



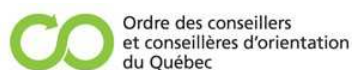
# Bill 21

Shared professional skills  
in mental health  
and human relations:  
The People First

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

## Explanatory Guide

May 2012



This binder was developed under the direction of the Office des professions du Québec by a drafting committee, in which professional bodies involved in the PL No. 21 were represented. Consultations with many organizations (ministries, associations, and other groups) have contributed greatly to its enrichment.

**Edition produced by:**

L'Office des professions du Québec  
800, place D'Youville, 10<sup>th</sup> floor  
Quebec, QC G1R 5Z3  
Phone: 418 643-6912, toll free: 1 800 643-6912  
Fax: 418 643-0973  
E-mail: [courrier@opq.gouv.qc.ca](mailto:courrier@opq.gouv.qc.ca)

The reader can also consult or download this guide on the website at: **[www.opq.gouv.qc.ca](http://www.opq.gouv.qc.ca)**

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**Translated by:** Translate This!  
Marissa Leblanc  
Translator

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# Preface

An Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations (PL 21) was adopted unanimously by Quebec's National Assembly on June 19, 2009.

To facilitate its smooth implementation, professionals subject to PL 21 and the Office des professions du Québec has collaborated on writing a unique explanatory guide for the interpretation and application of new legislation.



**Charles Bernard**  
President and General  
Manager  
Physicians Order of  
Quebec



**Laurent Matte,**  
President  
Order of Orientation Counselor of  
Quebec



**Alain Bibeau**  
President-directeur general  
Ordre des ergotherapeutes du Quebec



**Gyslaine Desrosiers**  
Presidente-directrice generale  
Ordre des infirmieres et infirmiers  
du Quebec



**Marie-Pierre Caouette**  
President et General Manager Order  
of orthophonists and audiologists of  
Quebec



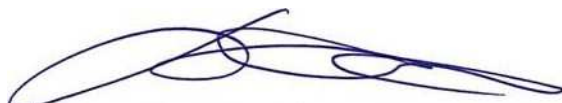
**Diane Blain-Lamoureux**  
President  
Order of educational psychologists of Quebec



**Rose-Marie Charest,** President  
Order of psychologists of Quebec



**Claude Leblond,** President  
Order of social workers and  
conjugal and familial therapists of  
Quebec



**Jean Paul Dutrisac,** president  
Office of occupations of Quebec

# Table of Contents

<b>Introduction .....</b>	<b>8</b>
<b>1. Background of the Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations.....</b>	<b>10</b>
1.1. The continuity of modernization of the professional practice of health and human relations ....	10
1.2. Professional supervision .....	10
1.3. The sharing of expertise .....	11
1.4. Work organization .....	11
1.5. Integration of criminologists and sexologists professional system .....	12
<b>2. Modernization of scopes of practice for professionals working in mental health and human relations.....</b>	<b>13</b>
2.1. Scopes of practice updated by PL 21 .....	13
2.2. Criteria that guided the description of scopes of practice .....	13
2.3. The social worker field .....	14
2.4. The scope of practice of marriage and family therapist .....	15
2.5. The scope of practice of the psychologist.....	16
2.6. The scope of practice of the guidance counselor .....	17
2.7. The scope of practice of educational psychologists .....	18
2.8. The scope of practice of speech-language pathologist and audiologist .....	19
2.8.1. The speech therapist .....	19
2.8.2. The audiologist.....	20
2.9. The scope of practice of the occupational therapist .....	21
2.10. The scope of practice of nurse .....	22
2.11. The scope of practice of physician.....	23
2.12. Information, promotion, and prevention .....	24
<b>3. Reserved activities at risk of harm.....</b>	<b>25</b>
3.1. Criteria to reserver an activity .....	25
3.2. The effect of supervision by the professional system of professionals working in mental health and human relations .....	26
3.3. The accessibility of competence .....	26
3.4. Reserved activities .....	27
3.4.1. The reserved evaluation activities.....	27
3.4.2. The other reserved activities .....	29

3.4.3.	Details of what is not reserved .....	29
3.4.3.1.	The use of assessment tools .....	30
<b>3.5.</b>	<b>The link between activity and restricted the scope of practice.....</b>	<b>31</b>
<b>3.6.</b>	<b>The scope of reserved activities.....</b>	<b>33</b>
3.6.1.	Assessing mental disorders .....	33
3.6.2.	Assess the intellectual disability .....	38
3.6.3.	Assess neuropsychological disorders, a training certificate is issued by the Order under a regulation in paragraph O of section 94 .....	40
3.6.4.	Assess a person with a mental or neuropsychological logic attested by the diagnosis or an evaluation by a qualified professional .....	44
3.6.5.	Assess a person as part of a decision of the Director of youth protection or the court under the Act on Protection of Youth .....	48
3.6.6.	Assess an adolescent under a court order under the Act respecting the criminal justice system for adolescents.....	51
3.6.7.	Determine the intervention plan for a person with a mental disorder or at risk of suicide that is hosted in a facility of an institution operating a rehabilitation center for troubled youth coping .....	53
3.6.8.	Assess a person in child care and access rights .....	55
3.6.9.	Assess a person wishing to adopt a child .....	56
3.6.10.	Conduct psychosocial assessment of a person under the protection schemes of major or the mandate given in anticipation of the grantor's incapacity .....	58
3.6.11.	Assess a student with social maladjustments in the determination of a response plan under the Act on Public Education .....	59
3.6.12.	Assessing a child who is not yet admissible to preschool education and who shows signs of developmental delay in order to determine the rehabilitation services and adaptation to meet its needs .....	62
3.6.13.	Decide on the use of restraints or seclusion as part of the application of the Act respecting health services and social services and the Act respecting health services and social services for Cree.....	64
<b>4.</b>	<b><i>A measure to prevent any disruption of services.....</i></b>	<b>67</b>
4.1.	The transitional provisions of vested rights for persons not eligible for a professional .....	67
4.2.	The transitional provisions of vested rights for members of a professional .....	68
<b>5.</b>	<b><i>The supervision of psychotherapy .....</i></b>	<b>69</b>
5.1.	The definition of psychotherapy.....	69
5.2.	Interventions that are not reserved.....	70
5.3.	Reserve practice of psychotherapy .....	70
5.3.1.	Conditions for issuing a psychotherapist's permit.....	71
5.3.2.	Relevant training .....	71
5.3.3.	Recognition of trainers and supervisors .....	72
5.4.	Reserve the title of psychotherapist.....	72
5.5.	Recognition of rights acquired at the time of entry into force of the Act .....	72
5.6.	Common rules to be observed for the practice of psychotherapy .....	73
5.6.1.	Explanatory elements .....	73
5.6.2.	Additional elements .....	74

5.7. A continuing education requirement .....	74
5.8. An interdisciplinary advisory council on the practice of psychotherapy .....	74
<i>Appendix 1</i> .....	76
<i>Useful glossary of definitions for comprehending the project of law 21</i> .....	76
<i>Appendix 2</i> .....	80
<i>Modernization of the fields</i> .....	80
<i>Appendix 3</i> .....	81
<i>Reserved evaluation</i> .....	81

## INTRODUCTION

This guide aims to explain the provisions of PL 21. Professionals involved in the bill have developed a single guide that will be made available to the network of health and social services, the network of education and other workplaces where professionals are members of these orders.

It aims to ensure consistency and uniformity of interpretation in all media.

It speaks to members of professional bodies and managers who, in different environments, have to organize teams of interdisciplinary work. In an interdisciplinary team, the results of evaluations, observations, and interventions by the various team members are pooled to share an understanding of the situation and an agreement of common goals of intervention. The heading "The context of interdisciplinary practice", presents the contributions of professionals involved with PL 21, but this does not exclude the contribution of other stakeholders.

It is important that the meaning given to the provisions PL 21 is the same from one profession to another, from one institution to another, in the guidelines or answers provided in these environments over time. The services offered to meet customer needs should be related to the specific contribution to various professionals.

It is important to remember that certain principles, including protecting the most vulnerable groups, support PL 21. Reserved activities that are a risk of harm to members of professional orders and psychotherapists are written in this logic.

### **Participants in the writing of this guide:**

Mme Christiane Gagnon, vice-présidente de l'Office des professions du Québec et responsable de la coordination des travaux

M<sup>e</sup> Linda Bélanger, Collège des médecins du Québec

Dr Claude Ménard, Collège des médecins du Québec

Mme Martine Lacharité, Ordre des conseillers et conseillères d'orientation du Québec

Mme Louise Tremblay, Ordre des ergothérapeutes du Québec

M<sup>e</sup> Hélène D'Anjou, Ordre des infirmières et infirmiers du Québec

Mme France Laflamme, Ordre des infirmières et infirmiers du Québec

Mme Marie-Pierre Caouette, Ordre des orthophonistes et audiologistes du Québec

Mme Josée Larocque, Ordre des orthophonistes et audiologistes du Québec

M. Claude Paquette, Ordre des psychoéducateurs et psychoéducatrices du Québec

Mme Renée Verville, Ordre des psychoéducateurs et psychoéducatrices du Québec

M. Pierre Desjardins, Ordre des psychologues du Québec

M<sup>e</sup> Édith Lorquet, Ordre des psychologues du Québec



Mme Natalie Beauregard, Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec

Mme Ghislaine Brosseau, Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec

M<sup>e</sup> Richard Silver, Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec

M<sup>e</sup> Anne-Marie Veilleux, Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec

M<sup>e</sup> Annie Chapados, Ordre professionnel des diététistes du Québec

## **1. BACKGROUND OF THE ACT TO AMEND THE PROFESSIONAL CODE AND OTHER LEGISLATIVE PROVISIONS IN THE MENTAL HEALTH AND HUMAN RELATIONS FIELD.**

This Act amends the Professional Code to provide for a redefinition of the fields of professional practice in the field of mental health and human relations for the professions of psychologist, social worker, marriage and family therapist, orientation counselors and educational psychologists. It also establishes activities that are at risk of harm in the field of mental health and human relations for members of these orders: nurses, occupational therapists, language pathologists, and audiologists.

This Act also includes the practice of these professions, such as information concerning activities, promotion, and prevention, common to the practice of certain health professions. It introduces the prevention of suicide prevention activities.

Finally, the Act provides the framework for the practice of psychotherapy. It provides a definition of psychotherapy, a reserve of practice as a psychotherapist and physiotherapist, doctors, psychologists and members of professional bodies whose members may be licensed psychotherapist, management of the license by the Order of Psychologists of Quebec and the creation of an interdisciplinary advisory council on the exercise of psychotherapy<sup>1</sup>.

### **1.1. The continuity of modernization of the professional practice of health and human relations**

The first phase of modernization began, for the health professions, with the Act to amend the Professional Code and other legislative provisions in the health field (PL 90, adopted in June 2002).

PL 21, second phase of work, embodies modernization which became necessary for professional practice in mental health and human relations. It was adopted in June 2009 following a parliamentary committee. It was preceded by PL 50 having also been the subject of a parliamentary committee in March 2008.

The approach developed in mental health and human relations is based on elements of the legislative framework established by PL 90.

### **1.2. Professional supervision**

Modernization of professional practice in mental health and human relations consists of:

- ↳ revising the definition of scopes of practice so they can describe the professional practices for the twenty-first century;

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<sup>1</sup> Explanatory notes that introduce the PL No.21 by the Quebec Official Publisher, 2009.

- ↳ the remainder of activities that are detrimental to vulnerable clients;
- ↳ the framework for the practice of psychotherapy by the professional system.

It seeks the following professions: psychologist, social worker, marriage and family therapist, counselor, psychotherapist, occupational therapist, nurse, doctor, speech therapist, and audiologist.

PL 21 updates the mission to protect the public from professional bodies. It has the duty of requiring eligible responders to follow their orders when performing certain activities deemed pre-judicial which they exercise within health and social services institutions in the private sector, public sector, school system, community, or elsewhere. The professional membership ensures that the professional has the minimum skills required to perform activities that are assigned to him, and is covered by the public protection, such as quality control of professional practices, ethics, and continuing education.

### **1.3. The sharing of expertise**

PL 21 clarifies the particularity of each profession, promotes optimal use of skills in an interdisciplinary and multidisciplinary approach to achieve greater efficiency in the use of human resources and provide quality services to the population.

### **1.4. Work organization**

PL 21 amends the Professional Code, the Framework Law of the professional system, and certain particular laws<sup>2</sup>. Modernized laws and professionals provide managers of health and social services with, among other things, additional ways to organize the work of multidisciplinary teams and inter-disciplinary. The objective is therefore to maximize accessibility to services and the contribution of each professional and hence the effectiveness of teamwork.

It connects professional intervention knowledge and skills provided the training, and, on the basis of the diplomas or their equivalent, which give access to professional permits.

Note that the work of stakeholders other than members of the professional bodies is not described in detail in this guide. Indeed, the latter focuses on change in law and business, especially, and is not intended to describe or specify the methods of work organization, which remain the responsibility of the employers' groups concerned. In regard to the contribution of social service workers, technicians, and special education technicians' delinquency intervention, a portrait of their interventions related activities retained by

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<sup>2</sup> Act respecting Nurses, Medical Act.

PL 21 is available in the Co-Presidents' Table Report of analysis on the situation of technicians working in the field of mental health and human relationships<sup>3</sup>.

### **1.5. Integration of criminologists and sexologists in the professional system**

As part of its mandate, the committee experts<sup>4</sup> panel on Modernization of practical and professional mental health and human relations has proposed solutions for some stakeholder groups that are not integrated into the professional system.

In this context, sexologist and criminologist professions have been the subject of specific proposals because the Committee of Experts considered that there are links between their practice and that of the recognized professions working in the sector of mental health and human relations.

Experts have proposed that they be recognized as a profession within the meaning of the professional system, with a definition of scope of practice and reserved activities.

At the time of the Parliamentary Committee concerning the PL 50 (the first version of PL 21), the Minister of Justice, responsible for professional law enforcement, told the Office des professions that its mandate was to undertake the necessary steps with criminologists and sexologists to integrate them into the professional system and to retain their proposed activities in the report of the Expert Panel: Sharing expertise - Modernization of professional practice in mental health and human relationships.

The Board is responsible for the execution of this ministerial mandate. The process of integrating the professional system is underway.

This guide will be updated, if necessary, to introduce these two groups of professionals as soon as a government decree to endorse their professional system integration.

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<sup>3</sup> [www.opq.gouv.qc.ca](http://www.opq.gouv.qc.ca)

<sup>4</sup> The expert committee was formed by the Office des professions in January 2004. The committee was chaired by Dr. Jean-Bernard Trudeau and was mandated to continue the work of the Ministerial Working Group on Health Professions and Human Relations, chaired by Dr. Roch Bernier. The expert committee submitted its report in November 2005 on the modernization of professional practice in mental health and human relations

## **2. MODERNIZATION OF SCOPES OF PRACTICE FOR PROFESSIONALS WORKING IN MENTAL HEALTH AND HUMAN RELATIONS**

### **2.1. Scopes of practice updated by PL 21**

Changes to the Professional Code modernize the scope of practice of professionals who practice in the field of mental health and human relations.

Updated descriptions of the practice of social work, marriage and family therapist, psychologist, guidance counselor and psycho educators, are introduced to the Professional Code.

For their part, the scope of practice of speech-language pathologist and audiologist, the occupational therapist, nurse, and physician were reviewed during the adoption of PL 90.

It is within the scope of practice that those activities are retained for each profession mentioned in PL 21.

### **2.2. Criteria that guided the description of scopes of practice**

Scopes of practice are descriptive rather than limiting.

