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COGNICA

THE CANADIAN COUNSELLING AND PSYCHOTHERAPY ASSOCIATION

In this edition

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All submissions are welcome for consideration. Those accepted will be subject to editorial review prior to publication.

Moving Forward with Actions that Support Anti-racism

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

As I write, a fresh snowfall has arrived in all of its beauty, reminding me that the winter season is indeed here to stay, and it is time to bring out my snowshoes. The hopes and dreams of a brand new year await; always a very exciting time for me personally, and as I reflect upon all that CCPA has planned for the year ahead. One project that we are very excited to grow and expand during the year ahead is our anti-racism initiatives.

Although many grassroots anti-racism initiatives have been supported regionally, there was a desire for us at CCPA to engage in increased national level initiatives. During the summer of 2020, we received valuable suggestions from members, including our treasured staff members at the National office for actions that our association could take in support of our BIPOC members and anti-racism efforts more broadly. Among these were the idea of creating safe spaces for "brave conversations" for BIPOC identifying members; the first of which was a facilitated panel and open discussion held via Zoom during October, called "The Costumes We Wear." Plans are currently being made for the second panel, and the possibility of regular panels and/or conversation circles for BIPOC members. Early in the new year, we are also planning a panel that will be open to all members, with the purpose of creating critical self-reflection on topics such as cultural positioning, cultural safety and allyship, and anti-oppressive practices.

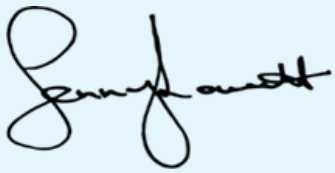
Our staff at the National office is also engaging in actions such as anti-racism training and the recent examination of White fragility: *Why it's so Hard for White People to Talk about Racism by Robin Diangelo during a book club review.* I'm really looking forward to continuing these brave conversations surrounding the content and themes of this book during 2021. Diangelo critically unpacks the phenomenon of white fragility, how it is developed, how it protects racial inequality, and what we can do about it.

Additionally, an anti-racism advisory group is currently being formed which will take on the role of reviewing and vetting suggestions that support actions toward anti-racism within our associa-

tion. As an example, the possibility of creating a BIPOC special interest Chapter has been brought forward and will be explored in 2021. There is much to be excited about, and much more work to do as we move forward in the spirit of identifying and eliminating racism by changing systems, structures, and anti-oppressive policies, practices, and attitudes.

May this brilliant new year ahead bring you and your communities of loved ones an abundance of holistic health and wellness, courage, love, wisdom, happiness, prosperity, and many opportunities for learning and growth. May your days be filled with everything that brings you joy and ease of well-being!

Merci Beaucoup, With Gratitude,
Wela'lioq, Woliwon!



