaluation present in the psychologist's field of practice does not have as effect to reserve this activity for him.

The evaluation of the psychological and mental functioning consists in evaluating notably the emotions, aptitudes, attitudes, cognitions, taste, interests, motivations resources and others in order to establish a portrait of the evaluated individual, to make recommendations or to set an intervention plan.

The practice in a few lines

The definition of the field of practice refers among other things to the practice of a clinician working in a private office, in a health and social services institution or also in an institution of the education network. It also represents the intervention of psychologists acting among groups and organizations within the school environment or in the workplace. In that respect, the end-purpose of the psychologist field of practice aiming to encourage the psychological health of the human being in interaction with his environment applies also the proper functioning of groups and organizations.

Particular end-purpose

The psychologist intervenes in order to encourage the psychological health of the individuals, couples, families, groups and organizations. His interventions promote a better psychological health or aim to establish a good psychological health condition.

In additions, he intervenes to re-establish the mental health. When the mental health is deteriorated, a new balance has to be re-established and to do so the psychologist has a set of interventions and treatments he can determine, re-order or apply himself.

2.6. The guidance counsellor field of practice

> *Evaluating the psychological functioning, the personal resources and the environments conditions, intervening on the identity and maintaining active adaptation strategies in order to allow personal and professional choice throughout life, to re-establish the socio-professional autonomy and the achieve carrier projects for the human being in interaction with his environment.*

The distinct mark of the profession

The guidance counsellor evaluates the psychological functioning, the personal resources and the conditions of the environment. Without prejudice to the activities reserved for him and described in points 3.6.1, 3.6.2, 3.6.4, and 3.611, the evaluation of the psychological functioning, the personal resources and the conditions of the environment present in the guidance counsellor field of practice do not have as effect to reserve this activity for him.

In a context of professional orientation, evaluating consists in passing a clinical judgement within the framework of a process allowing evaluating a individual's situation regarding his vocational path, and then afterwards determining an intervention plan for the individual to develop his capacity to orient himself, make personal and professional choices and achieve education or carrier projects. Thus, in the evaluation of the individual's situation, the guidance counsellor must consider three aspects, i.e., the psychological functioning, the personal resources and the conditions of the environment.

It is in this context that the guidance counsellor intervenes on the problematic aspects related to the individual's identity and development as well as the underlying psychological processes.

The practice in a few lines

The practice of the guidance counsellor consists in tooling the individual so that he can develop and assert his professional autonomy. His interventions aim for the development of the individual by exercising special attention on the professional aspect. The guidance counsellor clientele can also be made-up of groups or organizations.

Special end-purpose

The end-purpose of the guidance counsellor practice reflects the multiple problems of his clienteles. The contemporary practice involves interventions that can occur throughout the individual's life in order to allow this individual to make personal and professional choices and to re-establish his professional autonomy.

2.7. The psychoeducator field of practice

> *Evaluating the social maladjustment and the adaptive capabilities, determining an intervention plan and ensuring its implementation, re-establishing and developing the individual's adaptive capabilities as well as contributing to the development of the conditions of the environment in order to encourage the optimum adaptation of the human being in interaction with his environment.*

The distinct mark of the profession

The psychoeducator intervenes with individuals who have developed or in the process of developing an inappropriate relationship with their setting.

The psychoeducator evaluates the social maladjustments and adaptive capabilities. Without prejudice to the activities reserved to the psychoeducator and that are described in points 3.6.4, 3.6.5, 3.6.6, 3.6.7, 3.6.11, and 3.6.12, the evaluation of social maladjustment and adaptive capabilities present in the psychoeducator field of activities do not have as effect to reserve this activity for him.

The psychoeducator evaluation consists in passing a clinical judgement within the framework of a process analysing the causes and dynamics of the perturbations observed in the individual's relationship with his environment. It is centered on three axes: the individual, his environment, and the interaction of the individual and the network in which this individual evolves. The psychoeducator documents and supports his analysis notably by participative observation carried out through a privileged experience with the individual. The psychoeducator establishes a prognosis on the individual's adaptive capabilities in order to determine and implement the intervention plan stemming from it.

In that context, the intervention to which refers the psychoeducator field of practice does not have as effect to reserve this activity for him. Any individual designated by the institutions will be able to continue determining and implementing the intervention plan, without prejudice to the reserved activity in point 3.6.7.

The psychoeducator intervenes also in order to re-establish and develop the individual's adaptive capabilities, and to contribute to the development of conditions of the environment within the framework of this adaptation. Whatever the nature of the psycho-educative intervention, preventive or re-educational, it deals both with the organization and animation of some elements in the environment and on their relationship to the individual.

The practice in a few lines

The psycho-educative intervention is based on an evaluation of the individual's adaptive capabilities such as they manifest themselves in the usual living environment. The

psychoeducator participates to the experience experienced by the individual and uses it in order to increase the individual's adaptive capabilities. Thus, this expertise he has developed allows him to change and take advantage of the significant elements found in the environment in which the individual is called upon to act, because of his age and living conditions.

Special end-purpose

The end-purpose of the psychoeducation practice is to bring the individual dealing with social maladjustments in his environment to his optimal adaptation level in relation to his age, level of development, and available resources. The pursued result is maintaining or developing a harmonious satisfactory balance between the individual and his environment.

2.8. The speech pathologist and the audiologist field of practice

Evaluating the hearing, language, voice and speech functions, determining through a treatment and intervention plan and insuring the implementation in these in order to improve or restore the communication of the human being in interaction with his environment.

2.8.1. The speech pathologist

The distinct mark of the profession

The speech pathologist evaluates the language (expressive and receptive aspects in their oral, written and non-oral modalities), voice and speech functions. He analyses the information collected in relation to the nervous system, linguistic, communicational, and relational levels based on standardized tests and non standardized tools in order to measure the performance during real situations, while considering the individual in his environment, the facilitating factors present, the handicap situations he encounters and by documenting the response to the intervention. Then he sets the treatment plan and speech therapy treatment that he applies in cooperation with the various interveners. The speech pathologist works in close cooperation with the other interdisciplinary and multi-disciplinary team members

The speech pathologist is distinguished by his ability to have a systemic view of communication guiding him in his evaluation of the language, speech, and voice problems and in developing speech therapy treatments and interventions. Without prejudice for the activities reserved for him and described in points 3.6.11 and 3.6.12 as well as article 37.1, 1st section, 2nd paragraph in the sub-paragraphs c) and d) of the *Professional Code*, the evaluation of language, voice and speech functions present in the speech pathologist field of practice does not have as effect to reserve this activity for him.

The practice in a few lines

The speech pathologist intervenes for the prevention of language difficulties as well as evaluation and re-education. He uses a conceptual production frame of the handicap not based on the deficiency but on the impacts of the deficiency in various contexts.

The speech pathologist accompanies the individual with his adaptation to his condition. He works also with the individual's relations. He intervenes with the family as well as the members of the interdisciplinary or multi-disciplinary team to whom he provides the necessary information and support to encourage their communicational exchanges or their interventions.

Special end-purpose

The speech pathologist interventions have as goal to decrease the handicap situations linked to speech deficiency. They aim to develop, restore or maintain the communication aptitudes of the individual in interaction with his environment.

2.8.2 The audiologist

The distinct mark of the profession

The audiologist evaluates the hearing functions. He carries out a global evaluation of the needs in relation to the hearing capabilities and the individual's life habits in order to increase or restore the individual's aptitude to hear and communicate by different means, such a hearing devices, implants, communication strategies, rearranging the acoustic in the living or working environment. In cooperation with the interdisciplinary or multi-disciplinary team, the audiologist participates in determining the intervention plan. In addition, he determines and implements a treatment plan.

The evaluation of the hearing functions present in the audiologist field of practice does not have as effect to reserve this activity for him, without prejudice to the activities reserved for him and described in points 3.6.11 and 3.6.12, as well as in article 37.1, 1st section, 2nd paragraph in the sub-paragraphs a), b), and c) of the *Professional Code*.

The practice in a few lines

The audiologist intervenes in the prevention of hearing problems as well as evaluation and re-education. He uses conceptual production framework of the handicap which is not based on the deficiency but on the impacts of the deficiency in various contexts

The audiologist makes sure that the individual's needs regarding hearing aids or any other compensatory technical aid are taken into consideration in order to provide adapted and complete services that will encourage the individual's autonomy and family, school, professional and social integration.

2.9. The occupational therapist field of practice

> *Evaluating the functional capabilities, determining and implementing a treatment and intervention plan, developing, restoring or maintaining the capabilities, compensating the incapacities, decreasing the handicap situation and adapting the environment in order to encourage optimum autonomy of the human being in interaction with his environment.*

The distinct mark of the profession

The occupational therapist evaluates the functional capabilities of an individual notably through the completion of everyday life activities.

The occupational therapist evaluates and analyses the impact of various problems, notably the mental, neuropsychological, physical, or developmental disorders, as well as environmental factors (physical, socio-cultural) on the individual's functional capabilities and on his performance in carrying out his life habits (Activities of daily living, recreational activities, studies, and work). The occupational therapist passes a clinical judgement on the individual's functional capabilities and his capability to perform his living habits by taking into account his aptitudes, capabilities and incapabilities on the cognitive, motor, perceptive, sensory, emotional, and relational levels, as well as on the environment in which he evolves. Without prejudice to the activities reserved for the occupational therapist, described in points 3.6.4, 3.6.11 and 3.6.12 as well as article 37.1, 1st section of the 4th paragraph sub-paragraph a) of the *Professional Code*, the

evaluation of the functional capabilities present in the occupational field of practice does not have as effect to reserve this activity for him.

The treatment or intervention plan set by the occupational therapist aims to develop, restore and maintain the capabilities of the individual and to give him the possibility to accomplish the activities necessary to the achievement of his living habits. He aims also to compensate for the individual's incapacities, decrease the handicap situations he experiences, notably by adapting his environment and providing support to his family and his living environment, as well facilitating the performance of his daily habits.

The practice in a few lines

The occupational therapist intervention is based on the evaluation of the individual's functional capabilities and his involvement in significant occupations in order to encourage his autonomy. The individual's strengths and difficulties, his personal resources, as well as the limits and resources of his environment are placed in relation to the requirements made by the exercised occupations. This analysis allows the occupational therapist to determine the modalities of intervention adapted to the needs of the individual in harmony with his environment.

Special end-purpose

The occupational therapist practice consists in leading the individual who deals with a physical or mental dysfunction to a level of functional autonomy.

The occupational therapist intervention allows also decreasing the handicap situations, maintaining, re-establishing or improving the well-being and quality of life of an individual and his relations, of a group or of community in order to encourage the individual's participation to significant activities.

2.10. The nurse field of practice

Evaluating the health condition, determining and ensuring the production of the nursing care and treatment plan, providing the nursing and medical care and treatments in order to maintain and restore the health of the human being in interaction with his environment, prevent disease as well as provide palliative care.

The distinct mark of the profession

The nursing profession aims to maintain, restore or improve the health, well-being and quality of life of an individual, family, group and community. To do so, she takes into account the individual as a whole, as well as the individual's interactions with the environment.

The nursing practice is distinct through the clinical evaluation and surveillance of the individual's physical and mental health, and by the provision of care and treatments. The evaluation implies that the nurse passes a judgement on the individual's clinical situation after analysing the data she has. This evaluation allows her to detect complications, detect health problems, determine their level of severity or urgency, and to establish priorities and intervention conditions. The evaluation allows also undertaking diagnostic and therapeutic measures according to a prescription, to determine and adjust the nursing therapeutic plan, to intervene or refer the individual to another health & social services professional or towards the appropriate resource.

The practice in a few lines

The evaluation of an individual's physical and mental condition, the clinical surveillance and the nursing follow-up of individuals exhibiting complex health problems are the basis of the nursing practice whatever the location of the practice. The nursing follow-up

includes, among other things, the determination and adjustment of the nursing therapeutic plan, the provision of nursing and medical care and treatments required by the individual's health condition including the fact of implementing diagnostic and therapeutic measures as well as the adjustment of medications in accordance to a prescription, as well as the evaluation and re-enforcement of the individual's capability to take charge of this own health situation.

Special end-purpose

The nursing practice goal is to maintain and restore an individual's health, to encourage his autonomy in relation to his health condition and well-being, his capabilities and the resources found in his environment, whatever the stage of life or the phase of the illness. This means the nurse intervenes throughout the care path including the rehabilitation phase.

2.11. The doctor field of practice

Evaluating and diagnosing any health deficiency, preventing and treating all diseases in order to maintain health or restore it, in the human being in interaction with his environment.

The distinct mark of the practice

The doctor holds the expertise to diagnose any health deficiency, whether physical or mental.

The doctor's expertise can be required in all situations targeted by the reserve of activities in the mental health and human relations sector.

Exclusively reserved for the doctors, the diagnosis includes all evaluations reserved to the mental health and human relations professionals. All activities linked to the diagnosis and treatment of the disease, are reserved to the doctor, including the evaluation of the individual affected by a mental disorder or a neuropsychological problem.

The practice in a few lines

The medical intervention viewpoint is global. The doctor intervenes to prevent and treat the physical and mental diseases. Although general, this definition implies, among other thing, to establish a diagnosis and deicide on the medical treatment.

Special end-purpose

The ultimate goal of the medical practice is health or its recovery, as applicable. It aims for the optimum functioning of the human being.

2.12. Information, promotion and prevention

Since the coming into effect in 2003 of the *Act amending the Professional Code and other legislative provisions as regards the health sector*, elements are shared by all – i.e., information, health promotion, disease, accidents and social problems prevention. Bill 21 adds suicide prevention. It is important to remember that these elements are not reserved. However the Act indicates that they are part of the practice for which the professional is accountable with respect to the public's protection.

3. Reserved activities with a prejudicial risk

Bill 21 introduces a reserve of activities for certain professions with reserved titles.

After analysing the activities attached to the practices of professionals working in the field of mental health and human relations, it is a fact that some activities should be reserved because of the prejudicial risk linked to performing them, because of the competencies and the knowledge required to practice them[6].

Reserving activities offers guarantees and accountability specific to the professional system in certain categories of individuals in special contexts.

3.1 The criteria to reserve an activity

The following criteria are used to identify activities that require to be reserved:

- prejudicial risk
- training linked to a level of complexity the activities comprise; a criterion implying that only the individuals with the competencies to carry out an activity are able to do so
- vulnerable clienteles
- special contexts

The activities were considered prejudicial when they:

- exhibit an irremediable aspect
- are complex
- imply a high level of expertise
- are contraindicated for some situations
- can cause or lead to complications
- can lead or give rise to an intrusion to the body or moral integrity, notably such as injury, dependency, damage of psychological nature, moral pain or disability
- comprise potential physical, emotional or sexual abuse
- may cause or lead to disorders such as mental alienation, dependence or distress
- may cause or lead to the loss of a right such as exercising parental authority, freedom to manages ones property, the capability to render accounts of one's actions

Complementarity

The fact of reserving activities in some circumstances and for some clienteles for trained and authorized professionals allows supervising the professional practice in the mental health and human relations field. The activities requiring competencies held by more than one profession are shared. However, it is important to specify that even if the description is the same for all professionals exercising the shared activity, the activity of one differs from the activity of the other since the end-purpose specific to each profession is not the same. Therefore the various professionals are not interchangeable, but rather complementary when exercising a shared activity. Consequently, resorting to more than one professional to exercise the same activity remains possible and sometimes desirable in an interdisciplinary context, because of the unique contribution of each professional.