Updating the fields of professional practice is based on the following principles:

- ↵ be specific enough to distinguish one from another profession and thus establish his trademark;
- ↵ be concise in order to stick to basics and practices undertaken by the majority;
- ↵ clarify the purpose of professional intervention in what it is in particular;
- ↵ avoid detailed lists of activities, job descriptions, enumerations means, backgrounds, practice locations or customer;
- ↵ omit any reference to goods or services, methods and techniques used.

The field does not claim to cover an entire discipline, but rather outline key activities in order to understand the nature and purpose. The contents of the fields are limited to the following components:

- ↵ the designation of professional discipline;
- ↵ the main activities of the profession;
- ↵ the purpose of the practice.

The term "human being interacts with its environment" reflects the work of professionals with individuals, couples, families, groups, communities, and organizations. By occupation, the environment can be more or less extensive, and the prospect of intervention may differ from one profession to another. Fields

like occupational therapist, nurse, doctor, speech therapist, and audiologist, are already modified in the PL 90, and have been adjusted in the same direction.

### **2.3. The social worker field**

Assess social functioning, determine a response plan, ensure its implementation and support, and restore the social functioning of the person in reciprocity with their environment in order to promote the optimal development of human beings in interaction with its environment.

#### **The distinguishing mark of the profession**

The social worker assesses social functioning in a perspective of interaction between person and environment, integrating critical reflection of the social aspects that influence the situations and problems experienced by the person. This person may be an individual, couple, family, group or community.

As for the environment, it affects the living environment of the person, its networks of belonging, as well as its material and societal conditions. This paradigm is at the heart of assessment and intervention of social workers, which are based on the defense of human rights and the promotion of social justice principles.

The evaluation of an individual by the social worker refers to the way it exercises its various social roles and the means at its disposal and its environment to enable them to perform these roles with satisfaction, according to his needs and its reality. Subject to the activities reserved to 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 assessment of social functioning in the present scope of practice of the social worker and does not restrict him to this activity.

In this context, the intervention plan which refers to scope of practice of the social worker does not restrict him to this activity. Any person designated by the institutions will continue to identify and implement the plan, subject to the activity that is reserved for the social worker to the point 3.6.7.

The social worker's interventions generally consist of determining a plan of social action which ensures the implementation alone or as part of a multidisciplinary, interdisciplinary, or in collaboration with other partners.

#### **The essence of the practice**

The social worker is to improve the social functioning of a person, family, group or community where they wish to make a more satisfactory situation according to their aspirations. The social worker believes in the intrinsic value of the person's right to self determination and autonomy. For his business, he sets up with individuals, groups and communities, which foster the development of their power to act and achieve their potential and ambitions. He aims to meet their psychosocial and community needs, social interactions, by satisfactory participation in society.

## **A particular purpose**

The purpose of the practice of social work is achieving a balance between the needs of a person or community and the environment's ability to meet those needs. The desired result is to encourage and empower people to act in their interpersonal relationships, fulfilling their social roles, and to exercise their individual and social rights.

### **2.4. The scope of practice of marriage and family therapist**

Assess the dynamics of relational systems of couples and families, determine a treatment plan and intervention, as well as, restore and improve communication channels in order to promote better marital and family relationships in humans in interaction with its environment.

#### **The distinguishing mark of the profession**

The marriage and family therapist conducts a clinical assessment of the dynamics of relational systems of couples and families. In terms of intervention, marriage and family therapist then proceeds to process the relational dynamics of couples, families and their members. He then evaluates the communication process, interactions, structural aspects of the system and subsystems family, like the couple and siblings. He also studies the history of the person, his immediate family and home by providing the inter-generational issues. He considers all these problems as a whole, rather than fragment them, placing them in context. He identifies the function of current problems, separating them and categorizing them into interrelated individual, interpersonal, family and eco-systemic factors. He develops and communicates individual and relational assumptions, makes recommendations, and determines a treatment plan and intervention with clients.

Aside from the activities that are retained in points 3.6.4, 3.6.8 and 3.6.9, the assessment of dynamics of relational systems of couples and families present in the scope of practice of marriage and family therapist does not restrict him to this activity.

#### **The essence of the practice**

The practice of marriage and family therapist is based primarily on therapeutic interventions with couples and families, and involves determining objectives associated with the therapeutically appropriate plan, with the people, to achieve change.

The marriage and family therapist intervenes by proceeding with relational dynamics treatments, in order to restore and enhance the interactional processes and communication patterns of couples, families, and their members. It establishes a process of change based on the strength of ties to reduce negative interactions and resolve marital and family relationship impasses.

## **A particular purpose**

The marriage and family therapist intervenes in order to promote better marital and family relationships when the individual interacts with his environment. These interventions restore and enhance the methods of communication within couples and families.

## **2.5. The scope of practice of the psychologist**

Assess psychological and mental functioning and determine, recommend, and perform procedures and treatments in order to promote psychological health and restore the mental health of humans interacting with his environment.

### **The distinguishing mark of the profession**

Psychologist assesses psychological functioning, which is the subject of study and intervention of the profession. It also assesses mental functioning in order to identify disturbances in the sense of dysfunction, alteration of mental-mental functions, such as intellectual disability, mental disorders and neuropsychological disorders. Subject to the activities which are reserved and are described in sections 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 assessment of psychological and mental functioning's presence in the scope of practice of the psychologist, does not restrict him to this activity.

The assessment of psychological and mental functioning is to assess the particular affects, skills, attitudes, cognitions, tastes, interests, motivations, and other resources, to establish a portrait of the person assessed, making recommendations or determining an intervention plan.

### **The essence of the practice**

The definition of scope of practice refers, among other things, to the practice of a clinician who works in private practice, institutional health and social services, or establishment in the school system. The scope of practice is also the intervention of psychologists who work with groups and organizations at school or workplace. In this regard, the purpose of the psychologist's scope of practice, which aims to promote the psychological health of human beings interacting with their environment, also applies to the proper functioning of groups and organizations.

## **A particular purpose**

The psychologist intervenes in order to promote the psychological health of individuals, couples, families, groups and organizations. His interventions are promoting a healthier / or seeks to establish a good psychological health.

He also intervenes to restore mental health. When mental health has deteriorated, a new balance is to be reinstated and the psychologist then has to conduct,



a set of interventions and treatments that he can determine, recommend or apply himself.

## **2.6. The scope of practice of the guidance counselor**

*Assess the psychological functioning, personal resources and environmental conditions, work on identity and develop and maintain active strategies to adapt in order to allow personal and professional choice throughout life, to restore the socio-professional autonomy and make career plans with humans in interaction with its environment.*

### **The distinguishing mark of the profession**

The guidance counselor assesses psychological functioning, personal resources, and environmental conditions. Subject to the activities which are reserved and are described in sections 3.6.1, 3.6.2, 3.6.4 and 3.6.11, the assessment of psychological functioning, personal resources and environmental conditions present in the scope of practice of the guidance counselor and does not restrict him to this activity.

Evaluate, in a career, is clinical judgment as part of a process to assess the situation of a person under his or her vocational journey professional integration. The guidance counselor determines, thereafter, a response plan for development in the person's ability to move, to make personal choices and professionals and to complete projects or studies career. Thus, the counselor must consider all three aspects, or psychological functioning, personal resources-and the environmental conditions in assessing the situation of the person.

He also advises that the person maintains active coping strategies when faced with choices that impact on all of his life, mainly in terms of education and work.

It is in this context that the guidance counselor intervenes on problematic aspects questions related to identity and personal development, as well as psychological processes underlying.

### **The essence of the practice**

The practice of a guidance counselor is to empower the client in order to develop and assert their professional autonomy. Its operations aim at the development of the person with special attention to the professional dimension. Clients of the guidance counselor may also consist of groups or organizations.

## **A particular purpose**

The purpose of practicing counselor reflects the multiplicity of problems faced by his customers. Contemporary practice involves interventions that could occur throughout the life of a person to enable the latter to make personal and professional choices as well as restore his professional autonomy.

### **2.7. The scope of practice of educational psychologists**

Assess the difficulties of adaptation and adaptive capacity, determine a response plan and ensure its implementation, restore and develop the adaptive capacity of the person and contribute to the development of environmental conditions in order to promote the optimal adaptation of the human being in interactions with his environment.

#### **The distinguishing mark of the profession**

The educational psychologist works with people who have developed or are currently developing an inappropriate relationship with their environment.

The educational psychologist assesses the difficulties of adaptation and adaptive capacity. Subject to the activities which are reserved and are described in sections 3.6.4, 3.6.5, 3.6.6, 3.6.7, 3.6.11 and 3.6.12, the assessment of adjustment difficulties and adaptive capacities present in the scope of practice of educational psychologists and does not restrict him to this activity.

The evaluation of the educational psychologist is to make clinical judgments as part of a process that analyzes the causes and dynamics of disturbances in the relations of the individual with his environment. It focuses on three areas: the person, their environment, and interaction between the person and the network in which he operates. The educational psychologist documents and supports his analysis by including participant observation, conducted through a special experience with the person. The educational psychologist establishes a prognosis on the adaptive capacities of the person in order to determine and implement the action plan that follows.

In this context, the intervention plan which refers to scope of practice of educational psychologist does not restrict him to this activity. Any person designated by the institutions will continue to identify and implement the plan, subject to restricted activity in point 3.6.7.

The educational psychologist is also involved in order to restore and develop the adaptive capacity of the person, and to contribute to the environmental conditions in connection with this adaptation. Whether it is preventative or rehabilitative, educational psychologist intervention covers both the organization and facilitation of certain elements of the surrounding environment and their relationship with the person.

## **The essence of the practice**

Educational psychologist intervention is based on an assessment of adaptive capacity of the person as manifested in his home areas. The educational psychologist is involved in the experience of the person and uses it in order to increase the adaptive capacities of the latter. So he developed this expertise to allow him to modify and build on significant elements of the environment in which the person is called to act, given his age and living conditions.

## **A particular purpose**

The purpose of the practice of psycho-education is to help the person struggling with difficulties in adapting to its optimal level of adaptation given its age, developmental level and available resources. The result is the continued maintenance or development of a satisfactory and harmonious balance between the individual and his environment.

## **2.8. The scope of practice of speech-language pathologist and audiologist**

Evaluate the hearing, language, voice and speech functions to determine a treatment and response plan and ensure the implementation in order to improve or restore communication with his environment.

### **2.8.1. The speech therapist**

#### **The distinguishing mark of the profession**

The speech therapist evaluates the functions of language (receptive and expressive components in their terms oral, written and not oral), voice and speech. It analyzes the information collected in terms of the nervous system, linguistic, communicative and relational from standardized tests and non-standardized tools to measure performance in real situations, taking into account the individual in his environment, these enablers, disability situations he encounters and documenting the response to intervention. It then determines a treatment plan and a speech therapy intervention plan which assumes the realization in collaboration with various stakeholders. The speech therapist works closely with other interdisciplinary and multidisciplinary team members.

The SLP is distinguished by its ability to have a systemic view of communication, which is the guide in its assessment of language, speech, and voice disorders, and in establishing treatment plans and intervention speech therapy. Subject to the activities which are reserved and are described in sections 3.6.11 and 3.6.12 and Article 37.1, first paragraph, paragraph 20 in subparagraphs c) and d) of the Professional Code, the evaluation of language functions, voice and speech in this scope of practice and does not restrict him to this activity.

### **The essence of the practice**

The speech therapist is involved both in prevention of language difficulties in assessment and rehabilitation. He uses a conceptual framework of disability that production is not based on disability but on the impact of disability in different contexts.

The speech therapist accompanies the person in his adaptation to his condition. He also works with the entourage of the person. He comes with all the family members of the interdisciplinary team, multidisciplinary in that he provides information and support needed to foster their communication exchanges or interventions.

### **A particular purpose**

Therapist's interventions aim to reduce handicapping situations related to language disorder. They aim to develop, restore or maintain the communication skills of the person interacting with his environment.

## **2.8.2. The audiologist**

### **The distinctive mark of the profession**

The audiologist evaluates hearing functions. He performs a comprehensive assessment of needs related to hearing ability and lifestyle of the person to increase or restore the ability of people to hear and communicate through various means, such as amplification apparatus of hearing, implants, communication strategies, redevelopment of acoustic environments in life and work. Collaboratively, the interdisciplinary, multidisciplinary, and audiologist teams are all involved in determining the response plan. Similarly, he determines and implements a treatment plan.

The evaluation of hearing functions in the audiologist scope of practice does not restrict him to this activity, subject to activities that are reserved and are described in sections 3.6.11 and 3.6.12 and Article 37.1, first paragraph, paragraph 2o in subparagraphs a) b) c) of the Professional Code.

### **The essence of the practice**

The audiologist is involved both in prevention of hearing problems in assessment and rehabilitation. He uses a conceptual framework of disability that production is not based on disability but on the impact of disability in different contexts.

The audiologist will ensure that the needs of people in the field of hearing aids or other compensatory technical assistance are taken into account in order to provide appropriate services that will promote and complete independence and integration into the family, at school and in his workplace.

## **A specific purpose**

The assessment and interventions of the audiologist are intended to reduce situations of disability related to hearing loss and disorders of the auditory system. They aim to improve or restore communication to the individual to optimize his interactions with his environment.

## **2.9. The scope of practice of the occupational therapist**

Evaluate the functional abilities, determine and implement a treatment plan and intervention, develop, restore or maintain skills, compensate disabilities, reduce handicapping situations and tailor the environment in order to promote optimal independence of the human being in interaction with its environment.

### **The distinctive mark of the profession**

The occupational therapist evaluates the functional abilities of a person, especially through the implementation of activities of daily living.

The occupational therapist assesses and analyzes the impact of various disorders, including mental disorders, neuropsychological, physical development, and environmental factors (physical, social and cultural) on the functional abilities of the person and his performance in the realization of his lifestyle (activities of daily living, recreational activities, study, work). The OT has a clinical judgment on the person's functional abilities and his ability to achieve lifestyle considering his skills, his abilities and disabilities in cognitive, motor, perceptual, sensory, emotional and relational, and the environment in which he operates. Subject to the activities which are reserved and are described in sections 3.6.4, 3.6.11 and 3.6.12 and section 37.1, subsection 4 first paragraphs, subparagraph a) of the Professional Code, the assessment of functional abilities in this field of practice of the occupational therapist but does not restrict him to this activity.

The treatment plan or intervention determined by the occupational therapist is to develop, restore and maintain the skills of the person and give him the opportunity to perform the activities necessary to achieve his lifestyle. He also aims to compensate for the disabilities of the person, reduce handicapping situations he lives, including the adaptation of the environment and support his family and his environment, as well as to facilitate the achievement of lifestyle.

### **The essence of the practice**

The intervention of the occupational therapist is based on the assessment of functional abilities of the person and his involvement in meaningful occupations in order to promote independence. The strengths and difficulties of the person, their personal resources and the limits of his resources and environment are correlated with the requirements of the occupations exercised. This analysis allows the occupational therapist in

determining methods of intervention tailored to the individual in harmony with his environment.

### **A specific purpose**

The practice of occupational therapy is to bring the person with a physical dysfunction or mental at an optimal level of functional ability.

The intervention of the therapist also helps reduce situations of handicap, maintain, restore or improve well-being and quality of life of a person and his family, a group or community in order to encourage participation in meaningful activities for people.

## **2.10. The scope of practice of nurse**

Assess health status, determine and ensure the implementation of the plan of nursing care and treatment, providing care and nursing and medical treatments in order to maintain and restore the health of humans interacting with his environment, prevent disease, and provide palliative care.

