

Canadian Counselling and Psychotherapy Association

**2009 National Symposium on Inter-Provincial/Territorial Mobility
within the Counselling Profession**

November 26-27, 2009
Ottawa, Ontario

Summary and “As it was said” Report

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Symposium Overview

The Canadian Counselling and Psychotherapy Association was pleased to host the 2009 National Symposium on Inter-Provincial Mobility within the Counselling Profession¹. As a steward for the counselling profession and a national voice for the profession in Canada, we were excited to invite a variety of provincial/territorial counselling-related associations from across Canada to attend this informative and consultative event on November 26 – 27 in Ottawa, Ontario.

This Symposium was funded by Human Resources and Social Development Canada (HRSDC) and included representatives from every province and one territory, and more than fourteen different specialty areas of the counselling profession.

The Canadian Counselling and Psychotherapy Association (CCPA) was in a unique position to host this Symposium and to clarify and support the counselling profession as it addresses the opportunities and challenges associated with statutory regulation throughout the country. Counselling professionals across Canada have taken on the responsibility and the costs of voluntary self-regulation. Right now counsellors are regulated by statute in Quebec, Nova Scotia and Ontario. Meanwhile, there are developments that are quickly propelling the profession towards statutory regulation in many other provinces. Legislative initiatives, regulatory advocacy and/or the review of mental health acts are underway in several provinces including New Brunswick, Prince Edward Island, and British Columbia.

Since the regulation of professions is a provincial responsibility, a diversity of terminology and levels of specificity related to each province's overall legislative framework should be expected. A national dialogue such as this Symposium is a platform to initiate a national dialogue that informs each jurisdiction's planning, increases the cohesion of professional standards, and advances the mobility of the counselling profession.

1. The general term "counselling" is used to describe a variety of counselling-related titles including, but not restricted to: counsellor, counselling therapist, psychotherapist, mental health therapist, clinical counsellor, career counsellor, pastoral counsellor, and guidance counsellor.

Symposium Purpose

The 2009 National Symposium was designed to support an ongoing national dialogue within and between provincial counselling-related associations representing a diversity of counselling modalities with a view to sharing areas of professional consistency and common purpose. Without such a national collaboration and inter-provincial consultations, the counselling profession can anticipate some significant differences in such core features as professional titles, scopes of practice, controlled or restricted acts, entry requirements, codes of ethics, and professional standards of practice. These differences may, in turn, negatively affect the inter-provincial mobility of counselling professionals, potentially fragment the profession, and result in confusion for the public. The Symposium therefore had four key objectives and two expected outputs:

Objectives

- ☞ Participants feel ownership of the results of the symposium and are willing to take results back to their communities and play a coordinating and advocacy role.
- ☞ Participants understand the boundaries that may be imposed by the Agreement on Internal Trade (AIT) and regulatory realities, and that the way forward needs to harmonize with existing legislation.
- ☞ Participants understand basic issues and have established points of consensus.
- ☞ Participants have had the opportunity to fully debate the issues.

Expected Outputs

- ☞ Processes to achieve consensus and support for a common code of ethics, scope of practice, standards of practice, titles, client bill of rights, entry to practice requirements and so forth across all jurisdictions.
- ☞ A communications strategy designed to enable continual dialogue across regulated and non-regulated jurisdictions to ensure that, as these jurisdictions become regulated, the standards adopted will be conducive to labour mobility.

Session Expectations

At the onset of the symposium, participants were provided the opportunity to identify what they felt needed to happen during the two days in order for the symposium to be deemed helpful to their counsellor mobility processes in their own provinces and to the profession nationally.

- ☞ I think it would be extremely supportive if we had some consensus across the country in terms of ethic statements and standards of practice as we look forward to regulation. We stand alone, initially, for regulation; but, if we have standards across the country that are virtually similar it is, I believe, another solid base to stand on when we are trying to convince our governments to regulate us.
- ☞ A communications strategy. We need to identify a project working group for the next phase to take this into the regions of Canada and take it one level down; more branches of knowledge going to the regions.
- ☞ In reading the information that we were supposed to read, and I tried to do that before this morning, it was so fascinating to go through the list of the scopes of practice, definitions of scopes of practice in Canada, within North America and internationally. It would be quite an interesting challenge and task to be able to synthesize one where there was some consensus. In many cases it is just a semantic variation; but, there is also some really interesting variance. It would be interesting if we were able to synthesize one that represented the nation when we are looking at having that kind of mobility.
- ☞ I think it is critically important for us to look at two divisions. One would be communicating within our own organizations to ensure that we have the support of everyone involved in CCPA, or potentially involved in CCPA, but also a very defined strategy to deal with external publics, in terms of the general public, potential clients, other organizations that do the same kind of work that we do, sister and brother organizations, so we are sure we are communicating the depth of our commitment to our profession in many ways.
- ☞ I think that one hope that I have is that we can move a step closer to having some consensus on a coherent identity for our profession across Canada to support the work that we are doing in our provinces.

Presentation of the Discussion Papers

Discussion Paper A: SIMILARITIES ACROSS THE HELPING PROFESSIONS

- Nine Codes of Ethics and 5 Standards of Practice were reviewed.
- Generally, all Codes and Standards protect the public from harm.
- Differences occur in specific areas. These differences relate to the specialized form of therapy or intervention that the Association members provide to the public.
- The Codes of Ethics for the Canadian Association of Music Therapy, the Canadian Association of Psychologists and the Canadian Counselling and Psychotherapy Association aligned most closely with each other.
- The Canadian Standards and Guidelines for Career Development Practitioners, the American Association for Marriage and Family Therapy and the Canadian Association for Pastoral Practice and Education closely followed in alignment with these three associations.
- Specific areas of alignment occurred in the following domains:
 - Professional Responsibility
 - Consulting and Private Practice
 - Counselling Relationships
- The Standards of Practice for the Canadian Psychologists Association and the Canadian Counselling and Psychotherapy Association are aligned in almost every domain.
- Specific areas of alignment in all Standards of Practice occurred in the following domains:
 - Counselling Relationships
 - Consulting and Private Practice
 - Evaluation and Assessment
 - Self-development and Self-Awareness
- Where some Associations have divided their Ethics from Standards, others have merged the two documents. When Codes of Ethics and Standards of Practice are combined, alignments are increased.
- In the helping professions, we have more in common with each other than we have differences.

Discussion Paper B: DEFINITIONS AND SCOPES OF PRACTICE

- Nine Canadian jurisdictions and organizations were combined with three general sources and 10 international organizations to review definitions and scopes of practice for the profession.
- Generally, all definitions and scopes of practice had sufficient similarities to create a summary statement.

SCOPE OF PRACTICE

- Refers to the procedures and processes permitted for licensed professionals under legislation.
- *Reserved Acts/Restricted Acts/Controlled Acts* are synonymous and refer to acts that only specific licensed professional group(s) are permitted to provide. This is different from *title protection* which restricts the use of a particular title.
- Scopes of practice are in place through legislation in Quebec, Ontario and Nova Scotia.

DEFINITION

- Prior distinction between counselling and psychotherapy is diminishing; many practitioners now view their work on a continuum and/or use the terms interchangeably.

ATTRIBUTES OF COUNSELLING AND PSYCHOTHERAPY

- GOALS: enhance, promote, restore, resolve, remediate, improve cognitive, affective and behavioural functioning.
- EVALUATION/ASSESSMENT: of psychological functioning, personal resources, environmental conditions, disorders in cognitive, affective, neuropsychological, and behavioural functioning.
- DOMAINS: mental, emotional, psychological, cognitive, interpersonal, spiritual and behavioural human functioning.
- INTERVENTION METHODS: cognitive, affective, behavioural, systemic, relational, creative arts, verbal and non-verbal communication.
- RELATIONSHIPS: professional, deliberate, principled, therapeutic.
- CLIENTS: individuals (children, adolescents, adults), couples, families, groups, and communities.

