

Canadian Counselling and Psychotherapy Association

**2011 National Symposium on Inter-Provincial/Territorial
Mobility within the Counselling Profession**

April 7–8, 2011
Ottawa, Ontario

“As it was said” Report

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Key Messages

The Project Working Group proposes to share the following key messages from this session across its various audiences:

- ⇨ The survey results show that counselling professionals, with all their diversity, reached consensus on the definition of counselling and psychotherapy and on a scope of practice statement for counselling and psychotherapy practitioners.
- ⇨ We are heading back to our home communities to be stewards for the profession.
- ⇨ The Project Working Group (PWG) comprises dedicated, hardworking professionals working on behalf of many others in the larger professional community.
- ⇨ The PWG has a mandate to write a Code of Ethics.
- ⇨ Participants acknowledge the importance of including social justice issues.
- ⇨ A concrete link has been made with the regulatory process.
- ⇨ The regulatory train has left the station. Plenty of room remains for others to join.

Next Steps

In order to maintain momentum from this session, what needs to happen over the next 15 to 45 days? What, Who, and by When?

WHAT	WHO	BY WHEN
Deliver the electronic “As was said” report to Barbara MacCallum	Moira White	April 15, 2011
Discuss the funding application for the next steps	Working Group	April 20 conference call
Send the “As was said” report to all participants	Barbara MacCallum	April 20, 2011
Post symposium report and pictures to the CCPA website	CCPA staff	April 22, 2011
Identify the titles that are protected or are likely to become protected in Canadian jurisdictions.	Working Group	ongoing
Apply for funding for next steps	Project Working Group	May 15, 2011

Opening Session

Welcome and Introductions

Co-chairs Blythe Shepard and Glenn Sheppard welcomed participants to *Symposium 2011* and invited Algonquin Elder Dorothy Meness to officially open the Symposium.

Elder Meness welcomed participants to this traditional Algonquin territory and offered prayers for the deliberations to come.

Glenn Sheppard presented Elder Meness with a gift of tobacco as a welcome and thank you.

Observing that the landscape of counselling and psychotherapy is rapidly changing in Canada, Dr. Blythe Shepard said that she was excited to see regulation in the profession growing. "These are exciting and challenging times to live in," she said, adding that she was looking forward to even more movement and change. She extended a cordial welcome to both new and returning participants, making special mention of Dr. Ron Lehr, President of CCPA and this year's host of the Symposium.

Dr. Glenn Sheppard said that he too was delighted to be co-chairing the Symposium, especially at this historic time in the evolution of the profession. He introduced special invited guests from the regulatory colleges: Joyce Rowlands, who is registrar of the Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (CRPRMHTO); Kevin VanDerZwet Stafford, member of the Executive Council of CRPRMHTO; Anne-Marie Veilleux of the College of Social Workers and Marriage and Family Therapists of Québec; and Laurent Matte, President of the College of Guidance Counsellors of Québec.

Dr. Shepard expressed the group's sincere thanks to HRSDC (Human Resources and Skills Development Canada) for funding the projects and symposia. Attending *Symposium 2011* from HRSDC are Philippe Laurencelle, Diane Marina, Grant Barry, and Julie Adam.

Participants joined Drs. Sheppard and Shepard in thanking CCPA CEO Barbara MacCallum. Ms. MacCallum in turn thanked the staff at the national office.

At the invitation of Dr. Sheppard, participants introduced themselves.

Process

Facilitator Tony Nash reviewed the agenda and process for the Symposium.

Participants confirmed the Symposium's objectives:

- To confirm agreement on a pan-Canadian common Definition of Counselling, to share the diversity of professional titles across Canada, and to confirm agreement on the Scope of Practice for the counselling profession.
- To solicit feedback on the proposed format of future Codes of Ethics and Standards of Practice;

- To review communications strategies to keep stakeholders and regulators apprised of project status and developments;
- To review communications strategies to enhance ongoing communication of the status of regulation and ongoing regulatory developments within and between provinces and territories; and
- To determine next steps and establish a plan of action for implementation.

Setting the Context

Blythe Shepard reviewed the events and processes that led to this current symposium. She first explained the difference between regulated and non-regulated professions, noting that in Canada, 20% of jobs are regulated. Examples include teachers and nurses. Professions are regulated to protect the public — there is agreement that the individual can practice safely and effectively in a Canadian jurisdiction, both at the time of acceptance into practice and on an ongoing basis. Credentials are only relevant as to how they may inform competence. Non-regulated professions or trades do not require a licence, certificate, or registration, but applicants must show that they have the necessary education and/or experience to do the job. In jurisdictions without statutory requirements, many employers of counsellors require staff to hold self-regulatory certification such as CCC or RCC.

The AIT (Agreement on Internal Trade) enables workers who are qualified in a province or territory to be granted access to equal employment opportunities in other Canadian jurisdictions without retraining, retesting, or reassessment. At times, however, an applicant may be required to demonstrate local knowledge. For example, the Colleges of Psychologists may have a jurisprudence exam. Some provinces, such as Québec, have a language requirement as well. If there are demonstrated differences in occupational standards or scopes or practice in a province or territory, a jurisdiction may have additional requirements linked to those differences. Legitimate objectives include public safety, security, and order, and must be posted to the public website.

Dr. Blythe Shepard next showed a slide depicting the regulation timeline across Canada from 1963 when Québec registered title protection for “Guidance Counsellor” to the present. Québec has been the most active jurisdiction: it was the first province to regulate both the title and the actions associated with the profession of counselling. Nova Scotia has regulation and is currently waiting for proclamation of the regulation. Ontario is in process and has a transitional council which has developed draft regulations and draft misconduct regulations. B.C. has been in process for a long time. New Brunswick and P.E.I. are similarly engaged in obtaining regulation. Newfoundland and Labrador, Manitoba, Alberta, Saskatchewan, and the North have not yet engaged in the regulatory process for counselling.

Requirements for provincial or territorial regulation include a confirmed Scope of Practice, a confirmed Definition of Restricted or Controlled Acts or Title, confirmed Competencies, and a confirmed Code of Ethics. This means that there is no quick, easy process to forming a college, as those in Ontario (who are currently in process) can attest. The goal behind registration is to reduce the risk of harm to the public while maximizing the well-being of the client. Self-regulation is granted by provincial or territorial governments as a privilege that

requires Standards of Practice. Under the AIT, these standards must be comparable across the nation. One goal of the Project Working Group (PWG) is to make it easier for counsellors and psychotherapists to move across provinces and territories in a more fluid manner.

Addressing the issue of terminology, Dr. Blythe Shepard said that PWG's use of the word *counselling* to describe what the profession does resonated with members despite the fact that there are more than 70 different titles in use across Canada and more than 250 practice types.

The first *National Symposium on Counsellor Regulation* was held in Vancouver in 2005. It laid the groundwork for what has followed by bringing together diverse counselling organizations who were interested in developing a case for regulation. At that time, Québec was the only jurisdiction regulating the profession. The B.C. Task Group developed foundational competencies for counsellors that have since been validated across Canada.

The *National Symposium on Inter-Provincial Mobility within the Counselling Profession*, held in Ottawa in 2008, followed up on the dialogue that began three years earlier and came in the wake of the announcement about AIT only months before. Symposium participants examined the potential effects of these changes on mobility and regulation of the counselling profession in Canada. They developed an action plan related to the mobility and identified stakeholders who would be willing to advance the action plan. This became the Project Working Group, or PWG.

In 2009, the *National Symposium on Inter-Provincial/Territorial Mobility within the Counselling Profession* was held in Ottawa. It was designed to support an ongoing national dialogue within and between provincial/territorial counselling-related associations. It helped to inform each jurisdiction's planning, increase the cohesion of professional standards, and advance the mobility of the counselling profession. Prior to the Symposium, a number of materials were developed that served as a set of core documents. The PWG examined different Code of Ethics and Standards of Practice to find commonalities and overlap. Another sub-group of the PWG looked at international definitions of counselling and psychotherapy to tease out common features and attributes. A third group looked at Scopes of Practice in a similar fashion. All these papers are still on the CCPA website. At the Symposium, participants also learned more about the AIT and the terminology surrounding it. The next proposal to HRSDC emanated from this Symposium.

The outcomes of the Symposium raised even more questions and helped advance the action plan by supporting the development of the Survey:

- How would a national Code of Ethics and Standards of Practice constrain or facilitate the mobility of counsellors across Canada?
- How might, should, or could current and future regulatory activities with respect to counselling and psychotherapy affect the apparent erosion of a clear distinction between counselling and psychotherapy?
- What attributes and other features from the categorization presented in the paper would members like to have included in a definition of counselling and psychotherapy?