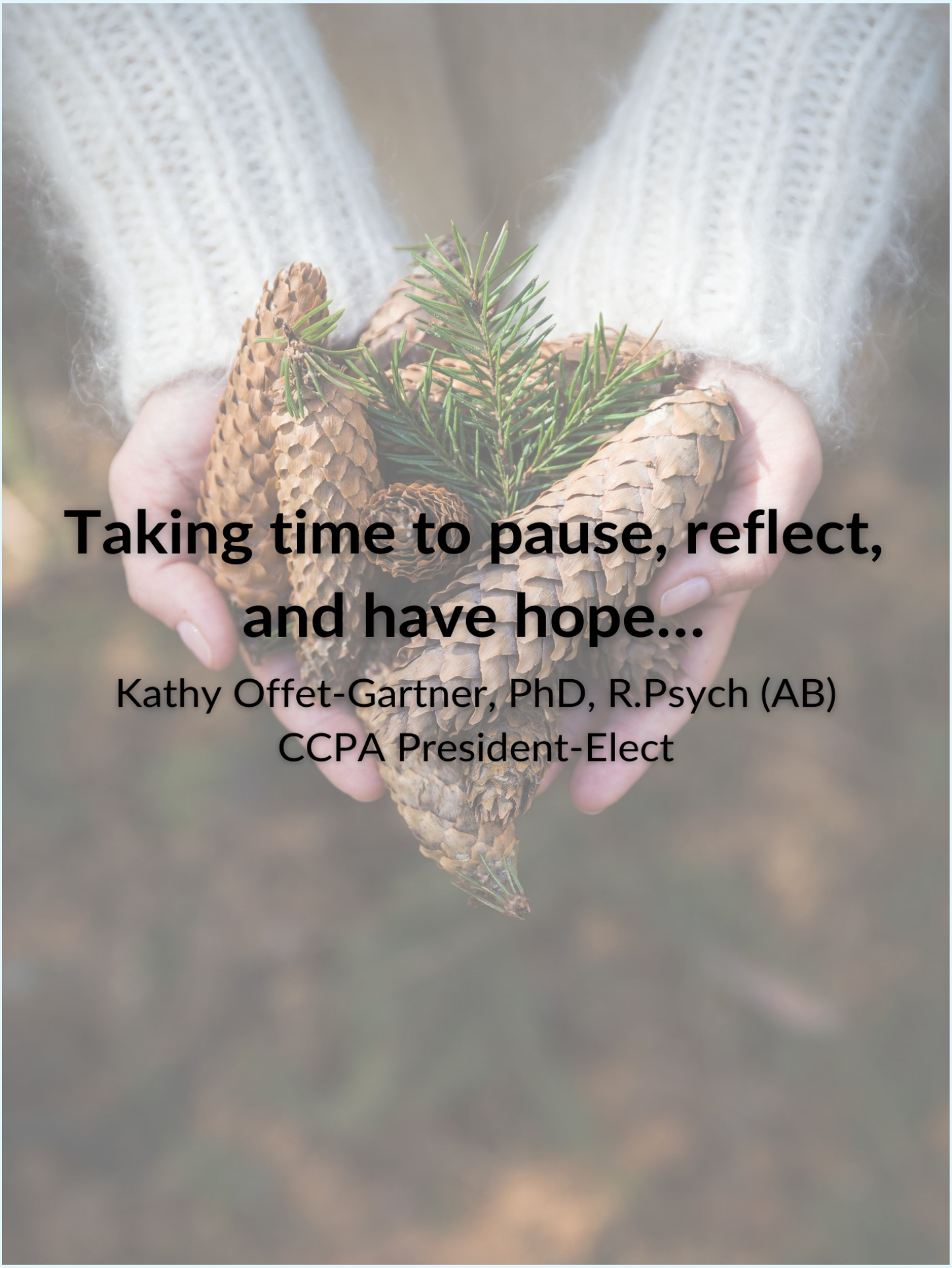
Jenny L. Rowett, PhD, LCT, CCC-S
President, CCPA

Discover

CERTIFICATION SELF-ASSESSMENT TOOL

CANADIAN COUNSELLING AND PSYCHOTHERAPY ASSOCIATION

L'ASSOCIATION CANADIENNE DE COUNSELING ET DE PSYCHOTHÉRAPIE



Taking time to pause, reflect, and have hope...

Kathy Offet-Gartner, PhD, R.Psych (AB)
CCPA President-Elect

> *Serenity Prayer:*
>
> *God grant me the Serenity to accept the things I cannot change*
>
> *The Courage the things I can, and*
>
> *The Wisdom to know the difference. (Reinhold Niebuhr, n.d.)*

As I reflect on 2020 and what 2021 will bring, I wonder what the year has meant to us; what joys did it bring; what sorrows? I often reflect on what stood out in terms of achievements, significant shifts in my thinking or one of my clients, often realizing that thoughts of client's break-throughs, or accomplishments like achieving their degrees and walking across the convocation stage (I practice at a university counselling centre) brings an immediate smile to my face and a warmth in heart that is automatic and soul-filling. This joy feeds my own well-being, for my love of this profession continues to grow despite nearly four decades of growth.

I also take time to reflect on the not so happy moments, when things didn't go well for me, one of my family, friends, or clients. The times that are especially poignant for me to reflect on are those when I feel I could have done something different, or perhaps when I didn't have the opportunity to intervene as I had wished, or that was completely out of my control—these are the times when acknowledgement and acceptance of my limitations and the realities of what is not in my control is vital. These are the times I am appreciative of the wisdom of the Serenity Prayer.