Discussion Paper C: PURPOSE OF REGULATION

The goal of regulation is to reduce the risk of harm to the public while maximizing the well-being of the client.

- Professional self-regulation is granted by provincial or territorial governments as a privilege that requires standards of practice.
- Under the Agreement on Internal Trade (AIT), these standards must be comparable across the nation.

TYPES OF REGULATORY STATUTES

- “Stand Alone” (e.g., Nova Scotia) in which the law refers to a single profession, setting out its limits and standards.
- “Umbrella” (e.g., Ontario) in which a larger act governs all health professions, setting out the shared privileges, processes, and requirements for all.

COLLEGES

The entity regulating the profession is typically called a College and the professionals belonging to the College are known as registrants.

COLLEGE FUNCTIONS

- Registration: determining qualified registrants
 - Register qualified candidates/exclude those without competencies or personal suitability
- Inquiry: responding to public complaints and concerns
 - Two models:
 - Traditional model: guilt/innocence
 - Alternative model: harm restoration, dispute mediation, error correction
 - Two types:
 - Passive inquiry: publish standards, await complaints
 - Active inquiry: education, inspections, audits, college-initiated complaints
- Discipline: providing limits and sanctions for registrants who have violated professional standards
 - Key obligations:
 - Follow general standards of all professions
 - Separate discipline from criminal, contract, and civil law
 - Cooperate with, but not intrude upon, the jurisdiction of other sources of liability

Assessment of the Discussion Papers

As an initial exercise, a gallery walk was undertaken whereby participants, working in small groups, rotated among nine stations, each station presenting a question specific to one of the three discussion papers. The task for each of these small groups was to provide a written response to all nine questions. Once all of the participants had responded to the questions, a second gallery walk was undertaken in order to review the comments from other participants, to identify any areas requiring clarification and to build upon, or provide comments about, the output of others. *Italicized* text represents the verbal comments offered during the plenary report back at the conclusion of the gallery walks.

Similarities Across the Helping Professions

1.1 How would a national code of ethics and standards of practice constrain or facilitate the mobility of counsellors across Canada?

- ☞ Common understanding.
- ☞ Meet terms and make it easier for respective provinces to accept transfers.
- ☞ Ensures consistency and equity as long as standards are at a foundational level.
- ☞ Provides appropriate constraints.
- ☞ Facilitates development/strengthening of standards of practice and codes of ethics across provinces and territories.
- ☞ Common terms of reference.
- ☞ Ease of use for clients.
- ☞ Constraints
 - I think the idea was that ‘qualifications’ are a constraint; it is something that is restrictive in that in every jurisdiction there may be qualifications that might mean that the scope of practice that you have, or the ethics, you don’t really have the qualifications to live up to those; so, I guess that is why we put a question there.*
- ☞ Positive for public understanding → protection.
- ☞ Constraint → codes and standards could become too cumbersome and therefore less understood, used/applied (too cumbersome because so many professions/types of practitioners being represented) – trying to get a consensus could be very challenging and therefore too much information may be included.
 - With so many different kinds of practitioners, of whatever mental health services, that in order to get a standard code of ethics and standards of practice it might be very cumbersome because a lot more information would have to be included. It was just the size of the actual documents and trying to make it as inclusive as possible and that it might get a little cumbersome.*

The documents could become too complex thereby impacting and affecting interpretation and proper understanding as people move across provinces.

Maybe people thought by the word 'cumbersome' it would be too heavy to carry from province to province. I just meant trying to include so many different perspectives could make it become overly complex. It would maybe not inhibit their movement but affect their understanding and usage.

- ☞ Constrain admission but then facilitate mobility among professionals recognized as competent and reliable.
- ☞ Clarifies learning outcomes for educators.
- ☞ *One thought that came to mind is raising the bar and having it consistent.*

1.2 In what ways may provincial/territorial colleges for counsellors ensure that candidates have substantial knowledge of codes of ethics and standards of practice?

- ☞ Could be a required aspect of candidacy – i.e. to demonstrate knowledge of code of ethics and scope of practice.
- ☞ Mandatory ethics orientation for new registrants and part of educational requirements to be certified by CCPA.
- ☞ Make it a mandatory element of continuing education.
- ☞ Include in degree studies before registration. Complete during candidacy.
- ☞ Dedicated university course.
- ☞ Professional development.
- ☞ Examination (cases/scenarios) – oral or written.
- ☞ Ethics course by university or specific college (i.e.: College of Psychotherapists).
- ☞ L'éthique, sans réglementation, c'est souvent faire confiance à une majorité qui a besoin d'un encadrement pour « être éthique ».
- ☞ Give public talks to EAP, interested groups re: "How to choose a therapist."
- ☞ Develop literature for distribution.
- ☞ Continued opportunity for debate exploring new issues/challenges as well as traditional concerns.
- ☞ Opportunities for collaboration and consultation.
- ☞ Le code peut exiger la connaissance du code et la connaissance du code est exigée à l'entrée et examinée par la suite.
- ☞ Mandatory membership in professional association.
- ☞ *It is kind of there but I want to emphasize the fact that we need continued debate on ethical issues even on a yearly basis because if there is a focus on only entry to the*

college, and that is where the debate ends, then we are going to lose it because things change so quickly. We have seasoned veterans who struggle with ethical issues.

☞ *My understanding, two observations, ‘candidates’ means counsellors and not clients although we have an obligation to let our clients know about our code of ethics. At CCPA we aspire to put our code of ethics in our members’ waiting rooms. ... We must dedicate a lot of time to post service.*

1.3 What would be the implications to the protection of the public if a national code of ethics/ standard of practice remained constant, was raised, or was lowered (based on the current baseline information provided)?

- ☞ Include ethicists in the development/evolution process.
- ☞ Keeping fundamental values but be adaptable to changing values and social mores.
- ☞ Public would have a “national” comprehension of role of counsellor and their right to protection from harm.
- ☞ Through raised scope of practice/code of ethics there is the potential to decrease the negative stigma of therapy among the public and raise general trust in the field (correlation?).
- ☞ Needs to adapt to social, cultural, technological, territorial etc. changes.
- ☞ Protection of public best served by aspiration-al/high code of ethics and scope of practice versus simply adopting “compromise” standards.
- ☞ Promotes “familiarity” with understanding the standards of practice across country.
- ☞ As long as the code and standards are relevant and transferable to many situations – main thing is that the public is aware of the practitioner’s obligation under the code of ethics and standards.
- ☞ La préoccupation du public pour son intégrité psychologique demande des critères élevés.
- ☞ Discussion of ethical issues, especially new issues, at level of associations leads to clear understanding of the issues, development of standards of practice etc.
- ☞ This promotes education of counsellors and the public, around the issues – the knowledge gained by the public, if this process/information is made available to the public, is an important element of protection of the public.
- ☞ Constant review and evaluation.
- ☞ Minimum credentials.
- ☞ Varying credentials acceptable.
- ☞ *As, there is quite a bit of discussion around this. It seems to me the question was being interpreted differently. I was hearing this question being interpreted about the future and I think the question was originally intended as: What would be the*

implication if we had a national standard across provinces or based on the baseline if it is lower than the baseline or above the baseline as opposed to what would happen if down the road we raised the standard or lowered the standard or we kept the standard rigid and it never changed? One of the things I am thinking about, the discussion here around continuing education and so on, whether that is actually the role of a college. My understanding is a college's role is to set the standards. It is somebody else's job to train and to educate and to do those types of things.