Subsequently the PWG developed and submitted to HRSDC a proposal for the next round of research that was required.

The purpose of *Symposium 2011* is to share and confirm the results of the Survey on titles, definition, and a generic scope of practice. The PWG wanted to provide a core set of materials to help increase labour mobility across Canada for counsellors by simplifying and streamlining the regulatory process. The Symposium is also designed as a consultation on a national framework for a Code of Ethics and Standards of Practice.

Pan-Canadian Tour

Dr. Shepard asked participants from each jurisdiction to speak about activities and issues in their region.

Yukon

There is no action on regulation in Yukon. Because the territory is linked to B.C. in many areas, it may move ahead once B.C. does.

B.C.

Nothing is happening in B.C. at this moment. The province has just appointed its fourth minister of health in the past two years. BCACC has had to re-educate the new minister each time. In June 2010, after the Olympics, a meeting was held with then–Health Minister Falcon and for the first time in time in years, some progress on understanding policy barriers to access to counselling ensued. As part of that work, there was to have been a decision about regulation under the umbrella act, the *Health Professions Act*. The appointment of a new health minister has delayed progress, although the file is still open and a meeting is scheduled soon. The B.C. Government has been clear that the profession will not be able to use a credential model, that a Master’s degree will not be recognized as an entry-to-practice standard, and that credentials will not form the basis of regulation.

B.C. needs to embrace a competency process and a valid and effective assessment process based on competencies. Anything else will be a non-starter with the government. An options paper on the [BCACC website](#) might be of interest to others.

Northwest Territories

The N.W.T. is currently linked to Alberta. There is no action on regulation.

Alberta

There has been no action on the regulation portfolio. The provincial *Health Act* was amended in 2008, but no counselling-related associations were successful in lobbying the government to become part of the *Health Professions Act*. As a step forward, an Alberta–N.W.T. chapter of CCPA has been formed and is working in advance of the next opportunity for inclusion.

Saskatchewan

Nothing has happened regarding regulations in Saskatchewan. The province does not have an umbrella health act.

The Prairie Provinces representatives met during the Symposium to discuss ways of mobilizing together.

Nunavut

Nothing is currently happening in Nunavut about regulating the profession, nor is anything likely to happen for the foreseeable future. The territory is still working on basic legislation.

Manitoba

Manitoba has had the same government and health minister since 2009. The health minister believes in inclusivity and is very interested in mental health services. In 2009, she changed the *Manitoba Health Act* to be an umbrella act, which makes regulation much easier. Don Russell has brought a group of like-minded people together to begin a conversation about moving regulation forward, but this is a long-term effort. Like the other Prairie Provinces, the large distances and scattered populations make it difficult to bring people together. One factor in the province's favour is the concept of "one-stop shopping" for mental health counselling, attached to hospitals, available at the level at which people need the service.

Ontario

The *Psychotherapy Act* passed in 2007 and the Transitional Council was set up two years later. The Council has developed draft Registration Regulations and Professional Misconduct Regulations, which are currently out for public consultation, and is in the process of finalizing draft Quality Assurance Regulations. The CRPRMHTO is a complex council to be forming because Ontario has two protected titles in one controlled act. The province also has quite a diverse group of people that fall under this umbrella. Part of the Council's work over the past year has been to educate itself on how diverse the profession is. The Council is looking to possibly begin registering people in 2013 or 2014. This is a long process.

Because of the controlled act, the Council will have to pre-register individuals so that when the legislation is proclaimed, people will not find themselves in breach of the legislation. This adds another year to the process because the Council expects to pre-register 5,000 people.

A few controversial issues remain. The Ministry of Health and Long-term Care has told the Council that a Master's degree is "not remotely under consideration" as a credential. The Ministry has opened another door by suggesting that the Council could have a brief statement in its regulation that says applicants for the registered psychotherapists' title must successfully have completed an approved program of education acceptable to the Council of the College. The Council could then develop a framework for approving programs. Some of the programs are not accredited in a traditional way, which presents a conundrum. The

Council can develop a framework for recognizing and assessing education training programs and can require that programs it approves to have the prerequisite of an undergraduate degree. Private training psychotherapy programs will also have to be included, so the Council is looking for a model that is inclusive, flexible, competency-based, and has an education component. In effect then, most of the programs that are likely to be approved will be at the Master's level or equivalent. There is also the expectation that there will be some sort of examination, possibly at a national level.

Rod Cohen added that the Association of Psychotherapy Training Institutes is actively lobbying to ensure the adoption of very high credentials.

Québec

The Québec system focuses on protecting the public, not on protecting counsellors or commerce. The community is in the process of getting Bill 21 enforced, which means that titles and reserved activities will be shared among different professions. The difficulty comes when moving from, for example, Ontario, because there are no exact professional equivalents. For example, there are counsellors, but then there are special colleges within that group. This is further complicated by the fact that Québec is also aligning itself with France for labour mobility, which leads to European alignments. However, anyone wanting to be a counsellor in France has to be a French citizen because they all work for the government. Québec–France is a bridge that will affect Canada and then all of Europe.

Although Bill 21 was voted on in June 2009, it is not yet in force. Rumours suggest that it may come into force for psychotherapy in June and the rest of the profession in December. The Act has two parts. Québec does not use the term *counselling*, so this is a Mental Health and Human Relations Act. It therefore speaks more about human relations professionals than about counsellors. The Act specifies the scope of professionals in human relations and some reserved activities for nurses, occupational therapists, social workers, marriage and family therapists, guidance counsellors, psychoeducators, and psychologists. For psychotherapy there will be a reserved practice and a reserved title. Professionals will have to be a member of one of four colleges to get a permit to practice psychotherapy unless they are already doctors or psychologists. The [Rapport Trudeau](#), a consensus document, proposed that the entry level for psychotherapy be a Master's degree with training in seven different areas.

Newfoundland and Labrador

Peggy Hann reported that the Department of Education was reviewing the roles of school counsellor and school psychologist with an eye to develop Standards of Practice for assessment. The Newfoundland and Labrador Counsellors and Psychologists Association has just adopted an Ethics Protocol and hopes that the Teachers Association will adopt it as well.

Prince Edward Island

Prince Edward Island Counselling Association members have been involved in a campaign lobbying MLAs. There has been a change in government since the process started. It now

looks as though the province will go ahead with umbrella legislation, but there are no updates at present. The group is also soliciting the endorsements of similar organizations to increase the pressure on the government.

The group is preparing to give a presentation to the government in advance of being asked to do so.

New Brunswick

New Brunswick's legislative environment is unique in Canada. The profession wanting to be regulated must do all the work. The average length of time it takes a profession to be regulated in the province is 20 years. NBCPA is approaching 16 years and will be successful in under 20 years. The province has no umbrella legislation. The profession has to hire its own lawyer to draft and translate the bill, and the average cost is about \$100,000. In 2008, the profession realized a significant breakthrough when the then–Minister of Health created the wedge that was needed to advance this issue. The group in New Brunswick has a good relationship with the government's senior policy advisor. The bill is now complete and is in the final stage of consultation.

CCPA was thanked for its financial support. Going forward, money will probably be the biggest issue for this provincial group as it needs \$30,000 more. With only three organizations in its federation, this is difficult.

The New Brunswick bill includes title protection and calls for a Master's credential. New Brunswick is moving toward pilot Centres of Excellence, including adolescent mental health. Bill Morrison, the consultant to this project, wants to include CCPA in the service delivery model and was hoping the regulation would be ready soon.

Nova Scotia

The legislation passed in 2008 because the government wanted to ensure that the public was protected. The group in Nova Scotia, the Nova Scotia Association of Counselling Therapists (NSACT), also had to pay to have a lawyer draft its legislation. To date it has spent \$60,000, a considerable expense for 200 members. CCPA was thanked for its financial support. When the legislation passed, it had the support of all three political parties, which is important because governments and ministers change. The first task of NSACT was education. In the second round, NSACT lobbied every MLA, asking for action and followed up to ensure the MLAs' parties were onside. It also took advantage of every possible personal connection.

It had been thought the regulations would be the easier part of the work after the legislation. However, the regulations have been going back and forth and still require more editing.

NSACT established a registration process several years ago. A number of members have already gone through the two-year candidacy process outlined in NSACT's by-laws that are available on the [NSACT website](#). The same candidacy process will be used under the new legislation. Everyone who has already gone through the candidacy process can pay a fee and

be grandparented into the new college. The legislation is a title-protection act, not a practice-protection act, and requires a Master's level degree in counselling or a counselling equivalent. There is a provision for an exam.

The Act allows for the college to be a regulatory body and an organization that takes care of its members, much like the College of Social Workers in the province. Some of the duties that the college will take on — for example, professional development — will transition to the newly formed Nova Scotia Chapter of CCPA.

