**FACT-ALBERTA AND THE MENTAL HEALTH SERVICES PROTECTION ACT**

PRESIDENT’S MESSAGE

Congratulations to the FACT Alberta – Steering Committee (Federation of Associations of Counselling Therapists) with the announcement on December 5th, 2018 of The Mental Health Services Protection Act, which passed in the Alberta Legislature. Bill 30 is an omnibus health bill that contains legislation related to the licensing of addictions facilities and the creation of the College of Counselling Therapy in Alberta, which will regulate Counselling Therapists, Addictions Counsellors, and Child and Youth Care Counsellors. This is an important step forward in protecting the public and streamlining access to mental health services.

The Chair of the committee is Nicole Imgrund, who is a CCPA member. Congratulations also to Kathy Offet-Gartner, CCPA Board member for Alberta and the Northwest Territories, Blythe Sheppard, CCPA President Emerita, as well as countless CCPA members and members of other professional associations for their work and advocacy in making regulation in the province possible.

**BECOMING THE 5TH PROVINCE**

Alberta became the 5th province in Canada to
regulate counselling therapy, and joined Quebec, Nova Scotia, Ontario and New Brunswick (who formed the College of Counselling Therapists of New Brunswick on June 1st, 2017) as provinces where counselling and psychotherapy are regulated. This regulation means that the Federal Ministry of Finance can be petitioned to exempt counselling services from the GST/HST, and the CCPA is taking the necessary steps to begin this process.

CCPA has been a leading force in supporting Statutory Regulation for our profession across the country. Our members serve on the Provincial Steering Committees, we provide financial support through our Legislative Support Fund, and our Chief Executive Officer, Barbara MacCallum, shares countless hours providing leadership, knowledge and experience to these committees. I am proud to say that CCPA has and does provide strong leadership for regulation in all provinces in Canada. The current FACT Committees and their chairs are listed below:

**Alberta – Nicole Imgrund**

**Manitoba – Don Russell**

**British Columbia – Glen Grigg**

**Newfoundland and Labrador – Tracy Duffy**

**Saskatchewan - In Saskatchewan, there is a strong and active FACT-SK and steering committee

CCPA ANNUAL CONFERENCE**

I should note that every year at our National Conference, there is a session on regulation across the country. Did I say Annual Conference? The CCPA / IAC 2019 Conference will be held from May 13 – 16, 2019 at the Delta Beauséjour Hotel in Moncton, NB. We are partnering with the [International Association for Counselling (IAC)](https://www.iac-irtac.org/) to bring you an international flavor!

This year’s keynotes include Stel Raven on Queering and Decolonizing Trauma Work: A Path for Two Spirit Wellness, Réginald Savard on the Counselling and Psychotherapeutic Bond and Rupture,
Dr. Andrea Burry on Cannabis: Essentials for
Practice?, Mark Henick on the Mentally Healthy Campus, and Nora Spinks on Families in Canada: What, So What, Now What?

Our conference offers participants a professional development opportunity to meet their needs. It is also a chance for participants to network and share information and best practices. Delegates will have an opportunity to learn about new research,
acquire tools for practice, attend Chapter meetings, and have fun with like-minded professionals.

On our CCPA website, you will find resources to make your stay in Moncton pleasant. Travel discounts, hotel accommodations, social activities, where to eat, and how to become a volunteer are only a [click away](https://www.ccpa-accp.ca/general-continuing-education/annual-conference/).

Wishing you all the best during our season of ice and snow.

John Driscoll
President, CCPA

**HAVE YOU HEARD ABOUT CCPA’S UNIQUE CLINICAL SUPERVISION INIATIVES?**

PRESIDENT-ELECT’S MESSAGE

As I write, I’m pleasantly distracted by the beauty of the winter wonderland on the other side of my window. I am grateful for this “stormy day” and welcome the opportunity to catch up at my desk. As I reflect, it has been a rewarding autumn season filled with creative projects, collaborations and learning. One theme that stands out to me is that of clinical supervision, and in this newsletter, I will describe a few of the ways our association has been engaging with it.