Thus, regarding the activity "to evaluate an individual with a mental or neuropsychological problem proved by a diagnosis or by an evaluation performed by an authorized professional", this means that the social worker evaluates his social functioning, whereas the psychoeducator evaluates his adaptation problem and

[6] Trudeau, de Grandmont, Lafrance & Poitras. *Le système sanitaire du Québec*, 2007, page 267.

adaptive capabilities. This logic is the same for all other professions targeted by this reserve. Each profession field of practice qualifies here the nature and the end-purpose of the evaluation activity reserved for a group of professionals. One same word - “evaluation”- but it has a different scope for each of the targeted professionals.

The mental health and human relations sector comprises activities that have a prejudicial risk. Before, except for the medical and nursing activities, as well as those already reserved for the occupational therapist, the speech pathologist and the audiologist, no other activity was reserved for members of a professional order in this intervention field. This context has required acting with caution to reserve activities while keeping the flexibility of the intervention which goes hand-in-hand with access to care and services.

3.2 The effect of supervising professionals working in mental health and human relations by the professional system

Bill 21 is within the professional system’s framework existing foundations such as accountability, responsibility and continuing education.

By reserving some activities, Bill 21 ensures not only the application of these foundations to the activities, but it has a structuring effect in the public institutions where the many professionals do not have the obligation to belong to their order in order to practice their profession. Bill 21 guarantees to the more vulnerable clienteles that the evaluations and interventions with a high prejudicial risk will be carried out by professionals, members of their order, and that in the same token they will be covered by public protection mechanisms, since the involved professionals are accountable within the meaning of the professional system.

3.3 The principle of competent access

Bill 21 results from the work based, among other things, on the principle of competent access. Consequently, it encourages work organization by using the knowledge and competencies of each to provide the appropriate service by an authorized individual, at a timely manner, in the desired location and for the required duration.

3.4 The reserved activities

3.4.1 The reserved evaluation activities

The main activities reserved by Bill 21 are on evaluation (11 activities out of 13). It is important to understand properly the nature, the context and the end-purpose of the evaluation reserved by Bill 21.

- Evaluation of mental disorders
- Evaluation of intellectual disability
- Evaluation of neuropsychological problems
- Evaluation of a individual affected by a mental or neuropsychological problem confirmed by a diagnosis or by an evaluation performed by a authorized professional
- Evaluation of a individual within the framework of a decision by the DYP or the Court in relation to the application of the *Youth Protection Act*
- Evaluation of a teenager within the framework of a Court decision in relation to the application of the *Youth Criminal Justice Act*

- Evaluation of a individual regarding the custody of children and access rights
- Evaluation of a individual who wants to adopt a child
- Carrying out the psychosocial evaluation of a individual within the framework of the protective supervision of a individual of full age or a mandate given in view of the mandator's inaptitude
- Evaluation of a handicapped child or with social maladjustment to determine an intervention plan within the application of the *Education Act*
- Evaluation of a child who is not yet eligible to attend preschool education and who exhibits signs of developmental delay, in order to determine the rehabilitation and adaptation services meeting his needs

The evaluation, as already defined within the implementation of Bill 90, is now maintained in the framework of the application of Bill 21:

> *The evaluation implies passing a clinical judgement on the situation of the individual based on information the professional has and communicating the conclusions of this judgement. The professionals carry out evaluations within the framework of their respective field of practice.*
>
> *The reserved evaluations can only be performed by authorized professionals.*

The reserved evaluations require particular knowledge and competencies. Thus, performing the reserved evaluations can only be done by professionals who are members of their order.

The reserved evaluation involves the professional's clinical judgement, in the same capacity as the doctor's diagnosis, as well as the communication of this judgement.

In order to understand properly the range of reserved evaluations, its nature must be specified and linked to the **high prejudicial risk** attached to the clinical judgement made about a individual's situation based on information the professional has, and to the consequences that could be irremediable through the communication of this judgement.

- The reserved evaluations are those requiring an **expertise** calling upon special skills and competencies:
  - in order to determine or use the validated tools or instruments for the purposes of the evaluation and in order to interpret the results
  - in order to develop a clinical hypothesis
  - in order to interpret globally the various factors with an impact on the individual's state and situation and link them to the experienced problem
  - in order to anticipate the average and long term consequences of the various interventions that could be or not be performed afterwards so to prevent any severe prejudicial risk
  - In order to produce interpretative syntheses based on the facts and supported by scientific theories
  - In order to decide and report on his evaluation and the conclusions resulting to the concerned individuals, administrative or legal body
- These are **differential or multifactorial evaluations**
- These evaluations, including their results, have **a status of authority** on the professional level. **Communication** of these conclusions comprises **prejudicial risks, consequences that may be irremediable and for which the professional is accountable.**

Evaluation categories reserved by Bill 21

We can distinguish between three categories of evaluation reserved by Bill 21:

1) The evaluations ***linked to the identification of disorders:*** presented in sections 3.6.1 to 3.6.3 of the guide. Issuing a conclusion on the presence of such problems is reserved to the targeted professionals.

   The three concerned reserved activities are the following:

   - Evaluating mental disorders
   - Evaluating intellectual disability
   - Evaluating neuropsychological problems

2) The evaluation aiming to ***protect the vulnerable clienteles*****:** presented in sections 3.6.4 and 3.6.12 of the guide. They guarantee to the most vulnerable clienteles to be evaluated by responsible and accountable professionals. Determining the intervention plan resulting from this evaluation as well as the implementation of the plan both are not reserved.

   The two concerned reserved activities are the following:

   - Evaluating an individual affected by a mental or neuropsychological problem proven by a diagnosis or by an evaluation performed by an authorized professional.
   - Evaluating a child who is yet to be eligible to pre-school education and who exhibits developmental delay indicators, in order to determine the rehabilitation and adaptation services meeting his needs.

3) The evaluations of the ***vulnerable clienteles in certain legal frameworks*****:** presented in sections 3.6.5 to 3.6.11 of the guide (Note: authorization for the social work technicians at 3.6.5).

   The six reserved activities are the following:

   - Evaluating a individual within the framework of a DYP or Court decision enforcing the *Youth Protection Act*
   - Evaluating a teenager within the framework of a Court decision enforcing the *Youth Criminal Justice Act*
   - Evaluating a individual regarding the custody of a child and access rights
   - Evaluating a individual who wants to adopt a child
   - Carrying out the psychosocial evaluation of a individual within the framework of the protective supervision of a individual of full age or a mandate given in view of the mandator's inaptitude
   - Evaluating a handicapped child or with social maladjustment to determine an intervention plan within the application of the *Education Act*

3.4.2 The other reserved activities

- Determining the intervention plan for a individual affected by a mental disorder or exhibiting a suicidal risk and who is lodged in an installation of an institution exploiting a rehabilitation centre for youths with adaption problems
- Deciding on the use of restraint or isolation measures within the framework of the *Act respecting health services and social services* and the *Act respecting health services and social services for Cree and Inuit Native Individuals.*

3.4.3 Specifications on what is not reserved

Notwithstanding the activity described in section 3.6.7 (determining the intervention plan for an individual affected by a mental disorder or exhibiting a suicidal risk and who is lodged in an installation of an institution exploiting a rehabilitation centre for youths with adaption problems) determining an intervention plan is not reserved.

Detection, screening and evaluating are not reserved, neither is the contribution to a diagnosis or a conclusion to identifying a problem.

Detection

This activity consists in observing indicators of a problem not yet identified or risk factors within the frame of interventions with various goals. Detection is not based on a systematized process, but on the workers awareness of the said indicators.

Screening

This activity aims to distinguish between the individuals probably affected by a problem not diagnosed or a risk factor for a problem, from the individuals who probably are not.

The screening intervention in itself does not bring about a diagnosis or a proof of a problem or an illness. The individuals for whom the screening result is positive are referred in order to perform a complementary investigation.

Assessment

This activity is defined by considering indicators (Symptoms, clinical manifestations, difficulties or other) obtained through clinical observations, tests or instruments.

Contribution

This activity refers to the assistance provided by various workers to perform the activity reserved for the professional

The idea of contribution does not allow taking the initiative of the said activity nor exercise it autonomously, but rather act in cooperation with the professional to whom this activity is reserved. The range of the contribution or cooperation is set by this same professional[7].

3.4.3.1. The use of evaluation tools

In matters of evaluation, Bill 21 reflects the experts' intention to facilitate work organization by sharing reserved activities while not interfering in the use of evaluation tools. Correspondingly, the use of evaluation tools is not the object of any reserved activity. However, the principle that guided the modernization work of the professional practice in mental health and human relations, most especially those supporting the practice through interdisciplinarity, access to competent care and services, and the necessity to keep the individual at the heart of the concerns, should also guide the professionals practices regarding the use of the evaluation tools.

Thus, although the evaluation tools may be used by professionals from different fields and that the choice of evaluation tools remains the responsibility of each professional, considering his field of practice, the following elements should be considered when making this choice:

- The special and sometimes unique characteristics of the tools: Nature of the elements making them up, end-purpose, validity, reliability and other metrological qualities

[7] Source: *Guide d'application de la Loi 90.* Updated on April 29, 2003.

- The clienteles for whom the tools were standardized (Age, sex, problems in question, personal, social, ethnic, community or other characteristics)
- The concordance between the nature and the scope of the information as well as the conclusions that the tools allow to obtain and the goal targeted by the evaluation
- The fact that certain tools, especially the psychometric tools, lose their validity when used, completely or in part, more than one time with a client or within a set deadline
- The special competencies that may be required to administer, correct, rate and interpret the evaluation tool

Finally, as much as it is reasonably foreseeable that professionals from different fields will have to intervene with a same clientele, and considering that the clients may be the subjects of multiple evaluations during a care or services episode, the inter-professional dialogue on the use of certain evaluation tools is recommended so that each professional may use the necessary valid tools at the time when he/she will perform the evaluation, whether this evaluation is a reserved activity or not.

Interdisciplinary and multidisciplinary cooperation and dialogue must have as goal to meet the needs of the individual.

3.5 The link between the reserved activity and the field of practice

The reserved activity can be share between professional of different fields who have the competences to perform it. However, the reserved activity is always within the parameters set by the professional field of practice. Thus, although the wording is the same for all professionals performing the activity by sharing, the activity of one is different from the activity of the other since the specific end-purpose for each profession is not the same.

It is the first section of article 37.1 of the *Professional Code* that introduces the link between the reserved activity and the field of practice:

> *Every member of one of the following professional orders may engage in the following professional activities, which are reserved to such members within the scope of the activities they may engage in under section 37: [...]*

Thus, the various paragraphs of article 37.1 reserve the activities of the social worker, the marriage & family therapist, the psychologist, the guidance counsellor, the psychoeducator, the speech pathologist, the audiologist and well as the occupational therapist without repeating the end-purpose attached to the field of practice of each profession.

In complementarity with the first section of article 37.1 of the *Professional Code*, an interpretation clause was introduced in Bill 21 to facilitate the inter-professional work. The addition of this clause to the second section of article 38 of the *Professional Code* comes to confirm that the activities described in a profession's field of practice can be performed by the targeted professionals even though activities were reserved elsewhere and, reversely, that the reserve of activities has not had as effect to prevent exercising the activities described in the field of practice.

Thus, a dietician will be able to evaluate the nutritional condition of a individual affected by a mental disorder and a speech pathologist evaluate the speech, voice, and voice functions of a individual affected by a mental disorder.

3.6 The range of the reserved activities

The intention regarding the range of each of the activities reserved for the various professions is explained in the present section.

3.6.1. Evaluating mental disorders

Is reserved

The doctor and the psychologist can evaluate mental disorders. The guidance counsellor and the nurse can evaluate them also if they are authorized by their professional order.

In the context of reserved activities, the evaluation of a mental disorder consists in passing a clinical judgement based on information the professional has on the nature of the "clinically significant conditions characterized by alterations of the thought process, the mood (emotions) or behaviour, associated with personal distress and/or impaired functioning [8]" and to communicate the conclusions. This evaluation is done according to a recognized classification of the mental disorders, notably the two classifications most used presently in North America, i.e., the ICD[9] and the DSM[10].

Performing this evaluation comprises a level of complexity and expertise requiring special knowledge and competencies in the following:

- Theories of the personality
- Psychopathology (symptomatology and etiology)
- Classification systems of mental disorders and elements allowing to evaluate the range and limitations
- Psychometrics (Measuring the personality, the intelligence, the motivation, the interests and other), including the administration of psychometric tools and the knowledge of their reliability, validity and contribution of their results in the development of a clinical judgement

Complete and in-depth clinical training related to a clientele exhibiting a mental disorder is also necessary because it helps integrating all the necessary knowledge and skills.

The evaluation of mental disorders is considered at risk of severe prejudice. Confirming the presence of a mental disorder has a quasi irremediable aspect; it is likely to lead to the lost of rights, such as exercising parental authority, managing property, etc. The affected individual may become victim of stigmatization.

The context of the practice within interdisciplinarity

Establishing a diagnosis is an activity reserved for the doctor and it includes the evaluation of mental disorders. Precisions are necessary regarding the work of four professionals for whom the activity to evaluate mental disorders is reserved. This activity is done by refereeing to one classification tool of recognized mental disorders, such as the ICD and the DSM.

For example, more commonly used in North America, the DSM suggests in its fourth edition that the users perform an evaluation based on five axes:

- Axis I: Clinical problems
- Axis II: Personality disorders and intellectual disability
- Axis III: General medical disease
- Axis IV: Psychosocial and environmental disorders
- Axis V: The global evaluation of the functioning

[8] Definition of mental disorders in: *The World Health Report 2001*, WHO, 201, Page 21.
[9] *Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death.*
[10] *Diagnostic and Statistical Manual of Mental Disorders.*

The temporary evaluation and the final evaluation

It is still possible that a professional does not have at a given time all the necessary information to document the five axes. So for example, this professional can limit his conclusions in the clinical table specific to the mental disorder normally coded on axis I. Then, it is understood that such a conclusion remains temporary as the symptoms reported by a individual correspond to a particular mental disorder when all necessary information to reach a definite conclusion are unavailable.

For example the symptoms presented by an individual could be in every respect comparable to those of depression, but as long as the presence of hyperthyroidism was not excluded, this conclusion remains temporary. Nevertheless, it may be important to have a temporary conclusion in order to offer rapidly the services needed by the individuals and that would remain relevant whatever the final conclusions may be (for example support or escort services).

The final conclusions are those communicated by a professional, whatever his profession, for whom the activity of evaluating mental disorders is reserved, when all the necessary information are available and valid, including the relevant information obtained from other professionals.