HRSDC Presentation

Philippe Laurencelle introduced the HRSDC presentation on Chapter 7 of the AIT and invited Julie Adam and Grant Barry to the podium.

Julie Adam noted that all jurisdictions ratified the AIT on August 11, 2009 and then Chapter 7 came into effect. Signatory parties recognize a person qualified to practice in another jurisdiction where the profession is regulated in both jurisdictions. Where the profession is not regulated, one party may ask for additional certification requirements.

Grant Barry described some of the permissible additional requirements. These can include applications, processing fees, proof of insurance, criminal background checks, language requirements, and evidence of good standing. Regulators may maintain certain certification practices to address specific issues.

In order to have exceptions to labour mobility, a jurisdiction must show grounds for why the exception is necessary. This is designed to prevent jurisdictions from having barriers in disguise. The exception has to be linked to a demonstrated significant difference in the skills, areas of knowledge, or the ability to practise the occupation. The definition section 7.11 lists eight points. Those most relevant for this profession include public safety, protection of workers, and consumer protection.

Many groups and governments in Canada are working to reconcile standards. The Labour Mobility Coordinating Group Table works via conference call and face-to-face meetings to bring people together. It also has processes for notification when standards are being introduced for the first time (article 707.3) in a province or territory or when an existing standard is being amended (707.5).

Participants had a number of questions and comments:

- Nova Scotia's legislation, which will be proclaimed this year, stipulates a Master's degree or an exam as the entry-level qualification. Other jurisdictions may have lower standards. Because Nova Scotia has set the standard, will other jurisdictions respect it and have to require the same education or qualification levels?

Grant Barry replied that labour mobility is designed for professionals in good standing in regulated occupations. However, if a jurisdiction can demonstrate through a legitimate objective under 708 that there are actual differences in the skills, knowledge, and abilities

and the government approves it (and each government has its own process for this), the jurisdiction could refuse to certify that person. Another option would be if the licenses were different (706), as in the case of someone on a conditional licence.

- If British Columbia regulates, it probably will not be allowed to include a credential. If other provinces have a Master's level requirement for entry, there would be no problem with labour mobility coming into British Columbia, but there would be considerable problems for those leaving.

Mr. Barry answered that individual provinces set their own standards. The AIT is not about mandatory harmonization.

- Ontario has been told that a Master's degree is not even on the table. This would seem to present a total impasse for potential harmonization with Nova Scotia's requirements. The Scope of Practice may form part of the decision of equivalence.

Julie Adam said that the Agreement encourages jurisdictions to find harmonization on standards and to determine if the requirements are equivalent. Each government will have to decide if it accepts a legitimate objective. This will not be done on a case-by-case, individual basis, but on a licence-to-license basis.

- It sounds as though there is some protection within the legislation. This is not about a higher or lower level of accreditation. This is about a recognition of equivalency of ability.
- The various provincial and territorial associations did not consult with each other until the AIT passed. It might be useful for provinces now in the process of regulating to ask the ones who have already regulated how they would consider the regulations being developed. It would help to share best practices and harmonize regulations prior to enactment.

Grant Barry agreed, and added that the regulators would know the requirements of other jurisdictions ahead of time. For example, if an occupation in one province was regulated for ABCD but another is only regulated for ABC, the first province could bring someone in on a restricted or conditional licence or could declare a legitimate objective. He reiterated that these considerations would not be done on a case-by-case basis.

- AIT is designed to prevent a "Tower of Babel" but the signatories are not fulfilling their requirements. Groups are consulting and working together at the grassroots level, but ministers change. The consultations that the signatories agreed to are not happening in the provinces now working on regulations. It behooves this group to remind governments about the commitment they made in the national interest.
- The law has provision for dispute resolution for those denied transferability.
- A province that determines it has a legitimate objective must fill out an application for this and publish its decision on the AIT website. It must also post on its website the additional requirements for someone coming into the province.

- Have some provinces posted legitimate objectives for other professions?

New Brunswick has posted a legitimate objective against social workers coming from Alberta, replied Grant Barry. Alberta has two streams for training social workers: a two-year one and a four-year one, while New Brunswick only has the longer training. Medical radiation technologists have four key areas for Scope of Practice, while Québec has three. In this case, there is movement with restricted licences. Each province has its own process for determining objectives.

Mr. Barry promised to debrief with the Labour Mobility Table to let the other provinces know what is happening with this profession. This is the beginning of a dialogue.

A participant said that as representatives of their profession, participants must think about how to move to a competency-based system that is being mandated by the government. Provincial association will have to be very careful about what they fight for.

More information is available on the [AIT website](#).

Stewards of the Profession

Verlie Wile introduced the session on “Stewards of the Profession,” noting that she was shifting the focus to talk about a mindset approach.

To date the Project Working Group, with support from the Canadian counselling community, has been formulating a plan to negotiate this new environment of inter-jurisdictional labour mobility. This includes a number of activities:

- ensuring that the appropriate tools and materials are ready;
- convening groups to discuss mobility;
- building partnerships;
- developing communication networks and strategies; and
- ensuring a fit between project objectives, organizational structure, and culture.

All these activities are designed to ensure accountability to the Canadian counselling community. The PWG is doing this by passing on ownership of the Symposium results to participants. The PWG hopes that participants, who represent a pan-Canadian group, will take these results back to their communities and share them by playing coordinating and advocacy roles back home. This involves taking on a role that many may not have anticipated—being *stewards* of the counselling profession in Canada.

Ms. Wile stressed that being a steward means putting aside one’s identity as a member of a specific professional organization and speaking as an informed and committed professional. She said that she would take off the hats she wears as a member of the Project Working Group and a member of the Nova Scotia Association of Counselling Therapists and speak from her experience as a member of the counselling community.

Ms. Wile sang a song set to the tune of *The Sunny Side of the Street* to illustrate her point.

Stewardship means taking care of something that is owned by someone else. In this case, it means collective ownership by the Canadian counselling community. A more detailed explanation describes stewardship as “an ethic that embodies cooperative planning and management of resources within organizations, communities, and others to actively engage in organizational change for long-term sustainability.” Stewardship is “the glue that holds us together,” said Ms. Wile. “It’s the oil that keeps us running smoothly, and it’s the energy that gives it ethical direction and momentum.” She then told participants that they could be stewards by receiving and disseminating the survey results, providing input to the framework document for the Code of Ethics and Standards of Practice, talking to each other, and contributing to the action plan for implementation. They can also take ownership of the Symposium results and share them with the larger community.

The Survey

Survey Process

Barbara MacCallum outlined the survey process. From January to October 2009, the Project Working Group from the previous contract with HRSDC conducted a comprehensive review and comparison of all the relevant scopes of practice in use in Canada, the U.S., and internationally. It then condensed all of this information down to three-page summaries that were presented at the last symposium in November 2009.

In March and April 2010, the PWG completed the remaining tasks from Symposium 2009. One of them, a research project conducted by Monika Gal, identified 140 national and provincial counselling and counselling-related organizations in Canada. Ms. MacCallum stressed that the PWG reached out as broadly as possible to contact as many people and groups as it could. The PWG also submitted a proposal for and received funding from HRSDC for the next phase of this work, which is to develop a common Definition and Scope of Practice. Ms. MacCallum noted that people often have different ideas of what *counselling* means.

In June 2010 the PWG met first to ensure that all members of the Working Group agreed on the scope of the work and the need to move into stewardship mode before discussing what counselling means in Canada. The group decided on some principles during the meeting. It agreed that saying “Who we are, who we serve, and what we do” were key elements of the definition. It agreed to tackle the definition first before moving on to the Scope of Practice. Glen Grigg helped set the group down the right path when he said that because of the nature of the culture, the group could not claim a Scope of Practice “as ours.” There are overlapping scopes of practice.

The group needed to find a way to distinguish the profession from already regulated professions. It decided that it would first define something for the bureaucrats (the regulators) and members of the profession and then later work on a plain language version for the public. It needed to start with the core first, where the overlap is, and work on the specialties later. The group also determined that there needed to be accountability in the Scope of Practice:

they would not put something in the Scope of Practice just because they might want to lay claim to it. Everything in the Scope of Practice had to be substantiated. Once that was done, the group had to test the definition from different lenses to ensure that everyone in the profession could see themselves in it.

The group split in two, with one subgroup working on the titles, definition, and Scope of Practice while the other worked on the Survey tool and demographic items. The two groups then met again in plenary to test their work; they then further refined the work, developed the survey, and had it translated and verified. Several months before it was launched, the PWG informed the 140 organizations about the survey, which was then conducted from mid-September to the end of October 2010. The survey was sent out electronically and in paper format in both official languages.