### **The distinctive mark of the profession**

The nursing profession is the maintenance, restoration or improvement of health, welfare and quality of life of a person, family, group and community. To do this, it takes into account the whole person and his interactions with the environment.

The practice of nursing is characterized by the clinical assessment and monitoring of the condition of physical and mental health of the person and the care and treatment. The evaluation requires that the nurse makes a judgment on the clinical situation of the person after analyzing the data available to him. This evaluation allows him to detect complications, detect health problems, to determine their degree of seriousness or urgency, and to set priorities and intervention conditions. It also allows undertaking diagnostic and therapeutic measures according to an order, to determine and adjust the therapeutic nursing plan, intervene or refer the person to another health care and social services to appropriate resources.

### **The essence of the practice**

The assessment of physical and mental condition of a person and the clinical and nursing follow-up of people with complex health problems are the core of nursing practice regardless of the place of exercise. Nursing follow-up includes, among other things, determining and adjusting the therapeutic nursing plan, providing care and nursing and medical treatments required by the health condition of the person including the fact of implementing diagnostic and therapeutic measures and the adjustment according to a prescription drug, as well

as the evaluation and strengthening the capacity of the person to take charge of their health situation.

### **A specific purpose**

Nursing practice is intended to maintain and restore the health of a person, and promote independence with regard to his health and well-being, according to his ability and the resources in his environment, and the life stage or phase of the disease. This means that the nurse is involved throughout the care process, including the rehabilitation phase.

## **2.11. The scope of practice of physician**

Assess and diagnose any health impairment, prevent and treat diseases in order to maintain or restore health in humans in interaction with his environment.

### **The distinctive mark of the profession**

The doctor has the expertise to diagnose any health impairment, both physical and mental.

The expertise of the physician may be required in all situations covered by the reservation of activities in the area of mental health and human relations.

The diagnosis, which is exclusively, includes all evaluations reserved for mental health professionals and human relations. All activities related to diagnosis and treatment of disease which is reserved to the doctor includes assessment of the person with a mental disorder or a neuropsychological disorder.

### **The essence of the practice**

The prospect of medical intervention is global. The doctor intervenes to prevent and treat physical and mental illness. This definition, though general, involves, among others, the diagnosis and determination of medical treatment.

### **A specific purpose**

The ultimate goal of the practice of medicine is health or recovery, if needed. It seeks the optimal functioning of the human organism.

## **2.12. Information, promotion, and prevention**

Since its entry into force in 2003, the Act to amend the Professional Code and other legislative provisions in the health field, the elements are shared by all - whether information, health promotion, and prevention disease, accidents, and social problems. PL 21 includes suicide prevention. It is important to remember that these items are not reserved. The Act, however, indicates that they are part of the practice for which the business is attributable under the protection of the public.



### 3. RESERVED ACTIVITIES AT RISK OF HARM

PL 21 introduced a reserve of activities to certain professions with reserved titles.

After analysis of the activities related to the practice of professionals practicing in mental health and human relations, it turned out that some activities were restricted because of the risk of harm to their achievement and the skills and knowledge required for implementing<sup>5</sup> them.

Reserved activities offer warranties and accountability to its professional system for certain categories of people in particular contexts.

#### 3.1. Criteria to reserve an activity

The following criteria were used to identify activities that need to be reserved, either:

- ↵ the risk of harm;
- ↵ training related to the degree of complexity that include activities, underlying criterion that only people with the skills to perform an activity are entitled to do so;
- ↵ vulnerable clients;
- ↵ particular contexts.

Activities were considered harmful when:

- ↵ have an incurable nature;
- ↵ are complex;
- ↵ involve a very high technical level;
- ↵ are contraindicated in certain situation;
- ↵ can cause or lead to complications;
- ↵ can cause or exacerbate damage to the physical or moral integrity, in particular in the form of injury, addiction, psychological damage, mental distress or disability
- ↵ have a potential for physical abuse, emotional or sexual;
- ↵ may cause or lead to disruptions, such alienation, dependency or distress;
- ↵ may cause or result in the loss of a right as the exercise of parental authority, the free management of his property, the ability to account for his actions.

#### Additionally

By reserving activities, in certain circumstances and for certain client groups, trained and skilled professionals provide a framework of professional practice in the area of mental health and human relations. Activities that use skills held by more than one profession are divided. It is however important to note that, although the wording is the same for all professionals engaged in the activity,

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<sup>5</sup> Trudeau, de Grandmont, Lafrance and Poitras, in *Le système sanitaire au Québec* (2007), page 267

the activity of one differs from the other since the purpose for each profession is not the same. Different professionals are not interchangeable but rather complementary in the pursuit of a shared activity. Therefore, the use of more than one professional to perform the same activity is possible and sometimes desirable in an interdisciplinary activity, given the unique contribution of each.

Thus, with respect to the activity "evaluate a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional," this means that the social worker assesses social functioning, while the educational psychologist assesses the difficulties of adaptation and adaptive capacity. This logic is the same for all other occupations covered by this reserve. The scope of practice of each profession describes the nature and purpose of the assessment activity reserved for a group of professionals. Same word 'assessment', but different scope for each of the professionals involved.

The area of mental health and human relations includes activities that are at risk of harm. Previously, apart from medical and nursing activities and those already reserved for the occupational therapist, speech therapist and the audiologist, no other activity was restricted to members of a professional in this field of intervention. This context needs to act with caution for reserved activities while maintaining the flexibility of intervention that goes along with the accessibility of care and services.

### **3.2. The effect of supervision by the professional system of professionals working in mental health and human relations**

PL 21 is part of the existing foundations of the professional system, including accountability, responsibility and training.

Reserving certain activities, not only the PL 21 ensure the implementation of these foundations activities, but it has a lasting effect in the public sector facilities where many professionals do not have the obligation to belong to the order to practice their profession. PL 21 guarantees assessments and interventions of the most vulnerable groups, which carry a high risk of harm, will be done by professionals, by members of their order, and they will, by extension, be covered by mechanisms that protect the public, by being imputable professionals under the professional system.

### **3.3. The accessibility of competence**

PL 21 results of work based on the accessibility of competency. Therefore, it promotes the organization of work using the knowledge and skills of each to provide the appropriate service by a competent person at the right time, at the desired location and for the required time.

### 3.4. Reserved activities

#### 3.4.1. The reserved activities evaluation

The main activities reserved by PL 21 relate to the assessment (11 activities out of 13). It is important to understand the nature, context and purpose of the assessment reserved by PL 21.

- ↪ Evaluate the mental problems;
- ↪ Evaluate the intellectual disability;
- ↪ Evaluate the neuro-psychological troubles;
- ↪ Assess a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional;
- ↪ Assess a person as part of a decision of the Director of youth protection or the court under the Act on Protection of Youth;
- ↪ Assess an adolescent under a court order under the Act respecting the criminal justice system for adolescents
- ↪ Assess a person in child care and access rights;
- ↪ Assess a person wishing to adopt a child;
- ↪ Conduct psychosocial assessment of a person under the protection schemes of major or the mandate given in anticipation of the grantor's incapacity;
- ↪ Assess a student with social maladjustments in the determination of a response plan under the Act on Public Education;
- ↪ Assessing a child who is not yet admissible to preschool education and who shows signs of developmental delay in order to determine the services of adjustment and rehabilitation to meet his needs.

The evaluation, as already defined as part of the implementation of PL 90, is now defined through the application of PL 21.

*Evaluation involves a judgment on the clinical situation of a person from the information professional whom has to communicate the findings of this judgment. The professionals conduct the assessments within their respective scope of practice.*

*Assessments that are reserved can only be performed by qualified professionals.*

Assessments require dedicated knowledge and skills. Thus, the reserved evaluations cannot be accomplished by professional members of their order.

The assessment involves clinical judgment reserved to professionals, such as the doctor's diagnosis, and the communication of this judgment.

To understand the scope of assessments, we must specify the nature and relate it to the high risk of harm associated with clinical judgment focused on the situation of a person, and the consequences can be irreversible by reporting findings from this judgment.

- ↪ The evaluations are reserved for those that need expertise using skills and special skills:
  - to determine and use the tools or instruments validated for the assessment and to interpret results;
  - to develop a clinical hypothesis;
  - to interpret the overall effect of different factors affecting the health and status of the person and put them in connection with the problems experienced;
  - to anticipate the consequences, medium and long term, the various interventions that may or may not be carried out subsequently, and this, in order to prevent any risk of serious;
  - to produce interpretative syntheses based on facts and supported scientific theories;
  - to decide and report on its assessment and the conclusions it has for people, legal or administrative bodies concerned.
- ↪ This is a multi-factorial or differential evaluation.
- ↪ These evaluations, including their findings, have professional authority status. Communication of these findings involves risks of harm, the consequences of which may be irreparable.

### **Assessment categories reserved by PL 21**

We can distinguish three categories of evaluation reserved by PL 21:

- 1) **Assessments that are related to the identification of problems: in Sections 3.6.1 to 3.6.3 of the workbook. Express a conclusion on the presence of such disorders for which the professional is accountable.**

The three reserved activities concerned are:

- ↪ Assessing mental disorders;
- ↪ Assessing intellectual disability;
- ↪ Assess neuropsychological disorders.

- 2) **Assessments that are designed to protect vulnerable patients: in Sections 3.6.4 and 3.6.12 of the workbook. They guarantee to the most vulnerable groups to be evaluated by professionals who are responsible and accountable. The determination of the response plan that results from this evaluation as well as the implementation of the plan are not reserved.**

The two reserved activities concerned are:

- ↪ Assess a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional;
- ↪ Assessing a child who is not yet admissible to preschool education and who shows signs of developmental delay in order to determine rehabilitation services and adaptation to meet his needs.

- 3) Assessments of vulnerable clients in some legal frameworks: presented in Sections 3.6.5 to 3.6.11 of the workbook. (Note: permission to technicians in social work (TTS) to 3.6.5)

The six reserved activities are:

- ↪ Assess a person as part of a decision of the Director of youth protection or the court under the Act on Protection of Youth;
- ↪ Assess an adolescent under a court order under the Act respecting the criminal justice system for adolescents;
- ↪ Assess a person in child care and access;
- ↪ Assess a person wishing to adopt a child;
- ↪ Conduct psychosocial assessment of a person under the protection schemes of major or the mandate given in anticipation of the grantor's incapacity;
- ↪ Assess a student with social maladjustments in the determination of a response plan under the Act on Public Education.

### **3.4.2. The other reserved activities**

- ↪ Determine the intervention plan for a person with a mental disorder or at risk of suicide that is hosted in a facility or establishment which operates a rehabilitation center for youths with adjustment difficulties;
- ↪ Decide on the use of restraints or seclusion as part of the application of the Act respecting health and social services and the Act respecting health and social services for Cree.

### **3.4.3. Details of what is not reserved**

Subject to the activity described in Section 3.6.7 (Determine the response plan for a person with a mental disorder or at risk of suicide that is hosted in a facility of an institution operating a rehabilitation center for youth with adjustment problems), the determination of the response plan is not reserved.

Detection, screening and assessment are not reserved, nor are the contribution to diagnosis or the conclusion of the identification of a disorder.

## **Detection**

Activity is to identify clues of unidentified risk factors that are still a part of interventions. Detection is not based on a systematic process, but it relies on the sensitivity of responders to such indices.

## **Screening**

Activity that aims to divide the people who are probably suffering from an undiagnosed disorder or a risk factor for a disorder; people who are probably disorder free.

The screening procedure itself does not diagnose or attest to a disorder or disease. Persons for whom the screening result is positive are oriented so that further investigation is conducted.

## **Appreciation**

Activity that is defined by a consideration of indicators (symptoms, clinical manifestations, or other difficulties) obtained with clinical observations, tests or instruments.

## **Contribution**

Activity refers to the assistance provided by various stakeholders in the execution of the professional reserved activity.

The notion of contribution does not initiate such activity or exercise independently, but rather to act in collaboration with the professional activity which has been reserved. It can also perform any act included in this activity together with the professional to whom she was reserved. The extent of the contribution or collaboration is determined by the same professional.<sup>6</sup>

### **3.4.3.1. The use of assessment tools**

In evaluation, PL 21 reflects the intent of experts to facilitate the organization of work by sharing reserved activities only while not interfering in the use of assessment tools. Therefore, the use of assessment tools is subject to any reserved activity. However, the principles that have guided the work of modernization of professional practice in mental health and human relations, especially those supporting the inter-disciplinary exercise, access to competent care and services, and the need to keep the person center stage, should also guide professional practices regarding the use of assessment tools.

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<sup>6</sup> Source : Guide d'application de la Loi 90, updated 2003-04-29.

Thus, while assessment tools can be used by professionals from different disciplines and that the choice of assessment tools is the responsibility of each professional, given its scope of practice; the following should be considered when making this choice:

- ↪ is special and sometimes a unique tool: nature of the constituent elements, purpose, validity, reliability and other metrological characteristics;
- ↪ clientele for which the tools were standardized (age, sex, issues involved, personal characteristics, social, ethnic, community, and others);
- ↪ the correlation between the nature and extent of information and the conclusions with the tools used to achieve the objective and assessment;
- ↪ the fact that some tools, especially psychometric tools, lose their validity when used in whole or in part, more than once with a client or within a specified period;
- ↪ specific skills that may be necessary for the administration, the correction, scoring and interpretation of the assessment tool.

Finally, to the extent reasonably foreseeable where professionals from different disciplines will have to intervene with the same clientele, and considering that customers can be multiple assessments during an episode of care and services, inter-professional dialogue on the use of some assessment tools is recommended so that each professional can have the tools necessary valid when it will assess, as it is an activity reserved or not.

Collaboration and interdisciplinary and multidisciplinary consultation should aim to answer the needs of the person.

### **3.5. The link between the restricted activity and the scope of practice**

The reserved activity can be shared between professionals from different disciplines who have the skills to achieve it. However, the reserved activity always falls within the parameters set by the area of professional practice. Thus, although the wording is the same for all professionals engaged in shared activity, the activity of one differs from the other since the purpose for each profession is not the same.

This is the first paragraph of section 37.1 of the Professional Code, which introduced the link between activities and restricted the scope of practice:

Any member of the following orders of professionals may engage in the following occupations, which are reserved as part of the activities that Article 37 allows him to practice:

Thus, the various paragraphs of section 37.1 of the reserved activities for the social worker, marriage and family therapist, psychologist, counselor, psychological educator, the speech therapist, the audiologist as well as occupational therapist resume without purpose related to scope of practice of each profession.

Complementary to the first paragraph of section 37.1 of the Professional Code, an interpretive clause was introduced to PL 21 to facilitate the internal work. The addition of the interpretative clause in the second paragraph of Article 38 of the Professional Code confirms that the activities described in the scope of practice of a profession may be performed by professionals covered even if the activities were also reserved and, conversely, that the reservation of activities does not preclude the exercise of the activities described in the scope of practice<sup>7</sup>.

Thus, a dietitian can assess the nutritional status of a person suffering from a mental disorder and a speech therapist evaluates the functions of language, voice and speech of a person with a mental disorder.

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<sup>7</sup> **38.** Nothing in this section shall be construed as giving members an order to which it applies the exclusive right to perform the activities described in Article 37, in the letters patent constituting such order or decree fusion or integration. (1973, c. 43, a. 38; 1994, c. 40, a. 34; 1998, c. 14, a. 6.)



### **3.6. The scope of reserved activities**

The intent of the scope of each of the activities reserved for various professionals is explained in this section.