**NATIONAL CLINICAL SUPERVISION SYMPOSIUM**

On November 13th and 14th, CCPA held its firstNational Clinical Supervision Symposium, co-chaired by Dr. Beth Robinson and Dr. Blythe Shepard, and with the assistance of members of the Advancement of Clinical Supervision committee, and our marvelously efficient team at head office. This symposium was an engaging and inspiring professional event, with participants attending from across the country. Amongst others, we observed representation from regulatory colleges, provincial associations, colleges and universities, agencies and community centres, the Council on Accreditation of Counsellor Education Programs, and practitioners serving in a variety of contexts. Dr. Robinson and Dr. Shepard reviewed CCPA supervision initiatives such as the development of the CCC-S designation; the CCPA-sponsored clinical supervision course (offered through the University of Lethbridge); clinical supervision resources such as our text book, handbook, self-study manuals, webinars, and articles; introductory, intermediate, and advanced level workshops; and the national clinical supervision competency framework project. The symposium featured thought provoking Round Table presentations on topics such as the use of technology in supervision; supervision policy and practice in organizations; professional development of supervisors; and supervision in rural, remote, and northern contexts. I particularly enjoyed participating in the Conversation Cafés which encouraged creative and critical thinking on subjects including research, ethics, regulation, and the national framework project. The conference was full of rich learning and provided a unique space for new networks and collaborations to form across the country.

**CCPA SPONSORED SUPERVISION COURSE**

As the current cohort nears completion of the graduate level CCPA sponsored supervision course, another began in January 2019 with Dr. Blythe Shepard. During 2018, this course was offered twice as a result of demand for the course. Clinical supervisors continue to report their exponential growth as a result of completing this course, and it is always inspiring to hear how their learning affects their practice. This course fills an important gap, as the majority of clinical supervision courses are offered in doctoral programs.

Following completion of this course, students often consider applying for the Canadian Certified Counsellor-Supervisor (CCC-S). This designation was created by CCPA for the purpose of establishing a recognized credential of professional supervision competency; promoting professional credibility of clinical supervisors; assuring the public, employers, regulatory colleges, and practitioners of a minimum standard of competency in clinical supervisors; promoting the delivery of competent, professional clinical supervision services; and promoting continued professional development for clinical supervisors. To learn more about the CCC-S, and how you can apply or work toward obtaining this unique designation, please find more details [here](https://www.ccpa-accp.ca/membership/supervisor-certification/).

Until next time, may this beautiful new year of 2019 be filled with an abundance of health, happiness, love, prosperity, learning, and growth.

With Gratitude, merci beaucoup, Wela’lin,
Woliwon!



Jenny L. Rowett,
PhD Candidate, LCT, CCC-S
President-Elect, CCPA

**NOTEBOOK ON ETHICS, LEGAL ISSUES AND STANDARDS FOR COUNSELLORS & PSYCHOTHERAPISTS: ARE A PSYCHOLOGIST’S ANONYMIZED PEER REVIEW NOTES ABOUT A CLIENT THE PERSONAL INFORMATION OF THAT CLIENT? AN ANSWER FROM THE PRIVACY COMMISSIONER OF CANADA**

BY DR. GLENN SHEPPARD

**THE PIPEDA**

In 2004, I wrote a Notebook in which I introduced members to the **Personal Information Protection and Electronics Document Act (PIPEDA)** and its implications for counsellors and psychotherapists. This Act has been in effect since January 1, 2004. It… *sets out the ground rules for the collection, use and disclosure of personal information in the course of commercial activities… [and] balances an individual’s right to privacy with an organization’s needs for personal information for legitimate business purposes.*

The types of personal information covered by the PIPEDA include:

* *Age, name, ID numbers, income, ethnic origin or blood type;*
* *Opinions, evaluations, comments, social status or disciplinary actions;*
* *Employee files, credit records, loan records, medical records, existence of a dispute between a consumer and a merchant, intentions (for example, to acquire goods or services, or to change jobs)*

And it also states that:

*Individuals should also be assured that their information will be protected by specific safeguards, including measures such as locked cabinets, computer passwords or encryption.*

The provisions of this legislation applies to all professional practitioners working in private practice because of its intended application to all commercial activity in Canada. However, it does not apply to professionals who work in the public domain such as public educational institutions, hospitals and local governments. Of course, they must comply with any relevant provincial legislative statutes and with their ethical code of conduct.

**COMPLAINTS TO THE OFFICE OF THE PRIVACY COMMISSIONER OF CANADA**

When an individual believes that there is a breach of their privacy or an unwarranted denial of access to their personal information under the PIPEDA, they may complain to the individual or organization that committed the alleged breach or denial. If there is not a satisfactory outcome, a complaint can be made to the Office of the Privacy Commissioner of Canada, which will address any such complaint by adhering to the following guidelines:

*Whenever possible, the Office of the Privacy Commissioner of Canada seeks to resolve disputes through investigation, persuasion, mediation and conciliation. This approach can be less intimidating to complainants and less costly to business than going through the courts.*