In November 2010, the PWG hired Dr. Todd Milford, who has a PhD in measurement and evaluation, to do the first-level analysis. The group used this to assemble a report, including a qualitative analysis of the comments brought forward. Dr. Milford conducted further analysis before the entire group met to develop the final report and create the materials that participants have today.

Survey Results

Glen Grigg presented the results of the survey, commenting on what a pleasure it had been to work with the Project Working Group. He made special mention of Todd Milford and Glenn Sheppard, Blythe Shepard, Barbara MacCallum, and Lorna Martin who read every word of the survey responses and conducted the qualitative analysis.

Terminology and reasons for surveying

Dr. Grigg noted that the terminology referred to “the counselling profession.” Survey results showed overwhelming agreement, even with the data set showing that there is incredible diversity within the profession. One of the first questions anyone wanting to regulate this profession will have is, “Is our profession one thing?” If it is, then one can regulate it. If, on the other hand, it is a collection of diversities without an identifiable core, there is no profession.

There are two objectives in looking at this. One is to put together an identifiable core and ask respondents if they identify with it. The other is to ask how much diversity is contributing to that consensus. Without diversity contributing to the consensus, it does not mean much.

The survey was conducted to determine if the elements of a profession were in place. In order to do this, it was necessary to define what members of the profession do. After that, there has to be accountability within a profession, which means having a Code of Ethics because there is a potential for harm to the public in the profession. The prevention of that harm to the degree possible defines the purpose of regulation. The next step is to have Standards of Practice.

Titles, Definitions, and Scope of Practice presented

Results from the survey confirmed clear understanding of the generic term “counselling profession” as being inclusive of a number of titles including those below. Survey participants were given an opportunity to write in other titles if they used something different.

- counselling therapist (BC, NS, NB)
- psychotherapist (ON, BC)
- mental health therapist (ON)
- clinical counsellor (BC)
- career counsellor (NB)
- conseiller/conseillère d’orientation (QC)
- vocational guidance counsellor (QC)
- marriage and family therapist (QC)
- orienteur (QC)
- orienteur professionnel (QC)
- psychoéducateur (QC)

The definition of counselling that was presented in the survey is as follows:

Counselling is a relational process based upon the ethical use of specific professional competencies to facilitate human change. Counselling addresses wellness, relationships, personal growth, career development, mental health, and psychological illness or distress. The counselling process is characterized by the application or recognized cognitive, affective, expressive, somatic, spiritual, developmental, behavioural, learning, and systemic principles.

The question in the definition is not “Do you do all of this?” but rather “Do you fit somewhere inside here?” Dr. Grigg emphasized that the significant components of the definition are “a relational process based on competencies.”

The Scope of Practice is as follows:

The counselling profession

- is attentive to and responds to diversity and inclusiveness;
- works in the best interest of individuals, couples, families, groups, organizations, communities, and the public-at-large;
- works in the domains of cognition, emotion, expression, somatics, human development, behaviour, learning, and interactive systems;
- promotes mental health by developing and enhancing—
 - personal, relational, sexual, career, and spiritual growth and well-being,
 - personal awareness and resources,
 - decision-making and problem-solving;

- remediates or provides treatment for disorders in cognitive, behavioural, interpersonal, and emotional functioning;
- applies specific and recognized evaluation and assessment methods;
- may also include supervision, education, training, consultation, research, diagnosis, and referral.

Dr. Grigg said that with something that broad and involved and something implying as much responsibility as the Scope of Practice, one could usually expect to get more diversity of response than was the case in this survey.

Demographic questions

Demographic questions (age, background, gender, geography) help provide a picture of the respondents. The survey team wanted to know statistically who owned what part of that diversity. The survey was distributed in both French and English across the nation.

Survey results show that responses came from 46 organizations and 1,416 respondents.

The male–female split was representative of the profession.

Every province and territory was represented.

The survey had 7.7% non-completers, which leads to questions (that were answered through statistical analysis) of fairness and validity and whether their responses are included.

The age range is also typical of the profession: 54.6% of respondents were between 41 and 60 years of age. Part of some definitions of professionalism note that it takes a long time to acquire the knowledge and skill of a profession, and this fact speaks eloquently to that.

The geographic distribution fits the Canadian profile.

Eleven per cent of respondents reported that they were from visible minorities, 7% reported living with disabilities, and 4% self-identified as Aboriginal.

Sixty-five per cent of respondents have Master's degrees, 9% have doctorates, and 14% have BAs.

Respondents reported taking 2,720 courses and significant training events, a figure that could have a significant impact on regulators attempting to keep track of training events that relate to competencies.

The majority of respondents had been working in the profession between five and 20 years.

Forty per cent are in private practice, 28% work in schools and universities, and 30% work in agencies and health care settings.

The majority (76.6%) worked with adults, while 20% worked with youth and 10% with children. Just over half (57.8%) practised general mental health counselling, 30% work in family and marriage counselling, 20% work in addictions, 15% are career based, and 12% are school-based. Respondents were affiliated with 38 different national associations, with CCPA being the one most frequently mentioned.

The three most frequently added titles were Registered Psychotherapist, Counselling Therapist, and Clinical Counsellor.

In all, the average respondent is a female between 40 and 60 years old who studied in Canada, has a Master's degree, works in a city, has been in practice between five and 20 years, works with adults doing mental health counselling, and identifies as a psychotherapist, counselling therapist, or clinical counsellor.

Non-completers and double questions

Analysis shows that the data from survey non-completers did not differ from the central tendency or variability of the survey completers. Because the non-completers were not an identifiable group, their responses were counted.

Asked if it mattered when survey respondents did not complete all questions, Dr. Grigg replied that it did not. Because no differences could be found between the two groups, all responses were counted.

Respondents were asked to look at their level of agreement with the full definition on first pass and then were asked to do it again, element by element. When they looked at the definition at first pass, they tended to agree with it (over 94%). When the definition was broken down into elements, they still tended to agree, as they did when they revisited the definition a final time. There was very little difference between the first look and the “sober second thought.”

Findings

There was no difference between those who agreed and did not agree across language lines. English- and French-speaking respondents agreed and disagreed equally.

Education made a slight difference —10% of respondents with PhDs indicated some level of disagreement, while only 1.25% of respondents with Master's degrees disagreed. Dr. Grigg reminded participants that the agreement rate was still overwhelmingly positive for both groups.

Respondents with clients who were either very old or very young tended to disagree with the statement slightly more, although as a group their responses were still overwhelmingly positive.

The analysis considered whether geographic location, age of practitioner, proximity to urban hubs, education, and professional affiliation played in a part in response variability. Results

show slight differences for geographic location (territorial respondents showed slightly more support) and education (explained above) but few other differences.

Overall, the results show very strong consensus on the definitions. There was very strong support for the Scope of Practice on both first and second view. The PWG was prepared to understand who owned what part of the agreement or disagreement and work with that information, but came away feeling a completely different sense of responsibility because of the incredible consensus that exists across more diversity than had been thought would be present. “This is a community that is ready to be professionally accountable at a new and higher level,” said Dr. Grigg. “Despite all the differences in the way this profession works, it has a core identity.”

Ninety-three per cent agreement was the lowest agreement on any question. Four per cent disagreement was the highest disagreement. Dr. Grigg suggested that this is an anchor point for the profession. Despite the huge amount of diversity across the country, there is one professional identity.

Some of the qualitative data included comments that the definition and scope were insufficiently specific. If the PWG had an opportunity to conduct the survey again, it would be more specific in its directions, telling respondents that the goal is not to have the statement describe what they personally are doing; it is to have the statement describe what the community is doing and to determine if respondents can see themselves fitting somewhere in it. Other respondents liked the connotation but not the expression of it, while yet others did not like the inclusion of words with medical connotations.

In conclusion, Dr. Grigg said that the survey analysts were able to establish that the high level of diversity in the profession did not systematically drive the high level of agreement. Within the AIT, each of the titles will have a competency-based definition. This work forms the anchor point for the titles. Flowing from these results, members will now be developing the remaining elements needed to have an accountable profession: a generic framework for a Code of Ethics, Standards of Practice, registration standards, and governance models.

Questions and comments

Participants made a number of comments and suggestions for consideration, including the following:

- Asked for an example of an organizational response, Dr. Grigg said that the BC Association of Clinical Counsellors and the Alberta’s Play Therapy Association both responded. Some responses came from independent community-based direct-service organizations.
- It was surprising to see that more than 57% of respondents reported that they practised mental health counselling. This is not terminology that everyone is comfortable with. However, the new college in Ontario has a “mental health bent.”
- The slide depicting the sunflower showed generic counselling competencies at its centre, with petals being specialized counselling competencies such as career counselling, pastoral counselling, play therapy, art therapy, etc. Clinical counselling and mental health

counselling do not appear on any petals, despite this being the largest group. How is this reconciled?