In that regard, let us return to the example of this individual exhibiting depression symptoms. If the professional in charge of this evaluation is not a doctor, cannot reach a decision on the general medial diseases (Axis III). However, it is important that these diseases are taken into consideration. To do so, the information needed to exclude a physical illness can be obtained either from the individual or from his doctor. The professional in charge can also deem it opportune to refer the individual to a doctor to get a diagnosis if the information he looks for is not available. Note that a doctor can also refer an individual to another doctor so that he may do the evaluation of the general medical condition.

In short, any professional for whom the evaluation of mental disorders is reserved and any doctor for whom the activity to establish a diagnosis is reserved can, when practicing their activity, deem it opportune to draw temporary conclusions. When drawing final conclusions, the professional or the doctor does not have to perform himself each of the evaluations to draw a conclusion on each of the DSM axes, as the most important thing is that in the end he may take everything into account, which emphasizes even more the importance of interdisciplinarity.

Particularities applicable to the guidance counsellor and to the nurse authorized to evaluate mental disorders

Regarding the guidance counsellor, he has knowledge of the psychological theories (Normal development and psychopathology), as well as psychometrics, the evaluation of individuals and the required instruments. His training allows him to evaluate individual characteristics (For example: Aptitudes, interests, personality, intellectual, cognitive and emotional functions) and to establish a link between these characteristics and the individual's problem. Studying the various guidance and psychology training programs of Québec universities, reveals a common training curriculum on the necessary knowledge listed above. However, considering that the exposure of the guidance counsellors to the mental health problems varies a great deal depending on the milieu of their practice, they should hold a training attestation on the integration of knowledge and competences within the professional practice through practical training or another form of supervised practice. These knowledge and competencies can be recognized if they are already acquired.

Issuing a training attestation allows standardizing the required training to evaluate mental disorders. It guarantees that the guidance counsellor has been supervised when acquiring the required competencies and that he has been exposed to a sufficient

number of cases to integrate the necessary theoretical knowledge. The obligation to have such training is provided by a regulation from his professional order.

As for authorizing the mental health nurse to evaluate mental disorders, she has to hold a graduate[11] university training level and a clinical experience in psychiatric nursing set by the regulation of her professional order. Presently, trained to the various aspects influencing an individual's mental health, the nurse can already pass a clinical judgement, formulate conclusions and refer the individual to an appropriate treatment when required. The additional training imposed for evaluating mental disorders will allow the nurse to complete her theoretical knowledge or get it recognized if already acquired. Thus, the nurse contribution is recognized through resorting efficiently to health professionals working in primary care or in specialized resources at the second or third line.

The evaluation of mental disorders could be achieved notably in primary care, for example in the family medicine groups, medical clinics, and in certain HSSC programs, in order to identify the problems and start a treatment or refer rapidly the individual toward the appropriate resource. Reserving this evaluation increases accessibility for the population to qualified professionals.

Autism spectrum disorders

Autism Spectrum disorders (ASDs) are classified among mental disorders which means that the evaluation consisting in passing a clinical judgement on their presence and communicating the conclusions is reserved to the psychologist, to the guidance counsellor holder of an attestation from his professional order, and to the nurse holder of a university training and a clinical experience in psychiatric nursing set by the regulation of the *Ordre des infirmières et infirmiers du Québec* (OIIQ), this regulation is subject to the approval of the government. The doctor can diagnose ASDs.

However, good practices in the matter support the importance of interdisciplinary and multidisciplinary cooperation since one single professional does not have all the competencies required to conclude to the presence of ASDs. In this regard the contribution of other professionals, such as occupational therapists, speech pathologists, audiologists, and psychoeducator must be noted. As exercising this activity is particularly complex and comprises important risks of severe prejudice, the *Ordre des psychologues du Québec* and the *Collège de médecins du Québec* agreed to write joint guidelines in view of referring their members since these will be mainly mandated to conclude to the presence of these problems. Enforcing the guidelines will help ensure the quality of the evaluation and the relevance of the recommendations and intervention plans.

Is not reserved

The use of the classification systems for mental disorders is not reserved. So, the tools developed by the milieus, such as the ASI (addiction severity index) used by the institutions members of the *Association des centres de réadaptation en dépendence du Québec*[12] in order to evaluate the severity of alcohol or drug abuse and the associated problems, are not reserved. All competent workers will be able to continue to use them, notably in view of referral to an appropriate treatment, inasmuch as this does allow evaluating mental disorders.

Alcohol addiction problems or other addictions are often concomitant with the presence of a mental disorder. This situation comprises special difficulties. Moreover, the evaluation of addiction problems is not reserved.

11 Subject to the regulation the *Ordre des infirmières et infirmiers du Québec* must adopt.
12 Association of Québec Addiction Rehabilitation Centres

When a mental disorder is concomitant to an addiction problem, interdisciplinary work can to continue.

The institutions can resort to the expertise of the professionals where they are the most efficient because of their specific field of practice, their knowledge, their competencies and their availability.

Evaluation of a crisis

The evaluation of an individual in crisis in relation to the risks he presents for himself or for others is not reserved.

Evaluating a crisis in order to make recommendations aiming to the resorption of the crisis is not a reserved activity. The evaluation of a crisis is restricted in time and does not imply that the worker has to carry out an evaluation reserved by Bill 21.

This intervention has not been reserved by the experts in order to conserve flexibility to perform during an emergency. Moreover, some community organizations, such as crises centres, are mandated to intervene within the framework of specific programs where individuals in crises are received, evaluated and receive an intervention.

Danger assessment

Evaluating the dangerousness, either of a risk of acting out and committing suicide or a homicide, is not a reserved activity. It is not an evaluation of mental disorders within the meaning of Bill 21.

The same goes with "evaluating" the mental health of a individual who exhibit a severe and immediate danger for himself or others performed by a *worker from a support service during a crisis* as stipulated in *the Act respecting the Protection of individuals whose mental state presents a danger to themselves or to others* (R.S.Q., c P-38.001)[13].

[13] RSQ, c P-38.001, article 8:

8. A peace officer may, without the authorization of the court, take a person against his will to an institution described in section 6

(1) at the request of a member of a crisis intervention unit who considers that the mental state of the person presents a grave and immediate danger to himself or to others;

(2) at the request of the person having parental authority, the tutor to a minor or any of the persons mentioned in article 15 of the Civil Code, where no member of a crisis intervention unit is available in due time to evaluate the situation. In such a case, the peace officer must have good reason to believe that the mental state of the person concerned presents a grave and immediate danger to himself or to others.

Examination.

Subject to the provisions of section 23 and to more pressing medical emergencies, the institution to which the person is brought must take charge of the person upon arrival and have the person examined by a physician, who may place the person under preventive confinement in accordance with section 7.

"Crisis intervention unit".

In this section, "crisis intervention unit" means a unit designed to take action in crisis situations pursuant to the mental health service organization plans provided for by the legislation respecting health services and social services.

1997, c. 75, s. 8.

3.6.2 Evaluating intellectual disability

Is reserved

The evaluation of an intellectual disability is reserved for the psychologist and the guidance counsellor within the framework of their respective field of practice.

Intellectual disability is classified among the mental disorders. Consequently, the evaluation of intellectual disability is the object of a specific reserve because the guidance counsellor does not need an attestation of additional training to his initial one in order to practice it, whereas this attestation is necessary so that he is authorized to carry out an evaluation of mental disorders.

Carrying out this evaluation comprises a level of complexity and expertise requiring special knowledge and competencies in relation to the following:

- Psychometrics (particularly regarding the evaluation of intellectual capabilities and adaptive capabilities), including the administration of standardized and specialized psychometric tools, and the knowledge of their reliability and the reliability, validity and contribution of their results in the development of a clinical judgement
- The clientele exhibiting significant and persisting disabilities related to cognitive functioning, motor skills, and communication skills, because it implies resorting to specialized methods, interview techniques and tools.

The evaluation of intellectual disability implies certain knowledge of psychopathology. Indeed, because of the prevalence of mental disorders among individuals with an intellectual disability and because these problems can lead to limitations on the intellectual and adaptive levels, to conclude without any doubt to an intellectual disability remains a challenge.

This activity comprises the same risks of severe prejudice as the evaluation of mental disorders. Notably, access to specialized services depends on the quality of an evaluation establishing the distinctions between intellectual disability and other problems with similar symptomatology. Thus, when an intellectual disability is identified, the child‘s future, as well as his family’s situation, is modified.

The context of the practice within interdisciplinarity

The psychologist and the guidance counsellor hold the necessary knowledge to evaluate intellectual disability. Moreover, these two professionals will be able to use the evaluations made by other professionals, as well as the observations and contributions by other workers in order to evaluate the intellectual disability.

Is not reserved

The evaluation of intellectual disability implies notably to consider both the intellectual and adaptive capabilities of the individual who is the subject of the evaluation. However, it is possible that only the intellectual capabilities are evaluated or only the adaptive capabilities without resulting in a conclusion on the presence of an intellectual disability. These evaluations are rather psychological evaluations that can be carried out by various professionals, participating or not to interdisciplinarity, within the framework of their specific field of practice in order to document the individual’s limitations and resources.

3.6.3 Evaluating neuropsychological problems when a training attestation is issued by the Order within the framework of a regulation made to enforce paragraph *o* of article 94.

Is reserved

The evaluation of neuropsychological problems is reserved to the psychologist in the framework of his field of practice when a training attestation is issued to him by the *Ordre des psychologues du Québec*.

In the context of this reserve and as defined by the committee of experts, president by Dr. Jean-Bernard Trudeau, the evaluation of a neuropsychological problem consists in passing a clinical judgment on the nature of "the clinically significant illnesses characterized by neurobehavioral changes (of cognitive, emotional and behavioural nature) linked to the dysfunction of the upper mental functions following a damage to the central nervous system" and to communicate the results.

A training attestation must be demanded to perform this activity; both considered at risk of severe prejudice and complex, and it should be combined to a level of expertise requiring special knowledge. The issuing of a training attestation will allow standardizing the qualifications required to evaluate neuropsychological problems taking into account the fact that the conclusions of a presence of problems go beyond the conclusions made based on the mental disorders classification manuals, as they include a section closer to the practice of neurology. The attestation guaranties that the psychologist has been supervised when acquiring his necessary competencies and that he was exposed to a sufficient number of cases in order to integrate his theoretical knowledge. In relation to this activity, it is necessary to recognize a curriculum of theoretical knowledge and special practical training environments.

The evaluation of a neuropsychological problem is done by the administrating and interpreting standardized psychometric tests as well as by the systematic observation of the behaviour within an integrated and dynamic viewpoint of the brain/behaviour relationships.

The psychologist and the psychologist holder of a training attestation

A psychologist can draw a conclusion on the nature of "clinically significant conditions characterized by alterations in the thought process, mood (emotions) or behaviour associated with personal distress and/or impaired functioning [14]", whether authorized or not to perform the evaluation for neuropsychological problems. In fact, passing his clinical judgement on such illnesses comes under the *evaluation of mental disorders.*

The evaluation of neuropsychological problems aims to establish a brain/behaviour link, i.e., a link between the clinical illness and a possible or confirmed alteration of the brain functions, more specifically the upper mental functions or cognitive functions. This has to be distinguished from the mental disorders evaluation with aims to establish the presence and the nature of a clinical illness, such as previously defined.

For example, concluding to the presence of a learning disability, even for a child with a cerebral lesion, is not in itself the evaluation of a neuropsychological problem, unless the evaluation aims to establish a link between the behavioural, emotional or cognitive manifestations on one hand, and the brain, including one of its functions, on the other hand.

The context of the practice within interdisciplinarity

The professional activities of the occupational therapists and nurses as described below are notably within the framework of the services offered by the institutions in the

[14] Definition of mental disorders In: *The World Health Report 2001*. WHO, 2001, page 21

centres, such as Long term care facilities, hospital centres, local community health centres, rehabilitation centres, youth protection centres as well as in general medicine groups or medical clinics.

The psychologist, the occupational therapist, the nurse, the speech pathologist and the audiologist are often called upon to work in complementary for the benefit of the clientele they serve. They must act within the limits of their respective field of practice.

The occupational therapist

Some upper mental functions subject of evaluation for neuropsychological problems, such as the cognitive, perceptive, executive, emotional or behavioural functions of a individual can be evaluated[15] by the occupational therapist in accordance to her field of practice in view of determining, for example the individuals aptitude to take care of themselves or to maintain themselves in their living environment.

This evaluation does not aim to evaluate the mental functioning in order to identify the problems, within the meaning of dysfunction or alteration, and it does not allow deciding on the nature of the causes for the clinical illnesses (elevation of the mental disorders). In addition, it does not aim to establish a link between the clinical illnesses or the cognitive, emotional or behavioural functioning and some cerebral structures or functions possibly altered, i.e., to decide on a brain/behaviour link (evaluation of neuropsychological problems). For the occupational therapist the evaluation aims rather to evaluate the cognitive capabilities, for example, attention, memory, orientation in space or planning to evaluate the functional capabilities in order to conclude on the individual's functional capabilities. For example, if the occupational therapist is asked to decide on a cognitive function such as memory for the purposes of diagnosing dementia, he will have to refuse this request and discuss with the requestor so that, if applicable, he redefines this request for services so that it respects his field of practice since this it is not a case where he has to decide on the individual's functional capabilities.

Along the same line, the occupational therapist evaluating the capability of an individual to drive his car, will evaluate the upper mental functions in order to conclude on the individual's functional skills to carry out this activity. To do so, he will analyse the interactions between certain upper mental functions, the requirements of the "driving" activity and the requirements of the environment, he will evaluate also the individual's autonomy to drive a car in the context of performing his living habits.

The nurse

As for the nurse, she is authorized to evaluate the physical and mental condition of a symptomatic individual. To do so, the nurse does a clinical examination of the individual taking into account the parameters concerning both the physical and the mental parameters such as the state of awareness, attention, short and long term memory, focus, spatial and temporal orientation, thought organization, perceptions (ex.: hallucinations) and she will use if required the tools or measurement scales. The analysis of the data collected from the individual and his relations allows the nurse to pass a clinical judgement. According to the nurse's field of practice this means that she can detect complications, identify health problems, determine the severity or the urgency of the individual's health situation and establish intervention priorities.

The speech pathologist and the audiologist

The evaluation of the upper mental functions comprises notably the spheres of language and speech as well as the central hearing system. In accordance to his field of practice the speech pathologist is authorized to evaluate the language functions

[15] Cf the lexicon for the definition

(expressive and receptive aspects in their oral, written and non verbal aspects), the functions of the voice and the speech. In an objective other than the psychologist's, the speech pathologist uses psychometric tests and non standardized tools to determine an orthophonic intervention plan and treatment in order to develop, restore or maintain the communication skills. The completion of these plans by the speech pathologist in cooperation with the other members of the interdisciplinary and multidisciplinary team aims to optimize the functional autonomy and encourage family, school, professional and social integration.

In accordance to his field of practice the audiologist is authorized to evaluate the hearing functions. He carries out psychoacoustic, physiological and neurophysiologic tests in order to conclude to the presence of a hearing problem. Hearing is based on the functions of the central peripheral hearing system comprising various anatomical relays, from the auditory nerve up to the brain, including the cortical areas dedicated to the auditory treatment. Audition groups a set of functions related to auditory perception, notably the auditory localization and sound discrimination, binaural interaction and integration, recognition of auditory patterns and auditory temporal sequences.