*In some cases, where a complaint has the potential to be resolved quickly, it is referred to an early resolution officer. The early resolution officer works with both parties to resolve the complaint. In some cases, an issue that would have taken months to resolve through the official complaint investigations process can be resolved in a matter of days.*

*If a resolution cannot be found, the complaint is then investigated and the Office of the Privacy Commissioner of Canada issues a report of findings.***THE RESULTS OF A COMPLAINT MADE TO THE OFFICE OF THE COMMISSIONER BY A CLIENT AGAINST HER PSYCHOLOGIST**

A client requested that her psychologist provide her with a copy of her personal psychological record. Upon receipt of her record, the client believed that it was incomplete because information from the psychologist’s consultation with a number of psychologists about the client and her work with her was missing. Apparently, the psychologist had prepared some notes based on her professional work with this client and shared them with these other professionals, referred to as her peers, to inform the consultation, to which they responded. In this case, these notes were labelled as “peer review notes.” The psychologist took the position that the notes from these consultants did not contain information sufficient to identify the client. She claimed that she had reviewed the notes and had removed any information that might identify her client. In her view, the notes were in this way made anonymous, or in the language of this case, were “anonymized.” So, she declined to provide access to them nor would she name the consultants. The client did not agree and lodged a complaint regarding this disagreement to PIPEDA Office of the Privacy Commission.

In the Assistant Commissioner’s investigation of this client’s complaint, the first determination was whether or not the requested information was personal information “about an identifiable individual.” She expressed the view that, in this case, a broad interpretation of the definition of personal information was warranted. The test for the judgement in this instance was whether or not there was a credible possibility that the information could subsequently be linked back to an identifiable person, namely the client. In a PIPEDA Case Summary of the decision regarding this complaint, the conclusion was stated that such an identification was possible. It is expressed as follows:

*The peer review notes were about an identifiable individual because it was possible to link the de-identified data back to the complainant. The conclusion was reached on thee basis that both the psychologist and the complainant knew who the notes were about. The notes clearly related to the complainant’s treatment and relationship with the psychologist. They described details of conversations between the individual and her psychologist, including personal information about her that she had shared with the psychologist, and the psychologist’s and her peers’ views about the individual and her conduct. As it was possible to link the psychologist’s peer review notes back to the complainant, they qualified as information about her and was her personal information in keeping with the definition.*

Therefore, the decision was taken that the client had a right of access to the peer review notes. In summary, the Assistant Privacy Commissioner issued the following decision:

*As the notes in question were her personal information, the complainant had a right to access them. It was recommended that the psychologist provide the complainant with access to the peer review notes. In particular, she determined the access should include:*

* *The facts that the complainant had provided to her psychologist about herself;*
* *The interpretation of these facts by her psychologist;*
* *The views and opinions expressed by the psychologist and her peers about the complainant’s conduct; and*
* *The names of these peers*

With respect to the decision to require the disclosure of the identities of the psychologists who were consulted about the client, the Commissioner’s position is stated as follows:

*With respect to the private interest of the patient versus the private interest of the psychologists, the private interest of the individual complainant to obtain access to her personal information contained in the psychologist’s notes was far more compelling than the private interest of the psychologists. The psychologists’ interest to withhold their identity and their views about the complainant appeared to be of little significance. They had been consulted in their capacity as professionals and provided professional advice as they are regularly called upon to do. Providing such advice is part of their professional responsibility, which they are required to carry out as an obligation to their patients and to their professional licensing body.*

Having concluded that the complaint in this case was well founded, the Privacy Commissioner filed a notice of application to the Federal Court under Section 15 of the PIPEDA seeking a declaration from the Court that the psychologist comply with the findings as stated above.

The psychologist did not contest the findings in the Court but decided to comply with them. This case was a significant decision under the authority of PIPEDA and it is relevant not only for psychologists but for counsellors and psychotherapists in private practice. For more information on this, please visit the
[Privacy Commissioner of Canada](http://www.privcom.gc.ca).

**STONE SCULPTURE: A POTENT PROCESS FOR PROMOTING AWARENESS, INSIGHT, AND CHANGE**

BY BETH ROBINSON, PhD, RPsych, RCT, CCC

**INTERPROFESSIONAL EDUCATION AND SURVIVORS OF VIOLENCE: WORKING ACROSS PROFESSIONAL BOUNDARIES**

Earlier in my career, I was fortunate to have the opportunity to participate in a thought-provoking and growth promoting workshop titled **Interprofessional Education and Survivors of Violence: Working Across Professional Boundaries**. The workshop was held at Memorial University’s Health Sciences Centre in St. John’s, NL, and was facilitated by Philippa Sully, PhD, a Visiting Scholar from City University in London, UK.