Lorna Martin replied that the qualitative information showed that many respondents replied in a certain way because they had to use a title that was available in their province. The slide showing the petals pre-dates the survey results. Counsellors in Canada see counselling as encompassing mental health therapy.

- The titles *Mental Health Therapist* and *Counsellor* are the best ones to explain to lay people what the profession does.

Dr. Grigg replied that titles must be protected. Ontario and B.C. have legislative frameworks where *counsellor* has been used in law and therefore cannot be repeated. B.C. invented *counselling therapist*. A professional identity and protected title can have two different language practices associated with them, as with the example of a *Fellow of the Royal College of Physicians and Surgeons* who refers to himself or herself as a *doctor*.

- Canada is one of the world's most culturally diverse nations, yet few culturally diverse people are represented in the PWG or in this room. The titles and definitions as set out keep those from the non-dominant culture away. As stewards of the profession we need to create and demonstrate a commitment to decolonizing professional helping. The first statement in the Scope of Practice says that the counselling profession "is attentive to and responds to diversity and inclusiveness." The participants said that the titles and definitions need to look outside the western framework of psychology and counselling or they risk keeping people from the non-dominant society away from the field. While the intent may be to be inclusive and responsive to diversity, the use of these kinds of terms is further oppressive and colonizing to people seeking help. For example, in the Aboriginal community, western forms of counselling and mental health assistance are considered to be continued forms of oppression. When someone who is from a non-dominant culture goes for mental health intervention and they sit down with someone who is using a western approach to helping, that process is the beginning and the continuation of cultural oppression and genocide. The profession has an opportunity to reinvent and redefine what it is doing so that it captures the true meaning of inclusiveness and meets the needs of people it purports to be helping. The people not represented at this meeting from many different cultures are often those in mental health crises in their communities. They are the people who underutilize mental health services. As policy makers, researchers, practitioners, and stewards of the profession, we need to think about this. Because of Canada's colonial history, we need to target specific groups such as immigrants, refugees, and Aboriginal peoples.

Dr. Grigg replied that the PWG had to begin somewhere, so it looked at geographic representation. This is a starting point, not where it intends to end up. An important consideration for the PWG was to categorize counselling and psychotherapy as a relational process rather than as a set of procedures that someone does to someone else.

- Several participants said that they struggled with issues of inclusivity and diversity. They asked for suggestions of how to bring these other perspectives into consideration.

- Another participant said that he was perplexed by this intervention as the PWG reached out to as many groups as possible to make the process inclusive. The Aboriginal respondents surveyed answered in a similar fashion to the larger population of respondents. The AIT and the PWG are trying to promote unity and cohesion. This initiative involved helping the profession find areas of agreement around definitions and a scope of practice.
- British Columbia has a 10-year mental health and addictions plan and Aboriginal health and addictions plan in development that excludes urban Aboriginals. As part of the dialogue about how to include this population, discussions are taking place about how to certify traditional healers. Research on cultural competencies is evolving.
- As a member of the PWG and as someone who worked on the Ontario Psychotherapy Act, a participant said that she has been concerned about cultural competencies, not just for visible minorities, but for all ethnic groups. The participant said that she translated the Scope of Practice into her own language and examined it from her cultural perspective, as a way to confirm that it applied to the services she provides.
- The survey included Aboriginals and many other cultural and ethnic groups. The result is a pan-Canadian definition.

Dr. Grigg said that the PWG was looking for a definition that is broad enough to include different communities. If the scope is so broad that it cannot define limits and boundaries, regulation is impossible. If the scope is too narrow, much needed services would be excluded. The PWG is therefore dealing with considerable tensions around these definitions. The third proviso is that statistical results have to be applicable to populations. This will be problematic for subgroups within that population and is not helpful for individuals. The boundaries therefore have to be broad enough to work within those limits.

- Québec has been trying to define psychotherapy since 2005 and recently passed Bill 21. The definition in the survey is so broad that many helping professionals will see themselves in it. However, it will still be necessary to go through one of the various orders for greater specificity. The larger definition may not be applicable in Québec.

Dr. Grigg said the PWG is looking for a definition that will align with a protected professional title(s). The definitions are looking for broadness — for broadly overlapping scopes of practice. That is highly distinct from a reserve or controlled act, where the limits and boundaries matter more.

Sample Framework for a Code of Ethics and Standards of Practice

Background

Lorna Martin recalled that several participants had already talked about how it takes a lot of time and a lot of money to work through the regulatory process. Although each province is taking its own particular trajectory and time frame, each province and territory has to do the same thing — define the profession, determine the Scope of Practice, and determine the Code of Ethics and Standards of Practice.

The PWG began by asking what it could do to be helpful to each province and territory as it embarks down the path toward regulation for the counselling and psychotherapy profession. The first part was to undertake the competencies validation before it began to research what was out there in Canada and beyond. Now that about 96% of respondents from across the country have agreed on the definitions and Scope of Practice, the next task is to develop a template for a Code of Ethics and Standards of Practice. Each province and territory can use this as it sees fit when developing its own. This framework will have the flexibility to address provincial and territorial requirements that are culturally and contextually unique and important to the counsellors and psychotherapists working in the jurisdiction. It provides sufficient specificity to be helpful but is general enough to support diversity. It incorporates areas of alignment in existing Codes of Ethics in Canada.

If one looks for similarities in the existing Codes of Ethics available in Canada, one finds a diversity that is not helpful. If one takes only the Standards of Practice across associations in Canada, one does not find consistency that is helpful. When the Code of Ethics and Standards of Practice are combined, one finds not only a match and an alignment, but also almost no outliers. For instance, the Canadian Psychological Association and the Canadian Counselling and Psychotherapy Association were aligned in every single domain. They were not the same, but they were aligned in every single domain. The same held true for Music Therapists, Pastoral Therapists, and Marriage and Family Therapists, for example.

The PWG then went to the research behind these frameworks, finding that Jean Pettifor¹ says that the universal declaration of ethical principles for the profession of psychology has consistent principles. These are present in the Canadian Psychological Association, the American Psychological Association, The European Federation of Psychologist Association, and the Universal Declaration of Human Rights. Pettifor's findings are consistent with the findings of the PWG during its research into the counselling and psychotherapy profession.

Common principles that anchor Codes of Ethics around the world include respect for the dignity and rights of persons, caring for others and concerns for their welfare, competencies, integrity, and professional, scientific, and social responsibility.

The purpose behind Codes of Ethics is first to promote optimal behaviour by providing aspirational principles that encourage reflection and decision making within a moral

¹ Pettifor, Jean L. Professional Ethics Across National Boundaries. *European Psychologist*, Vol. 9(4), Dec 2004, 264–272. doi 10.1027/1016-9040.9.4.264

framework. Secondly, it is to regulate professional behaviour through monitoring and through disciplinary action against those who violate prescriptive and enforceable standards of conduct.²

Ms. Martin said that the patchwork quilt of Canadian law contains considerations such as Sharia law that test many of our cultural boundaries. Provincial and municipal laws are also not all the same in Canada. Therefore it was necessary to develop a framework that allows a level playing field while providing enough rigour that a regulatory college could use it.

The framework for the National Code of Ethics has four aspirational goals: competence; professional, scientific, and social responsibility; integrity, and respect for the dignity and rights of persons. All groups agreed that these were important and valued. After that, the goals relate to principles that can be broken down into specific areas such as Foundations of Practice and Assessment Processes. The following chart presents elements of the framework:

In development: Framework for a National Code of Ethics				
Aspirational Goal	Principle	Area	Sample Contents	Sample Statements
Competence	Autonomy	1. Foundation of practice		
		2. Assessment processes		
Professional, scientific, and social responsibility		1. Applied research		
		2. Supervision, consultation, and education		
		3. Collegial relationships		
Integrity	Non-maleficence	1. Integrity		
Respect for the dignity and rights of persons	Beneficence	1. Client-focused practice		
	Justice	1. Equity		

Ms. Martin directed participants to Tab 7 in their books. The PWG slotted existing Codes of Ethics into the framework above to test if it worked. It did. The next step was to test it with participants for its use as a template that provincial and territorial groups could use, if they so choose, to develop their own Code of Ethics and Standards of Practice. She then asked what

² Pettifor, 2004, p. 264.

relevant Codes of Conduct and Ethics need to be inserted into the framework to make it relevant.

Tony Nash divided the plenary into five groups to work on questions related to the framework. Participants had an opportunity to work on each question and then review the work of the other groups before debriefing in plenary.