#### **3.6.1. Assessing mental disorders**

##### **What is reserved**

The doctor and the psychologist can assess mental disorders<sup>8</sup>. The guidance counselor and the nurse can also assess whether they are authorized by their professional order.

The evaluation of a mental disorder, in the context of the reserved activities, is to make clinical judgments, based on information which the professional has such as : the nature of "clinically significant disorders that are characterized by changes in thinking, mood (affective) behavior associated with mental distress or impairment of mental function" and to report its findings. This evaluation is performed according to a recognized classification of mental disorders, including the two classifications most used currently in North America or the CIM<sup>9</sup> and DSM<sup>10</sup>.

The completion of this assessment involves a degree of complexity and sophistication that requires knowledge and skills in:

- ↪ theories of personality;
- ↪ psychopathology (symptomatology and etiology);
- ↪ classification systems for mental disorders and elements to assess the scope and limitations;
- ↪ psychometrics (measurement of personality, intelligence, motivation, interest and other), including the administration of psychometric tools and knowledge of their reliability, validity and the contribution of their results in development of clinical judgment.

A complete and thorough clinical training on a clientele with a mental disorder is also necessary because it allows the integration of all knowledge and skills.

Evaluation of Mental Disorders is considered at risk of serious harm. The confirmation of the presence of a mental disorder presents a quasi-irreversible and is likely to result in loss of rights, as the exercise of parental authority, property management, etc. The person may be stigmatized.

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<sup>8</sup> Definition of mental problems, World health Report, 2001, OMS, p. 21.

<sup>9</sup> International Statistical Classification of Diseases and Related Health Problems.

<sup>10</sup> Diagnostic and Statistical Manual of Mental Disorders

## **The context of interdisciplinary practice**

Diagnosis is an activity reserved to the doctor, and includes the evaluation of mental disorders. Clarification is required on the work of four professional activities which is reserved to evaluate mental disorders. This activity is performed by referring to a tool for classification of mental disorders recognized, including the ICD or DSM, to name a few.

For example, commonly used in North America, the DSM, in its fourth version, suggests its users to make an assessment based on five areas:

- ↪ Area I : clinical conditions;
- ↪ Area II : personality and intellectual disability conditions;
- ↪ Area III : general medical conditions;
- ↪ Area IV : environmental and psycho-social conditions;
- ↪ Area V : global Assessment of Functioning.

### The interim evaluation and final evaluation

It remains possible that a professional has not, at some point, all the information needed to document the five axes. Thus, this professional may limit its findings to the clinical picture to a specific mental disorder usually coded on Area I (i.e. It should be understood that this conclusion remains tentative in the context where a person reported symptoms correspond to a particular mental disorder link so that all the information necessary to conclude definitively, are not available.)

For example, symptoms experienced by a person could be fully comparable to those of depression, but as the presence of hypothyroidism has not been ruled out, this conclusion will remain tentative. It may nevertheless be important to conclude an interim basis in order to rapidly deliver services that require people and remain relevant, whatever the final conclusions (i.e. support services or support).

The final conclusions are those which a professional communicates when his activities to assess mental disorders is limited, regardless of profession, when all the necessary information is available and valid, including information obtained from other relevant professionals.

Let us take the example in this regard of a person with symptoms of depression. The professional responsible for this evaluation, if not a physician, can decide on the general medical conditions (Area III). However, it is important that they be taken into account. To do so, information sufficient to rule out physical illness can be obtained either from the person himself or with his doctor. The professional manager can also see fit to direct the person to a physician for a diagnosis if the information sought is not available. Note that a doctor may also refer the person to another doctor to conduct the assessment of general medical condition.

In summary, any professional to whom the assessment of mental disorders is limited and any physician to whom is reserved the activity of a diagnosis may, in the exercise of their activity, see fit to draw some tentative conclusions. If this is to draw final conclusions, the doctor did not make himself, each assessment enabling it to rule on each axis of the DSM, the main thing being that he can take everything into account at the end, emphasizing especially the importance of inter-discipline.

*Features applicable to the guidance counselor and qualified nurse to assess mental conditions*

With regard to the guidance counselor, he has knowledge concerning the psychological theories (normal development and psychopathology), and on psychometrics, assessment of people and tools required. His training allows him to assess the individual characteristics (i.e. skills, interests, personality, intellectual functioning, cognitive and affective) and to establish links between these characteristics and the problems of the individual. The study of training programs in counseling and psychology of the various Quebec universities reveals a common training curriculum on the knowledge listed above. Whereas, however, the exposure of counselors to mental health problems varies widely depending on practice setting, they will hold a training certificate that will focus on the integration of knowledge and skills in professional practice through internship or other form of supervised practice. Knowledge and skills may be recognized, if already granted.

The issuance of a certificate of training standardizes the training required to assess mental disorders. It ensures that the guidance counselor was supervised in the acquisition of skills and was exposed to a sufficient number of cases to integrate the theoretical knowledge required. The requirement to hold such training is provided by regulation of the professional order.

In terms of empowerment of a mental health nurse to assess mental disorders, he must hold a university second cycle certificate<sup>11</sup> and clinical experience in psychiatric nursing determined by regulation of the professional order. Currently trained in the various aspects influencing the mental health of a person, the nurse can already make clinical judgments, draw conclusions and refer the person to an appropriate treatment where required. Supplementary training imposed for assessing mental disorders will allow the nurse to complete his theoretical knowledge or the recognition, whether already acquired. This recognizes the contribution of the nurse in the efficient use of health professionals working in primary or specialized resources to the second or third line.

The evaluation of mental disorders can be realized especially in the first line, for example in family practice groups, medical clinics, in some

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<sup>11</sup> Subject to the regulations to be adopted by the Order of Nurses of Quebec.

programs of a CSSS, and to identify these disorders and initiate treatment or refer the person promptly to the appropriate resource. The reservation of this assessment increases for the population as to the accessibility to qualified professionals.

### *Autism Spectrum Disorder*

Autism Spectrum Disorders (ASD) are classified as mental disorders, which implies that the evaluation exercise clinical judgment of their presence and communicating the findings is restricted to the psychologist, guidance counselor holder of a certificate of his professional status, nurse who holds a university degree, and clinical experience in psychiatric nursing determined by regulation of the Order of Nurses of Quebec, this regulation is to be approved by the government. The doctor can diagnose ASD.

However, the best practices support the importance of interdisciplinary and multidisciplinary collaboration since only one professional does not have all the skills required to conclude the presence of disorders of the autism spectrum. It should be noted in this regard the contribution of other professionals such as occupational therapists, speech pathologists, audiologists and psychological educators. As such activity is particularly complex and involves significant risk of serious harm, the Order of Psychologists of Quebec and the Quebec Order of Physicians are committed to prepare joint guidelines in order to guide their members, considering that these will be primarily mandated to conclude the presence of these disorders. The application guidelines will then ensure the quality of assessment and relevance of recommendations and plans.

### ***What is not reserved.***

The use of classification systems for mental disorders is not reserved. Also, the tools developed by the community, including the IGT (Index Addiction Severity) used by members of institutions of the Association of Addiction Rehabilitation Centers in Quebec to evaluate the severity of the abuse of alcohol or drugs and associated problems, are not reserved. All relevant stakeholders will be able to continue using them, in particular to allow referral to appropriate treatment, since it does not assess mental disorders.

The problems of alcohol dependence and other addictions are often concomitant with the presence of a mental disorder in one person. This poses particular challenges. Moreover, the evaluation of addiction is not reserved.

When a mental disorder is concomitant with an addiction problem, interdisciplinary work will be allowed to continue.

Institutions may use the expertise of professionals where they are most effective given their own scope of practice, knowledge, skills and availability.

### ***Evaluation of a crisis***

The evaluation of a person in crisis who poses risks of harming himself or others is not reserved.

Assess a situation of crisis in order to make recommendations for its absorption is not a reserved activity. The assessment of a crisis is limited in time and does not imply that the speaker shall evaluate, (reserved by PL 21).

This intervention has not been reserved by the experts in order to retain flexibility in implementation of an emergency. Indeed, some community organizations, including crisis centers, are mandated to intervene in the specific programs where we welcome, evaluate and work with people in crisis.

### ***Assessment of dangerousness***

The assessment of dangerousness or risk of acting out suicide or homicide is not an activity reserved. It is not an evaluation of mental disorders as defined in PL 21.

It is in the same "estimation" that the mental state of a person who presents a serious and immediate danger to himself or others made by a representative from a help in crisis situations, as the Act stipulates the protection of persons whose mental state presents a danger to themselves or to others. (RSQ, chapter P-38001)<sup>12</sup>

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<sup>12</sup> R.S.Q., chapter P-38 001, section 8:

**8.** A peace officer may, without leave of court, take a person against his will to an institution referred to in Article 6:

1° to request a speaker from a help in crisis situations who believes that the mental state of the person presents an immediate danger to herself or others;

2° at the request of the holder of parental authority, guardian of the minor or one or other of the persons covered by Article 15 of the Civil Code, when no intervening service of help in crisis situations is available in a timely manner, to assess the situation. In this case, the officer must have reasonable grounds for believing that the mental state of the person concerned presents a serious and immediate danger to herself or others.

#### *Support*

Subject to the provisions of Article 23 and pressing medical emergencies, business where the person is brought must take charge immediately upon arrival and be examined by a doctor, who may place under preventive custody Article 7.

#### *Nurses Aid in crisis*

In this article, the term "support service in a crisis situation" a service to intervene in situations of crisis following the organizational plans of mental health services under the laws of health services and social services.

1997, c. 75, a. 8.

### **3.6.2. Assess the intellectual disability**

#### **What is reserved**

The evaluation of the intellectual disability is reserved for the psychologist and guidance counselor in their respective field of practice.

Intellectual disability is classified as a mental disorder. Therefore, evaluation of intellectual disability is the subject of a specific reservation that the counselor does not need a certificate of additional training for their initial training for the practice, while the certificate is necessary for it to be authorized to pursue the evaluation of mental disorders.

The completion of this assessment involves a degree of complexity and sophistication that requires particular knowledge and skills in relation to:

- ↳ psychometrics (particularly regarding the assessment of intellectual abilities, and that the adaptive capacity), including administration tools psychometrics and standardized and specialized knowledge of reliability, validity and the their contribution results in the development of clinical judgment;
- ↳ customer presenting significant and persistent disabilities in terms of cognitive functioning, motor skills and communication, because it involves the use of methods, interview techniques and specialized tools.

The evaluation of an intellectual disability involves some knowledge of psychopathology. Indeed, given the prevalence of mental disorders among persons with intellectual disability and the fact that these disorders can lead to limitations on intellectual and adaptive conclude beyond a reasonable doubt with intellectual disability remains an issue.

This activity has the same risk of serious harm that the evaluation of mental disorders. Particular, access to specialized services depends on the quality of assessment that will establish the distinction between intellectual disability and other disorders that could cause similar symptoms. Thus, when intellectual disability is identified in a child, the future of it, as the situation of his family setting is changing.

#### **The context of interdisciplinary practice**

Psychologist and guidance counselor have the knowledge necessary for evaluating intellectual disability. Moreover, these two professionals will use the assessments made by other professionals, as well as comments and contributions from other stakeholders to assess intellectual disability.

#### **What is not reserved**

The evaluation of intellectual disability involves in particular taking into account both the intellectual capacity and adaptive capacity of the person who is the subject. However, it is possible to only assess the intellectual ability or

adaptive capacities but the presence of intellectual disability was not concluded. These assessments are rather psychological assessments that can carry various professionals engaged in interdisciplinary or not, within their own scope of practice to document the limits and resources of a person.

### **3.6.3. Assess neuropsychological disorders, a training certificate is issued by the Order under a regulation in paragraph O of section 94**

#### **What is reserved.**

Assessment of neuropsychological disorders is reserved for the psychologist within their scope of practice provided a training certificate is issued by the Order of Psychologists of Quebec.

In the context of this reserve as defined by the expert committee, chaired by Dr. Jean-Bernard Trudeau, the assessment of a neuropsychological disorder is to make clinical judgments about the nature of "clinically significant conditions which characterized by neurobehavioral changes (cognitive, emotional and behavioral) related to the dysfunction of higher mental functions in response to attacks the central nervous system" and report the results.

A training certificate must be required for such activity both considered at risk of serious, complex and accompanied by a degree of sophistication that requires special knowledge. The issuance of a certificate of training will standardize the qualifications for assessing neuropsychological disorders, especially considering the fact that the findings on the presence of neuropsychological disorders usually go beyond those that are drawn from my classification manuals of mental disorders, because they include a section closer to the practice of neurology. The certificate guarantees that the psychologist was supervised in the skills needed and has been exposed to a sufficient number of cases to integrate the theoretical knowledge. In view of this activity, it is necessary to recognize a course of theoretical knowledge and specific training environments.

The assessment of a neuropsychological disorder is made by the administration and interpretation of standardized psychometric tests as well as by systematic observation of behavior in an integrated and dynamic relationship of the brain.

#### *The psychologist and the head psychologist hold a training certificate*

A psychologist may decide on the nature of "clinically significant disorders that are characterized by the change in thinking, mood (affective) behavior associated with mental distress or impairment of mental function<sup>13</sup>", that it is authorized or not to proceed with the assessment of neuropsychological disorders. Make clinical judgments on such conditions is a matter for the evaluation of mental disorders.

Assessment of neuropsychological disorders is to establish a brain-behavior link, a link between clinical disease and a possible alteration or confirmed brain functions, more specifically of higher mental functions or cognitive functions.

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<sup>13</sup> Definition of Mental Disorders, Health Report in the world, 2001, OMS, p.21.



This is distinct from the assessment of mental disorders which aims, in turn, to establish the presence and nature of clinical disease, as defined above.

For example, conclude that the presence of a learning disorder, even in a child's brain, does not in itself constitute an assessment of neuropsychological disorder, unless the assessment is to establish a link between the behavioral manifestations, emotional or cognitive on one hand, and the brain, including one of its functions, on the other.

### ***The context of interdisciplinary practice***

The professional activities of occupational therapists and nurses described below are part of the services offered by institutions in centers such as nursing homes and long-term care, hospitals, local center community services, rehabilitation centers and centers for child protection and youth, as well as in family medicine groups (GMF) or medical clinics.

Psychologist, occupational therapist, nurse, speech therapist and audiologist are often required to work in supplement to the benefit of the customers they serve. They must act within their respective scope of practice.

#### *The Occupational Therapist*

Some higher mental functions covered by the assessment of neuropsychological disorders such as cognitive, perceptual, executive, emotional or behavioral, can be appreciated<sup>14</sup> by the occupational therapist in accordance with their scope of practice. For example: to determine the ability of people to care for themselves or to remain in their living environment.

This assessment is not intended to assess mental functioning in order to identify disturbances in the sense of malfunction or tampering, and cannot determine the nature or causes of clinical conditions (Evaluation of Mental Disorders). It does not link to the clinical condition or cognitive functioning, emotional or behavioral and certain structures or possibly altered brain function, that is to say, to decide on the brain-behavior link (evaluation neuropsychological disorders). The evaluation is intended rather for the occupational therapist to assess cognitive abilities, such as attention, memory, orientation in space or planning as part of the assessment of functional abilities in order to conclude on the functional abilities of the person. For example, if the therapist is asked to rule on a cognitive function, such as memory, for a diagnosis of dementia, he must deny this request and discuss with the applicant, if needed, that he redefines his demand for services in order to honor his scope of practice, since they are not there to decide on the functional abilities of the person.

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<sup>14</sup> See glossary for definition.