I have had to use the Serenity Prayer more times in 2020 than I care to count. This past year has been a challenge for so many, one which so many lives have been affected; lives changed physically, mentally, emotionally, spiritually, financially, and sadly even fatally.

As I sit trying to decide what to write; how to offer words of hope, I am struck by how different this season and time in our lives has been, is now, and will be and will continue to be as we make our way through 2021. As I sit and contemplate "what is really important to focus on right now?", my own heart struggles with my typical positive propensity and the longingness for normalcy, for good health for all, and for all to be happily preparing to host family, friends, neighbours and colleagues during what is normally a very socially connected season. While all is certainly not lost, and there is still lots to celebrate, it will continue to be different! I must acknowledge that there are too many families who will not see loved ones again, who have lost friends, or colleagues to this dreaded disease or others that continue to ravage our bodies.

Although Canada has faired better than many countries, we are rapidly and exponentially gaining ground on the grim milestones of active cases, those in the ICU, and those who have succumbed. We have learned all too well how vulnerable and poorly cared for those who are aged; those who rely on the assistance of others to care for their basic needs; of those who are without a home; or who lack resources and/or supports to protect themselves from the tyranny of

violence, addictions, mental illness, or other afflictions outside of their control. We also know of the exhaustion and exasperation of those who work in the various forms of health care. As I sit and ponder all of this and wonder what is truly sacred in this world, I am reminded to focus on what is in my control, what can I change, what can I offer and how can I take the many lessons from this past year and look to 2021 to be better.

I choose to look forward, to take the reflections and teachings from 2020 and make resolutions and set goals that focus on the many gifts this period of forced isolation and virtual connection has brought me. It is not that I want to ignore or hide my head in the sand of the pains of this past year, on the contrary, my mission is to use those to ensure I do my part to help, to do what is in my control, to focus on that which I can change, asking for the wisdom to know the difference.

Wisdom guides me to focus on the positives, on what have I learned? What do I know for sure? What are the gifts I have received? Without a doubt, I land first on my family, whom I adore and love so deeply. I can get lost in missing them, in missing the benefits of human touch, of hearing my grandchildren's laughs, or watching their wonderment at seeing something new or the mundane, like splashing in a puddle. And then I remind myself, "this too shall pass" and I will be able to safely visit and hold them near again…"patience, stay the course, together, we will beat this beast, if we all do our part!" I think of the many I call "friend", some of which I actually refer to as my chosen family—those who I love as if we were biologically connected and care for with an intensity that is deep and easy to percolate. Of a profession which has gifted me far more joy, peace, privilege, and absolute satisfaction than I could ever have imagined. 38 years and I still genuinely love what I do and who I do it with. I am so very blessed! My love for this profession has brought me all of you—my CCPA family. For CCPA is like "home" for me—a place where I feel connected, cared for, and nurtured; where, in turn, I get to care for, nurture, and encourage right back. Yup, as I sit and take pause, I reflect on how even with many, many knocks, losses, and not so pretty parts, my life is one of abundance, opportunities, love, and gratitude. I live wholly, fully, and with both my head and heart. I know, perspective is in my control and it is everything!

I think of the many "new" ways that technology has been used to replace in-person connections and meetings, ways that have allowed us to still do our work, volunteer, hold family and social gatherings while also being safe. We have learned so much about the human spirit and capacity for both resilience and innovation! I wonder how we will take all that we have learned and use it to continue to assist and connect with others even when we return to in-person ways of being. I hold hope!

As I take time to pause and contemplate what I wish for others —I wish for all to find what is important to them and to find those who can offer the supports, resources, and caring needed to help them achieve all that they wish for. I wish for peace, for good health, for a cure, and for relief of the massive amounts of suffering we are seeing and feeling throughout the world. I wish for 2021 to be a year of renewal and growth.