The audiologist and the speech pathologists evaluate also some upper mental functions such as memory, attention of judgement in order to analyse their impact on the communication problem and thus decide on the appropriate treatment and intervention plans. The realization of these plans by the audiologist and the speech pathologist in cooperation with the other members of the interdisciplinary and multidisciplinary team aims to optimize functional autonomy and encourage family, school, professional and social integration.

Is not reserved

Although an evaluation of the neuropsychological problems are reserved to the psychologist holder of an attestation, the occupational therapist can carry out an evaluation of the upper mental functions in order to pass a clinical judgement on a individual's functional skills in all the care contexts.

As for the nurses, they practice among individuals exhibiting physical health problems, mental or neuropsychological problems. Thus, in order to practice activities related to her field of practice, including the physical and mental evaluation of the individual (activity reserved by Bill 90), the nurse can use the necessary means such as history of the personal and family health, physical examination, evaluation of the mental condition, measurement and risk evaluation scales in order to pass her clinical judgement on the individual's health condition.

Although the psychometric tests are not reserved, and because there is a different level of investigation of the upper mental functions depending on the involved professionals, it is understood that each must choose and use the relevant psychometric tools in proportion to ones mandate and in accordance to ones field of practice. Thus, each professional should be able to justify his/her choices in relation of his/her clinical goal. These considerations are especially important for the evaluations of neuropsychological problems, since these tests are often unique and cannot be used repetitively without undermining their validity. In that regard, the professionals should therefore focus on the choice of evaluation tools so that their common client may be evaluated adequately by the appropriate professional who will have a valid tool. Finally, a test can only be used when the professional has the competences to do so. Moreover, it is important to remember that several designers and distributors of tests specify the level and the field of training required to use adequately a test.

3.6.4. Evaluating a individual affected by a mental or neuropsychological problem certified by a diagnosis or by an evaluation performed by an authorized professional

Is reserved

The evaluation of an individual affected by a mental disorder[16] or a neuropsychological disorder diagnosed or attested by an authorized professional is reserved went it comes under the field of practice of one of the following professionals: Social worker, marriage and family therapist, psychologists, guidance counsellor and occupational therapist. Only these latter are competent to perform this evaluation.

Thus, the activity reserved by Bill 21: "Evaluating an individual affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation performed by an authorized professional", must be interpreted in relation to the field of practice of each of the six professional orders designated by the law.

For each of the professions, the reserved activity must be understood as follows for:

- **The psychologist:** Evaluating the psychological and mental functioning of a individual affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation performed by an authorized professional;
- **The social worker:** Evaluating the social functioning of a individual affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation performed by an authorized professional;
- **The marriage and family therapist:** Evaluating the relational systems' dynamics of the marriage or the family of a individual affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation performed by an authorized professional;
- **The guidance counsellor:** Evaluating the psychological functioning, the personal resources and the living conditions of a individual affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation performed by an authorized professional;
- **The psychoeducator:** Evaluating the adaptation skills and adaptive capabilities of a individual affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation performed by an authorized professional;
- **The occupational therapist:** Evaluating the functional skills of an individual affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation performed by an authorized professional.

For the doctor and the nurse, remember the following:

- Evaluating any health deficiency is reserved to the doctor in every circumstance.
- Evaluating the physical and mental condition of an individual, affected or not by a mental or neuropsychological disorder attested by a diagnosis or an evaluation performed by an authorized professional, remains reserved to the nurse.

In general, the activities planned in these professionals' filed of practice, such as evaluation of the social functioning, evaluation of the psychological or mental functioning or also evaluation of the adaptive capabilities, are not reserved activities and can be practiced by any worker. Yet, in some situations, as those where a particularly vulnerable clientele is at issue, following recommendations made by a committee of experts chaired by Dr. Jean-Bernard Trudeau, the law maker has chosen to reserve these evaluations for these professionals because of the risk of injury they involve.

In fact, the reserve of the evaluation of individuals affected by a mental or neuropsychological disorder is great. The incapacity generated by the presence of such

[16] Including intellectual disability

a disorder places the individual in a vulnerable situation for many circumstances: Getting housing, leaving ones usual place of residence, performing regular activities, exercising social roles, maintaining harmonious inter-individual relationships, pursuing an education, getting inserted into the work place, integrated into society, etc. This is why, when these individuals require an evaluation under the field of practice of one of the professionals listed above, only this professional is authorized to perform this evaluation and to communicate the results of his evaluation for which he will be accountable.

In the framework of the measures and programs administered by *Emploi-Québec* and applied by organizations in development of employability for individuals diagnosed with a mental or neuropsychological disorder, the evaluations required can be the activities reserved within the meaning of the law, for example:

- The evaluation of the social-professional autonomy within the framework of a referral by *Emploi-Québec*;
- The evaluation based on a clinical judgement performed by the specialized manpower services for the handicapped;
- The specialized evaluation of clienteles within a framework of a referral by *Emploi-Québec*.

The practicing context within interdisciplinarity

Although this activity is shared by several professionals, it remains that each professional practices it differently and brings into it the unique contribution vested by his field of practice. As example, the social worker who evaluates an individual affected by a mental or neuropsychological disorder, carries out the evaluation of the individual's social functioning and not the individual's adaptive capabilities as this evaluation belongs to the field of practice of the psychoeducator.

Sharing this activity is based on recognizing the special role that the various mental health and human relations professionals can play and it allows the organizations to have various complementary practices necessary to ensure the best services for the clientele.

Although this activity is not nominally reserved for the nurse, she is authorized to carry out an evaluation of the physical and mental condition of a symptomatic individual, including in the field of mental health intervention. The symptomatic individual can be an individual affected by a mental or neuropsychological disorder already attested or diagnosed by an authorized professional. Consequently, the nurse's field of practice and the activity of evaluating the mental and physical condition of a symptomatic individual, reserved to her, confer to her the authorization to evaluate an individual affected by a mental or neuropsychological disorder.

The same goes for the speech pathologist who is authorized to evaluate the speech and the communication of an individual affected by a mental or neuropsychological disorder already attested by a diagnosis or an evaluation performed by an authorized professional. In fact, this individual can require an evaluation for a communication problem. Consequently, the speech pathologist field of activity and the activity of evaluating languages, speech and voice disorders for determining the speech therapy treatment plan and intervention reserved to the speech pathologist, confer him the authorization to evaluate an individual affected by a mental or neuropsychological disorder.

This practice applies also to the audiologist who is authorized to evaluate the hearing problems of an individual affected by a mental or neuropsychological disorder also diagnosed or attested by an authorized professional. In fact, this individual can require an evaluation for a hearing problem. Consequently, the audiologist field of activity and the activity of evaluating the hearing functions for determining the audiological treatment

plan and intervention reserved to the audiologist, confer him the authorization to evaluate a individual affected by a mental or neuropsychological disorder

As for the doctors, their expertise can be required in all situations targeted by a reserve.

Is not reserved

The evaluation of a individual exhibiting symptoms of a mental or neuropsychological disorder not diagnosed or attested by an authorized professional, is not reserved without prejudice to the evaluation reserved to the nurses with consists in evaluating the physical and mental condition of a symptomatic individual[17].

Any other intervention performed for this particularly vulnerable clientele which is not of the same nature as the evaluation reserved by Bill 21 and by Bill 90, can be performed by any worker, notably the support, accompaniment or follow-up that are not a medical, nursing, psychotherapeutic treatment within the meaning of the law.

Examples of interventions that can be performed by any intervener, whether the individual requiring it is affected or not by a mental or neuropsychological disorder not diagnosed or attested by an authorized professional:

- The evaluation of the capability to undertake steps when seeking employment accomplished by the employment assistance officers;
- Environment objectives within the framework of a pre-employability program and the evaluation regarding the attainment of these objectives (For example, improving social attitudes, punctuality, personal hygiene, autonomy, capability to express oneself correctly, etc.);
- The evaluation of the skills related to seeking employment (Writing a resume, going to a job interview, etc.);
- The evaluation of the individual's potential within the framework of a selection and recruitment process for employment;
- The initial analysis of a individual's needs (Welcome, analysis, orientation, referral – WAOR);
- The analysis of the school file for a registration at adult education;
- Evaluation of the school performance;
- Use of the MHSS multi-clientele evaluation tool for a request for homecare support services;
- The interventions for implementing intervention plans.

3.6.5. Evaluating a individual within the framework of a decision by the Director of Youth Protection or the Court in application of the *Youth Protection Act*

Is reserved

This activity is reserved to the social worker and the psychoeducator within the framework of their respective field of practice. The social services technician will be authorized by the *Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec* to receive the reporting, to carry out a summary analysis of the reporting and to decide if it has to be retained for evaluation.

The reserved evaluation refers to the four following steps of the youth protection intervention process: Reception and processing the reportings, evaluation of the child's situation and living conditions, orientation of a child, review of a child's situation. These activities are the exclusive responsibilities of the DYP and of the members of his personnel that he authorizes for this purpose by virtue of article 32 of the YPA. They are stated in particular in articles 45, 49, 51, and 57 of the YPA.

[17] *Nurses Act*, R.S.Q., c. 1-8, art. 36, al. 1 (1▫).

The Youth Protection intervention process

> **"45.** Any report to the effect that the security or development of a child is or may be considered to be in danger must be transmitted to the director. The director must consider the report, analyze it briefly and decide whether it is to be accepted for evaluation [...]
>
> **49.** If the director considers admissible the report saying the security or development of a child is or may be considered to be in danger, he shall evaluate the child's situation and living conditions. He shall decide whether or not the child's security or development is in danger [...]
>
> **51.** Where the director is of the opinion that the security or development of a child is in danger, he shall take charge of the situation of the child and decide whereto he is to be directed. For that purpose, before proposing the application of voluntary measures or referring the matter to the tribunal, the director shall favour the means that encourage the active participation of the child and the child's parents, [...]
>
> **57.** On the conditions prescribed by regulation, the director shall review the case of each child whose situation he has taken in charge. He shall ensure that every measure is taken to return the child to his parents. If it is not in the interest of the child to be returned to his parents, the director shall see that the child benefits from continuity of care, stable relationships and stable living conditions corresponding to the child's needs and age on a permanent basis."

At the stage of the reporting reception and processing, the worker must receive the reporting, carry out its summary analysis and carry out additional checks, if needed, decide of retaining or not retaining the reporting and, when it is retained, determine the situation's level of priority.

At the evaluation stage, the professional must check the reported facts, analyse the child's family and social situation and decide if the child security or development are in danger or not. The YPA provides that the DYP can under certain conditions authorize other individuals than the members of his personnel (For example, a worker in charge of implementing the measures) to carry out the evaluation of the situation. However, this authorization does not allow them to decide it the child's situation or development is in danger (article 32 of the YPA).

At the orientation stage, the professional has to determine the choice of protection plan, voluntary of legal, as well as the choice of measures necessary to end the endangering situation and avoid that it reoccurs.,

At the review stage, the professional has to review the case of each child whose situation is taken in charge by the DYP. He takes stock of the child's situation and must decide if the child's security or development is still in danger. This decision is notably guided by the recommendations of the worker in charge of applying the measures and who is in charge of writing the review report.

The review is a stage of the intervention process with major clinical and legal consequences. More specifically, it aims to determine if the child's situation justifies or doesn't justify the DYP to pursue the intervention and, if it is the case, if the protection measures must be maintained or changed. The professional has to decide on the choice of plan (Voluntary or legal) as well as the measures retained to ensure the child's protection. In application of article 57.2 of the YPA, he can also act in order to get a child adopted, or seize the Court to get a guardian named for the child.

The evaluation done at each of these steps is considered at risk of severe harm. It can lead to disruptions, such as the state of the child's distress as well as the parents. It can also lead to delaying the removal of the child from his family environment as well as the loss of exercise of the parental authority. The harm can be linked as much to the intervention as to the failure to act.

The practicing context within interdisciplinarity

The reserve of the evaluation of an individual within the framework of a decision by the DYP or the Court for the application of the *Youth Protection Act* does not prevent any professional from evaluating a minor or his parents according to the reserved interventions, activities and end-purpose attached to his field of practice. Resorting to additional expertise for this professional could even be desirable.

Article 86 of the YPA provides that before passing judgement on the applicable measures, the Court reads the DYP's study on the child's social situation and the recommendations he made. The DYP can, at his discretion and if required by the Court, or must include a psychological or medical evaluation of the child and the family members, or any other useful expertise. These evaluations can be done by the concerned professional upon the request of the DYP or the Court.

Is not reserved

The activities done within the framework of the application of measures, such as: Determination, actualization and review of the intervention plan (Except determining the intervention plan for a individual affected by mental disorder or exhibiting a suicidal risk who is sheltered in an installation of an institution exploiting a rehabilitation centre for youths with social maladjustment), the evaluations deemed relevant, the documentation of observations collected within the framework of the child and his parents' follow-up and the development of the review report can be achieved by all the individuals designated by the DYP or the institution.

The same goes for the various evaluations and development of reports produced by the staff of the rehabilitation sector when a child is sheltered in an installation of a rehabilitation centre for youths with social maladjustment within the framework of the application of the measures.

When recruiting family type resources, the evaluation and re-evaluation of a foster family are not reserved.

3.6.6. Evaluating a teenager within the framework of a Court decision in the application of the *Youth Criminal Justice Act*

Is reserved

This activity is reserved to the social worker, the psychologist and the psychoeducator within the framework of their respective field of practice.

This activity is within two contexts: The evaluation leading to the pre-decision report and the examination of the failure of the imposed measures. The evaluation in each of these two contexts is reserved.

The in-depth evaluation of the teenager, his delictual and social history, the risk of repeat offence, and the rehabilitation needs allows reach recommendations aiming to inform the Court on the sentence to impose and on the modalities for the teenager's social reinsertion.

Finally, through the follow up of judicial sanctions, the examination of a failure in the imposed sanctions requires an evaluation of the situation and circumstances that could lead to a review of the sentence likely to lead to more severe consequences for the teenager.

In these contexts, this evaluation is an activity with major consequences. The decisions stemming from the evaluation must both target the protection of society, a restorative justice for the victims as well as a rehabilitation and reinsertion of the young offender into society. These consequences can lead to hindrance to his freedom, limitation of his rights or submitting him to sever conditions affecting his life.

The practicing context within interdisciplinarity

The social worker, the psychologist and the psychoeducator group a set of professional skills that will be used according to their respective field of practice

Upon the Court request and within the framework of a court order, a report can include a medical aspect exclusively reserved to the doctor and testify to the evaluation of mental disorders, intellectual disability or neuropsychological disorders performed by an authorized professional.

Is not reserved

The evaluation of the teenager's participation to an extra-judicial sanction program is not reserved. This is an interview made with the teenager and the parents in order to determine if it is appropriate to use extrajudicial sanctions to fulfill the provision of the law provided for that purpose (Articles 10, 11, and 12 of the *Youth Criminal Justice Act*).

When actualizing the agreement made with the delegate, the follow-up of the extrajudicial sanctions, and the follow-up of the sentences allowing support, supervision and assistance of a teenager in actualizing the measures ordered by the Court continue to be performed by any worker.