Dr. Sully’s workshop focused on interprofessional collaboration and was attended by medical and mental health professionals representing an assortment of education, training, and practice backgrounds. One of the workshop activities required us to assemble in groups of eight or so, and to “sculpt” with beach stones various scenes depicting interprofessional collaboration. When these sculptures were complete, each group shared a narrative with the others in the room to accompany their visual portrayal of interdisciplinary teams in action.

I found this to be a powerful exercise at both individual and group levels, on which invited contemplation and generated rich discussion related to interprofessional practice. Additionally, I had come to associate the property of transferability with many successful learning activities encountered in workshops and conferences and had discovered that these activities often readily lend themselves to adaptation. Stone sculpting was no exception. With minimal modification, I have since incorporated stone sculpture in workshops and graduate classes. For example, I employed it in a workshop with educational assistants in the public school system who were struggling with issues around professional identity and role. I’ve used it in Group Counselling classes in which master’s students are asked to depict various stages in group work (e.g. Tuckman’s forming, storming, norming, performing, and adjourning stages of group development). My sense is that stone sculpture can be implemented in sessions with clients and supervisees in much the same way that sand trays are used.

**THE STONE SCULPTURE ACTIVITY**

My adaptation of the collaborative stone sculpture activity is as follows: groups of six to eight participants gather at a table, and they may choose to sit or stand to work on the sculpture. Each group receives the same number of stones; I may place thirty stones at each table or ask each participant to select a predetermined number of stones (usually four or five per person). The stones vary in size, shape, colour, and texture; any of these characteristics may be salient to the sculpture. As I deliver verbal instructions to participants, I inform them that each group will be asked to “present” their sculpture to the whole group and describe their experience of creating it. Groups might also be asked to decide upon a title for their sculpture.

In stone sculpture activity, both the product and the process are significant. Once the sculptures are complete, each group starts with a presentation of their product and all group members are encouraged to contribute to the description and explanation of the sculpture. It is through this collaborative presentation of the creative product that details emerge about meanings attached to the size, shape, colour, and texture of individual stones; symbolic meanings attributed to individual stones, clusters of stones, and the whole sculpture; the rationale for the selection and placement of particular stones or clusters; themes that surfaced; assumptions that were made; and questions that arose.

**ANALYSIS OF STONE SCULPTURES**

After each group has had a turn to present its sculpture, the group members are asked to rotate through descriptions of their group process and dynamics. This is where facilitators need to exercise judgement about the appropriate breadth and depth of analysis to be promoted via sharing with the whole group. Depending on the readiness of each individual (intrapersonal considerations) and the group as a whole (interpersonal considerations), some questions may be better suited to written reflection in a private journal format or as a confidential submission to the facilitator. For example, how did group members decide on a process for creating the sculpture? Was this communicated explicitly or implicitly? Did the group encounter any challenges related to process or product? Is there anything that would have made the task easier? More satisfying? Was it more challenging to begin or to complete the sculpture, and why? Did group members assume different roles in undertaking the task? If yes, what were the roles? How was leadership demonstrated in the creative process? What was observed about participation levels and patterns? Did group members feel that their ideas were heard, valued, and incorporated? Did any members hold back on offering their ideas or asserting their wishes? If yes, why? If another medium were to be substituted for the stones, what would group members choose? What did group members learn about themselves, about others, and about group process?

**STONE SCULPTURE ACROSS VARIOUS FIELDS**

Stone sculpture is an activity that holds particular appeal to me because its flexible applicability permits investigation of almost any counselling-related issue. The activity may be undertaken with clients, students, supervisees, colleagues, or workshop participants. It can be modified for use with an individual, couple, family, group, class, or organization. Stone sculpture does not require financial outlay: stones may be picked up in one’s driveway, on the side of the road, while hiking or beachcombing, etc. Stone sculpture is a creative undertaking that does not generate self-consciousness about performance; the common refrain that “I’m not an artist” or “I can’t draw” is not elicited. Facilitators determine the optimal breadth, depth, and manner of in-session analysis of process, with attention to intrapersonal and interpersonal dynamics and time available for processing. Stone sculpture can be employed to explore new issues or revisited to track progress related to an ongoing issue.

I believe that stone sculpture is a potent process that can stimulate self and other awareness, insight, and change at individual, group, and systems levels. It can serve as a springboard for needed and sometimes difficult conversations, and it can help to move participants beyond a state of “stuckness” to consider new possibilities.

If you have not yet done so, I invite you to consider adding stone sculpture to your counselling repertoire. I am quite certain that you’ll find it a most fascinating experience.