Similarly, the occupational therapist who assesses the ability of a person to drive his car will appreciate the higher mental functions, in order to conclude on the functional abilities of the person to complete this activity. For this, he will analyze the interactions between some higher mental functions, the requirements for the "Drive" activity and the demands of the environment; he will also assess the autonomy of the person to drive a vehicle in the context of achieving his lifestyle.

### *The nurse*

As for the nurse, he is entitled to assess the physical and mental condition of a symptomatic person. To do this, the nurse performs a physical examination of the person taking into account parameters relating to both physical and mental aspects such as the state of consciousness, attention, working memory and long term, concentration, spatial and temporal organization of thought, perceptions (i.e. hallucinations), and uses, if required, tools or scales. Analysis of data collected from the person and their family allows the nurse to make a clinical judgment. Depending on the scope of practice of the nurse, it means that he can detect complications, detect health problems, determine the severity or urgency of the situation of a person's health and set priorities for intervention.

### *The speech pathologist and audiologist*

The assessment of higher mental functions includes the areas of language and speech as well as the central auditory system. Under its scope of practice, the therapist is authorized to assess the functions of language (receptive and expressive components in their terms oral, written, not oral), voice and speech, he makes using psychometric tests and non-standardized tools for any purpose other than the psychologist, including that of determining a plan of action and speech therapy treatment to develop, maintain or restore communication skills. The realization of these plans by the SLP, in collaboration with other members of the interdisciplinary and multidisciplinary team, aims to maximize functional independence and to promote educational, vocational, and social family integration.

Under its scope of practice, the audiologist is empowered to evaluate the functions of the hearing. It makes using psychoacoustic tests, physiological and neurophysiological to conclude the presence of a hearing problem. The hearing is based on the functions of the peripheral auditory system related to structures of the outer, middle, and inner ear, as well as those of the central auditory system with different anatomical relay from the auditory nerve to the brain, including cortical areas dedicated to auditory processing. The hearing is a set of functions related to auditory perception, including the location and auditory discrimination, interaction, and binaural integration, auditory pattern recognition and auditory temporal sequences.

The audiologist and speech therapist also appreciate some higher mental functions such as memory, attention or judgment to analyze the impact on the communication disorder and determine treatment plans and appropriate intervention. The realization of these plans by the speech therapist and audiologist in collaboration

with other members of the interdisciplinary and multidisciplinary team aims to maximize functional independence and to promote family educational, vocational and social integration.

### **What is not reserved**

Although the neuropsychological assessment is reserved for the holder of a psychologist certificate, an occupational therapist can provide an assessment of higher mental functions in order to make clinical judgments about the functional abilities of a person, and this is in a care setting.

As for nurses, they deal with people with physical, mental or neuropsychological health problems. Thus, to perform the activities related to their scope of practice, including assessment of physical and mental condition of the person (activity restricted by PL 90), the nurse can use the necessary means, such as the history of the individual and family health, physical examination, assessment of mental condition, measurement scales and risk assessment, clinical judgment to ask about the health condition of the person.

Although psychometric tests are not reserved, and considering the fact that there is a different degree of investigation of higher mental functions according to the professionals involved, it is understood that everyone has to select and use psychometric tools that are relevant and proportional to its mandate and in accordance with their scope of practice. Thus, each professional must be able to justify their choices based on their clinical goal. These considerations are particularly important in assessing neuropsychological disorders, since the tests are often unique and cannot be used repeatedly without undermining their validity. In this context, professionals should therefore work together in selecting assessment tools so that their common client can be assessed properly by the appropriate professional who can provide a valid service. Finally, a test can be used only if the establishment has the skills to do this. It should also be remembered that many designers and distributors of tests indicate the level and scope of training required for the proper use of a test.

### 3.6.4. Assess a person with a mental or neuropsychological logic attested by the diagnosis or an evaluation by a qualified professional

#### What is reserved

The assessment of a person with a diagnosed mental or neuropsychological<sup>15</sup> disorder by a certified qualified professional is reserved when it falls within the scope of practice of the following professionals: social workers, marriage and family therapist, psychologist, guidance counselor, educational psychologist and occupational therapist. Only they are authorized to make this assessment.

Thus, the activity reserved by PL 21: "assess a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional" should be interpreted in light of the scope of practice of each of the six professional designated by the Act.

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

- ↵ **the psychologist** assess psychological functioning and mental health of a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional;
- ↵ **the social worker:** assess social functioning of a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional;
- ↵ **the marriage and family therapist:** assess the dynamics of relational systems of the couple or the family of a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional;
- ↵ **the guidance counselor:** assess psychological functioning, personal resources and environmental conditions of a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional;
- ↵ **the educational psychologist:** assessing the challenges of adaptation and adaptive capacity of a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional;
- ↵ **Occupational Therapist:** assessing functional abilities of a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional.

For the doctor and nurse, it should be noted that:

- ↵ evaluating any impairment of health is reserved to the doctor at all times;
- ↵ assessing the physical and mental condition of a person, whether or not he is suffering from a mental or neuropsychological condition attested by a diagnosis or an evaluation by a qualified professional, is reserved for the nurse.

<sup>15</sup> Includes intellectual disability.

In general, the activities planned in the scope of practice of these professionals, such as evaluation of social functioning, assessment of psychological or mental functioning or adaptive capacity assessment activities are not restricted and can be exercised by any stakeholder. However, in some situations like this when it comes to a particularly vulnerable population, the legislature, following the recommendations of the committee of experts chaired by Dr. Jean-Bernard Trudeau chose these professionals to reserve these assessments for, given the risk of harm they involve.

Indeed, the subject of the assessment of people with a mental or neuropsychological is major. The failure caused by the presence of such a disorder puts the person in a vulnerable situation in many circumstances: housing, leaving his place of habitual residence, perform daily activities, exercise their social roles, maintain harmonious interpersonal relationships, continue studies, fit on the job market, integrate into society, etc.. Therefore, when such persons require an assessment which falls within the scope of practice of professionals listed above, only this professional is authorized to make this assessment and report the findings of the assessment which will be attributable.

As part of measures and programs administered by Emploi-Québec and applied by agencies in developing employability among persons diagnosed with mental or neuropsychological assessments that are required may be only activities within the meaning of the Act, for example:

- ↪ the self-evaluation of the socio-professional, in the context of Emploi-Québec;
- ↪ evaluation based on clinical judgment made by the specialized manpower for people with disabilities;
- ↪ specialized assessment of clients, as part of a reference by Emploi-Québec.

### **The context of interdisciplinary practice**

Although this activity is shared by many professionals, the fact remains that everyone has a different way and makes the unique contribution that gives it its scope of practice. For example, the social worker who assesses a person with a mental or neuropsychological evaluates social functioning of the person and is not adaptive, which is evaluating the scope of practice of psycho.

Sharing this activity is based on the recognition of the special role that can play different mental health and human relations professionals and allows organizations to have a variety of complementary skills necessary to ensure the best customer service.

Although this activity is not specifically reserved to the nurse, the Commission is empowered to conduct an assessment of the physical and mental condition of a symptomatic person, including intervention in the field of mental health. The ill person can be a person with a mental or neuropsychological disorder

already diagnosed or verified by evaluating a qualified professional. Therefore, the scope of practice of the nurse and the assessment of physical and mental condition of a symptomatic person, reserved for him, gives the nurse empowerment to assess a person with a mental disorder or a neuropsychological disorder.

It is the same for the speech therapist, who is empowered to assess language and communication of a person with a mental disorder or a previous diagnosis or neuropsychological disorder attested by the evaluation of an authorized professional. Indeed, this person may request an evaluation in relation to a communication problem. Therefore, the scope of practice of speech and activity evaluation of language disorders, speech and voice in order to determine the treatment plan and intervention speech therapy, which is reserved, gives the speech therapist to evaluate the empowerment of a person with a mental disorder or a neuropsychological disorder.

This practice also applies to the audiologist who is entitled to assess the hearing impairment of a person with a mental disorder or a previous diagnosis or neuropsychological disorder attested by evaluating a qualified professional. Indeed, this person may request an evaluation in connection with a hearing problem. Consequently, the scope of practice of audiologists and activity evaluation functions of the hearing in order to determine the treatment plan and audiological intervention, which is reserved, and gives the audiologist empowerment to assess a person with a mental disorder or a neuropsychological disorder.

Regarding physicians, their expertise may be required in all situations covered by what's reserved.

### **What is not reserved**

It is not reserved for the evaluation of a person showing symptoms of a mental or neuropsychological disorder, not attested by the diagnosis or certification from a qualified professional, subject to the assessment reserved for nurses assessing the physical and mental condition of a symptomatic<sup>16</sup> person.

Any other procedure performed with this particularly vulnerable population that is not the same nature as the evaluation reserved by PL 21 and 90 by the PL can be achieved by any player, including support, guidance or monitoring that are not of the nature of medical treatment, psychotherapy or nurse within the meaning of the Act.

Examples of interventions that can be accomplished by any speaker, the person who requires it or not suffering from a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional:

- ↳ Evaluating the ability to make a move into work carried out by agents of employment assistance;

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<sup>16</sup> Loi sur les infirmières et infirmiers, L.R.Q., c. 1-8, art. 36, al. 1 (1°).

- ↵ Goal setting as part of a program of pre-employability and evaluation of the achievement of these objectives (i.e. improving social skills, punctuality, personal hygiene, autonomy, the ability to speak properly, etc.);
- ↵ Assessment of skills related to job search (resume writing, job interview, etc.).
- ↵ Assessing the potential of a person through a process of selection and recruitment for employment;
- ↵ Initial analysis of the needs of a person (reception, analysis, guidance, referral - AAOR);
- ↵ The analysis of school records for enrollment in adult education;
- ↵ The Evaluation of Educational Achievement;
- ↵ Using the assessment tool multi-customer DHSS as part of a service request home support;
- ↵ Interventions to implement response plans.

### **3.6.5. Assess a person as part of a decision of the Director of youth protection or the court under the Act on Protection of Youth**

#### **What is reserved**

This event is reserved for the social worker and educational psychologist within their respective scope of practice. The social worker will be allowed by the Order of Social Workers and Marriage and Family Therapists of Quebec to receive reports, conduct a brief analysis of it and decide whether it should be evaluated further.

The evaluation refers to the reserved four steps of the intervention process in child welfare: reception and processing of reports, assessment of the situation and living conditions of a child, a child guidance, and review of the situation of a child. These activities are the exclusive responsibilities of the DPJ and members of his staff authorized for this purpose under section 32 of the YPA. They are set in a special way with Articles 45, 49, 51 and 57 of the YPA.

#### **The intervention process in child welfare**

**45.** Any report to the effect of the security or development of a child is or may be considered compromised should be transmitted to the director. He must receive, conduct a brief analysis, and decide whether it should be evaluated further.

**49.** If the Director finds that the report states that the security or development of a child is or may be considered compromised, it yields to a professional evaluating their situation and their living conditions. He decides if his security or development is in danger.

**51.** Where the Director believes that the security or development of a child is in danger, he takes the situation of the child support and decides its direction. To this end, before proposing the implementation of voluntary actions or proceedings before a court, the director favors, when circumstances are appropriate, to encourage the active participation of the child and his parents.

**57.** The director shall review the conditions prescribed, the case of each child for which he took charge of the situation. He must verify that all measures are taken to ensure a return of the child with his parents. If, in the interest of the child, such a return is not possible, the Director must ensure continuity of care and stable relationships and stable living conditions for the child, appropriate for his age, and in a permanent setting.”



At the stage of the receipt and processing of the alert, the worker must receive the report including, conducting its analysis and summary to additional checks, if necessary, decide whether to report and, when reporting is chosen, determine the degree of priority of the situation.

At the evaluation stage, the professional must verify the reported facts, analysis of family and social situation of the child and decide whether the security or development of the child is endangered or not. The YPA provides that the DPJ may, under certain conditions, authorize other persons as members of his staff (for example, a worker responsible for the implementation of measures) to conduct the assessment of the situation. However, this authorization does not allow them to decide whether the security or development of the child is compromised (Article 32 of the YPA).

During guidance, the professional must determine the choice of the protection regime, voluntary or court, and the choice of measures necessary to end the risk situation and prevent its recurrence.

At the review stage, the professional must review the case of each child whose situation is supported by the DPJ. He provides an update on the situation of the child and must decide whether the security or development of the child is still in danger. This particular decision is guided by the recommendations of the worker responsible for the implementation of measures and is responsible for drafting the audit report.

The revision is a step in the process of intervention with major legal and clinical implications. It relates more specifically to determine whether the circumstances of the child warranted or not the pursuit of the DYP's intervention and, if so, whether protective measures should be retained or amended. The professional must rule both on the choice of plan (voluntary or judicial) that the measures used to protect the child. Pursuant to section 57.2 of the YPA, he may also take steps to adopt a child, or go to court to appoint a guardian of the child.

The assessment in each of these steps is considered at risk of serious harm. It can lead to disturbances, including a distress in children and in parents. It can also cause the removal of the child from his family and the loss of the exercise of parental authority. The injury may be related both to the intervention or failure to intervene.

### ***The context of interdisciplinary practice***

Reserved assessment of a person under a decision of the DPJ or the court under the Act on Protection of Youth does not prevent any professional to assess a minor or his parents as interventions, reserved activities and purposes related to their scope of practice. The use of the complementary expertise of this professional may even be indicated.

Section 86 of the YPA provides that the court must, before making a decision on the measures applicable, inspect the DPJ study on the social situation of the child and its recommendations. The DPJ may attach a psychological or medical assessment of the child and family members, or any other expert who can help, in its discretion, or must if the

Courts require. Assessments can be made by the professionals involved at the request of the DPJ or the court.

***What is not reserved***

The activities carried out within the framework of the implementation of measures, including: identifying, updating, and revising the plan (except for the determination of the response plan for a person with a mental disorder or at risk of suicide that is hosted in a facility of an institution operating a rehabilitation center for troubled youth adaptation), assessments deemed relevant, documentation of observations collected through monitoring of the child and his parents, and the development of the audit report will be completed by all persons designated by the DPJ or the establishment.

Similarly, for the different assessments and the preparation of reports produced by the staff of the rehabilitation sector, when a child is residing in a facility to a rehabilitation center for youths with adjustment difficulties within implementing the measures.

The evaluation of a host family during the recruitment of family-type resources and reassessing, are not reserved.

### **3.6.6. Assessing an adolescent by court order under the Act respecting the criminal justice system for adolescents**

#### **What is reserved**

This event is reserved for the social worker, psychologist, and educational psychologist within their respective scope of practice.

This activity is in two contexts: the evaluation leading to a pre-decision report and review of the breach of the measures imposed. The assessment in each of these contexts is limited.

Extensive evaluation of the adolescent, including history and social tort, the risk of recidivism and rehabilitation needs can occur from recommendations to inform the court concerning the penalties to be imposed and the terms of the adolescent's reintegration.

Finally, during follow-up of judicial review, sanctions of a breach of conditions imposed, it is required to conduct an assessment of the situation and circumstances, which may lead to revision of the sentence likely to cause more severe consequences for the teenager.

In these contexts, this assessment is an activity fraught with consequences. The resulting decisions must address both the protection of society, restorative justice for victims, and the rehabilitation, and reintegration of young offenders into society. It can lead to limits on his freedom, limitation of rights or be subjected to severe conditions, affecting his life.

#### ***The context of interdisciplinary practice***

The social worker, psychologist, and educational psychologist are a group of professionals that will be used according to their respective scope of practice.

At the request of the court, a medical report may, under an order, have an aspect exclusively to the medical evidence or evaluation of mental disorders, intellectual disability or neuropsychological disorders conducted by a qualified professional.