3.6.7. Determining the intervention plan for a individual affected by a mental disorder or exhibiting a suicidal risk and who is sheltered in an installation or an institution exploiting a rehabilitation centre for youths with social maladjustment

Is reserved

Determining an intervention plan for a individual affected by a mental disorder or exhibiting a suicidal risk and who is sheltered in an installation or an institution[18] exploiting a rehabilitation centre for youths with social maladjustment is reserved for the social worker and psychoeducator within the framework of their respective field of practice.

The determination of this intervention plan is done within the framework of the application of the measures by virtue of the *Youth Protection Act* as well as the *Youth Criminal Justice Act*, the *Act respecting health services and social services* and the *Act respecting health services and social services for Cree and Inuit Native Individuals*. It is an intervention that an institution has to develop in order to identify the needs, the pursued objectives, the means to use and the planned duration during which the services shall be provided. The intervention plan[19] must ensure the coordination of the services provided to the user by the institution's various concerned workers.

The reserve of the activity targets the various installations of the rehabilitation centre for youths with social maladjustment including the intermediate resources of the "foster home" type and the "group home" type, except supervised housing.

In this specific context, the determination of the intervention plan becomes of an increased complexity because of double problem: On one hand, a major social adaptation problem requiring a shelter in an installation of the rehabilitation centre, and

[18] Does not include the family type resources (FTR) and the foster families
[19] The *Act respecting health services and social services*, article 102

on the other hand, a mental disorder diagnosed or attested by an authorized[20] professional or a documented suicidal risk

This activity is reserved because it concerns the protection of a particularly vulnerable clientele. The reserve of this activity for the social worker and the psychoeducator offers the guarantees and the accountability of the professional system. However, it is limited to the institutions sheltering youth with social maladjustment affected by a mental disorder or exhibiting a suicidal risk.[21].

When the intervention plan has been set before identifying the mental disorder or the suicidal risk, an authorized professional must review the intervention plan.

The practicing context within interdisciplinarity

Within the interdisciplinarity approach of a practice, the intervention plan has to take into account a doctor or psychiatrist treatment recommendations, if they exist, and those of a nurse or a guidance counsellor authorized to evaluate a mental disorder. These intervene before the intervention plan.

The professional takes into account the observations, evaluations and recommendations of the staff working with the individual affected by a mental disorder or exhibiting a suicidal risk who is sheltered in the installation of an institution exploiting a rehabilitation centre or in the intermediate resources coming under the youth centre.

The intervention plan will take into consideration the recommendation of the nurse working in the youth centre, especially concerning the evaluation of the physical and mental condition of a symptomatic individual, the clinical supervision and the activities necessary to ensure a clinical follow-up. A reserved activity, this activity does not limit the nurse's practice or the practice of the other professionals working with the youths affected by a mental disorder or exhibiting a suicidal risk when the activity is held within an environment other than the rehabilitation centres for youths with social maladjustment.

In the same way, the social worker and psychoeducator shall take into account an intervention plan set by an occupational therapist within a centre, during the period of treatment, for example within a psychiatric environment.

Is not reserved

The determination of an intervention plan is not reserved, except in the situation of youths affected by a mental disorder or exhibiting a suicidal risk and who are sheltered in an installation of the rehabilitation centre for youths with social maladjustment. The implementation is never reserved and can be carried out by any worker designated by the institutions.

The determination of an intervention plan is not reserved when the mental disorder is not proved, i.e., in the absence of temporary or final conclusions.

The identification of the presence of a suicidal risk is not a reserved activity.

The supervised apartments, the family type resources (FTR) and the foster families are not targeted by this activity as they are not considered by law as installations of an institution exploiting a rehabilitation centre for youths with social maladjustment.

[20] It could be a diagnosis, the attestation from an authorized professional or a temporary conclusion, C.f. section 3.6.1

[21] According to the procedures in place in the settings

3.6.8. Evaluating a individual regarding children custody and access rights

Is reserved

The evaluation of a individual regarding children custody and access rights is reserved to the social worker, the marriage and family therapist, and to the psychologist within the framework of their respective field of practice.

This evaluation targets the situation of separation or divorce in order to allow the Court to statute on the custody of children or on the parents' access rights to their children. The social worker, or the marriage and family therapist, or the mandated psychiatrist acts in such a context as expert witness. Consequently, the evaluation requires distinct knowledge and knowhow, notably regarding the legal field, as it is practiced in a context subject to legal control, in dispute, and that its purpose is to inform the Court in the child's best interest.

The decisions made by the Court based on this type of evaluation have a significant impact on the children and the parents' lives. They can comprise an irremediable aspect; they can lead to a state of distress, and mean for the parents the loss of the right to have access to their children.

The practicing context within interdisciplinarity

Regarding children custody and access rights, the Superior Court presently has a psychosocial expertise department structured around the social worker and psychologist professions. In addition, Bill 21 allows making the most of the knowledge and competences of the marriage and family therapist whose field of practice concerns specially the dynamics of the relational systems between coupes and families.

The social worker, the marriage and family therapist, and the psychologist have special competences and generic skills allowing them to share this activity each within their distinct field of practice and to offer guarantees and accountability specific to the professional system.

However, the Court can always call upon any other expertise it deems useful in addition to the practice of this activity. For example, the Court may use the services of authorized professionals to evaluate mental disorders, intellectual disability or neuropsychological disorder, the services of the nurse to evaluate the physical and the mental condition of a symptomatic individual, the services of the occupational therapist to evaluate the functional skills, or the services of a psychoeducator to evaluate a child or a parent's social maladjustment and adaptative capabilities. The medical expertise in this matter may also be required.

3.6.9. Evaluating a individual who wants to adopt a child

Is reserved

The evaluation of an individual who would like to adopt a child is an activity reserved to the social worker, the marriage and family therapist and the psychologist within the framework of their respective field of practice.

The reserved evaluation applies to the situations of children born in the province of Québec and outside the province of Québec. It aims to evaluate the applicants' motivations and present or potential parental skills to meet the physical, emotional and social needs of a child. It requires distinct knowledge and knowhow, notably regarding the associated legal provisions, the authorities involved and the conditions imposed by the various countries of origin in case of an international adoption.

This evaluation corresponds to the psychosocial evaluation to which refers the *Youth Protection Act* (YPA). By virtue of this law, it is carried out by the Director of Youth Protection or by any individual he designates to do so. According Bill 21, this designated

individual is a professional, a member of the *Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec* or the *Ordre des psychologues du Québec*. Note that within the framework of the international adoption, the YPA specifies already that an evaluator is a professional member of the *Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec* or the *Ordre des psychologues du Québec Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec* or the *Ordre des psychologues du Québec*. When an adoption must be decided in a country signatory of *the Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption*, or if the country requires it, the DYP entrusts the psychosocial evaluation mandate to one of these professionals. In the other cases, the evaluator can be directly chosen by the adopter from a list available at the two professional orders targeted by the reserve of this activity.

The reserve is justified by the fact that the health, security and well-being of the child depend notably of an adequate evaluation of the applicants' parental skills. Moreover, the evaluation may lead to various alterations such as a state of distress for the applicant, especially in refusal cases.

International adoption

Regarding adoption internationally, the evaluation required may be on two levels. First there is the applicants' psychosocial evaluation, provided for in the YPA and required in most cases. This evaluation requires specific knowledge and knowhow, notably of the applicable provisions and the conditions imposed by the various countries of origin within the framework of international adoption.

There is also the psychological evaluation that some countries of origin demand before giving their approval for the applicants' project. There, the psychological evaluation aims to statutes on the applicants mental health or, if applicable, to evaluate the impact of an indentified mental disorder on the applicants capabilities to receive a child. This said psychological evaluation must be understood here as an evaluation of mental disorders, an activity which is reserved.

The practicing context within interdisciplinarity

Using any other professional expertise regarding adults' applicants is possible, even required, such as a doctor diagnosis, the evaluation of mental disorders by professionals for whom the activities are reserved, physical and mental evaluation by the nurse, the evaluation of the functional capacity by the occupational therapist and the evaluation of the adaptive capabilities by the psychoeducator.

3.6.10. Carrying out the psychosocial evaluation of a individual within the framework of protection plans for a individual of full age or the mandate given in anticipation of the mandator incapacity

Is reserved

The psychosocial evaluation within the framework of protection plans for an individual of full age or the mandate given in anticipation of the mandator incapacity in order to formulate a recommendation to the Court is reserved for the social worker.

This activity is reserved because it is likely to lead the loss of a right, such as the individual's right to exercise freely the management of his/her individual and property.

The scope of the reserved activity covers up to the protection plans re-evaluation process and the probation of the mandate given in anticipation of the mandator incapacity.

The social worker is accountable for the recommendation he develops based on the set of psychosocial data resulting from the evaluation of the various aspects of the

incapacity, evaluated by him or by other professionals according to the required competences. Based on these data, he measures the impact they have on the individual and the individual's environment in relation to the preferred protection measure. He recommends opening, maintaining, changing or ending the protection plan after analysing the various professional opinions obtained regarding the individual's level of autonomy.

The doctor is responsible for the medical evaluation.

The practicing context within interdisciplinarity

The individual's level of autonomy can be evaluated by various professionals according to their respective expertise. The evaluation of the psychological functioning and of the mental functioning done by the psychologist, the evaluation of the functional capabilities is done by the occupational therapist, and the evaluation of the physical and mental condition done by the nurse, are often complementary and integrated to the recommendation to open or of maintain a protection plan. Each of these professionals remains accountable of the evaluation each one makes.

Is not reserved

The collection of objective data (including the observations) on the individual in his/her environment such as the financial, legal situation or his/her eligibility to social programs is not reserved.

3.6.11. Evaluating a handicapped student or a student with social maladjustment in order to decide on an intervention plan to apply the *Education Act*

Is reserved

This activity is reserved to the psychologist, the guidance counsellor, the psychoeducator, the speech pathologist, the audiologist, the occupational therapist and the doctor within the framework of their respective field of practice when this evaluation is done in order to determine an intervention plan for the application of the *Education Act*[22].

The reserved activity must be understood as follows for the following;

- **The psychologist:** Evaluating the psychological and mental functioning of a handicapped student or a student with social maladjustment within the framework of deciding on an intervention plan in order to apply the *Education Act.*
- **The guidance counsellor:** Evaluating the psychological functioning, the personal resources and the living conditions of a handicapped student or a student with social maladjustment within the framework of deciding on an intervention plan in order to apply the *Education Act.*
- **The psychoeducator:** Evaluating the social maladjustment and adaptative capabilities of a handicapped student or a student with social maladjustment within the framework of deciding on an intervention plan in order to apply the *Education Act.*
- **The speech pathologist:** Evaluating the language function, the voice and the speech of a handicapped student or a student with social maladjustment within the framework of deciding on an intervention plan in order to apply the *Education Act.*

[22] *Education Act* (R.S.Q., c. I-13.3, a. 447; 1997, c. 96, a. 128), article 235. Summary: The school board has to adopt a policy regarding the organization of educational services offered to these students which specifies notably the evaluation modalities of the handicapped students and of the students with social maladjustment.

- **The audiologist:** Evaluate the hearing functions of a handicapped student or a student with social maladjustment within the framework of deciding on an intervention plan in order to apply the *Education Act.*
- **The occupational therapist:** Evaluating the function capabilities of a handicapped student or a student with social maladjustment within the framework of deciding on an intervention plan in order to apply the *Education Act.*
- **The doctor:** Evaluating and diagnosing any health deficiency of a handicapped student or a student with social maladjustment within the framework of deciding on an intervention plan in order to apply the *Education Act.*

This evaluation targets exclusively the elementary, secondary and preschool clienteles within the meaning of the *Education Act*.

This evaluation comprises risks of serious harm for a handicapped student or for a student with social maladjustment; this is why it is necessary to make it a reserved activity.

In the case of a child, the evaluation results are used to determine the news regarding adapted educational services. Such conclusion can have an irremediable aspect and disrupt the child's school progress. For students in the secondary level, the evaluation affects also the school progress, as it is a stage where individuals are call upon to make decisive choices for their future and their active life in the workplace.

Getting this evaluation done by authorized professionals offers the professional system's guarantees and accountability.

The effect of the reserve allows a better identification of the problems subsequent to a handicap situation or social maladjustment.

The practicing context within interdisciplinarity and complementarity

Sharing this activity is based on recognizing the special role played by the various targeted professionals. It allows the organizations to have and use various additional necessary competences to ensure the best services to the clientele.

The intervention for a handicapped student or a student with social maladjustment is a step that requires the contribution of various disciplines, notably pedagogy and remedial education. The involved workers can also contribute to the evaluation of these students.

Medical expertise and the expertise of the professionals authorized to evaluate mental disorders, intellectual disability and neuropsychological disorders are also used in the education network.

Is not reserved: Learning difficulties

The evaluation of a student exhibiting learning difficulties in order to establish an intervention plan by virtue of the *Education Act* is not a reserved activity. This evaluation aims mainly to implement appropriate educational or remedial education interventions.

In the school environment, the organization of services is based on identifying the student's needs in order to offer him the most appropriate services within the framework of an intervention plan. It is not necessary to determine beforehand the appurtenance to a given category of difficulty[23]. For this purpose, a multidisciplinary approach which helps to pass a reasoned judgement on the various aspects of the student's problem is promoted in the school environment.

[23] *L'organisation des services éducatifs aux élèves à risque et aux élèves handicapés ou en difficulté d'adaptation ou d'apprentissage*. Ministry of Education, Recreation and Sport (2006). For the application of the *Education Act*, the expression "learning difficulty" is a generic terminology which includes also learning disorders.

Moreover, detection, screening and assessing learning disorders are not reserved activities, especially in the school environment where education measures targeting particularly learning difficulties can continue to be applied by the various workers present in that environment. Therefore, the activities can be performed by all the professionals and the workers.

The *Office des professions du Québec*[24] will implement a committee of experts to examine the situation of remedial teachers regarding the evaluation reserved by Bill 21.

The contribution to identify or diagnose a disorder is not a reserved activity. In case of dyslexia, for example, the attestation of this disorder results often from a step requiring the contribution by various workers, especially the teacher and the remedial teacher.

In some environments, especially in the cegeps and the universities, or for some governmental programs, the diagnosis by the doctor or the evaluation by an authorized professional of a learning disorder is one of the administrative conditions for the individual to have access, for instance, to services, subsidies, exemptions or other deductions, or for an organization to receive financing in order support the provision of services to these individuals. The authorized professionals are the doctors, psychologists and, for learning disorders related to language, the speech pathologists. Some guidance counsellors and some nurses can also be authorized by a regulation of their professional order. The fact of specifying the reserved activities can facilitate the necessary steps for the concerned individuals in order to have access to a competent professional. Thus, it is important that the parent of a youth or an adult knows to which professional he can turn to.

Is not reserved: Other examples

- Detecting, screening and assessing the social maladjustments or the needs of a handicapped student or of a student with social maladjustment or learning difficulties;
- Doing a student's needs evaluation in order to establish an intervention plan.
- Evaluating the capability of reading or reasoning by using mathematical concepts.
- Assessing the student's interests with regards to choosing a semi-specialised occupation within the framework of the program "*Parcours de formation axé sur l'emploi*[25]".
- Evaluating a student's slow progress.