- ☞ *I think one of the difficulties we'll have if there isn't a standard sort of code of ethics, it was rephrased to say: "What would be the impact if there was a standard across the country versus a baseline" and I think one of the things that we will face if we have different standards is the protection that in some provinces the public will receive better services than in others. I think there needs to be some coherence across the country that there is a baseline standard that if you go below that it is incompetence and it is unethical.*
- ☞ *I agree. I think the characteristic of a profession is there is a shared body of knowledge and shared idea of clinical practice and ethical guidelines – that is the mark of a profession regardless of whether you live in Saint John or Vancouver. The notion of fiduciary duty is judged against standard of care. That standard of care is determined by our ethical code and standard of practice so having a different standard of care across the country is not desirable.*

Definitions and Scopes of Practice

- 2.1 How might, or should, or could current and future regulatory activities with respect to counselling and psychotherapy affect the apparent erosion of a clear distinction between the two?
- ☞ Will define the distinction between the two to clarify for and protect public from harm.
 - ☞ Could blur the distinction of the two so that public wouldn't see a distinction. Therefore regulatory activities use caution to retain distinction.
 - ☞ Distinction blurs and confuses the distinct identity of the profession for the public to the detriment of both the public and profession.
 - ☞ No need to have this distinction with standard entry level requirements for baseline entry.
 - ☞ Counsellor = psychotherapist (semantics),
= mental health therapist,
= counselling therapist.

- ☞ La psychothérapie s'associe et souvent à la santé mentale (c'est pourquoi elle est réglementée) et le counselling peut être et souvent associée à une démarche éducative.
- ☞ May help to clarify or blur the distinction depending on local context.
- ☞ How counselling and psychotherapy have been defined (provincially, nationally and internationally).
- ☞ *I heard that the distinction does retain in Quebec. There is a distinction between counselling and psychotherapy in Quebec. There may be a distinction in Ontario but we are not sure yet. The Act says that they are going to regulate psychotherapists and they are going to create a new group called "registered mental health therapists." Australia also makes a distinction.*

2.2 What attributes and other features from the categorization presented in this paper would you like to have included in a definition of counselling, and of psychotherapy?

- ☞ Enhance personal functioning (goals).
- ☞ (Domains of functioning) remove "psychological" and "mental" and leave all rest.
- ☞ Like British definition (counselling) and Quebec (psychotherapy).
In terms of the definition, although they don't make a distinction in this document, I wanted to make a point why I like the definition of the British Association of Counselling and Psychotherapy. It doesn't use the word 'treatment;' it doesn't use the word 'disturb' or 'disturbed' where a lot of the other ones do, it is a very clinical and medical model and I don't really consider myself in that category. I actually had a discussion about how I think we are always going to have an ongoing battle between those two words and their various definitions and how they apply to this or that or what we do. There are pros and cons to words. The public will interpret them very differently and we are going to interpret them very differently. I want to point out that definition phrases things very positively and very proactively. It doesn't use words like: "The treatment of blah, blah, blah – mental disturbance." I just wanted to add that in. I don't know if there is a way of writing it in.

- ☞ Prefer "assess" rather than "diagnose." Principles/therapeutic relationship.

Outcome informed practice: cautionary note

There has been quite a bit of research on using clients to let us know if our counselling actually works. They might be the best source of understanding what the outcomes are. We like using our techniques. The clients tell us if they worked or not. I think that is important for us.

On the flipside of that piece we put in the cautionary note and that is because as much as that is valid about how important it is that we learn from the client population, as well is that there is a great risk that that information can skew both research and direct it because depending on who, where it is coming from and what context, exit interviewing and how that information is interpreted, so the cautionary

note is to, I am thinking, for instance, one example being the psychological community has heralded and tried to make a great case about their propriety to the realm of psychotherapy and counselling holding up CBT as an evidence based outcome informed practice and saying: "That is the one," when there are many others that can't be and therefore this is better. There is a cautionary note to include. I would agree with that; but, again I think the client is the best judge of whether CBT works rather than the research done in the university lab or wherever it is done. That is not a dig on CBT; it is just that it is stuff that is easy, it is very successful in ways but it is also, it very easily can be written or put into that context where others can't.

Outcome or evidence based may work when you have a lot of clients that go but you have a lot of populations that underutilize therapy, like the Aboriginal population, so if we are left out of the evidence base we are going to be left out of the data.

To me it is evidence based as well as outcome informed in terms of what clients are saying. To me the real cautionary note is that we listen to the clients' estimate of outcomes to know whether therapy is working.

- ☞ Generate a consensus.
- ☞ Consider methods.
- ☞ Counselling relationship, intentional ("mindful") relationship.
- ☞ Use "expressive" therapy instead of creative to include play.
- ☞ Educate and enhance.
- ☞ Facilitate and promote.
- ☞ Goals – add:
 - ① mediation } too narrow definition; needs to be broad,
 - ② custody evaluation } encompassing definition not specific types of counselling.

We were questioning that last comment which is custody evaluation and our comment that many of us made was that that sounds like a social work role. So, we weren't sure where that came from originally.

I wrote the comment and I wrote it for two reasons. I have been concerned for some time about the field of mediation, which I practice, and have been trained to do and I have also taken training and a credential to do custody evaluation, in New Brunswick called "parent capacity assessment" and "brief focused assessment," and is my liability coverage covering me for those functions? I wanted to bring that into an open forum.

- ☞ Therapeutic relationship } alliance
 - Helpful, supportive, working, etc.
 - Need a word less problematic in the K-12 and post-secondary education.
 - Education.
 - Really what, we need is a word that is less problematic. The term 'therapeutic' works fine in a medical situation, for example, but not in an educational situation. Let's*

find a word that covers both to the satisfaction of both. We wrote 'alliance' as an alternative to relationship.

Which is the problematic word?

'Therapeutic' is the problematic word. If you are a school counsellor you would just never use the word 'therapy.'

What I have used in the past is the term 'helping relationship in the school system.' I work in the school system and I like the idea of human therapy; maybe to add 'helping relationship' so we don't lose a key piece of what other counsellors across the country are doing but at the same time we are putting in a more accurate representation of what we are doing.

In some of the literature I have read the word, 'working alliance' is fairly common. There's lots of literature written on that.

I think it (education) was just meant to add another term that was not included, perhaps.

I think a general and possibly helpful point is that we are very concerned with vocabulary; it may help to recognize that the vocabulary we are looking for here is for an audience within our profession of people who know this well. I think the place we are going to now is to say: "Whatever this vocabulary will be for our community will have to be put into terms that are relevant for whatever context we are in."

Schools are cultures unto themselves; whatever you do with language will have to be meaningful in that context. This doesn't have to be comprehensible to people outside the expertise of this room but we will all take away the ability to communicate these successfully and within our context.

☞ *Adaptation to institutional context(s).*

☞ *We had made a comment at 1.3 that is relevant, I think what we said is that it has the potential to decrease the negative stigma of therapy in the eyes of the public and raise trust with regards to therapy. A real push and a movement, I am speaking with European colleagues for instance, where in certain countries the idea of being in therapy is no longer seen as a negative thing. It is seen as part of health, part of well-being to receive therapeutic care. That is why I would be concerned with eliminating the word 'therapy' because it is a healthy thing. It is a problem if you have an emotional or psychological problem that is something less than having a twisted ankle. I promote therapeutic intervention as a wonderful and healthy thing. This is the devil's advocate position in that 'therapeutic' could put the counsellor over the client, whereas if you have more of a working alliance relationship it includes that idea of collaborative or partnership.*

2.3 Is there a need to include teaching, research, consultation, referral within a scope of practice, or should the scope of practice be restricted to the provision of counselling and/or psychotherapy services?

All counsellors should consult and refer.

I had questions about how the question was worded and I know not everybody agreed with me. Those four areas, teaching, research, consultation and referral, it seems to me like teaching and research were kind of occupational things that certain counsellors

might do but consultation and referral are things that every counsellor should do. They seemed like two different things so that is why the comment.