> *"For CCPA is like "home" for me—a place where I feel connected, cared for, and nurtured; where, in turn, I get to care for, nurture, and encourage right back."*

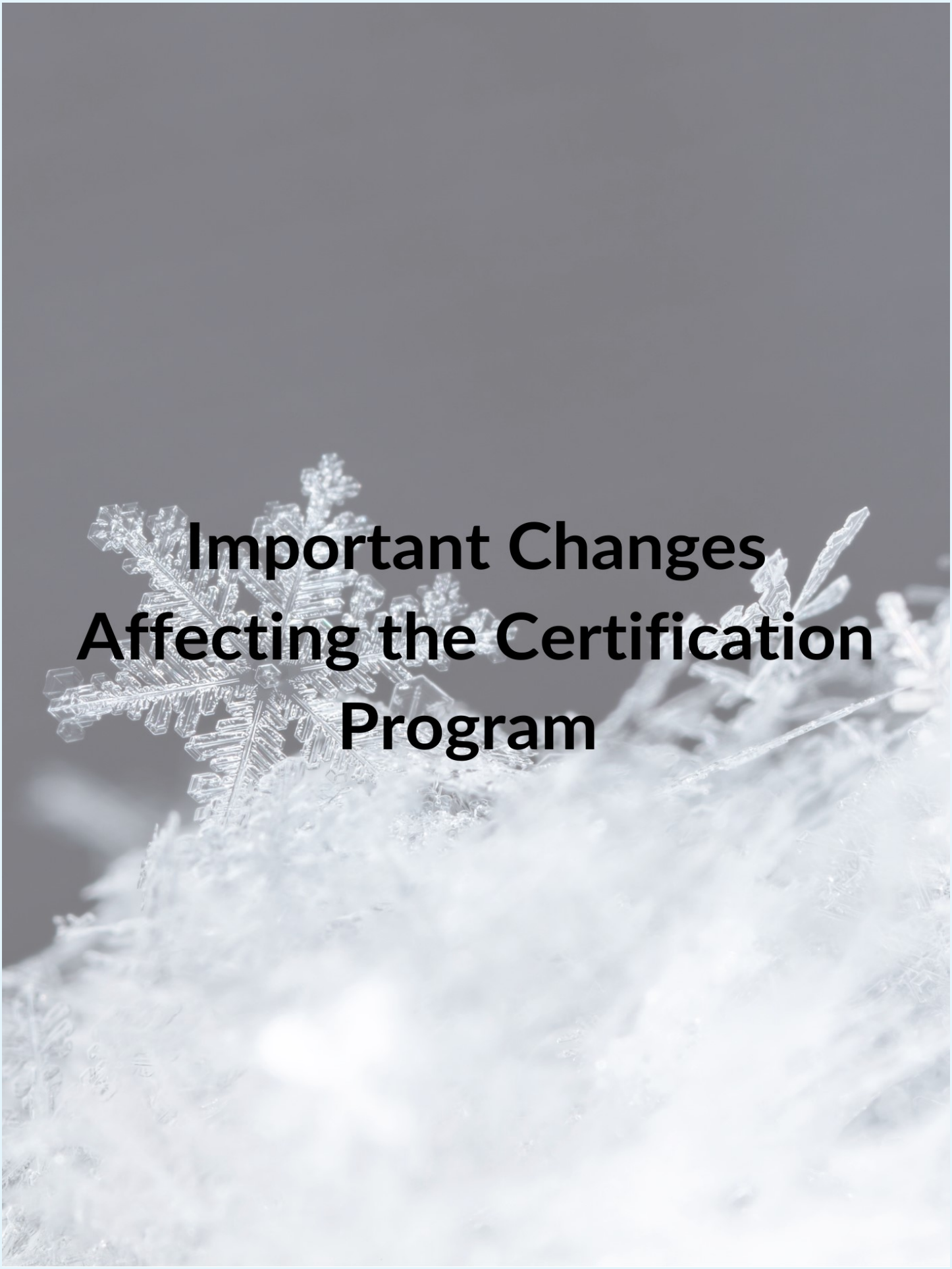
And lastly, as I take time to pause and reflect, I know how we as counselling professionals have been working hard to assist others. I know some are taking on more clients than normal, working long hours, frustrated by long wait lists for some services they know their clients would benefit from. While others have struggled to hold on to their practices, waiting, willing, and capable, yet unable to help for the inability of clients to pay out of pocket because of the lack of adequate coverage for mental health supports. Many are seeing people with such heavy stories; such despair and hopelessness has rarely been so prevalent and so pervasive. It behooves me to remind all of us care-givers to take time to care for ourselves, to really care for ourselves in ways that bring us peace, joy, and renewal. So, my last wish for each of us in this edition is to hope that we collectively take the time to care for ourselves with a fervor that we would offer to our most beloved. To gift and treat ourselves first and with abandon and thrill. For I know we have all worked hard and this pandemic has only touched the surface of the mental health issues that will last long beyond the physical impacts. We need to prepare ourselves, strengthen our souls, our hearts, and minds. Afterall, we are the frontline of mental health support in Canada and we are all unsung heroes—so know how very important and valued the work we do is!