3.6.12. Evaluating a child who is not yet eligible to preschool education and who exhibits indicators of developmental delay, in order to determine the rehabilitation and adaptation services meeting his needs.

Is reserved

This activity concerning a child who is not yet eligible to preschool education within the meaning of the *Education Act*[26] is reserved for the social worker, the psychologist, the psychoeducator, the speech pathologist, the audiologist, the occupational therapist, the nurse as well as the doctor within the framework of their respective field of practice. This

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24 Québec Professions Board is the old name.

25 Progress of education focused on employment.

26 The *Education Act* (R.S.Q., c. I-13.3, a. 447; 197, c. 96, a. 128). Pedagogical plan for preschool education, elementary and secondary education, article 12:

- The student who has turned 5 years old before October 1, of the school year in progress and whose parents have made the request, is admitted in preschool education.
- The handicapped student or the student living in an economically disadvantaged setting, within the meaning of appendix 1, who has turned 4 years old before October 1, of the school year in progress and whose parents have made the request, is admitted in preschool education; the minister establishes the list of school boards that can admit these students who live in an economically disadvantaged setting and he specifies their admissions' conditions.

activity is reserved when its goal is to determine appropriate rehabilitation and adaptation services.

This evaluation targets children in whom development delay indicators were observed and are exhibited in one or several spheres of their development. A discrepancy observed in the way to perform an activity that would place the child outside the boundaries considered normal for his age constitutes an indicator of development delay.

Based on the indicator he has, the professional, for whom the activity is reserved, evaluates the child within the framework of his field of practice in order to specify the nature and measure the intensity of the difficulties he exhibits, or to conclude to the presence of a disorder in order to determine the child's rehabilitation and adaptation services he requires. The reserve aims to insure for the children with major development problems the access to a competent evaluation and an early referral to adequate services.

The practicing context within interdisciplinarity

This evaluation is shared by all the professionals listed above. Its realization requires putting in common the various expertises because of the child's young age and because it is difficult to foresee his developmental pattern.

Is not reserved

The detection[27] and the screening[28] are not reserved activities, Therefore they can be performed by all the professionals and the interveners.

The assessment[29] of the global development of the preschool age child is not reserved.

3.6.13. Deciding the use of restraint or isolation measures within the application of the *Act respecting health services and social services and the Act respecting health services* and *social services for Cree and Inuit Native Individuals*

For the purposes of these activities, the following definitions are used as reference[30]:

- The word "restraints" is used to describe "a control measure consisting in preventing or limiting a individual's freedom of movement by using human strength, a mechanical means or by depriving the individual from a means he/she uses to make up for a handicap
- The word "isolation" is used to describe "a control measure consisting in confining an individual for a set time in a location from where he/she cannot get out freely".

Is reserved

The decision to use restraint or isolation measures is the activity by which a professional decides it is necessary to use a control measures in a context of mental health therapeutic or planned intervention, including in the institutions exploiting a rehabilitation centre for youths with social maladjustment or in long term care units. This activity is reserved for the doctor, the nurse, the occupational therapist, the social worker, the psychologist and the psychoeducator within the framework of their respective field of practice.

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27 Cf. The lexicon for a definition.

28 Idem.

29 Idem.

30 Ministry of Health & Social Services. *Orientations ministérielles relatives à l'utilisation exceptionnelle des mesures de contrôle : contention, isolement and substances chimiques*. 2001, p.14. **Loose translation of document's title:** Ministerial orientations regarding the exceptional use of control measures: restraints, isolation and chemical substances.

In an institution, these activities are practiced within the framework of regulations or policies in effect, adopted by the institution's board of director. These regulations must take into consideration the *Ministerial orientations regarding the exceptional use of control measures: restraints, isolation and chemical substances*.

Restraints and isolations are measures limited to the individual whose behaviours represent an imminent danger for his/her health, safety or the health and safety of others. These are not punitive or disciplinary measures; they must end as soon as the reasons justifying them have disappeared.

The use of a control measure comprises harmful risks. It affects the individual's physical and moral integrity, and it may lead to physical or psychological injuries. It can upset deeply the individual and drive him/her into a state of distress.

Seeing the major risks of harm related to their application, the restraints or the isolation are exceptional measures and of last resort. Consequently, everything must be done to prevent and limit their application. In order to consider all possible avenues for preventing their use, an interdisciplinary and multidisciplinary analysis with the individual and his/her relations is essential to develop an individualized intervention plan.

Precisions on the decision to use the restraint measures

An important distinction is essential for the decision to use restraints. Since 2003 (effective date of the provision of Bill 90 on restraints), the decision to use restraints is reserved to the doctor, the nurse, the physiotherapist and the occupational therapist. This decision is not limited regarding the location where the doctor, the nurse, the occupational therapist or the physiotherapists take it: for example, they can decide to use this measure in a school environment, a daycare or a holiday camp.

Bill 21 extends the list of authorized professionals to make the decision to use a constraint measure to the psychologist, the social worker and the psychoeducator. Moreover, this decision is only reserved for them in an installation maintained by an institution within the meaning of the *Act respecting health services and social services* and the *Act respecting health services and social services for Cree and Inuit Native Individuals*[31].

Precisions on the decision to use isolation measures

The decision to use isolation measures is reserved to the doctor, the nurse, the physiotherapist, the occupational therapist, the social worker, the psychologist, and the psychoeducator when it is made in an installation maintained by an institution within the meaning of the *Act respecting health services and social services* and the *Act respecting health services and social services for Cree and Inuit Native Individuals*.

The practicing context within interdisciplinarity

The decision the use constraint and isolation measures must be planed and should be the result of an interdisciplinary process at the light of each professional's special

31 *Act respecting health services and social services* (R.S.Q., C. S-4.2), article 118.1 and the *Act respecting health services and social services for Cree and Inuit Native Persons* (R.S.Q., c. S-5), article 150.1: Force, isolation, mechanical means or chemicals may not be used to place a person under control in an installation maintained by an institution except to prevent the person from inflicting harm upon himself or others. The use of such means must be minimal and resorted to only exceptionally, and must be appropriate having regard to the person's physical and mental state. Any measure referred to in the first paragraph applied in respect of a person must be noted in detail in the person's record. In particular, a description of the means used, the time during which they were used and a description of the behaviour which gave rise to the application or continued application of the measure must be recorded. Every institution must adopt a procedure for the application of such measures that is consistent with ministerial orientations, make the procedure known to the users of the institution and evaluate the application of such measures annually.

expertise as it is set by their field of practice or if the application of the measure is provided in the intervention plan or prescribed by the doctor within the framework of the medical treatment plan.

This decision involves the clinical judgement of professionals from various disciplines, with a special expertise and bringing complementary opinions guaranteeing a judicious and ultimate use of such measures. Grouping a set of specific and generic skills encourages the use of these measures as only a last resort and offers the guarantee and accountability specific to the professional system.

Is not reserved

During an emergency, the decision to use restraint or isolation methods are not the object of the reserve provided by these legal changes; for example, when unpredictable behaviour endangering the safety of the individual or others[32] occurs.

In the school environment, the decision to apply isolation measures is not reserved. The teachers and workers in the school environment must remain vigilant regarding the exceptional aspect of this decision. Everything should be done in a context of planned intervention taking into consideration the rights recognized by the *Charter of rights and freedoms* (Inviolability, integrity, and dignity).

In spite of the reserve for this activity, the police services, the correctional services officers, and ambulance services outside the institution can use restraint or isolation measures.

The application of a restraint or isolation measure is not reserved. The planed intervention has to be considered in the intervention plan and can be applied by any worker trained for that purpose. In an institution, these measures are applied according to the protocol adopted by the board of directors.

[32] As soon as the emergency is controlled, the intervention of an authorized professional is required.

4. A measure to prevent any break in the services

4.1. The application of temporary acquired rights provisions for the individuals not eligible to a professional order

Bill 21 recognizes acquired rights to the individual not eligible to a professional order who on September 20, 2012[33], practiced activities reserved for professionals. The workers benefiting of acquired rights will be authorized to do what they already were doing while being subject to conditions and modalities set by the board of directors of the professional order.

Some activities are not targeted by the provision on acquired rights:

- Evaluating mental disorders
- Evaluating neuropsychological disorders
- Evaluating intellectual disability

Any individual admissible to an order, holder of a position or an assignment of which job description includes one or several reserved activities must register to the members' roll of the concerned order. This individual will not be authorized to register on the registry for individuals not admissible to the order.

The deadline for this registration is September 20, 2012.

The *Ordre des conseillers et conseillères d'orientation du Québec*, the *Ordre des psychoéducateurs et psychoéducatrices du Québec*, and the *Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec* have set conditions and modalities according to which the individuals who on September 20, 2012, practiced an activity reserved for these professional orders, will be able to benefit from the acquired rights provision.

After discussions with the employers, the three orders agreed on these conditions and modalities will be the same for each order.

In order to avoid a break of the services, the following individuals will be deemed to have practiced one or the other of the activities reserved on September 20, 2012:

- Any individual not admissible to the professional order who practiced one or several of the activity reserved to the member of that order or whose job description includes one or several reserved activities;
- Any individual not admissible to the professional order whose job description includes one or several activities reserved to the member of that order or who was absent from his/her position or assignment and whose absence is according to the provisions provided in his/her working conditions (For example a parental leave, a leave without pay, or a maternity leave).
- Any individual not admissible to the professional order occupying a position or an assignment whose job description includes one or several reserved activities between May 1, 2012 and September 19, 2012.

A registry for these individuals will be created in each of the orders and, according to the occupied positions, at the latest on September 20, 2012, the employers will provide upon the initial declaration the list of individuals who practiced these reserved activities by indicating the activity practiced by the individual.

[33] The date of September 20, 2012 initially provided in Bill 21 was changed for 'the effective date" by article 11 of Bill 55 (2012, Chapter 10), *An Act respecting the professional recognition of medical electrophysiology technologists*. The "effective date" was set to September 20, 2012 by the Decree 780-2012 of July 14, 2012.

The individual, who is not working within an institution and who is in charge of preparing a list of individuals to enter into the orders registries, shall inform the concerned order at the latest on September 20, 2012, of the reserved activity he/she is practicing through a sworn declaration in order to be registered in the registry.

Administrative fees will be required from the individual to be registered upon the initial declaration. The orders will complete the registry with the name of the individual who will have paid the registration fees. These individuals will receive a letter confirming their registration.

Administrative fees for the following annual declarations are set by the board of directors of each of the orders.

The individuals registered shall renew every year their registration.

Each of the three professional orders have adopted a regulation to compel the individual to follow for each professional activity he/she is practicing by virtue of this temporary measure at least six hours of training per reference period of two years. The regulations provide for the admissible training activities as well as the exemptions that can be granted. They provide also the control method and consequences for failing to complete these training hours.

4.2. The application of the temporary acquired rights provisions for the members of a professional order

Acquired rights will be recognized also for the members of a professional order who on September 20, 2012, practiced activities reserved for one of these three professional orders. These professional could be authorized by the professional order targeted by the reserve to continue practicing these activities according to the administrative conditions and modalities set by the board of directors of each of the orders.

Although this activity does not come under the practice of his/her profession, the professional whose job title is identical to his/her profession could let the public believe that he/she practices this activity within the framework of his/her profession. In that regard, the professional is subject to ethical obligations, such as the obligation of competence, and his/her professional order control mechanisms.

The professional whose job title is not the same as his professional title, but who in any way lets the public believe that he/she practices this activity within the framework of his/her profession, is governed by the same deontological obligations such as the obligation of competence and the control mechanisms of his/her professional order.

For example, a psychoeducator who practices an activity reserved to the members of the *Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec* (psychosocial evaluation within the framework of the individual of full age protection plans) could continue to practice it if he/she has met the conditions and modalities set by that order. This psychoeducator occupies a position of human relations officer and does not present him/herself in any way as a psychoeducator; therefore, he/she is not subject to the ethical obligations of the *Ordre des psychoéducateurs et psychoéducatrices du Québec*. However, if he/she occupies the position of human relation officer, but introduces him/herself as psychoeducator, posts his/her license and signs documents with his/her title of psychoeducator, he/she must meet the requirements of the *Ordre des psychoéducateurs et psychoéducatrices du Québec* code of ethics and is submitted to his/her order public protection mechanisms.

5. Supervision of psychotherapy

Bill 21 contains general provisions supervising strictly the practice of psychotherapy within the professional system.

It provides a definition of psychotherapy (article 11 introducing article 187.1, second clause in the *Professional Code*), the reserve of this activity as well as the reserve of the title of psychotherapist.

Bill 21 provides that except for the doctor and the psychologist, no one can practice psychotherapy, nor use the title of psychotherapist if he/she is not a member of the *Ordre des conseillers et conseillères d'orientation du Québec, Ordre des ergothérapeutes du Québec, Ordre des infirmières et infirmiers du Québec, Ordre des psychoéducateurs et psychoéducatrices du Québec, Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec*, and if he/she is not the holder of a psychotherapist license. This license will be issued by the *Ordre des psychologues du Québec* according to the conditions enacted by a regulation of the *Office des professions du Québec.*

5.1. The definition of psychotherapy

The World Health Organization recognizes psychotherapy among the components of health care offered to individuals affected by mental and behavioural disorders, in like manner as medication treatment and psychosocial rehabilitation[34].

Bill 21 defines psychotherapy as follows:

> *A psychological treatment for a mental disorder, for behavioural alterations or for any other problem leading to psychological distress that has as goal to encourage in the client significant changes in his/her cognitive, emotional or behavioural function, in his/her interpersonal system, personality or health condition. This treatment goes beyond an assistance aiming to face common problems or a relationship providing advice and support.*

Defining psychotherapy in a regulation perspective aims to protect the public from individuals who are not sufficiently trained to practice it.

It is a reference framework for the practice of psychotherapy. It has been developed based on various elements associating psychotherapy to the psychological treatment of, notably, a mental disorder and alterations related to the development of the human being that can occur throughout the cycles of life.

The present development of knowledge in this matter allows considering psychotherapy as treatment. The efficiency of the psychotherapeutic approaches most commonly used can be assessed in various ways and we have growingly numerous and diversified probing data to demonstrate it. Several researches allow also establishing the efficacy of a given approach with the treatment of a particular and well circumscribed mental disorder. The interventions are chosen coherently and concordantly with the results of the rigorous evaluation that must be done initially by the psychotherapist, as well as with the objective of desired change.

In order to extend this protection to a greater number, the legislator opted for a definition covering, in addition to the mental disorders, the alterations related to the development of the human being and those that may occur throughout the cycles of life.

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[34] World Health Organization. The world health report 2001 - Mental Health: New Understanding, New Hope, WHO, 102, P.60, 612, 62.

The elements for which it is important to understand well the definition and the scope are the following:

- **Suffering:** It refers to a moral pain which does not necessarily constitute a mental disorder. It may be due to individual or social difficulties[35].
- **Psychological distress:** it refers to a feeling of abandonment, of loneliness, powerlessness, felt during an agonizing situation which, during epidemiological studies, is used as indicators to measure the prevalence of diseases[36].
- **The client:** The word designates the individual, the family or the couple.