- ☞ L'expertise de la profession ne se limite pas aux aspects cliniques. Selon moi, on doit inclure ces fonctions.
- ☞ Yes – guidance needed to work ethically.
- ☞ Yes – how you get to best practices.
- ☞ Supervision issues – absolutely required.
- ☞ Ethically vital to refer (boundaries of competence) as well as personal issues that may lead to transference issues.

The intention is there is training, let me go back to custody evaluation because I put that up on another sheet, we were engaged in a conversation about: Where do you get training to be involved in a custody arrangement? I may be competent to provide other services but I may not be competent to do that specific thing if I haven't taken training. If I am in the middle of a divorce it may be unethical for me to provide custody evaluation as my situation can cause transference.

My interpretation of that, when I was reading through the document, I was looking at that as people who do those top four things, the teaching, research, consultation, and so on, the referral, those people who are involved in that facet of the whole scheme of things should they, too, fall within the code of ethics and the standards of practice as those who do the counselling and psychotherapy?

We knew there wasn't certainty about it but it, my personal observation is this: that for CCPA and our code of ethics we have a section on ethical research practices, we have a section on teaching, on counsellor education; so, if someone licensed as a counselling therapist in Nova Scotia engaged in research, engages in practices in that research that causes harm to that participant, then that conduct is in violation of the code of CCPA and then they are liable to a complaint and discipline. It is not that other people don't do research; but, when that licensed person is doing that as a licensed therapist they are obliged to follow a code. That is the rationale I would present; but, there may be competing views.

To me they are things that every counsellor to some extent does; not every counsellor teaches.

- ☞ Advocacy should be additional standard.
 - ☞ Consistent approach to research that validates qualitative, anecdotal research.
 - ☞ Accountability – BEING supervised (monitoring, peer review, supervision and reporting).
 - ☞ Oui, sinon nous rejetons des groupes qui alimentent la profession.
 - ☞ Self-assessment.
 - ☞ Boundary recognition.
 - ☞ Orientation to duties of profession.
-

- ∞ Considered selectivity to prevent such a broad scope that would be meaningless.
- ∞ Need more information re: pros and cons of including/excluding items.
- ∞ Boundary should be “harm to public.”
- ∞ Definition of terms required.
- ∞ No to teaching and research.
- ∞ No, norms of research issue important to scope.
- ∞ *If research is being done in a university they already have an ethics committee so they have to be working with those standards so there is a doubling up here. Then it becomes networking, a question of how well known is the association, how well is it known by the other institutions that are working or training those same people that will come into those associations? It has to be a two-way street of communication in order to ensure that the values of the association are somehow represented in the teaching, in the research.*

2.4 What areas of concern or information may have been omitted in this paper?

- ∞ Reconnaissance « sociale » employeurs, contracteurs, public, institutions, media, qui constituent le contexte.
- ∞ Unwritten acquired wisdom and knowledge (cultural teaching) is unacknowledged or disregarded
- ∞ Necessity to have employers well informed about our qualifications and specializations in order to protect our public from employee misuse of titles, etc.
- ∞ A focused scope of practice informs allied health professionals about our distinct contribution and identity → it “markets”/“brands”/communicates.
- ∞ Issue of qualification omitted; general and specialized evidence of competency (qualification).
I have concerns that if we specify credentials we run into problems like we did in Ontario with a couple of regulated colleges and I also feel very strongly that credentials without competencies or vice-versa really doesn't help us. I feel it should be deleted.

The statement was a question, it is: How will we address people who are talking about credentials and how we harmonize that; that was the language of the question.
- ∞ Is there a different duty of care – children versus youth versus adult versus seniors?
- ∞ Multiple role/requirements (e.g. pastoral/school counselling).
- ∞ How to regulate those who claim title without training, background and association or order membership.
- ∞ Any legislation cannot include everyone, someone is always excluded – goal is just to be sure all those who merit inclusion are included.

- ☞ *It is not so much that it wasn't included but it is an add-on about the unwritten acquired wisdom. Basically what we were talking about there is when you are working in a profession over a period of time you acquire a certain amount of practical knowledge and experience that often isn't regarded or acknowledged because it isn't what you call "conventional research" and we felt it was important to put that in there because when we are talking about new people coming into the profession, doing supervision, for example, is important so we can pass on some of that wisdom and acquired knowledge to new people. That was our point there.*

Purpose of Regulation

3.1 What works well with the argument to separate "college" and "association" functions?

- ☞ "College" is exclusively for the protection of the public whereby "association" is for the protection, promotion and representation of the professional stakeholders.
- ☞ Avoid conflicts of interest.
- ☞ Need legislation to ensure everyone practicing (with specific title) is required to be a member of the college.
- ☞ Could we also envision a model whereby there is a built in expectation that colleges and associations collaborate more in the public interest?
- ☞ *Les 2 fonctions entrent facilement en conflit; mais un « collège » est tout de même un « encrage identitaire ». La communauté est in levier d'éthique et de compétence. In Quebec we went from association to college and what I was saying is that both functions can easily get in conflict. Even so, being a college serves as an anchor to professional identity; so, even if you are not an association you have an associative function as well. It is just important that your members remember that you are there to represent the public and not them. If you ask someone in Quebec why do they say they are a guidance counsellor, they will say: "Because I am a member of the order," that is what is bringing us together. At the end of the sentence it says: "A professional community is a lever for ethical thinking and competence;" so, even if we are an order, we put much effort into creating a sense of community amongst our members because it is a guarantee of ethical thinking. We have some research on that subject, how being a member of a professional community brings you to ethical thinking. Some people call up to speak to the college folks but end up calling the association. I accept what was said but there are some differences, though, the college is set up under the authority of legislation and their goal is to make sure that the legislation is respected and honoured and to take action when it is not, for example: calling yourself a psychotherapist when you don't have the right to. The fraternity has a different function. It is a different function. It is not a regulatory function. It is not as, when I was on the college ... it took me a long time to stop being a psychologist and being overly empathetic with applying the rules. I was told by the ministry that I*

should act as a legislator, as an authority, and I wasn't comfortable doing that but that is exactly what I had to do; we had to enforce the law as it was written. A professional association has a different function and it is important to note that, although they can share some functions, as well.

- ☞ The regulatory and association/membership function must be separate functions but with a small membership it may not be feasible to have separate organizations. With care and attention both can be served under one organization.
- ☞ *There is a comment, and I think it is one we have to bear in mind going forward, it is if we have association functions that refer to the well being of the membership and regulatory functions that refer to the well being of the public, people have asked: "Can't we do that under one framework?" What I want to know is that, in both organizations they have had to make a corporate distinction between the public and the member and they have had to make an administrative distinction. You will have to eventually defend the distinction ... conflict of interest. I would say not to make that distinction as an administrative distinction but as two corporate entities because then you are not in a conflict but two corporate entities can partner and collaborate. The only practical problem with that would be that it brings two fees, to pay the college and to pay the association. That is why in Quebec we have the college but for long we have been looking to form an association and the problem was it will cost a few hundred dollars again; but, it was just to bring a practical in the whole idea because at the end people will look in their pockets and say: "Hmmm." That is a concern for our constituency. That is one of the key concerns that brings us into this room. It is possible to create professional regulation that creates undesirable side effects. One is to create ... that is not accessible because they are over trained, not accessible. The other side of that question is if you have too much complexity you raise the price because you have two different offices, two different heating bills, everything like that. It underlines the purpose of being in a room like this. We can do this much better as a collective. I want to appreciate the astuteness of that point.*
- ☞ *We can have a national association but all the colleges will be provincial.*

3.2 What concerns do we have with the presented argument?

- ☞ Do we want to follow established traditions? Or should we aspire to the cutting edge of administrative professional law?
One of the, again it is a decision point, we imbedded that in the paper we produced, which is that there are a number of regulatory professions ... and an argument is put forward that this is the way they do it in Colorado or that is the way they do it in this jurisdiction so just follow that model but the consequences of the model are not obvious. The traditional model is to publish a standard and code of ethics, make yourself known to the public and wait for the public to identify when the code has not been met; but, that tends to be a reactive model. That is the traditional model. What we get is every time a college is active they tend to be pursuing problems. They also, from what research I have been able to do, it is expensive. This always involves very

contested issues. If we go with a different model that we are advertising the meanings of the titles, we know that preventative models, mediation, restorative justice, reduce cost and make it more effective; however, that would be innovative I would say within the Canadian context because people have not gone in those directions that explicitly. Even if we have ... model we have some ideas of doing things differently also. I think you can improve. For many it is the only moment of reflectivity in the year. I was asking myself: Would there be any way of giving our members a chance to do such a reflection without the coercion? And, we would like to develop that, a new way of getting the members to be more professional, more ethical.