As I take time to pause today, my hope for everyone is good health, the happiness, gifts of connection, and the hope for a bright 2021!

With love and gratitude!

Kathy Offet-Gartner, PhD, R.Psych (AB)

CCPA President-Elect



Important Changes Affecting the Certification Program

The following are changes recently adopted by the Canadian Counselling and Psychotherapy Association (CCPA) affecting our certification program.

CCPA had assigned a taskforce to review the impact of Covid-19 on practicum education and updated other aspects of the practicum training requirements. The recommendations of the Task Force have recently been approved by the board of CCPA and some come into effect immediately.

Below is a list of those recently approved changes with a short description and the date at which the changes come into effect.

Watch this webinar to get an overview of the changes.
Click here to view the slides that were presented.

1: Practicum courses will require a course seminar and evaluation component

A course seminar component will connect practicum sites to the university in order to enhance student learning and experience. Practicum education will also need to include a formal evaluation of the student's skills and competencies.

Please contact CCPA if you have any questions or concerns about this requirement, which will come into effect in two years in an effort to provide time to adjust course standards if necessary.

Effective date: September 1, 2023

2: Disclosure of any concerns regarding competencies

Certification policies will require supervisors, professors and references to disclose any concerns that they have about the applicant's fitness to practice. A section for disclosure will be added to the CCC Practicum and CCC Reference forms.

Effective immediately

3: Clinical practicum supervisors can be located off site

The practicum must be completed under the oversight of a primary clinical supervisor who is qualified by CCPA standards. Clinical supervisors can be located off-site.

Effective immediately

4: Re-define eligible clinical practicum experiences

CCPA strongly encourages that practicum placements emphasize "relational processing" clinical activities that focus on the development of the above skills. "Relational processing" activities requires:

- the building and maintenance of a therapeutic alliance,
- the development of the counsellor's personal style and orientation to counselling,
- are based on foundational clinical skills,
- emphasize transferrable skills,
- allow the client and therapist to experience the various stages of therapy,
- provide a continuity to therapy from session to session,
- provide in-vivo experience (virtual and/or in-person),
- include the delivery of interventions, and

go beyond intake and assessment.

Activities completed during students' practicum which involve clinical activities that do not fall into this description, such as intake, assessment, psychoeducation and asynchronous clinical work, will be capped at 25% of the portion of direct client counselling hours required by CCPA. The aim is for practicum placements to provide students with ample opportunity to develop foundational to entry to practice skills through relational processing clinical activities.

Effective immediately

5: Virtual practicum placements

Virtual practicums where clinical services are provided exclusively online are acceptable if they meet the relational guidelines outlined under #4 (above).

Effective immediately

Fostering Inuit IsumajâtsiagutiKannik-Fostering Inuit Healthy Minds

Diane Obed, in converstation with Andrea Currie

Fostering Inuit IsumajâtsiagutiKannik[1] - Fostering Inuit Healthy Minds

Diane Obed in conversation with Andrea Currie

A conversation about Inuit realities and mental health between Diane Obed, an Inuk from Nunatsiavut who works in the fields of Indigenous Health and Education in K'jipuktuk (Halifax), Mi'kma'ki (Nova Scotia), and Andrea Currie, Saulteaux Métis from Manitoba who is a member of the Elders Circle of the Indigenous Circle Chapter of CCPA.

Inuit, translated as "the people", are one of various Indigenous Peoples who live in the Arctic. Inuit Nunangat - the official Inuttitut term used for the four regions and territories (Nunatsiavut, Nunavik, Nunavut and Inuvialuit) are Inuit homelands in the country now known as Canada. Inuit Nunangat refers to the "land, water and ice" of Arctic regions that are essential to Inuit culture and ways of life (ITK, 2009).