Question 1

What works well with the proposed structure? Can a Code of Ethics and Standards of Practice be combined effectively using this structure? Please discuss.

- How will this work with misconduct? From a regulatory perspective, misconduct regulations = discipline.
- This provides a framework for ethical practice.
- We need an education piece on Codes of Ethics and Standards of Practice.
- Standards of Practice should be the Code of Ethics.
- Yes, they can be combined.
- No, they need to be separate —
 - A Code is about the law and principles (the thinking)
 - A Code inspires and is aspirational
 - Standards are more concrete (behaviour)
 - Standards involve education and other resources
- The interpretation of the physical chart is not obvious for all learning styles. It can take some people longer to understand the chart and information contained in it.
- It would help to have another column for “Standards of Practice.”
- The principle *autonomy* that goes with the goal Competence should be changed to *non-maleficence*.
- The principle *non-maleficence* that goes with the goal Integrity should be changed to *fidelity*.

Question 2

Is there anything not present in the proposed structure that needs to be included? Is there anything that should be omitted?

- Nothing needs to be omitted.
- It would help to add another column in which to ask unasked questions.
- Add space for additional comments.
- How is the decision-making process done?
- Does this align with other regulated colleges?
- Add another column in which to note alignment with specific regulations.
- Explicitly map/align existing codes of other regulatory bodies to demonstrate consensus/harmonization.

- Is there any way in which to include not just principles but also virtues, i.e., what is guiding us?
- Align as closely as possible to APA, CPA, and CCPA.
- Add a context-setting blurb to introduce the framework and explain how to use and conceptualize it.
- Add a new column for Standards of Practice.
- Add a series of questions to contextualize it.

Question 3

What are some key Code of Ethics and Standards of Practice that need to be consulted in order to create a framework for a national Code of Ethics and to populate the blank cells?

- Just Therapy Group (New Zealand)
- Feminist (Stone Centre)
- Aboriginal cultural protocols
- Truth and Reconciliation Council
- Alternative dispute resolution (mediation)
- Family Mediation Canada
- Comprehensive international non-western perspectives, e.g., Afro-centric, South Asian, South America–Caribbean
- International Association of Counselling
- Association of Nurses
- Restorative justice processes
- APA and CPA
- AAMFT
- Provincial regulators, e.g., Order of Psychologist, Order of Social Workers and Marriage and Family Therapists, Ordre de Conseillers en Orientation, Ordre de psychoéducateurs, Ordre de ergotherapistes
- College of Physicians and Surgeons
- OCCOQ
- Native Code of Ethics (Alberta)
- Charter of Rights and Freedom
- UN Declaration on Human Rights
- UN Convention of the Rights of the Child

Question 4

*What would be an effective strategy for confirming the draft framework once completed?
What's a realistic time horizon for completing this process?*

- Survey again. Use the same databank and process as the counsellor mobility survey.
- Send a draft to participants of this symposium.
- Send to various stakeholders and ask them to establish association focus groups.
- Put online and gather feedback. Use Twitter and Facebook.

- Hold regional workshops.
- Hold regional focus groups.
- Hold counselling-related conferences.
- Compare/line up with the framework used by regulatory bodies.
- Use existing ethics case and measure against framework contents: are they the same, different, working, not working?
- Set the time frame. This should take between 12 and 18 months.
- Use webinars and podcasts.³
- Actively involve under-represented communities by pro-actively seeking feedback.
- Speak to regulators.
- Ask for endorsement: substantial equivalence.

Question 5

What would be an effective communication strategy for disseminating our findings regarding the completed draft framework for a national code of ethics?

- Use national organizations.
- Email this information to provincial and territorial organizations.
- Send back to the focus groups, town halls, and provincial associations.
- Use Facebook and Twitter.⁴
- Use the Internet to disseminate information.
- Use the symposium stewards.
- Use counsellor educators.
- Consultations with Aboriginal and multicultural groups.
- Determine who gets the findings.
- Use a telephone tree.
- Use the quarterly minutes of the PWG meetings.
- Use webinars and podcasts.
- Use Telehealth video conferencing (MB).
- Circulate a draft and follow up with symposium participants.

³ Some participants questioned this, commenting that webinars and podcasts are fine for disseminating information but not for gathering feedback. Others pointed out that most webinars do allow for live feedback.

⁴ Some participants questioned using Facebook and Twitter as a vehicle for disseminating information. The author of the comment said that he could see using them to get the word out that results would be coming and to then point to where more information was available.

Key Focus Areas for Code of Ethics and Standards of Practice

Key Focus Area 1: Purpose of the Code

Shared understanding

As we think about developing and achieving consensus and support for a common Code of Ethics and Standards of Practice, what are some of the issues, challenges, questions, opportunities, and/or possibilities that come to mind?

In practical terms, this means...

- determining how to go from buying to using (especially for a territorial regulatory body).
- answering the questions, “Will this Code of Ethics framework be helpful? How? To whom? What framework?”
- obtaining expert opinions (e.g., ethicists, lawyers, trustee/ombudsman/auditor) on ethics, standards of practice to precise goals of code.
- ensuring the Code of Ethics and Statement of Practice become living documents for practitioners.
- allowing for appropriate interpretation and application.

Success indicators

Success will have been achieved in this key focus area if/when...

- experts in ethics and law confirm the validity of the code before it is approved and released.
- each province and territory understands and the purpose of and accepts the template to inform their process in creating their own Code of Ethics and Standards of Practice.
- all practitioners utilize their Code of Ethics and Standards of Practice to guide them in their daily work.

High-level steps

Participants identified a number of high-level steps that would be needed to achieve the results and outcomes. After debating the merits of each one, they prioritized them as follows:

Steps critical to PWG achieving its key focus area in the medium term (by April 30, 2012):

- 1.1. Identify experts and seek their input and advice on the validity, utility, and comprehensiveness of the Code of Ethics and Standards of Practice (Due: February 2012).

Steps critical to PWG achieving its key focus area in the long term (by October 31, 2012):

- 1.2. Consult (inform and receive) with each province and territory through local workshops to determine planned uses of the Code of Ethics and Standards of Practice. (Due: October 2012)

Steps identified as important to achieving the key focus area, but not given a time frame:

- 1.3. Disseminate a hard copy of the Code of Ethics and Standards of Practice to each practitioner and make them available online.
- 1.4. Provide opportunities to reflect on daily work utilizing the Code of Ethics and Standards of Practice.
- 1.5. Establish an online “Frequently Asked Questions” site.

Discussion

- A participant said that he suggested having experts in ethics and law review the Code of Ethics and Standards of Practice to determine if it would be a problem for a regulatory college to undertake this.

Key Focus Area 2: Structure of the Code

Shared understanding

As we think about developing and achieving consensus and support for a common Code of Ethics and Standards of Practice, what are some of the issues, challenges, questions, opportunities, and/or possibilities that come to mind?

In practical terms, this means...

- finding the best level of specificity to make the code and standards helpful to a national audience, which presents is a challenge.
- deciding to include or not include Standards of Practice in the Code.
- developing a Code of Ethics and Standards of Practice as two separate documents.
- maintaining a common-sense approach given all the diversity present.
- determining how the principles (on which we all agree) will lead to action in context (where decision is enacted).
- creating a glossary of terms that permit clear understandings of wording the Code and Standards.
- including a brief ethical decision-making protocol.
- keeping it simple (KISS).
- linking to the regulatory process. (Does it become generically usable?)
- creating a decisional model.
- briefly explaining each ethical principle.
- figuring out how to be clear and concise (determining what the semantics and meaning are).

Success indicators

Success will have been achieved in this key focus area if/when...

- we have a plain language definition of all major terms.
- we have a brief, clear decision-making process that is transparent to everyone.
- we have a flow chart showing how principles relate to processes to content to produce accountable action.

High-level steps

Participants identified a number of high-level steps that would be needed to achieve the results and outcomes. After debating the merits of each one, they prioritized them as follows:

Steps critical to PWG achieving its key focus area in the short term (by October 31, 2011):

- 2.1. Decide whether or not to combine the Code of Ethics and Standards of Practice. (Due: April 2011)
- 2.2. Create a flow chart showing the relationship of principles to domains to practices. (Due: September 2011)

Steps critical to PWG achieving its key focus area in the medium term (by April 30, 2012):

- 2.3. Complete the Code (populate the grid). (Due: January 2012)
- 2.4. Build a decision-making model into the Code of Ethics and Standards of Practice. (Due: January 2012)
- 2.5. Construct a glossary of terms to ensure understanding. (Due: February 2012)

Steps identified as important to achieving the key focus area, but not given a time frame:

- 2.6. Develop some structural exemplars. Seek feedback.
- 2.7. Check our networks for any controversy about the Code of Ethics and Standards of Practice.
- 2.8. Decide which elements belong in the Code framework.
- 2.9. Explore various ways of visually representing data and tasks.
- 2.10. Research and consult about ethical decision-making models.
- 2.11. Use clear and concise language.
- 2.12. Consult with experts and conduct research to check structures.