5.2. The interventions that are not reserved

Defining psychotherapy must allow distinguishing it from the interventions that are not psychotherapy. These interventions are not reserved.

For that purpose, Bill 21 provides that the *Office* establishes through regulation a list of interventions that are not psychotherapy within the meaning of the law, but that are close to it and it defines these interventions. Remember that in the definition of psychotherapy, Bill 21 specifies that this treatment goes beyond help to face common difficulties or a relationship providing advice and support.

The following interventions are not psychotherapy:

- **Support meeting** which aims to support the individual through meetings that may be regular or punctual to allow the individual to express his/her difficulties. In such a frame, the professional or the worker can provide advice and make recommendations.
- **Support intervention** which aims to support the individual with as goal to maintain and consolidate the gains and the adaptation strategies by targeting the strengths and resources during the meetings or during regular or punctual activities. It implies notably to reassure, provide advice and information related to the individual's condition or experienced situation.
- **Spousal or family intervention** aiming to promote and support the optimal functioning of the couple or the family through discussions often involving its members. It has as goal to change elements of the spousal or family functioning hindering the growth of the couple or family members or to offer assistance and advice in order to face the difficulties of everyday life.
- **Psychological education** aims for teaching through educating and informing the individual. It can be used at all stages of the care and services process. It consists in teaching specific knowledge and skills aiming to maintain or improve the individual's autonomy or health, notably to prevent the appearance of health or social problems including metal problems or the deterioration of the mental condition. The teaching can be for example on the nature of the physical or the mental illness, its manifestations, and its treatments including the role the individual can play in maintaining or recovering health, and also on stress management, relaxation or assertiveness techniques.
- **Rehabilitation** aims to assist the individual to deal with the symptoms of a disease or to improve skills. It is used, among other things, with individuals suffering from significant metal health problems in order to allow them to reach an optimum level of autonomy in view of a recovery. It can be inserted in the frame work of support meetings or interventions, and it can integrate for example the management of hallucinations, and training to daily and social skills.

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35 Idem, p. 21

36 *Avis sur les maladies mentales; un éclairage contemporain*. Conseil médical du Québec, April 2001, 101 pages.

- **Clinical follow-up** consists in meeting to update a disciplinary intervention plan. It is for individuals presenting behavioural disorders or any other problem leading to psychological suffering or distress or to health problems, including mental disorders. It may involve a contribution of various professionals or workers grouped into interdisciplinary or multidisciplinary teams. This follow-up can be within an intervention plan within the meaning of the *Act respecting health services and social service* or the *Education Act*, it can be held during support meetings or interventions, such as defined earlier, and also involve rehabilitation or psychological education. It can also target pharmacotherapy adjustment.
- **Coaching** targets the update of the potential individuals through the development of talents, resources or skills for individuals who are not in distress or suffering, but who are expressing special needs regarding personal or professional achievements.
- **Crisis intervention** consists in an immediate, short and directing intervention modulated according to the type of crisis, the individual's characteristics and those of his/her relations. It aims to stabilize the individual's condition or his/her setting's related to the crisis. This type of intervention may imply the exploration and the evaluation of possible consequences, for example, potential dangerousness, the suicidal risk or the risk of decompensation, defusing, support, teaching adaptation strategies to deal with the experienced situation as well as orientation toward services and care more appropriate to the needs.

5.3. The reserve for the practice of psychotherapy

Bill 21 reserves the practice of psychotherapy to the psychologists and the doctors. Therefore, they do not need to get a license for that purpose.

It reserves also this activity to the members of the *Ordre des conseillers et conseillères d'orientation du Québec,* of the *Ordre des ergothérapeutes du Québec*, of the *Ordre des infirmières et infirmiers du Québec*, of the *Ordre des psychoéducateurs et psychoéducatrices du Québec*, and of the *Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec*, inasmuch as they hold a psychotherapist license issued by the *Ordre des psychologues du Québec*.

The management of the psychotherapist license will be done by the *Ordre des psychologues du Québec*. This modality:

- facilitates managing the psychotherapist license within the framework of the professional system by instating a single access window
- facilitates choosing a psychotherapist and lodging complaints, as applicable
- allows controlling the illegal practice of this activity newly reserved and shared

The *Ordre des psychologues du Québec* issues the license according to the conditions appearing in the Regulation on the psychotherapist license enacted by the *Office.* The following section describes these conditions.

5.3.1. Conditions to issue the psychotherapist license

Regarding the psychologists, let us emphasize that psychotherapy is the central core of their practice. Presently, the programs in the university offer the required training to practice psychotherapy. As for the doctor, he can be trained to practice psychotherapy, especially if he/she specializes in psychiatry. In general, the initial training for these two groups of professionals corresponds to the standards of theoretical practical training identified by the committee of experts presided by Dr. Jean-Bernard Trudeau, in order to be accepted for a license of psychotherapist. Consequently, these orders codes of ethics and surveillance programs will attest of their members' quality of practice as well as obligation to have the knowledge and the competences to do so, without issuing a

specific license for that purpose. The standards enacted by the regulation of the *Office des professions du Québec* should support the orders in the application of their mechanisms for the protection of the public regarding their members who practice psychotherapy.

The board of directors of the *Ordre des psychologues du Québec* issues a psychotherapist license to the member of the *Ordre des conseillers et conseillères d'orientation du Québec,* the *Ordre des ergothérapeutes du Québec*, the *Ordre des infirmières et infirmiers du Québec*, the *Ordre des psychoéducateurs et psychoéducatrices du Québec*, and the *Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec* who meets the following conditions:

- He/she is the recipient of a master university degree in the mental health and human relations field
- He/she has completed 765 hours of theoretical university level training in psychotherapy divided in the way described in section 5.3.2
- He/she has completed successfully supervised practical training related at least to one of the four theoretical intervention models specified in section 5.3.2 including a minimum of 300 hours of direct treatment with at least 10 clients, each clients must have received direct treatment for a minimum of 10 hours, 100 hours of individual supervision and 200 hours dedicated to other activities related to practicing psychotherapy, such as group supervision, transcription and charting, general case management and guided readings; the supervision is done by a person who meets the conditions described in section 5.3.3.

5.3.2. An appropriate training

Seven hundred and sixty-five (765) hours of theoretical university level training in psychotherapy divided as follows:

- Two hundred and seventy (270) hours on four theoretical models of intervention, i.e., psychodynamic models, cognitive/behavioural models, systemic models and theories of communication, as well as humanist models; among these 270 hours, 45 hours must be dedicated to three of these models and 135 hours to the fourth of these models
- Ninety (90) hours on common factors such as the attitudes of the psychotherapist, the setting and the client expectations, the relational quality, the communication skills, and the placebo effect
- Ninety (90) hours on critical tools of which scientific methods, such as quantitative research and statistics, as well as qualitative research notably the epistemological models such as hermeneutics and phenomenology
- One hundred and eighty (180) hours on the classification of mental disorders, psychopathology and the problems related to human development such as understanding through various intervention models, and the recognized classifications such as The Diagnostic and Statistical Manual of Mental Disorders (DSM), and the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD) and their subsequent modifications, the life cycles and the great problems associated to them
- Forty-five (45) hours on the link between biology and psychotherapy, such as the somatopsychic and psychosomatic relations, the relevance and limitations of the psychotherapeutic intervention, and general knowledge of anatomy and the physiology of the central nervous systems and of psychotropic drugs
- Forty-five (45) hours on the legal and organizational aspects of practicing psychotherapy such as the laws and the organizational resources
- Forty-five (45) hours on ethics and deontology such as the psychotherapist duties and obligations toward the client, the public and the practice of psychotherapy

This training must have been acquired within the framework of a curriculum leading to the completion of a degree leading to a license from one of the professional orders whose members can practice psychotherapy, or within psychotherapy training acquired in a university, a private institution or from an instructor meeting the conditions described in section 5.3.3.

5.3.3. Recognition of instructors and supervisors

The recognition conditions for instructors

In order to be recognized for the purposes of the training required in order to issue the psychotherapist license, the instructor shall meet the following conditions:

- To be a member of one of the professional orders whose members can practice psychotherapy, or be licensed psychotherapist
- To be the recipient of a master university degree or senior level in the field of mental health and human relations, or a recipient of a doctorate in medicine
- To have a clinical experience of at least five years in one of the four theoretical intervention models

An individual is also an instructor when, on September 21, 2012, he/she meets the following conditions:

- To be the member of one of the professional orders whose members can practice psychotherapy or be licensed psychotherapist
- To have a clinical experience of at least five years in one of the four theoretical intervention models
- To have taught for one year the theoretical knowledge of at least one out of the four theoretical intervention models

The recognition conditions for supervisors

In order to be recognized for the purposes condition required of clinical experience in order to issue the psychotherapist license, the supervisor shall meet the following conditions:

- To be a doctor, a psychologist or a licensed psychotherapist
- To be the recipient of a master university degree or senior level in the field of mental health and human relations, or a recipient of a doctorate in medicine
- To have a clinical experience of at least five years in one of the four theoretical intervention models
- To have training in supervision

An individual is also a supervisor when, on September 21, 2012, he/she meets the following conditions:

- To be a doctor, a psychologist or a licensed psychotherapist
- To have a clinical experience of at least five years in one of the four theoretical intervention models
- To have supervised for one year the psychotherapy practice in at least one out of the four theoretical intervention models

5.4 The reserve of the title of psychotherapist

Bill 21 provides that except for the doctor and the psychologist, no one can use the title of psychotherapist, nor a title or an abbreviation that may let believe that he/she is a psychotherapist, if he/she is not a member of the *Ordre des conseillers et conseillères d'orientation du Québec,* of the *Ordre des ergothérapeutes du Québec*, of the *Ordre des infirmières et infirmiers du Québec*, of the *Ordre des psychoéducateurs et*

psychoéducatrices du Québec, and of the *Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec* and is not the holder of the psychotherapist license.

Through regulation the *Office* decides on the conditions for the use of the title of psychotherapist by the doctor, the psychologist and the licensed psychotherapist.

The doctor or the psychologist using the title of-psychotherapist must place the title of psychotherapist after his/her reserved title.

The licensed psychotherapist must use the title of psychotherapist and must place this title after his/her reserved title.

The licensed psychotherapist who does not meet the conditions for licensing from one of the professional orders whose members can practice psychotherapy must use the title of psychotherapist and place the title of the university degree he/she holds before this title

5.5 Recognition of the acquired rights when the law comes into effect

Whereas presently no provision governs psychotherapy, the recognition of an acquired right aims to allow all individuals who practice this activity when the law comes into effect, within the definition provided in Bill 21, to continue to practice with the condition of meeting certain conditions enacted by the regulation of the *Office*. Moreover, these individuals will be from now on submitted to the regulation applicable to the holder of a psychotherapist license and to an obligation of attending continuous education. The recognition of acquired rights such as suggested has a temporary character.

General conditions

The Board of Directors of the *Ordre des psychologues du Québec*, issues a psychotherapist license to the individual requesting it within the two years following September 21, 2012, and who meets the following conditions:

- To be the recipient of a Bachelor's university degree in the field of mental health and human relations on September 21, 2012
- To have practiced within the three years prior to September 21, 2012, 600 hours of psychotherapy related to at least one of the four theoretical intervention models specified in section 5.3.2.
- To have completed within the five years prior to September 21, 2012, or the year following this date, a psychotherapy training for a continuous 90 hours related to at least one of the four theoretical intervention models specified in section 5.3.2.
- To have completed on September 21, 2012, 50 hours of individual supervision on 200 hours of psychotherapy practice related to at least one of the four theoretical intervention models specified in section 5.3.2.

Special conditions

The Board of Directors of the *Ordre des psychologues du Québec*, issues a psychotherapist license to the individual requesting it within the two years following September 21, 2012, and who meets on that date the following conditions:

- To be a member of the *Ordre des conseillers et conseillères d'orientation du Québec,* or of the *Ordre des psychoéducateurs et psychoéducatrices du Québec* accredited as psychotherapist
- To be a member of the Canadian Psychoanalytic Society, the *Ordre des psychothérapeutes psychanalytiques du Québec* or the *Société québéquoise des psychothérapeutes professionnels* and does not meet the conditions for issuing a licence from one of the professional orders whose members can practice psychotherapy or, if he/she meets these conditions, he/she is a members of one of these orders.

Applicable provisions

The following provisions apply to the holder of a psychotherapist license who does not meet the conditions for issuing a licence from the professional orders whose members can practice psychotherapy, by doing the necessary adjustments, notably by applying the suspension of the psychotherapist licence upon deregistration:

- Articles 43, 45, 45.2, 48 to 52.1, 53 to 57, 58.1 to 60.7, 62.2 and 85.1 to 85.3, paragraph 8° of article 86.0.1, articles 88 to 89.1 and 91 of the *Professional Code*, sections VI and VII, except the first part of article 117, and section VIII of chapter IV OF this Code, except the first part of article 121, as well as chapters VI.1, VI.3, VIII and VIII.1 of this Code
- The following regulations:
  - Regulation on the professional liability insurance of the members of the *Ordre des psychologues du Québec*[37] (c. C-26, r. 210)
  - *Code of Ethics of psychologists* (c. C-26, r. 212)
  - Regulation on the professional inspection committee of the *Ordre des psychologues du Québec*[38] (c. C-26, r. 213)
  - *Regulation respecting the terms and conditions for the issue of permits by the Ordre professionnel des psychologues du Québec* (c. C-26, r. 215)
  - *Regulation respecting the records of a psychologist who ceases to practise* (c. C-26, r. 216)
  - *Regulation respecting the conciliation and arbitration procedure for the accounts of psychologists* (c. C-26, r. 220)
  - *Regulation respecting the keeping of records and consulting-rooms by psychologists* (c. C-26, r. 221)

5.6. Common regulations to respect for practicing psychotherapy

Bill 21 specifies that any doctor, psychologist or licensed psychotherapist must practice psychotherapy respecting the following rules in addition of the law and regulation governing it:

- establish a structured interactional process with the client
- carry out an initial rigorous evaluation
- apply therapeutic models based on communication
- base their practice on recognized theoretical scientific models and validated intervention methods respecting human dignity

5.6.1. Explanations

The structured interactional process between a professional and a client. This appellation asserts the importance given to free and informed consent within this process. It introduces the notion of service provided by a professional at the request of a client or after having obtained his consent. It clarifies the message that it is a structured relationship in a set frame between a professional and a client which occurs on the basis of a therapeutic contract.

The initial rigorous evaluation. It is a preliminary, and its goal is to decide on the relevance to start psychotherapy.