- ☞ To facilitate conflict of interest.
- ☞ Public is not aware of distinction.
- ☞ More public information and education → protection from harm.
- ☞ Challenge to obtain consistency with all provinces/jurisdictions.
- ☞ Les spécialisations peuvent impliquer différentes compétences pour protéger le public.
- ☞ Title protection legislation can offer protection to the public as well as knowledge and clarity.
- ☞ Obtaining legislation required will be a time consuming process relying on unpaid volunteers.

Panel Discussion:

The Importance of Harmonizing Competencies and Credentials

Definitions for the discussion included:

- A credential is evidence of qualification, competence, or authority issued to an individual by a third party who is assumed by practice, by assumed competence, or by law to have authority to do so.
- Competence refers to a required standard for an individual to properly perform a specific job. It reflects knowledge, skills and behaviour. More generally, competence is the state or quality of being adequately or well qualified, having the ability to perform a specific role.
- Capability is the ability to perform actions. In terms of labour, capability is the sum of an individual's expertise and capacity.

In terms of the counselling profession, there is variable regulation across Canada. When we consider the harmonization of competencies and credentials, there are four key groups that are interested in ensuring a consistent standard of care.

- *Regulated* - specific public assurance by the regulator (at the time of acceptance for licensure) of ability to practice safely and effectively in a Canadian context; and continuing thereafter
- *Non-regulated* - general expectation by society of “ability” or “readiness” to join the workforce and work safely and effectively in a Canadian context (Occupational Health and Safety); continuing thereafter
- *Employers/Clients* – seek both competencies and capabilities - whether regulated or non-regulated
- *Workers* – seek acknowledgement of prior learning, credentials, competencies, capabilities to obtain employment

Three panelists, each representing a province in different stages of regulation, responding to the following three questions:

- Can we achieve greater understanding and greater/new linkages between credentials and competencies?
- How can we strive for a no-less-safe, yet more productive employment path for counsellors?
- Can harmonization be done in a fair, consistent, transparent and rigorous manner?

Panelist 1: Glenn Sheppard, Newfoundland

- A brief summary of credentialing practices that currently exist in Canada was provided, including Quebec, Ontario, and Nova Scotia.
- Attention must be drawn to the movement towards increased focus on competencies in British Columbia.
- A validated profile of core competencies for the counselling profession was created in 2006.
- The role of CCPA as a self-regulating association in a variably regulated environment was highlighted.
- The regulatory process in the US, that requires a credential of a Master’s degree and a national examination was discussed.
- Counselling in Canada is being regulated as a health profession; it is important to draw attention to the credentialing practices within those health professions.
- It is important to make every effort to increase the reliability of the relationship between credentialing and the competencies required for entry to practice.

Panelist 2: Glen Grigg, British Columbia

- BCACC has been a regulator of professional practice since 1988, and while we are incorporated under the Society's Act, and not under health care legislation, we have been acknowledged as a regulator by the courts of British Columbia and Canada, and by the major third party payers, including Pacific Blue Cross.
- For purposes of registration, the BCACC relies on credentials and an assessment of competencies demonstrated within those credentials and demonstrated in practice settings, educational settings, and simulations
- Our provincial government, through Health Services Ministry, has been emphatic with us that legislative recognition of counselling as a profession requires that we define the entry-to-

practice criteria, and the practice specialties, in terms of competencies in a manner consistent with Chapter 7 of the AIT. This is a non-negotiable demand.

- Counselling is taking its place in Canada as a health care profession. These professions have been successful in defining themselves in terms of competencies, and have harmonized these competencies with the credentials typical of the educational history of the profession.
- Educational requirements in a professional model typically distinguish between those goals achieved by a degree, diploma, or certificate, and those goals achieved by a competency assessment, and acknowledge considerable overlap. Credentials are necessarily broader in scope, and probably, but not necessarily, achieve the competency requirements of professionalism. The checkpoint between the two is a competency-based entry to practice comprehensive examination.

Panelist 3: Louis Cournoyer, Quebec

- Quebec has regulated counselling for forty years. There are established Colleges and a method of linking competencies to credentials.
- In Quebec we use reference points to accredit career counsellors. First, there is a Competencies Profile that presents six main competencies (and their sub-competencies) that career counsellors need to be able to exercise. This profile is also used when members are evaluated by the College during annual inspections process. The profile is then aligned with credentials for the use of universities. The universities build their courses using the competencies as the foundation. University credentials therefore reflect the achievement of the competencies for counsellors.
- Now, with the new legislation that reserves the title and practice of psychotherapy combined with reserved activities concerning some kinds of evaluations, career counsellors (and others such as social workers, family therapists, psychoeducators, occupational therapists, nurses) will need to get a little bit more training. The College of Psychologists is in charge of accreditation and developing a non-university training program for this purpose. So, this further program will be offer outside universities OR into universities if those decide to review their program to add competencies (transferred into credentials) if needed.
- The main difficulty in Quebec with the AIT process is that the title protection of “counsellor” does not translate into French and therefore has no meaning. An exception to this is found only in the English School Board (primary and secondary schools).
- Career counsellors are trained in career counselling and accredited with the College of Career Counsellors. Psychologists, psychoeducators, social workers/family therapists have a parallel process with their own specialized programs and their own Colleges. If, as a career counsellor, I want to get accredited with one of the Colleges other than my own, I would need to get additional specialized training. Some other professions in counselling, such as play therapists or art therapists don't have any specific College in Quebec. So, if a counsellor from another part of the country would want to become counsellor in Quebec, this person would need to prove competence in their specialty area with the College in which membership is sought.

Critical Process Steps

Building on the output from the previous exercise, participants identified process steps in each of the three themes. Process steps identified with '☞' are those that were not considered necessary to include in the timeline for the period April 1, 2010 to January 31, 2011, in some instances because the activity was already underway. Process steps denoted by a '☒' are those that, during the subsequent timeline exercise, were considered to reach substantial completion after January 31, 2011.

Code of Ethics and Standards of Practice

To facilitate the development of process steps, participants responded to the following question: "As we think about achieving consensus and support for the development of a common code of ethics and standards of practice, what are some of the process steps that should now be contemplated?"

- 1.1 ☞ Review areas of dissimilarity and try to achieve a code.
- 1.2 ☞ Synthesize existing codes (not reinvent the wheel).²
- 1.3 ☞ Include plain language in final document (easy interpretation).
- 1.4 ☞ Review and synthesize various codes of ethics/standards of practice.
- 1.5 State aspirations and principles.
- 1.6 Special consideration to CPA codes (Canadian Psychological Association) → as a model.
- 1.7 Bring in ethicist consultant.
- 1.8 Determine core elements for a baseline code of ethics/standards of practice.
- 1.9 Accept areas of agreement.³
- 1.10 Review areas of difference for inclusion/or not.
- 1.11 Develop a draft code of ethics.
- 1.12(a) ☒ Expert working group and consultant create new code of ethics (based on synthesis).
- 1.12(b) ☒ Create a final draft for a) code of ethics b) standards of practice.
- 1.12(c) ☒ Identify the associations that may wish to contribute to development of a national code at grassroots level.⁴
- 1.13(a) ☒ Undertake a validation process similar to the competency profile.
- 1.13(b) ☒ Validation of final draft.