Discussion

- Participants had no questions or additional comments about the success indicators and steps.

Key Focus Area 3: Consensus Building

Shared understanding

As we think about developing and achieving consensus and support for a common Code of Ethics and Standards of Practice, what are some of the issues, challenges, questions, opportunities, and/or possibilities that come to mind?

In practical terms, this means...

- holding workshops in the regions and providing copies.
- addressing the sometimes contentious and conflicting perspectives on what one requires regarding training to be a professional therapist/counsellor.
- finding a mechanism for building consensus.
- reaching everyone possible for consensus.
- finding a way to unite the disparate and diverse groups around common titles and practices.
- avoiding ways of having folks stuck in professional “turf protection.”
- developing as many small pan-Canadian groups as possible to help achieve consensus.
- finding a way to meet the challenge of 271 titles. This number of titles makes it impossible for the public to identify and navigate toward competent practitioners. This is neither in the public or professional interest. What is our core ID?
- determining what might possibly be perceived as disagreeable in ethics?
- seizing the opportunity of unifying and reaching consensus of these two documents.

Success indicators

Success will have been achieved in this key focus area if/when...

- the Code of Ethics and Standards of Practice become recognized expressions of our community.
- all counsellors and groups within our community can see themselves within the Code of Ethics and Standards of Practice.
- regulators recognize that the National Code of Ethics and Standards of Practice are strongly supported by the profession.
- regulators use the Code of Ethics and Standards of Practice to assess other provincial and territorial standards.

High-level steps

Participants identified a number of high-level steps that would be needed to achieve the results and outcomes. After debating the merits of each one, they prioritized them as follows:

Steps critical to PWG achieving its key focus area in the short term (by October 31, 2011):

- 3.1. Consult provincially using a grassroots approach (face-to-face and conferences). (Due: September 2011)

Steps critical to PWG achieving its key focus area in the long term (by October 31, 2012):

- 3.2. Develop a technology for validating the Code of Ethics and Standards of Practice. (Due: September 2012)

Discussion

- Participants had no questions or additional comments about the success indicators and steps.

Key Focus Area 4: Cultural Awareness and Social Justice

Shared understanding

As we think about developing and achieving consensus and support for a common Code of Ethics and Standards of Practice, what are some of the issues, challenges, questions, opportunities, and/or possibilities that come to mind?

In practical terms, this means...

- being inclusive. Being global in research.
- including competencies/life experiences.
- making the standards relevant for a diversity of cultures (in Standards of Practice), which will be a challenge.
- entrenching anti-oppression policies into the National Framework Statement from the get-go.
- figuring out how to not continue colonizing and oppressing.
- determining how to be both inclusive and diverse.

Success indicators

Success will have been achieved in this key focus area if/when...

- we have clarity of language.
- we use inclusive terminology.
- we are respectful of *and* for clients, the community, and professionals.
- we acknowledge and address power dynamics in therapeutic relationship.

High-level steps

Participants identified a number of high-level steps that would be needed to achieve the results and outcomes. After debating the merits of each one, they prioritized them as follows:

Steps critical to PWG achieving its key focus area in the short term (by October 31, 2011):

- 4.1. Review codes globally, including the UN Declaration of Human Rights. (Due: July 2011)
- 4.2. Consult with ethnocultural communities for guidance generally and on specific wording. (Due: September 2011)

Steps critical to PWG achieving its key focus area in the long term (by October 31, 2012):

- 4.3. Engage the services of an expert in plain language editing to ensure clarity. (Due: June 2012)

Discussion

- The reference to “clarity of language” goes beyond not using jargon. It involves using inclusive language for intercultural understanding and equality. Everyone involved knows what the words mean and how they are perceived.
- Inclusive language means extending a sense of being welcome.
- Each region of the country has its own history and different ethno-cultural complexities.
- It is important to frame this complex issue positively rather than making it a list of inclusions. Nor do we want to victimize any person or group.
- Every person who is part of making up Canada needs to feel that they are heard and acknowledged.
- It may be necessary to include an overarching statement, noting that this is a document that will continue to evolve.

Key Focus Area 5: Communicating and Sharing the Code

Shared understanding

As we think about developing and achieving consensus and support for a common Code of Ethics and Standards of Practice, what are some of the issues, challenges, questions, opportunities, and/or possibilities that come to mind?

In practical terms, this means...

- determining the most effective methods of communication.

Success indicators

Success will have been achieved in this key focus area if/when...

- every counsellor and counselling organization in Canada has been given an opportunity to provide feedback.
- information on the progress made on the Code of Ethics and Standards of Practice is regularly updated on the CCPA's website and sister websites.
- all counsellors and counselling organizations know how and where to find the Code of Ethics and Standards of Practice.
- all counsellors know who and where to contact for more information.
- CCPA and other organizations will have used a comprehensive public relations strategy (website, in person, conferences, bulletins, regional workshops, etc.) to communicate with counsellors, counselling organizations, government, the public, groups, EAP companies, health organizations, AIT, employment standards, etc.
- the Code of Ethics and Standards of Practice are consulted and used.

High-level steps

Participants identified a number of high-level steps that would be needed to achieve the results and outcomes. After debating the merits of each one, they prioritized them as follows:

Steps critical to PWG achieving its key focus area in the medium term (by April 30, 2012):

- 5.1. Develop and implement a well-defined public relations strategic plan including modes, when, where, and how (email, website, meetings, etc.). (Due: April 2012)

Steps identified as important to achieving the key focus area, but not given a time frame:

- 5.2. Develop and conduct a survey to determine satisfaction with the Code of Ethics and Standards of Practice.

- 5.3. Communicate key findings of the Symposium to stakeholders, beginning with participants.
- 5.4. Identify vital stakeholders.
- 5.5. Identify and use the most effective methods of communication.
- 5.6. Disseminate an ongoing flow of information from PWG to stakeholders.

Discussion

- Participants had no questions or additional comments about the success indicators and steps.

Key Focus Area 6: Research and Ongoing Testing of the Code

Shared understanding

As we think about developing and achieving consensus and support for a common Code of Ethics and Standards of Practice, what are some of the issues, challenges, questions, opportunities, and/or possibilities that come to mind?

In practical terms, this means...

- providing an opportunity to bring a new lens to current codes. Let's not replicate the old.
- determining ways to be cost-effective and efficient.
- figuring out whose needs are being met: academics, practitioners, clients, politicians?
- ensuring that these meet the highest standards.
- having a shared understanding of ethical alignment.
- ensuring face validity.
- gathering related ethics and standards of practices from other sources. Compare and contrast them to discover similarities and differences.

Success indicators

Success will have been achieved in this key focus area if/when...

- it measures up to other codes.
- the Code is embraced by all stakeholders.
- the Code of Ethics and Standards of Practice are completed within the time frame outlined.
- the Code of Ethics and Standards of Practice are user-friendly.
- users and professions in the field view the Code as relevant, innovative, and inclusive.
- all possible relevant comparisons have been made to other codes.
- members have been consulted.
- we are taking new and different perspectives (e.g., relational perspective).

High-level steps

Participants identified a number of high-level steps that would be needed to achieve the results and outcomes. After debating the merits of each one, they prioritized them as follows:

Steps critical to PWG achieving its key focus area in the short term (by October 31, 2011):

- 6.1. Review a variety of codes and cluster them into categories. (Due: July 2011)
- 6.2. Gather reviews by other national and international associations and counsellor educators in Canada. (Due: July 2011)

Steps identified as important to achieving the key focus area, but not given a time frame:

- 6.3. Ensure that the Code of Ethics and Standards of Practice have face validity.
- 6.4. Conduct a series of focus groups to ensure that the Code of Ethics and Standards of Practice are user-friendly.
- 6.5. Conduct research to ensure that we have considered a range of codes and protocols.
- 6.6. Develop a timeline for completing the steps involved.

Discussion

- Rather than measuring up to other codes, this one should incorporate the best aspects of other codes.
- Not all codes are created equal. One participant pointed out that the PWG has looked at other codes, finding that there is a wide range. It's important to model best practices and take the best from relevant codes.
- The Code should be used by all stakeholders.