Whatever the chosen psychotherapeutic approach, this evaluation takes into consideration the following elements:

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37 Translators comment: Loose translation of the *Règlement sur l'assurance de la responsabilité professionnelle des membres de l'ordre des psychologues du Québec*

38 Translators comment: Loose translation of the *Règlement sur le comité d'inspection professionnelle de l'Ordre des psychologues du Québec*

- the request formulated by the individual, his/her therapeutic history
- the individual's biological, psychological, social and cultural factors
- the use and interpretation of the various tests, questionnaires and techniques, as applicable
- the client's resources and strengths
- the existence of a diagnosis, notably of a mental disorder, and the existence of a present or prior treatment

Such an evaluation allows pinpointing better the individual's situation and the reason for which he/she is consulting. Its result influences the choice of psychotherapeutic approach and the various tests and techniques used in relation to this approach. In addition, it guides the psychotherapist in the decision to undertake and continue the psychotherapeutic process in relation to the knowledge and competences he/she has to treat the individual dealing with a particular disorder or problem. The information thus collected must be entered in the file. The objectives underlying this evaluation distinguish it from the evaluation of mental condition and the evaluation of mental disorders, intellectual disability and neuropsychological disorders.

Group psychotherapy. It is considered as a practice with recognized effects. In this sense, psychotherapy remains an individual process that may be achieved within a group supporting it.

5.6.2. Additional elements

In order to be considered as such, a psychotherapeutic approach must meet ethical values and standards:

- **scientific:** it must be validated scientifically on the theoretical as well as on the techniques' level; theory has to be based on hypotheses potentially verifiable and one must be able to evaluate its efficacy.
- **technical:** it is based on a theoretical framework and a certain number of techniques corresponding to the theory. The psychotherapist has to know them and have the competences to use them
- **ethical:** it must respect the legal framework including the professional laws and regulations, as the code of ethics.

5.6.3. The elements of a successful psychotherapy

Mastering competences is the foundation of a successful psychotherapy. Studies have demonstrated the importance of the psychotherapist training in order to reach the objectives of the psychotherapeutic treatment.

Common factors contribute also to the success of the treatment, i.e. notably:

- suggestion
- the psychotherapist's attitudes
- the environment and the client's expectations
- the relational quality and the capability to establish a therapeutic alliance
- the client's trust in the success of the process

5.7 An obligation to attend continuous training

Through a regulation, the *Office* determines the obligations frame for continuous training to which the doctor, the psychologist, who practice psychotherapy or the holder of a psychotherapist license must conform to according to the modalities set by a resolution of the *Collège des médecins du Québec* and the *Ordre des psychologues du Québec*; in addition, the *Office* determines the sanctions stemming from the failure to follow the training and, if applicable, the exemption cases.

The goal of this obligation is to maintain the competences up-to-date in the psychotherapy practice.

The doctor or the psychologist practicing psychotherapy and holding the licence of psychotherapist must accumulate at eat 90 hours of continuous training in psychotherapy over a period of five years,

The doctor has to choose the continuous training activities among the continuous training activities in psychotherapy adopted by the *Collèges des médecins du Québec*.

The psychologist and the holder of the psychotherapist license must choose the continuous training activities among the continuous training activities in psychotherapy adopted by the *Ordre des psychologues du Québec*.

The doctor, the psychologist or the holder of a psychotherapy license are exempted from the obligation to participate to a psychotherapy training activity if they demonstrate they are unable to follow-it.

The *Collèges des médecins du Québec* limits the right to practice psychotherapy for the doctor who has not respected his/her obligation of continuous training until he/she provides the proof that he/she has met that obligation.

The *Ordre des psychologues du Québec* limits the right to practice psychotherapy for the psychologist who has not respected his/her obligation of continuous training until he/she provides the proof that he/she has met that obligation.

The *Ordre des psychologues du Québec* suspends the psychotherapist license for the holder of a license of psychologist who has not respected his/her obligation of continuous training until he/she provides the proof that he/she has met that obligation.

5.8 An advisory interdisciplinary council on the practice of psychotherapy

An advisory interdisciplinary council on the practice of psychotherapy was instituted with the *Order des psychologues du Québec*.

This structure allows implementing a uniform process to supervise the psychotherapy practice in the context where psychotherapy is newly reserved and shared in interdisciplinarity. An advisory interdisciplinary committee will be called upon to play an essential role in order to implement standards framing the practice of psychotherapy.

The advisory interdisciplinary council has a mandate to provide the *Office* with advices and recommendations regarding the *Office* regulation projects targeted in Bill 21 before it adopts them, as well as on any other question concerning psychotherapy that the *Office* deems appropriate to submit to the council.

The advisory interdisciplinary council has also as mandate to give the professional orders' board of directors, whose members want to practice psychotherapy, advice and recommendations concerning the regulation projects of these orders on the practice of psychotherapy before it adopts them, as well as on any question regarding the practice of psychotherapy that the board of directors of these orders deems appropriate to submit to it.

Through the Office, the advisory interdisciplinary council must provide advices and recommendations to the minister responsible for the application of the professional laws regarding any question he deems appropriate to submit to the council regarding the practice of psychotherapy.

The advisory interdisciplinary council is made up of the following members, named by the government and chosen for their professional knowledge, experience or expertise in the field of psychotherapy:

- two psychologists, of which the chairman of the council, after consultation with the *Ordre des psychologues du Québec*
- two doctors, of which the vice-chair of the council, after consultation with the *Collège des médecins du Québec*
- one member from each professional order, of which members can be holders of the psychotherapist license and, if applicable, a member holder of each of the licence categories issued by this professional order, after consultation with the professional order of which he/she is a member.

The advisory interdisciplinary council can consult any individual whose special expertise is required, as well as any representative of concerned organizations and authorize them to participate to the meeting.

Thus, the advisory interdisciplinary council allows the following:

- to maintain the value of interdisciplinarity at the heart of the supervision of the psychotherapy practice
- to maintain the necessary rigour for the quality of the practice
- to group professionals from various provenances around the tile and the practice of psychotherapy

The advisory interdisciplinary council is based on the involvement and cooperation of all the concerned orders.

Appendix 1 – Lexicon of definitions useful to understand Bill 21

Terms and definitions	Explanations
Assessment is taking into consideration the indicators (symptoms, clinical manifestations, difficulties or others) obtained thanks to clinical observations, test or tools.	Assessment is a non reserved intervention. Therefore, it can be done by all professionals and workers in the mental health and human relations sectors within the limitations of their respective skills.
Restraints is a control measure consisting is preventing or limiting the freedom of movement of an individual by the use human force, a mechanical means, or by depriving the individual from a means he/she can use to make up for a handicap[39].	
Contribution refers to the assistance provided a professional for performing the reserved activity	The contribution is a non reserved intervention. Therefore, it can be done by all professionals and workers in the mental health and human relations sectors within the limitations of their respective skills.
Screening aims to distinguish the individuals who are probably affected by an undiagnosed disorder or a risk factor of a disorder, from individuals who probably are not affected. The screening intervention in itself does not allow making a diagnosis or attest of a disorder or disease. The individuals for which the screening result is positive are referred in order to get a complete investigation.	Screening is a non reserved intervention. Therefore, it can be done by all professionals and workers in the mental health and human relations sectors within the limitations of their respective skills.
Detection consists in noting indicators of disorders not yet identified or of risk factors within the frame of an intervention with various goals. Detection is not based on a systematic process, but it is based on the sensitivity of the workers to the said indicators.	Detection is a non reserved intervention. Therefore, it can be done by all professionals and workers in the mental health and human relations sectors within the limitations of their respective skills.
Diagnosis is the medical evaluation that may require a complete examination the human body's set of organs, tracts and systems of	The doctor is the only health professional who holds the knowledge to do so. He/she receives for that purpose a training integrating the fundamental and the clinical sciences. The doctor's unique expertise justifies the exclusive attribution

[39] Ministry of Health & Social Services, 2002

Terms and definitions	Explanations
	of this activity. It does not prevent other professionals to proceed with evaluations within the framework of their respective field of practice and to communicate the conclusions of their evaluations.
Evaluation such as defined already within the framework of the implementation of the *Act amending the Professional Code and other legal provisions* in the health field (Bill 90): *The evaluation involves to pass a clinical judgement on the situation of an individual based on information that the professional has and to communicate the conclusions of this judgement. The professionals perform evaluations within the framework of their respective field of expertise. The reserved evaluations can only be performed by authorised professionals.*	The reserved evaluation is the one involving the exercise of a clinical judgement by a professional member of his/her order, as well as the communication of this judgement. The evaluations that do not have as goal to lead to a conclusion or a diagnosis and that are not specifically reserved by law are allowed.
In an **interdisciplinary team**, the results of the evaluations, observations and interventions realized by the various professionals and other workers are put in common in order to share a global understanding of the situation and to agree on common intervention objectives. The member of the interdisciplinary team work together.	
In a **multidisciplinary team** the various mobilized professionals and workers are not necessarily grouped in the same work location. These teams may be "virtual", meaning that various independent professionals can be solicited as expert or experienced consultants in a more or less concerted manner. It is important to emphasize that in several situations the work of one single of these professionals can be enough to conclude.	
The **temporary evaluation**[40]**:** it is possible of use the temporary specification when one has strong reasons to believe that all the criteria of a disorder will end up being completed and that the available	

[40] DSM-IV TR Section: Use of the manual

Terms and definitions	Explanations
information is insufficient to make a diagnosis (conclude) with certainty (...). Another use of the word temporary is the case where the differential diagnosis depends only on the duration of the sickness.	
The notion of **installation of an institution exploiting a rehabilitation centre for children with social maladjustment** includes the intermediate resources of the "foster home" type and of the "group home" type, except for supervised apartments and foster families.	These installations are targeted in section 3.6.7. of the present guide and are specified in the *Act respecting health services and social services*. The family type resources (FTR) are notably not targeted by the reserve.
The word **"isolation"** is used to describe a control measure consisting in confining an individual for an undetermined time in a location from where he/she cannot get out freely.	It does not refer to closed units or prosthetic units Refer to the ministerial orientations (www.mss.gouv.qc.ca)
Psychotherapy is psychological treatment for a mental disorder, for behavioural alterations or another problem leading to psychological suffering or distress. Its goal is to encourage in the client significant changes in his/her cognitive, emotional, behavioural functioning, in his/her personality, and health condition. It is a process that goes beyond the help aiming to face common problems or a relationship providing advices and support.	
Mental disorder: "A clinically significant disorder characterised by the change of the mode of thought, the mood, and behaviour associated to a psychic distress or an alteration of the mental functions"	The evaluation of a mental disorder is done according to a recognized classification of the mental disorders, notably the two classifications the mostly used in North America, i.e., ICD and DSM.
Neuropsychological disorder: "Condition clinically significant characterized by neurobehavioral functioning (of cognitive, emotional and behavioural nature) related to the dysfunction of the upper mental functions following ailments of the central nervous system"	

Appendix 2 – Bill 21: Act amending the Professional Code and other legal provisions in the field of mental health and human relations / Modernization of the professional field of practice

Psychologist Practicing psychology consists in evaluating the psychological and mental functioning, as well as determining, recommending and providing interventions and treatments in order to prefer psychological health and restore the mental health of the human being in interaction with his environment.	**Social Worker** Practicing social work consists in evaluating the social functioning, to determine an intervention plan and to ensure its implementation as well as support and re-establish the individual's social functioning in reciprocity with his environment in order to prefer the optimum development of the human being in interaction with his environment.	**Marriage and family therapist** Practicing the dynamics of the marriages and families relational systems, to determine a treatment and intervention plan and to restore and improve the communication modes in order to encourage better spousal and family relations for the human being in interaction with his environment.
Guidance counsellor Practicing guidance counseling consists in the evaluation of the psychological functioning, the personal resources and the conditions of the environment, to intervene on the identity as well as to develop and maintain active adaptation strategies in order to make personal and professional choices throughout life, to re-establish socio-professional autonomy and achieve carrier projects for the human being in interaction with his environment.	**Psychoeducator** Practicing psychoeducation consists in evaluating maladjustment problems and adaptative capabilities, to determine an intervention plan and to ensure its implementation, to re-establish and develop the adaptative capabilities of the individual as well as to contribute to the development of the conditions in the environment in order to encourage the optimum adaptation of the human being in interaction with his environment.	**Occupational Therapist** Practicing occupational therapy consists in evaluating the functional capabilities, to determine and implement a treatment and intervention plan, to develop, restore and maintain the capabilities, to make up for the deficiencies, decrease the handicap situations and adapt the environment in order to encourage optimum autonomy of the human being in interaction with his environment.
Nurse The nursing practice consists in evaluating the health condition, determining and ensuring the realization of the nursing and medical care and treatment plans in order to maintain and restore the health of the human being in interaction with his environment, to prevent disease as well as to provide palliative care.	**Doctor** Practicing medicine consists in evaluating and diagnosing any health deficiency, to prevent and treat diseases in order to maintain or re-establish the health of the human being in interaction with his environment.	**Speech pathologist and audiologist** Practicing speech therapy and audiology consists in evaluating the hearing, language, voice and speech functions, to determine the treatment and intervention plan and ensure its implementation in order to improve or re-establish the communication of the human being in interaction with his environment.
Information, health promotion, and the prevention of suicide, disease, accidents and social problems are also part of practicing the profession among individuals, families and communities[41].		

[41] This paragraph is part of all the fields of practice in the mental health and human relations sector.

Appendix 3 – Bill 21 Act amending the Professional Code and other legal provisions in the field of mental health and human relations

Reserved evaluation: Evaluation involving passing a clinical judgement on the situation of a individual based on the information the professional has and to communicate the conclusions of this judgement									
Reserved activities	**Psychol.**	**SW**	**CFT**	**GC**	**Psychoed**	**Occ**	**Nurse**	**MD**	**Speech/audio**
1. Evaluate mental disorders	X			X[42]			X[43]	X	
2. Evaluate intellectual disability	X			X				X	
3. Evaluate neuropsychological disorders	X[44]							X	
4. Evaluate a individual affected by a mental or neuropsychological disorder attested by a diagnosis or an evaluation done by an authorized professional	X	X	X	X	X	X	X	X	
5. Evaluate an individual within a decision of the DYP or the Court in application of the *Youth Protection Act*.		X			X				
6. Evaluate a teenager within the decision of the Court in application of the *Youth Criminal Justice Act*	X	X			X				
7. Determine the intervention plan for an individual affected by a mental disorder or exhibiting a suicidal risk who is sheltered in an installation of an institution exploiting a Rehabilitation Centre for youths with social maladjustment		X			X				
8. Evaluate an individual regarding the custody of children and access rights	X	X	X						
9. Evaluate a individual who wishes to adopt a child	X	X	X						
10. Perform the psychosocial evaluation of an individual within the framework of the individual of full age protection plan or a mandate given in anticipation of the mandator incapacity		X							
11. Evaluate a handicapped student or with social maladjustment within the framework of determining an intervention plan to apply the *Education Act*	X			X	X	X		X	X
12. Evaluate a child not yet eligible to preschool education and who exhibits indicators of developmental delay in order to determine rehabilitation or adaptation services meeting his/her needs	X	X			X	X	X	X	X
13. Decide of the use of restraint or isolation measures within the framework of the application of the *Act respecting health services and social services* and the *Act respecting health services and social services for Cree and Inuit Native Individuals*.	X	X			X	X	X	X	

[42] Shall have to be the holder of an attestation from his/her order or additional training

[43] Shall have to hold the training and experience required by regulation of his/her order.

[44] Shall have to be the holder of a training attestation from his/her order.