#### ***What is not reserved***

The evaluation of the possible participation of the youth program of extrajudicial sanction is not reserved. This is a structured interview with the youth and parents to determine whether to use extrajudicial sanctions in accordance with the provisions of the Act provided for this purpose (Articles 10, 11 and 12 of the YCJA).

Monitoring of extrajudicial sanctions while the agreement is being made with the delegate, and support follow-up of sentences, mentoring and helping the teen in the update of the measures ordered by the court continues to be made by all involved.

### **3.6.7. Determine the intervention plan for a person with a mental disorder or at risk of suicide that is hosted in a facility of an institution operating a rehabilitation center for troubled youth coping.**

#### **What is reserved**

The determination of the response plan for a person with a mental disorder or at risk of suicide that is hosted in a facility<sup>17</sup> that operates a rehabilitation center for troubled youth adaptation is reserved for the social worker and psychological educator within their respective scope of practice.

The determination of this action plan is carried out within the framework of the implementation of measures under the Act on Protection of Youth and under the Act of the criminal justice system for adolescents, the Act respecting health and social services and the Act respecting health and social services for Cree. This is the response plan that a facility must develop to identify the needs, objectives, and how to use the estimated period during which services should be provided. The intervention<sup>18</sup> plan must coordinate services provided to the user by the various stakeholders of the institution.

The reserved activity aims at different rehabilitation center facilities for troubled youth adaptation, including intermediate resources like "guest houses" and "group homes" with the exception of supervised apartments.

In this particular context, the determination of the response plan is an increased complexity due to a twofold problem: firstly, a major problem of social adaptation that requires accommodation in a facility's rehabilitation center, and, secondly, a diagnosable mental disorder or certified or documented suicide risk by a professional<sup>19</sup>.

This event is because it concerns the protection of a particularly vulnerable population. Reserving this activity for the social worker and educational psychologist offers the warranty and accountability of the professional system. However, it is limited to institutions that house troubled youth with a mental disorder or are at risk of suicide<sup>20</sup>.

When the response plan was determined prior to the identification of mental disorder or suicide risk, a licensed professional must review the plan.

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<sup>17</sup> Does not include resources (FTR) and host families.

<sup>18</sup> Act respecting health services and social services, section 102.

<sup>19</sup> It may be a diagnosis, certified by a qualified professional or a tentative conclusion. (See section 3.6.1)

<sup>20</sup> In accordance with the procedures in place in the community.

### ***The context of interdisciplinary practice***

From the perspective of an interdisciplinary practice, the plan must take into account, when available, treatment recommendations of a physician or psychologist, as well as those of a nurse and a guidance counselor qualified to evaluate a mental disorder. The latter are involved upstream of the intervention plan.

The Professional incorporates comments, evaluations and recommendations of staff working with the person with a mental disorder or at risk of suicide in the facility which hosts an institution operating a rehabilitation center or in the resources intermediaries engaging in the youth center.

The intervention plan will consider the recommendations of the nurse working in a youth center, and this, particularly as it regards activities in the assessment of physical and mental condition and clinical monitoring of an ill person, it is necessary to follow up in a clinic. As a reserved activity, this does not limit the practice of nursing or that of others to the young people with a mental disorder or at risk of suicide when it is in an environment other than rehabilitation centers for the youth in difficulty.

Similarly, the social worker and psychological educator will consider a plan of action determined by an occupational therapist outside the center, during an episode of treatment in psychiatry, for example.

### ***What is not reserved***

The determination of a response plan is not restricted, except in the situation of young people with a mental disorder or at risk of suicide who are housed in a facility's rehabilitation center for troubled youth. The implementation is never reserved and can be accomplished by any player designated by the institutions.

The determination of a response plan is not restricted in cases where the mental disorder is not found, i.e. in the absence of interim or final conclusions.

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

Supervised apartments, resources and host families (FTR) are not covered by this activity, and are not considered by the Act as the facilities of an institution operating a rehabilitation center for young maladjustments.

### **3.6.8. Assessing access rights of a person in child care**

#### **What is reserved**

The evaluation of access rights of a person in child care is reserved for the social worker, marriage and family therapist, and psychologist within their respective scope of practice.

This assessment covers situations of separation or divorce to allow the tribunal rule on child custody or the access rights of parents to their children. The social worker or marriage and family therapist or psychologist appointed is in this context as an expert witness. The evaluation therefore requires knowledge and distinct know-how, particularly in regard to the legal domain, because it occurs in litigious, contentious context, and because its purpose is to inform the court in the best interest of the child.

Decisions made by the court on the basis of such evaluations have a significant impact on the lives of children and parents. They may contain an incurable nature, cause distress, and cause the parents' loss of the right of access to their children.

#### ***The context of interdisciplinary practice***

In terms of childcare and access rights, the Superior Court currently has a Psychosocial service structured around occupational social workers and psychologists. In addition, PL 21 allows leveraging the knowledge and skills of marriage and family therapist, whose scope of practice for the dynamics of relational systems of couples and families.

The social worker, marriage and family therapist, and psychologist have specific skills and transferable skills that enable them to share this activity each within their scope of practice and to offer the distinctive guarantees and accountability to their own professional system.

However, the court can always call on other expertise it deems necessary in addition to such activity. For example, it may use the services of qualified professionals to evaluate mental disorders, intellectual disability or neuropsychological disorders; the nurse to assess the physical and mental condition of an ill person; the occupational therapist to assess the functional skills, or a psychological educator to assess the difficulties of adaptation and adaptive capacity of a child or parent. Medical expertise in this area may also be required.

### **3.6.9. Assess a person wishing to adopt a child**

#### **What is reserved**

The assessment of a person wishing to adopt a child is reserved for the social worker, marriage and family therapist, and psychologist within their respective scope of practice.

The reserved evaluation applies to situations of adoption of children born in Quebec and outside Quebec. It aims to assess the motivations and parenting skills of current or potential applicants in order to meet the physical, psychological and social needs of a child. It requires distinct knowledge and know-how, particularly with respect to legal provisions associated with the bodies involved and the conditions imposed by different countries of origin as part of international adoption.

This assessment corresponds to the psychosocial assessment which refers to the Law on Youth Protection (YPA). Under this Act, it is made by the Director of Youth Protection or any person designated to do so. According to PL 21, the designated person is a professional member of the Order of Social Workers and Marriage and Family Therapists of Quebec or a professional member of the Order of Psychologists of Quebec. It should be noted that in the context of international adoption, the YPA already specifies that an evaluator is a professional member of the Order of Social Workers and Marriage and Family Therapists of Quebec or a professional member of the Order of Psychologists of Quebec. When the adoption is to be imposed in a State signatory to the Convention on the Protection of Children and Cooperation in Respect of Inter-country Adoption (Hague Convention), or if the country requires, the DPJ also mandates the psychosocial assessment by one of these professionals. In other cases, the appraiser can be chosen directly by the adopter from a list available from both Orders covered by the reservation of this activity.

The reservation is justified because the health, safety, and welfare of a child is based notably on an adequate assessment of parenting capacity of applicants for adoption. In addition, the evaluation may lead to various disturbances including a state of distress in the applicant for adoption, especially in case of refusal.

#### ***Adoption***

Regarding the international adoption, assessments may be required on two levels. First is the psychosocial assessment of candidates, under the YPA, which is required in most cases. This assessment requires knowledge and specific expertise, including provisions and conditions imposed by different countries of origin as part of international adoption.

There is also a psychological evaluation that some countries of origin require before giving their approval to the applicants. The psychological evaluation is then required to determine the mental health of applicants or, where appropriate, to assess the impact of a mental disorder identified on the capabilities of the latter to accommodate a child. This assessment called



psychological needs to be understood here as the evaluation of mental disorders, an activity that is otherwise reserved.

### **The context of interdisciplinary practice**

Using any other professional expertise in relation to adult candidates is possible, if necessary, such as the doctor's diagnosis, an assessment of mental disorders by professionals to whom the event is for, the assessment of fitness and mental nurse, assessment of functional skills by an occupational therapist, and adaptive capacity assessment by an educational psychologist.

### **3.6.10. Conducting a psychosocial assessment of a person under the protection schemes of the adult or the mandate given in anticipation of the grantor's incapacity**

#### **What is reserved**

The psychosocial assessment as part of the major protection schemes or mandate given in anticipation of the grantor's inability to formulate a recommendation to the court is reserved for the social worker.

This event is because it is likely to result in the loss of a right, as the exercise of freedom to manage the person and property.

The scope of the reserved activity extends to the protection schemes reevaluation process and the approval of the mandate given in anticipation of the grantor's incapacity.

The social worker is attributable to the recommendation that it develops from the data set resulting from the psychosocial evaluation of different aspects of mental incapacity, valued by him or by other professionals, as needed. Based on these data, it measures the impact thereof on the person and their environment in relation to the protective measure of choice. He recommends opening, maintaining, modifying or terminating the protection regime after analysis of different professional opinions obtained regarding the degree of personal autonomy.

The physician is responsible for the medical assessment.

#### ***The context of interdisciplinary practice***

The degree of personal autonomy can be assessed by different professionals, according to their respective expertise. The assessment of psychological functioning and mental functioning conducted by a psychologist, functional skills assessment conducted by the occupational therapist, and evaluation of physical and mental condition made by the nurse are often complementary and integrated with the recommendation to open or maintain a system of protection. Each of these professionals remains accountable to the evaluation being performed.

#### **What is not reserved**

The collection of objective data (including comments) on the person in its environment including its financial situation, or his legal eligibility for social programs, is not reserved.

### 3.6.11. Assess a student with social maladjustments in the determination of a response plan under the Act on Public Education

#### What is reserved

This event is for the psychologist, guidance counselor, the educational psychologist, the speech therapist, the audiologist, occupational therapist, and the doctor within their respective scope of practice when this is done in the part of the determination of a response plan under the Act on Public Education<sup>21</sup>.

The restricted activity must be understood as follows for:

- ↵ **the psychologist** assess psychological functioning and mental health of a student with social maladjustments in the determination of a response plan under the Act on Public Education;
- ↵ **the guidance counselor:** assess psychological functioning, personal resources and environmental conditions of a student with social maladjustments in the determination of a response plan under the Act public education;
- ↵ **the educational psychologist:** assessing the challenges of adaptation and adaptive capacity of a student with social maladjustments in the determination of a response plan under the Act on Public Education;
- ↵ **speech therapist:** evaluate the functions of language, voice and speech of a student with social maladjustments in the determination of a response plan under the Education Act public;
- ↵ **Audiologist:** evaluate the functions of the hearing of a student with difficulty coping in the context of determining a response plan in application of the Act on Public Education;
- ↵ **Occupational Therapist:** assessing functional abilities of a student with social maladjustments in the determination of a response plan under the Act on Public Education;
- ↵ **the doctor:** diagnose and assess any deficiency in the health of a student or disabled capped maladjustments in the context of determining a plan of intervention under the Act on Public Education.

This assessment focuses exclusively on clients of the primary and secondary education as well as customers in preschool within the meaning of the Act on Public Education.

This assessment involves risks of serious injury to a student with disabilities or adjustment difficulties, hence the need to make it a reserved activity.

<sup>21</sup> Education Act (RSQ, c. I-13.3, s. 447; 1997, c. 96, a. 128), section 235. The school board must adopt a policy on the organization of educational services to these students that sets out procedures for evaluating handicapped students and students with social maladjustments.

In the case of a child, the assessment results are used to determine his needs for a special education facility. Such findings may have finality and disrupt the academic progress of the child. For high school students, the evaluation also affects academic progress, at a stage where these people are called to make critical choices about their future and their life in the workplace.

The completion of this evaluation by authorized professionals warrants an accountability of the professional system.

The effect of the reserve allows a better identification of problems resulting from disability or adjustment difficulties.

### ***The context of interdisciplinary and practical complementarities***

Sharing this activity is based on the recognition of the special role that can play the various professionals involved. It enables organizations to have various complementary skills necessary to ensure the best customer service.

The intervention of a student with social maladjustments is a process that requires input from various disciplines, including pedagogy and remediation. The parties involved may also contribute to the assessment of these students.

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

### ***What is not reserved: learning difficulties***

The evaluation of a student with learning difficulties is to establish a response plan under the Act on public education and is not a reserved activity. This assessment aims in particular to implement the appropriate educational or orthopaedic interventions.

In schools, the organization of services is based on identification of student needs in order to offer the most appropriate services as part of a plan. It is not necessary to determine if it previously belonged to a given category of difficulty<sup>22</sup>. To this end, a multidisciplinary approach, which can make an informed judgment on the various facets of the problem of the student, is also advocated in schools.

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<sup>22</sup> The organization of educational services for at-risk students and students with handicaps or social maladjustments or learning disabilities. Department of Education, Sport and Recreation (2006). For the purposes of the Act on Public Education, the term "learning disability" is a generic term which also includes learning difficulties.

Moreover, detection, screening and assessment of a learning disorder are not only activities, particularly in schools where educational measures such as learning difficulties may continue to be applied by the various stakeholders present in this environment. They can therefore be done by all professionals and stakeholders.

The Office des professions du Québec will establish an expert committee that will review the status of remedial teachers in connection with the evaluation reserved by PL 21.

The contribution to the identification or diagnosis of a disorder is not an activity reserved. Using dyslexia as an example; evidence of this disorder often results from a process requiring the contribution of various stakeholders, particularly that of the teacher.

Educational and orthopaedic interventions, given the difficulties and learning disabilities, including dyslexia, are not only reserved activities as defined by the Act.

In some circles, especially in colleges and universities, or for certain government programs, the diagnosis by the doctor or evaluation by a qualified professional with a learning disorder is one of the administrative requirements for a person to have access, for example, to services, grants, to an exemption or other deductions, or for an organization to receive funding to support the delivery of services to these individuals. Professionals are authorized physicians, psychologists, and for learning disorders related to speech. Some counselors and some nurses may be authorized by resolution by their professional association. Specifying the reserved activities can facilitate the necessary steps for competent accessibility. Thus, it is important that the parent of a young child or the adult knows which professional to lead him to.

**What is not reserved: other examples.**

- ↪ Carry out detection, screening and assessment for adjustment difficulties or needs of a student with social maladjustments or learning disabilities;
- ↪ Conduct needs assessment of a student to establish a response plan;
- ↪ Assess the ability to read and reason using mathematical concepts;
- ↪ Appreciate the interest of a student for the selection of a semi-skilled trade under the "Learning Path focuses on employment";
- ↪ Evaluate a student's delay.

### **3.6.12. Assessing a child who is not yet admissible to preschool education and who shows signs of developmental delay in order to determine the rehabilitation services and adaptation to meet its needs**

#### **What is reserved**

This activity for a child who is not yet admissible to preschool education under the Public Education Act<sup>23</sup> is reserved for the social worker, psychologist, educational psychologist, the speech therapist, the audiologist, the occupational therapist, nurse and the doctor within their respective scope of practice. The purpose of this event is to determine rehabilitation services and appropriate adaptation.

This assessment is for children in whom signs of developmental delay were observed and may occur in one or more areas of their development. A discrepancy in how to perform an activity which places the child outside the range considered normal for his age as an indication of developmental delay.

Based on the evidence, the professional who the activity is reserved for, evaluates the child within his scope of practice to clarify the nature and measure the intensity of the difficulties he presents, or even conclude the presence of a disorder, in order to determine rehabilitation services and the accommodation he requires. The reservation is intended to ensure that children who are experiencing major difficulties of development, are able to access a skilled evaluation and early referral to appropriate services.