Timelines and Accountabilities

Finished by	Key Focus Area	Initiative
April 2011	2.1	Decide whether or not to combine the Code of Ethics and Standards of Practice.
July 2011	4.1	Review codes globally, including the UN Declaration of Human Rights.
July 2011	6.1	Review a variety of codes and cluster them into categories.
July 2011	6.2	Gather reviews by other national and international associations and counsellor educators in Canada.
Sept 2011	2.2	Create a flow chart showing the relationship of principles to domains to practices.
Sept 2011	3.1	Consult provincially using a grassroots approach (face-to-face and conferences).
Sept 2011	4.2	Consult with ethnocultural communities for guidance generally and on specific wording.
Jan. 2012	2.3	Complete the Code (populate the grid).
Jan. 2012	2.4	Build a decision-making model into the Code of Ethics and Standards of Practice.
Feb. 2012	1.1	Identify experts and seek their input and advice on the validity, utility, and comprehensiveness of the Code of Ethics and Standards of Practice.
Feb. 2012	2.5	Construct a glossary of terms to ensure understanding.
April 2012	5.1	Develop and implement a well-defined public relations strategic plan including modes, when, where, and how (email, website, meetings, etc.)
June 2012	4.3	Engage the services of an expert in plain language editing to ensure clarity.
Sept. 2012	3.2	Develop a technology for validating the Code of Ethics and Standards of Practice.
Oct. 2012	1.2	Consult (inform and receive) with each province and territory through local workshops to determine planned uses of the Code of Ethics and Standards of Practice.



Short term		Medium term		Long term	
April–July 2011	Aug–Oct 2011	Nov 2011– Jan 2012	Feb–April 2012	May–July 2012	Aug–Oct 2012
Decide whether or not to combine the Code of Ethics and Standards of Practice. (2.1)					
Review codes globally, including the UN Declaration of Human Rights. (4.1)					
Review a variety of codes and cluster them into categories. (6.1)					
Gather reviews by other national and international associations and counsellor educators in Canada. (6.2)					
Create a flow chart showing the relationship of principles to domains to practices. (2.2)					
Consult provincially using a grassroots approach (face-to-face and conferences). (3.1)					
Consult with ethnocultural communities for guidance generally and on specific wording. (4.2)					
Complete the Code (populate the grid). (2.3)					
Build a decision-making model into the Code of Ethics and Standards of Practice. (2.4)					
Identify experts and seek their input and advice on the validity, utility, and comprehensiveness of the Code of Ethics and Standards of Practice. (1.1)					
Construct a glossary of terms to ensure understanding. (2.5)					
Develop and implement a well-defined public relations strategic plan including modes, when, where, and how (email, website, meetings, etc.) (5.1)					
Engage the services of an expert in plain language editing to ensure clarity. (4.3)					
Develop a technology for validating the Code of Ethics and Standards of Practice. (3.2)					
Consult (inform and receive) with each province and territory through local workshops to determine planned uses of the Code of Ethics and Standards of Practice. (1.2)					

Communicating the Vision

Connie Gerwing described ways that the Project Working Group and all participants could use to communicate this work to the larger counselling community.

Last time, the PWG communicated the vision to many groups: individual counsellors in Canada; related national professional associations; regulated mental health professions; provincial and territorial associations, colleges, and orders; CCPA and its chapters; provincial government regulators in Nova Scotia, Québec, and Ontario; the Mental Health Commission of Canada; other professions and advocacy groups; the public; and universities. It did this in four ways:

- continually updating information on the CCPA website under “the profession”;
- conducting the cross-country survey of individual counsellors and organizations. An announcement first went out that the survey would be taking place. This was followed by several reminders;
- sending regular updates, including a concise report prepared by the PWG, about the work in progress to all related national and provincial organizations; and
- having participants from the previous symposium communicate with their networks.

Glenn Sheppard said that the audiences for this latest work are quite similar to the previous audiences with a few additions. Participants had been asked to attend because they are well connected to their provincial/territorial professional communities. Dr. Sheppard said that as stewards of the profession, participants would be once again asked to disseminate this information in their home communities.

Blythe Shepard added that the Project Working Group could develop a concise, two-page information piece as it did the last time, but aim this one at the provincial and territorial politicians.

Participants made a number of comments and suggestions for consideration, including the following:

- New Brunswick is moving toward a new model of service for adolescent mental health services. It is critically important for this work to be communicated to those working on that model. The participant said that she was not clear about whether the national mental health roundtable still existed. If it does, this group needs to have a voice at that table as those models.

Dr. Sheppard agreed that this group should be alert to national fora and new networks.

- The Mental Health Commission of Canada should be included, particularly as this group is a national body.

Barbara MacCallum noted that CCPA distributes a lot of information to provincial groups, but is not receiving a lot back. Because regulation is under provincial/territorial jurisdiction, the PWG has been focused at the provincial/territorial level. She asked

participants to let the office know when they talk to groups and present relevant information.

Tony Nash explained that the forms being handed out were short-term and long-term commitment forms. He asked participants to fill out the forms and self-address the envelopes. These are participants' personal undertakings for communication activities they promise to do between now and September and between September and December.

A few participants shared their personal commitments with the larger group:

- I will report to my executive committee next Friday.
- I will speak to the gathering of former presidents of my association next Friday.
- I will write a blog for Counselling Connect.
- I will present these results at the AGM of our provincial association in late May.
- We will set up a meeting with the Department of Health to start work on a legitimate objective under AIT.
- I will talk to a professional organization I belong to, which represents a diverse professional group.

Closing Remarks

Glenn Sheppard said that he and Blythe Shepard were delighted that participants accepted their invitation to the Symposium. "We are a privileged group to be representing the large profession of counselling in Canada," he said, adding that this privilege comes with certain responsibilities.

In closing, Dr. Sheppard recited an Irish blessing and Verlie Wile sang a special rendition of the song *Till We Meet Again*:

Appendix 1: Session Expectations and Evaluation

Session Expectations

What needs to happen at this planning session for this meeting to be worthwhile?

- Given the agenda for our April 14 meeting, we want to have a clear understanding of where the colleges are at in other provinces so that we can present this information to our minister.
- We need to know what is happening in the other provinces.

Session Evaluation

What was the significance of this event for you

- Five pounds!
- I am leaving with a much clearer understanding of AIT and how it affects our profession. It was terrific having the HRSDC people here.
- Comprehension of the AIT process.
- It is important for us to celebrate the work we are doing to position our profession in a way that is easily recognizable to the public, and to communicate our core values, which is to protect them.
- There is still more work to do. This is good news in a way because it's for such a good cause.

What worked well?

- It was a pleasure to hear Verlie sing!
- I appreciated the excellent facilitation.
- I really liked the format.
- The way the two days unfolded. The context-setting pieces were tough at times, but they really helped to set the stage and crystalize understanding of the work that remains.
- I appreciated receiving the materials in advance. It was terrific getting them on a CD.
- I appreciated every person's contribution. We have seen diversity and a lot of commonality.
- The accommodations and food were excellent. This has been well organized.

Where were you frustrated?

- The presentations on the first morning were quite long.
- I was frustrated early this afternoon. I felt as though I was not oriented to the task.

- I was flummoxed after HRSDC's presentation about the limited objective and what this could mean to my province.
- It required a lot of energy to work in English for two days. I'm tired.

Was there anything you heard or saw that surprised or intrigued you?

- I was quite surprised yesterday by the comments about inclusivity and do not understand them. As part of the PWG, I thought our process had been inclusive.

What was exciting for you?

- We have a federation with provinces who drive the regulatory agenda. Some of us have been engaged in this issue for a long time, so it is wonderful to come to this meeting and see the commitment to the profession and those we serve. It helps provide the energy to keep going. There is comfort in the group.
- There is light at the end of the tunnel.
- We agree! Ninety-six per cent agree, which is an amazing statistic in this country.
- I am excited about being a steward.

Appendix 2: Participant List

Dianne Birt	PE
Marian Burris McDonald	NS
Marion Clorey	PE
Rod Cohen	ON
Pat Donihee	NB
John Driscoll	NS
Shelagh Fowler	NB
Mary Fredlund	NU
Connie Gerwing	SK
Glen Grigg	BC
Peggy Hann	NL
Shirley Kendzierski	MB
Ron Lehr	NS
Lorna Martin	MB
Laurent Matte	QC
Joyce Rowlands	ON
Donald Russell	MB
Blythe Shepard	AB
Glenn Sheppard	NL
Duncan Shields	BC
Naseema Siddiqui	ON
Curtis Stevens	AB
Suzanne Stewart	ON
Wade Van Snick	NS
Kevin VanDerZwet Stafford	ON
Anne-Marie Veilleux	QC
Verlie Wile	NS

From HRSDC:

Julie Adam
Grant Barry
Laura Chrapolowski
Philippe Laurencelle
Diane Marina

From CCPA:

Monika Gal
Barbara MacCallum
Nicole Maurice