² This information was summarized in the symposium background materials; participants were made aware of the substantial research into a broad range of counselling-related codes of ethics that underpinned the summary documents.

³ It was noted that while areas of congruence had been identified, it would also be necessary to undertake an in-depth examination of what would constitute a "baseline" that would encompass the breadth of counselling-related practice.

⁴ It was noted that there were multiple representatives of the counselling and psychotherapy community from across the country attending the symposium and that continued national efforts to be inclusive of the broad range of counselling-related associations should be encouraged.

- 1.13(c) ☒ Involve post-secondary institutions.⁵
- 1.14 ☒ Have a lawyer with an expertise in ethics review the code of ethics and standards of practice.
- 1.15 ☒ Review of validation.
- 1.16(a) ☒ Ensure code of ethics and standards of practice written with clarity and precision. User friendly.
- 1.16(b) ☒ Create the final version.

Definitions of, and Scopes of Practice for, Counselling and Psychotherapy

To facilitate the development of process steps, participants responded to the following question: “As we think about achieving consensus and support for the development of common definitions of, and scopes of practice for, counselling and psychotherapy, what are some of the process steps that should now be contemplated?”

- 2.1 Establish the core elements and domain of generic scope of practice.⁶
- 2.2 Clearly identify scope of practice in the public domain.⁷
- 2.3 Define commonalities between psychotherapy and counselling.⁸
- 2.4 Review various scopes of practice and find common foundational principles.⁹
- 2.5 Using terminology of service continuum in definition (to link counselling and psychotherapy).¹⁰
- 2.6 Find definitions that both psychotherapists and counsellors can relate to, and honours the difference.¹¹
- 2.7 Use common language in scope of practice.¹²
- 2.8 ☒ Validation process for definitions and scope of practice.¹³
- 2.9 Draft final scope of practice and definitions.

⁵ It was noted that this referred to having counsellor-educator involvement during the consultation process.

⁶ It was noted that once consensus was achieved, it was important for the public to know what was in the generic scope of practice.

⁷ It was noted that legalistic terminology should be avoided as the scope of practice should use “plain language” to ensure the greatest accessibility.

⁸ It was noted that the ties between psychotherapy and counselling could result in a combined or shared scope of practice.

⁹ It was noted that the focus should be on those elements that could be agreed upon as foundational principles while areas that were not common to all provinces/territories should be considered as “specialty areas” and be set aside.

¹⁰ It was noted that people needed to have an understanding that counselling and psychotherapy and other interventions all fell along the service delivery continuum for people who had mental health needs.

¹¹ It was noted that it was important that when psychotherapists and counsellors read the baseline definitions they would feel that the definitions captured who they were and what they did in a language that was practical.

¹² It was noted that common language should be used in the scope of practice to distinguish it from the work of regulators, to increase accessibility, and to separate it from specific scopes of practice that speak to the unique identities of specific groups.

¹³ It was noted that the validation process may involve connecting with various associations and groups to determine whether they felt their respective input had been appropriately captured.

Professional Regulation

To facilitate the development of process steps, participants responded to the following question: “As we think about achieving consensus and support for the development of statutory professional colleges as the entities best suited to public protection, what are some of the process steps that should now be contemplated?”

- 3.1 Creation of a national coalition or nationally inclusive group sponsored by CCPA.¹⁴
- 3.2 Establish a broad range of representation.
- A3.3 Articulate an “ideal” regulatory process.
- A3.4 Articulate the benefits of being regulated. Communicate this to members.¹⁵
- B3.3 Define social purpose.
- B3.4 Establish a distinct national brand.
- B3.5 Link to and support work of Canadian Mental Health Commission.¹⁶
- B3.6 ☒ Distribute a discussion paper on regulation, educating members.
- B3.7 ☒ Use the website to post our work, “what we are doing,” for regulation.
- B3.8 ☒ Develop website for communication of regulation issues.
- B3.9 ☒ Massive public education.

¹⁴ It was noted that CCPA is best positioned to lead a nationally inclusive group and that encouraging a broad representation of counselling-related associations at the provincial/territorial level would continue to be important to developing the national voice and national identity. It was further noted that within provinces coalitions were being developed to bring together the many voices and identities and perhaps this was a useful model at the national level. It was noted that it was critical to ensure there was inclusivity so that people were not able to come forward in the future to say: “Well, you didn’t represent me.”

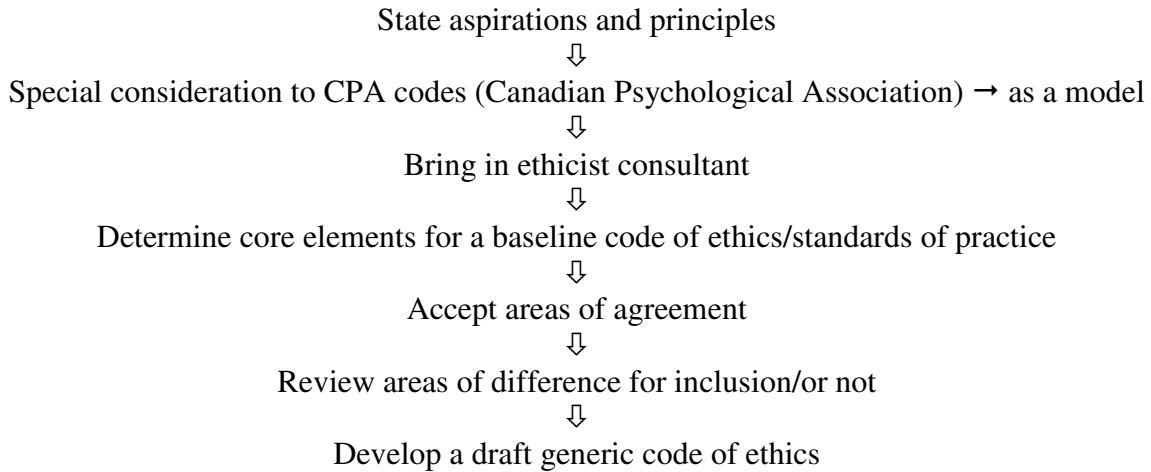
¹⁵ It was noted that there was sometimes a perception that regulation would intrude on professional practice and it was important to communicate that regulation defended the boundaries of the profession which would result in increased public protection and professional autonomy.

¹⁶ It was noted that Canada was the only G5 country without a national health strategy, something upon which the Mental Health Commission of Canada was shedding light. In this regard, it was noted that it was critical to link with the Mental Health Commission of Canada.