#### ***The context of interdisciplinary practice***

This assessment is shared by all the professionals listed above. Its realization requires pooling expert opinions given the young age of the child's developmental trajectory and unpredictability.

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<sup>23</sup> Education Act (RSQ, c. I-13.3, s. 447; 1997, c. 96, a. 128). Basic school regulation for preschool, primary and secondary education, Article 12:

- The student who has attained the age of 5 before October 1 of the current school year and whose parents have requested is admitted to preschool education;
- the handicapped student or students living in economically disadvantaged environments, as defined in Appendix 1, which has reached the age of 4 years before 1 October of the current school year and whose parents have requested he be admitted to preschool education, the Minister made the list of school boards to admit those students living in economically disadvantaged areas and specifies the conditions for admission.

## **What is not reserved**

Detection<sup>24</sup> and screening<sup>25</sup> activities are not reserved. They can therefore be done by all professionals and stakeholders.

The appreciation<sup>26</sup> of the overall development of a preschooler is not reserved.

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<sup>24</sup> See glossary for definition.

<sup>25</sup> Same

<sup>26</sup> Same

### **3.6.13. Decision to use restraints or seclusion as part of the application of the Act respecting health and social services and the Act respecting health services and social services for Cree**

*For the purpose of these activities, the following definitions are used<sup>27</sup>:*

- ↳ the term "restraint" is used to describe "a measure of control to prevent or restrict freedom of movement of a person using human power, mechanical means or by depriving movement";
- ↳ the term "isolation" is used to describe "a measure of control that is to confine a person in a place, for a definite time, hence he cannot leave freely."

#### **What is reserved**

The decision to use measures of restraint or seclusion is the activity by which a professional decides that the need for a control measure in the context of therapeutic intervention or planned mental health, including institutions operating a rehabilitation center for young people with social maladjustments or units of long-term care. This event is for the doctor, the nurse, the occupational therapist, social worker, psychologist and educational psychologist, within their respective scope of practice.

In school, these activities are performed within the rules or policies adopted by the board of the institution. These rules must take into account the Ministerial Guidelines on the exceptional use of control measures.

Restraint and isolation measures are limited to the person whose behaviors pose an imminent danger to his health, his safety or that of others. It is not disciplinary or punitive measures, and should end as soon as the grounds justifying them are now lacking.

The use of a control measure involves risk of injury. It affects the physical and moral integrity of the person, and can cause physical or psychological damage and moral suffering. It can disrupt deeply and immerse a person into distress.

Given the significant risk of harm associated with their application, restraint or seclusion are exceptional measures of last resort. Therefore, everything must be done to prevent and limit its application. To consider all possible avenues, to prevent the use, an interdisciplinary and multidisciplinary event

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<sup>27</sup> Department of Health and Human Services, Ministerial Guidelines on the use exceptional control measures: containment, isolation and chemical substances, 2002, p. 14.



with the person and family is essential to develop an individualized intervention plan.

***Status of the decision to use restraints***

An important distinction is necessary for the decision to use restraint. Since 2003 (date of entry into force of the provision of PL 90 concerning restraints), the decision to use a measure of restraint is left to the physician, nurse, physical therapist, and occupational therapist. This decision is not limited to the doctor, nurse, occupational therapist or physiotherapist to take: they can decide, for example, to use this measure in schools, child care or at camp.

PL 21 expands the list of professionals authorized to make the decision to use a measure of restraint to the psychologist, social worker and psychological educator. Moreover, this decision is reserved for them in a facility maintained by an institution within the meaning of the Act respecting health and social services and the Act respecting health and social services for the indigenous Cree<sup>28</sup>.

***Status of the decision to use isolation measures***

The decision to use isolation measures is left to the physician, the nurse, the occupational therapist, social worker, psychologist and educational psychologist when taken in a facility maintained by an institution within the meaning of the Act respecting health and social services and the Act respecting health and social services for the Cree.

***The context of interdisciplinary practice***

The decision to use restraints or seclusion must be planned and should result from an interdisciplinary approach in light of the particular expertise of each professional as marked by their scope of practice or whether the application of the measure is provided in the intervention plan or prescribed by the physician in the medical treatment plan.

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<sup>28</sup> Act respecting health services and social services (RSQ, c. S-4.2), section 118.1. and the Act respecting health services and social services for Cree Native persons (RSQ, c. S-5), section 150.1. : The force, isolation, any mechanical or chemical can be used as a control measure of a person in a facility maintained by an institution except for the em-fishing to inflict or inflict on others lesions. The use of such a measure should be minimal and exceptional and must take into account the physical and mental condition of the person. Any measure referred to the first paragraph applied in respect of a person, it must be noted in detail in his file. Must be documented including a description of the steps, the period during which they were used and a description of the behavior that led to the making or maintaining of the measure. Every institution must adopt a procedure for implementing such measures, taking into account the ministerial guidelines, disseminate it to its users and conduct an annual evaluation of the implementation of these measures.

This decision involves the clinical judgment of professionals from different disciplines, with particular expertise and providing complementary views of ensuring the judicious use of such ultimate measures. The grouping of a set of specific skills cross promotes the use of these measures as a last resort and offers the guarantee and accountability of its own professional system.

### **What is not reserved**

In emergency situations, the decision to use measures of restraint or seclusion is not subject to the reservation provided by these legislative changes, for example, in the presence of unpredictable behavior that endangers their personal safety or that of others<sup>29</sup>.

In schools, the decision to use isolation measures is not restricted. Teachers and school stakeholders must remain vigilant about the exceptional nature of such a decision. Everything should be done in a planned intervention that takes into account the rights recognized in the Charter of Rights and Freedoms (inviolability, integrity, dignity).

Despite the reserve of this activity, the police, correctional officers and ambulance services have non-residential use of restraints or seclusion.

The application of a measure of restraint or seclusion is not reserved. The planned intervention must be recorded in a plan and may be applied by any actor formed for this purpose. In school, these measures will be implemented according to the protocol adopted by the Board of Directors.

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<sup>29</sup> Once the emergency is under control, the intervention of a qualified professional is required.

**Caution : Section to be completed**

#### **4. A MEASURE TO PREVENT ANY DISRUPTION OF SERVICES**

##### **4.1. The transitional provisions of vested rights for persons not eligible for a professional**

PL 21 recognizes vested rights to persons not eligible for a professional who, on 20 June, 2010, were engaged in activities reserved for professionals. Stakeholders who are grandfathered, will be allowed to do what they did while being already subject to the terms and conditions to be determined by the board of directors of the professional.

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

- ↪ assess the mental disorders;
- ↪ assess neuropsychological disorders;
- ↪ assess the intellectual disability.

The Order of guidance counselors of Quebec, the Quebec Order of Psychological Educators and the Order of Social Workers and Marriage and Family Therapists of Quebec determined the terms and conditions, under which persons who, on 20 June, 2010, conducted business activity reserved for those orders, will benefit from the grandfathering provision.

After discussions with employers, the three levels agreed on these terms and conditions are the same for each order.

To avoid disruption of services, the following persons are deemed to have exercised one or other of the activities reserved June 20, 2010:

- ↪ any person who pursued activities between June 19, 2009 and June 20, 2010;
- ↪ anyone who could have exercised the reserved activity between June 19, 2009 and June 20, 2010, but was on leave in connection with the provisions in their working conditions (i.e., parental leave, unpaid leave or maternity leave).

A register of such persons will be created in each order and, according to positions held, employers will provide at the initial declaration, the list of persons who have exercised the reserved activities, indicating the activity exercised by the person.

The person who does not work in an institution must inform the relevant order of the reserved activity it carries out, through a sworn statement.

Administrative fee will be charged to the person to be entered during the initial declaration. Administrative costs for subsequent annual returns are determined by each of the Board of Directors.

The person registered must renew their registration annually.

Each one of the three professionals have adopted regulations required to follow at least six hours of training per period of two years. The regulations provide training activities, as well as the expenditures that may be granted. They also provide control methods and the consequences of failing to have completed such training hours.

#### **4.2. The transitional provisions of vested rights for members of a professional order**

Vested rights are also granted to members of a professional order who, on 20 June, 2010, were engaged in activities that are reserved for members of one of these three Orders. These professionals may be authorized by the professional order in which the reservation to continue performing these activities according to the terms and conditions determined by the administrative board of directors of the order.

Although this activity does not fall under the practice of his profession, the professional whose job title is identical to the professional title might suggest to the public that performs this activity as part of his profession. In this regard, is subject to the professional ethical obligations, including the requirement of competence, and mechanisms to protect the public from his professional corporation.

The professional whose job title is not the same as his professional title but, in any way, suggesting that the public has this activity as part of his profession is subject to the same ethical obligations, including the grantor jurisdiction and control mechanisms of the professional order.

For example, a psychological educator who pursues an activity reserved for members of the Order of Social Workers and Marriage and Family Therapists of Quebec (the psychosocial assessment as part of the major protection schemes) will continue to exercise it if he meets the conditions determined by the order. This educational psychologist agent is in a position of human relations and does not appear in any way as an educational psychologist and he is therefore not subject to the ethical obligations of the Order of educational psychologists of Quebec. However, occupies a position in human relations, but is an educational psychologist, displays the permit and signs his documents with the title of educational psychologist; must meet the requirements of the Order of educational psychologists, Ethics of Quebec, and is subject to the protections of the public order.

**Warning: Section to be completed when the provisions of the draft regulation on the psychotherapist's permit, from the Office des professions, will be in effect.**

## **5. THE SUPERVISION OF PSYCHOTHERAPY**

PL 21 contains general provisions that govern a rigorous practice of psychotherapy within the professional system.

It provides a definition of psychotherapy (Article 11, which introduced section 187.1, second paragraph under the Professional Code), the retention of this activity and the reservation of psychotherapist title.

PL 21 provides that, except for physicians and psychologists, no one can practice psychotherapy, or use the title of psychotherapist if he is a member of the Order of guidance counselors, occupational therapists, nurses, educational psychologists, social workers and marriage and family therapists and he is licensed as a psychotherapist. This permit will be issued by the Order of Psychologists of Quebec in the manner provided by regulations of the Office des professions du Québec.

### **5.1. The definition of psychotherapy**

The World Health Organization recognizes psychotherapy among the components of care for people with mental and behavioral disorders, as well as drug treatment and psycho-social<sup>30</sup> rehabilitation.

*PL 21 defines psychotherapy as:*

Psychological treatment for a mental disorder, behavioral disturbance or other problem resulting in suffering or distress that aims to foster the client significant changes in cognitive functioning, emotional or behavioral, in his interpersonal relations, in his personality or his health. This treatment goes beyond aiding to tackle common challenges or relationship counseling or support.

Defining psychotherapy in a regulatory perspective is to protect the public from people who are insufficiently trained to exercise it.

It provides a framework for the practice of psychotherapy. It was developed from elements that combine psychotherapy, to psychological treatment

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<sup>30</sup> Health Report in the world 2001 - Mental Health: New Understanding, New Hope, WHO, p. 60, 61, 62

including a mental disorder, and disturbance associated with development of the human being that may occur during the cycles of life.

The current development of knowledge in this field allows us to consider psychotherapy as a treatment. The effectiveness of psychotherapeutic approaches most commonly used can be assessed in various ways, and we have such increasingly numerous and diverse evidence to demonstrate it. Several studies also establish the effectiveness of a given approach in the treatment of a particular mental disorder and are well defined. Interventions are chosen in a coherent and consistent manner with the results of the rigorous initial assessment that the psychotherapist conducts and with the objective of change sought.

To extend this protection to as many people possible, the legislature has opted for a definition that includes, in addition to mental disorders, disturbances related to the development of human beings and those that may occur during the cycles of life. The material and the definition and scope are important to understand, they are:

- ↪ **Suffering:** it refers to a grief that is not necessarily a mental disorder. It may be due to personal or social difficulties.<sup>31</sup>
- ↪ **Psychological distress:** it refers to a sense of abandonment, loneliness, helplessness, felt poignantly in a situation which, according to epidemiological surveys, is an indicator to measure the prevalence of diseases.<sup>32</sup>
- ↪ **The client:** the term means the person, family, or couple.

## 5.2. Interventions that are not reserved

Defining psychotherapy should allow distinguishing interventions that are not. These interventions are not reserved.

For this purpose, PL 21 provides that the Board shall establish, by regulation, a list of actions which are not of psychotherapy within the meaning of the Act but which approach and define those actions. In the definition of psychotherapy, PL 21 specifies that this treatment goes beyond aiding to tackle common challenges or relationship counseling and support.

UPCOMING: interventions and their definitions, as provided in the regulation.

## 5.3. Reserving the practice of psychotherapy

PL 21 reserves the practice of psychotherapy to psychologists and doctors. So they do not need to get a permit to do so.

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<sup>31</sup> Health Report in the world 2001 - Mental health: New understanding, new hope, World Health Organization, p. 21.

<sup>32</sup> Opinion on mental illness: A Modern, Medical Council of Quebec, April 2001 110 pp.

It also reserves this activity to members of the Order of guidance counselors, occupational therapists, nurses, educational psychologists, social workers and marriage and family therapists provided they are licensed psychotherapist issued by the Order of Psychologists of Quebec.

Management psychotherapist's permit will be assumed by the Order of Psychologists of Quebec. This modality:

- ↳ facilitates the management of the psychotherapist's permit within the professional system by introducing a single point of entry;
- ↳ facilitates the choice of a psychotherapist and complaints;
- ↳ allows control of the illegal activity of this newly dedicated and shared.

The Order of Psychologists of Quebec issue the permit under the conditions that appear in the Regulations enacted a psychotherapist's permit by the Board. The following section describes these conditions.

### **5.3.1. Conditions for issuing a psychotherapist's permit**

UPCOMING: Other comments related to the settlement.

With respect to psychologists, we emphasize that psychotherapy is the core of their practice. The programs currently offered by universities offer the training required to practice psychotherapy. The doctor, meanwhile, can be trained to practice psychotherapy, especially if he specializes in psychiatry. In general, the initial formation of these two professional groups meets the standards of education and training identified by the expert committee, chaired by Dr. Jean-Bernard Trudeau, to be eligible for a psychotherapist's permit. Therefore, codes of conduct and monitoring programs of these orders attest to the quality of the practice of their members and the requirement to have the knowledge and skills to do this without issuing any special permit for this purpose. The standards set by the regulations of the Office des professions should support orders in the application of their mechanisms to protect the public against their members who practice psychotherapy.

The Board of Directors of the Order of Psychologists of Quebec issues a psychotherapist's permit to a member of the Order of guidance counselors of Quebec, the Quebec Order of Occupational Therapists, the Order of Nurses of Quebec, the Quebec Order of educational psychologists or the Order of Social Workers and marriage and Family Therapists of Quebec who meet the following conditions:

UPCOMING: prescribed conditions.

### **5.3.2. Relevant training**

UPCOMING : other related comments concerning regulation.

### **5.3.3. Recognition of trainers and supervisors**

#### ***The conditions for recognition of trainers***

To qualify for the status of training required for licensing as a psychotherapist, the trainer must meet the following conditions:

UPCOMING: prescribed conditions and other comments.

#### ***The conditions for recognition of supervisors***

To qualify for the status of clinical experience required for licensing as a psychotherapist, supervisor must meet the following conditions:

UPCOMING: prescribed conditions and other comments.

### **5.4. Reserving the title of psychotherapist**

PL 21 provides that, except for physicians and psychologists, no person may use the title of psychotherapist or any other title or abbreviation which may lead to the belief that he is, if he is a member of the Order of advisors and guidance counselors in Quebec, the Quebec Order of Occupational Therapists, the Order of Nurses of Quebec, the Order of psychological educators and Order of Social Workers and Marriage and Family Therapists Quebec and unless he holds a psychotherapist's permit.

The Board, by regulation, determines the conditions for using the title of psychotherapist by the doctor, the psychologist, and the psychotherapist's permit holder.

UPCOMING: prescribed conditions and other comments.

### **5.5. Recognition of rights acquired at the time of entry into force of the Act**

While currently there are no provisions governing psychotherapy, recognizing a vested right is to enable all persons who practice this activity at the time of entry into force of the Act, within the meaning of the definition contained in PL 21 , to continue to practice subject to meeting certain conditions set by the law of the Board. Moreover, these persons will now be subject to regulations applicable to the licensee as a psychotherapist and a continuing education requirement. Recognition of acquired rights as proposed is temporary.

UPCOMING: prescribed conditions and other comments.



## 5.6. Common rules to be observed for the practice of psychotherapy

PL 21 states that any physician, psychologist or a licensed psychotherapist practicing psychotherapy is in compliance, in addition to laws and regulations that govern it, the following rules:

- ↵ establish a structured process of interaction with the client;
- ↵ conduct a thorough initial evaluation;
- ↵ apply therapeutic procedures based on communication;
- ↵ be based on scientifically recognized theoretical models and on intervention methods that respect human dignity.

### 5.6.1. Explanatory elements

**The structured process of interaction between a professional and a client.** This designation affirms the importance given to clearly and informed consent as part of this process. It introduces the concept of service provided by a professional at the request of a client or after obtaining consent. It makes a clear message that this is a structured relationship, in a determined therapeutic contract, between a seller and a customer.

**The thorough initial evaluation.** It is a prerequisite and aims to determine the appropriateness of undertaking psychotherapy.

Whatever approach is chosen in psychotherapy, this assessment shall consider the following:

- ↵ the request of the person and their treatment history;
- ↵ biological, psychological, social and cultural rights of the person;
- ↵ the use and interpretation of various tests, questionnaires and techniques, if needed;
- ↵ resources and client strengths;
- ↵ the existence of a diagnosis, including a mental disorder, and current or previous treatment.

Such an assessment identifies further the situation of the person and the reason which led him to consult. Its result influences the choice of the psychotherapeutic approach and the various tests and techniques used in connection with this approach. Furthermore, it guides the therapist in the decision to initiate and continue the psychotherapeutic process in terms of knowledge and skills available to treat a person with a disorder or problem. This information must be documented. The objectives underlying this assessment are as distinct from the mental condition assessment and evaluation of mental disorders, intellectual disability and neuropsychological disorders.

**Psychotherapy group.** It is considered a practice whose curative effects are recognized. In this sense, psychotherapy remains an individual process that can be achieved within a group supporting it.

### **5.6.2. Additional elements**

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

- ↵ the suggestion;
- ↵ the attitudes of the psychotherapist;
- ↵ the framework and customer expectations;
- ↵ the quality of relationships and the ability to establish a therapeutic alliance;
- ↵ customer confidence in the success of the approach.

### **5.7. A continuing education requirement**

The Board, by regulation, determine the scope of continuing education requirements to which the physician, psychologist practicing psychotherapy, or the licensee must comply with a psychotherapist, as set by resolution of the Board of the Order of Quebec physicians and the Order of Psychologists of Quebec; the Agency also determines the penalties for a failure to follow the training and, where appropriate, a waiver.

This requirement is designed to keep skills on the practice of psychotherapy, up to date.

UPCOMING: prescribed conditions, respective resolutions of the Order of Physicians and the Order of Psychologists of Quebec and other comments.

### **5.8. An interdisciplinary advisory council on the practice of psychotherapy**

An interdisciplinary advisory council on the practice of psychotherapy has been established within the Order of Psychologists of Quebec.

This structure allows the establishment of a uniform process for supervising the practice of psychotherapy in the context in which psychotherapy is newly reserved and divided into multiple disciplines. In a context of implementation of standards governing the practice of psychotherapy, the interdisciplinary advisory council will play an essential role.

The interdisciplinary advisory council is mandated to give the Board advice and recommendations on the draft regulations of the Authority under PL 21 before it adopts them, and any other matter concerning the exercise of psychotherapy as the Board considers it appropriate to submit.

The interdisciplinary advisory council is also mandated to provide the Board of Directors of the professional orders whose members may practice psychotherapy advice and recommendations on the draft regulations of such orders concerning the practice of psychotherapy, before their adoption, and any other matter concerning the practice of psychotherapy as the Board deems appropriate to submit these orders.

The interdisciplinary advisory council shall, through the Office, provide advice and recommendations to the Minister responsible for the administration of legislation on any matter it considers appropriate to refer to the board regarding the exercise of psychotherapy.

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

- ↵ two psychologists, whose chairman, after consultation with the Order of Psychologists of Quebec;
- ↵ two doctors, including Vice Chairman, after consultation with the Order of Physicians of Quebec;
- ↵ one member of each professional order whose members may be licensed psychotherapist and, where appropriate, a member of each class of permits issued by the professional order, after consultation with the professional body to which he belongs.

The interdisciplinary advisory council may consult any person whose expertise is required and any representative body concerned and allow them to participate in its meetings.

Thus, the interdisciplinary advisory council can:

- ↵ maintain the interdisciplinary value in the heart of the framework for the practice of psychotherapy;
- ↵ maintaining the necessary rigor to the quality of practice;
- ↵ bring together professionals from various sources around the title and practice of psychotherapy.

The interdisciplinary advisory council relies on the involvement and collaboration of all relevant orders.

**APPENDIX 1**

**Useful glossary of definitions for comprehending the project of law 21**

<b>Terms and definitions</b>	<b>Explanatory Notes</b>
<p><b>The assessment</b> is the consideration of indicators (symptoms, clinical manifestations, or other difficulties) obtained with clinical observations, tests or instruments.</p>	<p>The assessment is non-reserved. It can therefore be done by all professionals and stakeholders in mental health and human relations within their respective jurisdictions.</p>
<p><b>Restraint</b> is a control measure to prevent or restrict freedom of movement of a person using human power, mechanical means or by depriving him of a medium he uses to compensate for a handicap.<sup>33</sup></p>	
<p><b>The contribution</b> refers to assisting in the execution of a reserved professional activity.</p>	<p>The contribution is non-reserved. It can therefore be done by all professionals and stakeholders in mental health and human relations within their respective jurisdictions.</p>
<p><b>Screening</b> aims to divide the people who are probably suffering from an undiagnosed disorder or a risk factor for a disorder, or people who are exempt.</p> <p>The screening procedure itself does not diagnose or confirm a disorder or disease. Persons for whom the screening result is positive are oriented so that further investigation is conducted.</p>	<p>The screening is non-reserved. It can therefore be achieved by all professionals and stakeholders in mental health and human relations within their respective jurisdictions.</p>
<p><b>Detection</b> is to identify signs of trouble, unidentified risk factors or as part of interventions, whose goals are different. Detection is not based on a systematic process, but it relies on the sensitivity of responders to such indices.</p>	<p>Detection is non-reserved. It can therefore be done by all professionals and stakeholders in mental health and human relations within their respective jurisdictions.</p>

<sup>33</sup> Ministry of Health and Social Services, 2002.

Terms et definitions	Explanatory Notes
<p><b>The diagnosis</b> is medical assessment which may require a full examination of all organs, apparatus and systems of the human body.</p>	<p>The doctor is the only health professional who has the knowledge to do this. In this respect he receives an education which integrates the basic sciences and clinical sciences. The unique expertise of the physician justifies the exclusive assignment of this activity. This does not prevent other professionals to conduct assessments within their respective scope of practice and to communicate the findings.</p>
<p><b>The evaluation</b>, as already defined as part of the implementation of the Act to amend the Professional Code and other legislative provisions in the health field (PL 90):</p> <p><i>Evaluation involves a judgment on the clinical situation of a person from the information professional and has to communicate the findings of this judgment. Professionals conduct assessments within their respective scope of practice. Assessments that are reserved can be performed by qualified professionals.</i></p>	<p>The evaluation is reserved for those conducting the exercise of clinical judgment of a professional member of his order and the communication of this judgment.</p> <p>Assessments that are not intended to lead to a conclusion or diagnosis and that are not specifically reserved by law are allowed.</p>
<p>In an <b>interdisciplinary team</b>, the results of evaluations, observations and interventions by various professionals and other stakeholders are pooled to share an understanding of the situation and agree on common goals of interventions. Members of the interdisciplinary team work together.</p>	

<b>Terms and definitions</b>	<b>Explanatory Notes</b>
<p>In a <b>multidisciplinary team</b>, various professionals and other stakeholders mobilized are not necessarily grouped in the same workplace. These teams can even be "virtual" in the sense that the various independent professionals can be called as expert consultants and be more or less experienced or concerted. It is important to emphasize that the work of one of these professionals is not sufficient to conclude in several situations.</p>	
<p>The <b>interim evaluation</b><sup>34</sup>: it is possible to use the draft specification when there are strong reasons to believe that all the criteria of a disorder will eventually be filled and that the available information is insufficient to make a diagnosis (conclusion) with certainty (...). Another use of the term interim is when the differential diagnosis depends only on the duration of the disease.</p>	
<p>The concept of <b>installing an institution operating a rehabilitation center for troubled youth</b> coping resources includes an intermediate type "guest house" and "group home", with the exception of supervised apartments and host families.</p>	<p>These facilities are referred to in Section 3.6.7 of this guide and are specified in the Act respecting health services and social services.</p> <p>Are not particularly affected by the reservation of Family Resources (FTR).</p>
<p>The term "<b>isolation</b>" is used to describe a control measure to confine a person for a specified time, in a place where he cannot leave freely.</p>	<p>Do not refer to closed units or prosthetic units.</p> <p>Refer to departmental guidelines. (<a href="http://www.msss.gouv.qc.ca">www.msss.gouv.qc.ca</a>)</p>

<sup>34</sup> DSM-IV TR section : using this manual.

<b>Terms and definitions</b>	<b>Explanatory Notes</b>
<p><b>Psychotherapy</b> is a psychological treatment for a mental disorder, behavioral disturbance or other problem resulting in suffering or distress.</p> <p>It aims to foster the significant changes in customer's cognitive, emotional, and behavioral, his interpersonal relations, his personality, and in his health. This is a process that goes beyond helping to tackle common challenges or relationship counseling or support.</p>	
<p><b>Mental disorder</b> : «clinically significant disease that is characterized by the changes in thinking, mood (affective), and behavior associated with mental distress or impairment of mental functions.»</p>	<p>The evaluation of mental disorder occurs along a recognized classification of mental disorders, including two classifications most used currently in North America, or the ICD and DSM.</p>
<p>The <b>neuropsychological disorder</b> "clinically significant disease that is characterized by changes in neurobehavioral (cognitive, emotional and behavioral) related to the dysfunction of higher mental functions in response to attacks the central nervous system."</p>	

## APPENDIX 2

### PL 21: An Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations Modernization of the fields of professional practice

<p><b>Psychologist</b></p> <p>The practice of psychology is to assess the psychological and mental functioning and to identify, recommend and carry out interventions and treatments in order to promote psychological health and restore the mental health of humans interacting with his environment.</p>	<p><b>Social worker</b></p> <p>The practice of social work is to assess social functioning, to determine an intervention plan and ensure its implementation and to support and restore the social functioning of the person in reciprocity with their environment in order to promote the optimal development of human beings interacting with his environment.</p>	<p><b>Marriage and family therapist</b></p> <p>The practice of marriage and family therapy is to assess the dynamics of relational systems of couples and families, to determine a treatment plan and intervention and to restore and improve communication channels in order to foster best marriage and family relations in humans in interaction with his environment.</p>
<p><b>Guidance counselor</b></p> <p>The exercise of orientation is to assess psychological functioning, personal resources and environmental conditions, to intervene on the identity and to develop and maintain active coping strategies in order to make personal and professional choices throughout life, to restore the socio-professional autonomy and make career plans with humans in interaction with his environment.</p>	<p><b>Psychological Educator</b></p> <p>The practice of psychological education is to assess the difficulties of adaptation and adaptive capacity, to determine an intervention plan and ensure its implementation, to restore and develop the adaptive capacity of the person so that he contributes to the development of environmental conditions in order to promote optimal adaptation of the human being interactions with his environment.</p>	<p><b>OT</b></p> <p>The practice of occupational therapy is to assess the functional abilities to determine and implement a treatment plan and intervention, to develop, restore or maintain skills, compensate disabilities, reduce handicapping situations and adapt to the environment in order to foster optimal autonomy of human beings interacting with his environment.</p>
<p><b>Nurse</b></p> <p>The practice of nursing is to assess health status, to determine and ensure the implementation of the plan of nursing care and treatment, to provide care and nursing and medical treatments in order to maintain and restore the health of human being who interacts with his environment, to prevent illness, and provide palliative care.</p>	<p><b>Doctor</b></p> <p>The practice of medicine is to assess and diagnose any deficiency in the health, prevent and treat diseases in order to maintain or restore health in humans in interaction with his environment.</p>	<p><b>Speech therapist and audiologist</b></p> <p>The practice of speech pathology and audiology is to assess the functions of hearing, language, voice and speech, to determine a treatment plan and response and ensure the implementation in order to improve or restore communication of the human being in interaction with his environment</p>
<p>Information, health promotion, suicide prevention, disease, accidents, and social problems are also part of the exercise of the profession with individuals, families and communities.<sup>35</sup></p>		

<sup>35</sup> This paragraph is part of the definition of all scopes of practice of mental health and human relations.



### APPENDIX 3

#### PL 21 : Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations

<b>RESERVED EVALUATION: assessment involves clinical judgment on the situation of a person from whom the professional has gathered the information and has to communicate the findings of this judgment.</b>									
Activités réservées	Psychol.	T.S.	T.C.F.	C.O.	Psychoed.	Ergo.	Nurse	Doctor	Orthop./audiol.
1. Assess the mental disorders	X			X <sup>36</sup>			X <sup>37</sup>	X	
2. Assess intellectual disability	X			X				X	
3. Assess the neuropsychological disorders	X <sup>38</sup>							X	
4. Assess a person with a mental or neuropsychological attested by the diagnosis or an evaluation by a qualified professional	X	X	X	X	X	X	X	X	
5. Assess a person as part of a decision of the Director of youth protection or the court under the Act on Protection of Youth		X			X				
6. Assess an adolescent under a court order under the Act respecting the criminal justice system for adolescents	X	X			X				
7. Determine the intervention plan for a person with a mental disorder or at risk of suicide that is hosted in a facility of an institution operating a rehabilitation center for coping troubled youth		X			X				
8. Assess a person in child care and access rights	X	X	X						
9. Assess a person wishing to adopt a child	X	X	X						
10. Conduct psychosocial assessment of a person under the protection schemes of major or the mandate given in anticipation of the grantor's incapacity		X						X (medical component)	
11. Assess a student with social maladjustments in the determination of a response plan under the Act on Public Education	X			X	X	X		X	X
12. Assessing a child is not yet admissible to preschool education who shows signs of developmental delay in order to determine rehabilitation services and adaptation to meet its needs	X	X			X	X	X	X	X
13. Decide on the use of restraints or seclusion as part of the application of the Act respecting health services and social services and the Act respecting health services and social services for Cree	X	X			X	X	X	X	

36. Must hold a certificate of additional training of his order.

37. Must hold the training and experience required by the regulations of his order.

38. Must hold a valid training certificate of his order.