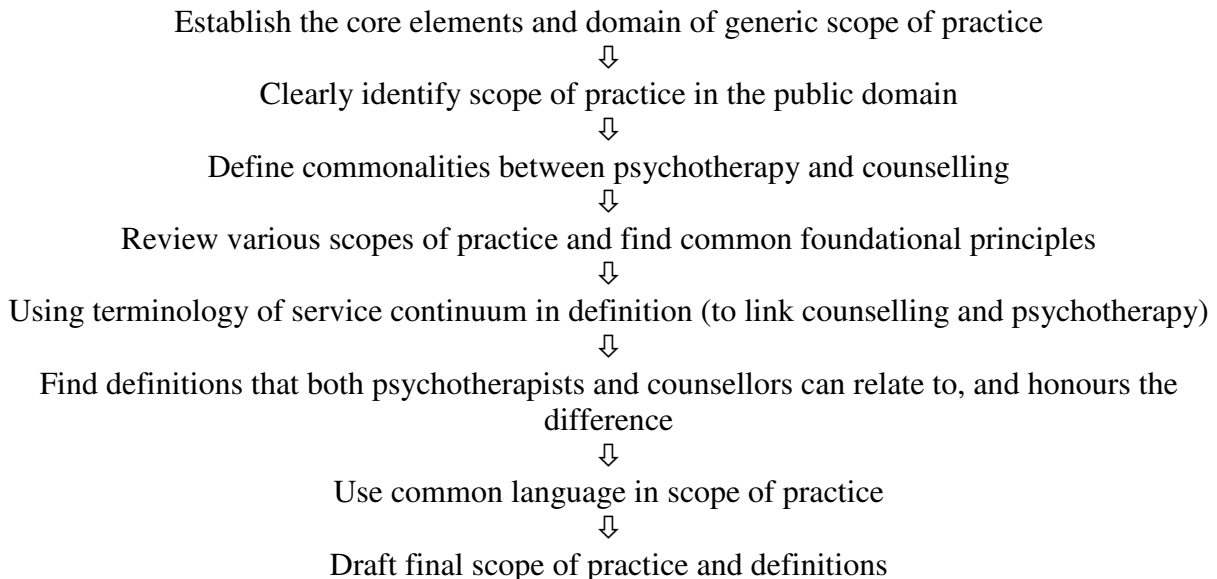
Moving Forward

The critical process steps identified during the previous exercise were sequenced based upon those for which substantial completion would be achieved during the period April 1, 2010 to January 31, 2011.

Code of Ethics and Standards of Practice



Definitions of and Scopes of Practice for, Counselling and Psychotherapy



National Symposium on Inter-Provincial Mobility within the Counselling Profession

Audience	Counsellors, psychotherapists, mental health therapists
Primary contact for the audience	
Information needs of the audience	Need to know “why” of this work What is AIT – basic
What information the audience will receive	Synopsis and background, newsletter, AIT information, snapshot, competency profile, how will it impact me, information re: regulations, timeline, links to documents related to AIT/regulation, information on the research, documentation, reports on work to date and how to access
How the audience will receive information	Email, web, newsletter, podcast, COGNICA, written via postal mail, message delivered at CCPA conference
When (how often) the information is received	Shortly after this meeting and as work progresses in various areas
Who communicates with the audience	Subcommittee of Working Group in collaboration with CCPA staff and Working Group Engage PR expertise to facilitate communication strategy

Audience	Regulated mental health professions, agencies/groups
Primary contact for the audience	Presidents
Information needs of the audience	Need to know “why” of this work What is AIT – basic
What information the audience will receive	Synopsis and background, newsletter, AIT information, snapshot, competency profile, how will it impact me, information re: regulations, timeline, links to documents related to AIT/regulation, information on the research, documentation, reports on work to date and how to access
How the audience will receive information	Email, web, newsletter, podcast, COGNICA, written via postal mail, message delivered at CCPA conference
When (how often) the information is received	Shortly after this meeting and as work progresses in various areas
Who communicates with the audience	Subcommittee of Working Group in collaboration with CCPA staff and Working Group Engage PR expertise to facilitate communication strategy

Audience	CCPA, provincial and territorial associations, colleges, orders and their members
Primary contact for the audience	Presidents and Chairs
Information needs of the audience	Need to know “why” of this work What is AIT – basic
What information the audience will receive	Synopsis and background, newsletter, AIT information, snapshot, competency profile, how will it impact me, information re: regulations, timeline, links to documents related to AIT/regulation, information on the research, documentation, reports on work to date and how to access

National Symposium on Inter-Provincial Mobility within the Counselling Profession

How the audience will receive information	Email, web, newsletter, podcast, COGNICA, written via postal mail, message delivered at CCPA conference
When (how often) the information is received	Shortly after this meeting and as work progresses in various areas
Who communicates with the audience	Subcommittee of Working Group in collaboration with CCPA staff and Working Group Engage PR expertise to facilitate communication strategy

Audience	CCPA chapters
Primary contact for the audience	Chairs
Information needs of the audience	Need to know “why” of this work What is AIT – basic
What information the audience will receive	Synopsis and background, newsletter, AIT information, snapshot, competency profile, how will it impact me, information re: regulations, timeline, links to documents related to AIT/regulation, information on the research, documentation, reports on work to date and how to access
How the audience will receive information	Email, web, newsletter, podcast, COGNICA, written via postal mail, message delivered at CCPA conference
When (how often) the information is received	Shortly after this meeting and as work progresses in various areas
Who communicates with the audience	Subcommittee of Working Group in collaboration with CCPA staff and Working Group Engage PR expertise to facilitate communication strategy

External^{19, 20}

Audience	Provincial regulators, e.g.: Department of Health
Primary contact for the audience	Relevant Minister in that province or territory
Information needs of the audience	Risk of harm, cost effectiveness, efficient and effective in implementation of social policy, changing demographics need for services, demonstrated need for use of complaint process (difference in regulated and non-regulated), unavoidable third party accountability to standard

¹⁹ During the preliminary exercise whereby participants, while in plenary, were asked to identify those who could materially affect the success that the CCPA was trying to achieve, the following, which forms the basis of the external communications plans, were highlighted: the labour mobility departments within HRSDC, those in the room, provincial health departments/authorities/ministries, bureaucrats, schools or institutions that offered relevant training/education, schools (and more generally any employer of counsellors), other related professions, not-for-profit community based groups, provincial labour mobility departments/sections (such as the Labour Mobility Coordinating Group), the Mental Health Commission of Canada, provincial departments of education, advocacy groups, professional regulation bodies, the general client population and the media.

²⁰ The following external audience headings were initially place in the communications plan grid although were not populated: provincial labour mobility coordinators, media, employers, general public and HRSDC, the latter being noted as “done.”

National Symposium on Inter-Provincial Mobility within the Counselling Profession

What information the audience will receive	
How the audience will receive information	Presentation written document to present and leave
When (how often) the information is received	Immediately As needed to respond and inform
Who communicates with the audience	Project Working Group

Audience	Mental Health Commission of Canada
Primary contact for the audience	Michael Kirby, Chair primary contact Assistant: Michael H.
Information needs of the audience	Developed and sophisticated leadership – we need/want to be at the table/board
What information the audience will receive	Competencies, availability, accountability, who we are ↔ advocacy group, diversity of members, national coalition for mental health (work in progress), what we want, seat on the Commission Board (representation)
How the audience will receive information	Presentation written document to present and leave
When (how often) the information is received	Immediately As needed to respond and inform
Who communicates with the audience	Project Working Group

Audience	Other professions
Primary contact for the audience	
Information needs of the audience	Provide updates/information on the purpose, public protection, context as to importance of labour mobility
What information the audience will receive	Purpose and possible benefit for their clients
How the audience will receive information	Formal letter/newsletter followed by a meeting A template letter could be sent as well
When (how often) the information is received	Once with a letter with follow-up subsequent to that and more should there be interest It could also take place upon new developments
Who communicates with the audience	Working Group would arrange meetings with provincial and national associations Use a member of the media

Audience	Advocacy groups
Primary contact for the audience	

Information needs of the audience	Largely similar to “other professions” with greater emphasis on public protection Have to explain what problem we are trying to solve; discussions on title protection may be problematic
What information the audience will receive	Stick with context, purpose, communicate that we would like their support Avoid communicating on title protection Inform them of overlaps in values and that they can be partners; they can help in service improvement
How the audience will receive information	Formal letter/newsletter followed by a meeting A template letter could be sent as well
When (how often) the information is received	Once with a letter with follow-up subsequent to that and more should there be interest It could also take place upon new developments
Who communicates with the audience	Working Group would arrange meetings with provincial and national associations Use a member of the media

Next Steps

As a closing exercise, participants identified what needed to happen over the next fifteen to forty-five days in order to maintain the momentum of the symposium.

Action	Accountability	Deadline
Forward the list of LMCG coordinators (across Canada) to Barbara MacCallum (who, in turn, will provide this information to participants).	Catherine Rivard	
Create a contact list of those in attendance and disseminate this information to all participants.	Nicole Maurice	
Make contact with the Mental Health Commission of Canada to create awareness of this initiative.	Duncan Shields Naseema Siddiqui	December 1, 2009
Submit the “As was said” Report to Barbara MacCallum.	Heather Sterling	December 2, 2009
Forward the “As was said” Report to all participants.	Barbara MacCallum	

National Symposium on Inter-Provincial Mobility within the Counselling Profession

Action	Accountability	Deadline
Create a one-page summary of the “As was said” Report and disseminate it to symposium participants for use as a communications device within their respective organizations.	Connie Gerwing	December 7, 2009
Convene a debriefing teleconference of Working Group members.	Nicole Maurice	December 18, 2009
Send an email to symposium participants to identify tasks, gaps and renew the request for volunteers to serve on the Working Group.	Blythe Shepard	December 18, 2009
Submit expense claims to Nicole Maurice.	Symposium participants	December 31, 2009
Forward the “As was said” Report, with a covering letter, to all invited associations unable to attend the symposium.	Barbara MacCallum	January 15, 2009
Submit the final report to Human Resources and Skills Development Canada.	Barbara MacCallum	January 29, 2009
Identify other national associations and organizations that are counselling related to ensure national inclusivity (to provide the ability to say “we” in a national coalition).	Ron Lehr	January 29, 2009

Key Messages

As a closing exercise, participants identified the key messages emanating from the symposium that they would be sharing across their various audiences.

- ☞ We moved the process of developing the materials, the ideas that we need to push legislation forward across Canada.
- ☞ We are way beyond learning to know each other and now we are talking as a 'we' and we are building a thing that is in common which is a very big step from last year.
- ☞ We accepted the work of the Project Working Group and charged the group with its next task for Phase III.
- ☞ I think the specifics of what I'll take back are regarding ethics and regulation and scope of practice.
- ☞ We shared our pressing concerns for the profession.
- ☞ I think you built a future and addressed issues of the public/clients.
- ☞ If you look at the objectives and the output²¹ we can say that all of those things were achieved.
- ☞ Recognition of diversity and inclusivity was a key, I think, which was very important.
- ☞ We have established a national network of stewards and stakeholders who are going to hold onto these intentions and move them forward.
- ☞ There was an attempt to have more clarity on that blurry place with regards to the differences or the similarities, the relationship between counselling and psychotherapy.
- ☞ We have a better understanding of the implications of the Agreement on Internal Trade.
- ☞ Identification of the very unique concerns and issues related to people working in isolated communities and Aboriginal peoples; how there may be different parameters.
- ☞ I think that we have embraced and acknowledged the essential nature of competencies.
- ☞ The northern and remote and/or isolated, just to be inclusive of that concept.

²¹ Refer to the section entitled, 'Symposium Purpose' (Page 2).

Session Evaluation

As a final exercise, participants were provided the opportunity to reflect on the symposium.

What was the significance of this event to you?

- ☞ We've been working on regulation in New Brunswick for fifteen years and to be here with our colleagues, and to hear what is going on in all the other provinces as they move forward, and I think it reinforces what we are doing, number one, and number two perhaps gives us some information and ways in which we can save time and effort and also our meetings we always have to thank BCACC and Nova Scotia has been fantastic to us and our meeting here is going to help us move our agenda forward; so, it has been really, really beneficial for us.

What surprised or intrigued you about what you heard over the last couple of days?

- ☞ I am always surprised and pleased by the level of consensus that we reach.
- ☞ As a new member welcomed to your group with open arms I thank you for that and I am just so, so impressed by the amount of work, the breadth of work that has been done and the level of work. I am just so thankful and feel honoured and excited about coming on board and trying my very best to replace Naseema as Chair of the coalition which is an impossible task.
- ☞ I just wanted to say that I've been to a few of these meetings now in my short career but I was really surprised by how great everybody worked together and you guys really worked as one entity. That is remarkable; I just want to acknowledge all the work that was done.

What about the past two days did you find exciting about the future?

- ☞ I am confident this is going to work.
- ☞ I am also excited by the possibilities that I see here today. We all come from different backgrounds and different parts of the country, different linguistic and cultural groups; it is quite amazing we have all worked together fairly well. That is a really good and positive thing. For myself, and speaking for some of the people I try to represent, it is probably one of the first times I have seen a lot of potential for counselling and this profession to really serve the needs of my people, the indigenous people of Canada and Métis and Inuit people of Canada. It has really been a pleasure to meet and hear all of you.

Participants

As a national symposium on inter-provincial mobility within the counselling profession, the planning committee focused on locating participants from each province and territory who would be most able to reflect their provincial/territorial concerns and provide information from the symposium upon their return home. Participants to the Symposium therefore represented both their provincial/territorial location as well as multiple counselling-related associations and organizations.

In preparation for the Symposium, organizers created a matrix of provincial and territorial counselling-related associations and professional organizations. The broadest possible representation within finite funding was achieved through the identification of potential participants reflecting multiple counselling-related modalities and associations. From this matrix, invitations were sent across the country. Participants who accepted the invitation represented multiple associations and professional organizations.

Lorraine Beaton	Quebec
Sam Berg	Saskatchewan
Dianne Birt	Prince Edward Island
Rod Cohen	Ontario
Louis Cournoyer	Quebec
Maria De Cicco	Quebec
Pat Donihee	New Brunswick
Sharon Fair	Alberta
Shelagh Fowler	New Brunswick
Mary Frelund	Nunavut
Connie Gerwing	Saskatchewan
Glen Grigg	British Columbia
Roger John	British Columbia
Shirley Kendzierski	Manitoba
Trent Langdon	Newfoundland
Ron Lehr	Nova Scotia
Lorna Martin	Manitoba
Laurent Matte	Quebec
Marian Burris McDonald	Nova Scotia
Louise Roberge	Quebec
Blythe Shepard	Alberta/Northwest Territories
Glenn Sheppard	Newfoundland
Duncan Shields	British Columbia
Naseema Siddiqui	Ontario

Tina Sirois-LeBlanc	New Brunswick
Wade Van Snick	Nova Scotia
Kevin VanDer Zwet Stafford	Ontario
Verlie Wile	Nova Scotia
Deborah Wood Salter	Prince Edward Island
Phillippe Laurencelle	Human Resources and Skills Development Canada
Nicole Maurice	Canadian Counselling and Psychotherapy Association
Alex McLellan	Human Resources and Skills Development Canada
Catherine Rivard	Human Resources and Skills Development Canada
Danielle Veilleux	Canadian Counselling and Psychotherapy Association

Conclusion

- ☞ Participants were fully engaged in the symposium process and agreed to take results back to their communities and play a coordinating and advocacy role. Supportive materials to facilitate this action were determined and developed. A communication system for the transmission of materials was devised.
- ☞ Discussions by participants showed evidence of thorough understanding of the boundaries that may be imposed by the Agreement on Internal Trade (AIT) and regulatory realities, and that the way forward needs to harmonize with existing legislation. The presence of HRSDC staff members greatly facilitated this process.
- ☞ Participants reflected the basic issues and established points of consensus during group work activities.
- ☞ Participants fully debated issues, supported the work of the Project Working Group, and provided detailed feedback on possible next steps in supporting counsellors and psychotherapists in inter-provincial mobility.
- ☞ Next steps in the processes to achieve continued consensus and support for a common code of ethics, scope of practice, standards of practice, and related artifacts for all jurisdictions were achieved.
- ☞ A communications strategy was designed to enable ongoing dialogue across regulated and non-regulated jurisdictions to ensure that, as these jurisdictions become regulated, the standards adopted will be conducive to labour mobility.