"It's felt like the world over has a developed a collective amnesia about the global systemic oppression and genocide of Indigenous peoples, and when the public are just awakening to the world of Indigenous cultural genocide […]"

Andrea: Diane, I am so grateful to you for agreeing to take the time to help us members of the Canadian Counselling and Psychotherapy Association grow in our understanding of our Inuit relatives. One of the reasons a group of us in the Indigenous Circle Chapter decided we needed to commit to learning more about Inuit culture and mental health issues, was hearing from a staff person at the ITK (Inuit Tapiriit Kanatami) in response to the release of our Indigenous Mental Health Issues Paper, that most Inuit people would not include themselves in the term 'Indigenous'. Can you speak to that?

Diane: Yes, I can to some degree, however my perspective may differ from the staff person who pointed this out, and so I cannot speak on behalf of anyone else but myself. There are several reasons for this. One, this has real world consequences for us in terms of access to resources, access to our distinct cultural approaches to wellbeing and health care, and culturally relevant education. In the past, the federal government would either overlook Inuit completely, leaving Inuit ineligible for the majority of Indigenous-specific funding, or channel Inuit-specific allocations through bilateral agreements with provinces and territories in which Inuit people live. If we are homogenized and grouped into the broader term of Indigenous we can get lost in a monolithic world of Indigenous politics. It's important to take a distinctions based approach that acknowledges and makes visible the distinct histories, needs and nature of Inuit communities and culture. Another reason could be about having the right to identify ourselves in ways that we feel is representative of how we wish to choose to self-identify, rather than being externally labeled without our say or permission.

Andrea: One of the questions you identified as you and I were corresponding about doing this article together was: What does it mean for Canadians and settlers to not have to know the basic demography of who the original inhabitants are of the places we live? Of Inuit nunangat? (Inuit homelands)

Diane: It's felt like the world over has a developed a collective amnesia about the global systemic oppression and genocide of Indigenous peoples, and when the public are just awaken-

ing to the world of Indigenous cultural genocide, it can be easy to be drawn into grand narratives and dominant discourses developed that focus primarily on First Nations histories, while it's important for all Canadians to learn about First Nations histories, it can become commonplace to overlook the specific Inuit history here in Canada. It seems as though Canadians often feel that Inuit history is not our collective history. The education system has denied us the truth about our collective histories. We Inuit know that the federal and local governments, through recent discovery of prior policy documents, actively suppress information about their policies that aim to dispossess us of our right to speak our language, policies that mandated removing us from our lands and our families.

Through this process, I have come to more fully understand that the Canada I live in, as an Inuk living here in the south is not the Canada that Inuit experience in Inuit Nunangat. In the eyes of the state, through law, policies and practice, we are not seen or treated as equals with our own legal, governance, and social systems that have promoted our own collective cohesion for generations. This is what colonialism is, it's about control and domination for purposes of accessing lands and exploiting the lands.

The invisibility and erasure that results is part of a process that normalizes the dehumanization of Inuit and part of what makes it possible to ignore our daily lived experiences of structural inequities such as poor housing conditions, higher rates of tuberculosis, food insecurity, and lack of adequate and quality mental health care to address the adverse health impacts of identity and land dispossession.

Andrea: What's your sense of what it will take for this to change?

Diane: One of the first things that needs to happen is we have to learn to actively listen, hear our truths, and hold these truths, even if they feel unsettling. We need authentic honesty, empathy, advocacy and resources to address historical and ongoing harms.

"We need authentic honesty, empathy, advocacy and resources to address historical and ongoing harms."

In terms of more fairly allocated resources that can be used most effectively, the ITK leadership has worked hard to get to the point where decisions about the spending of federal money earmarked for Inuit are made by the ITK Board. This is crucial for Inuit self-determination. There is communication between elected leaders of Inuit organizations and the federal government, to identify needs and priorities, then the government makes a funding commitment, then the elected leaders of the four Inuit land claim organizations decide where the money needs to go. This is a step in the right direction toward self-determination.

Refusing to cooperate with the way the dominant culture in Canada renders us invisible is another one of the first steps to better understanding Inuit mental health because when we are systemically and interpersonally disregarded and erased, viewed as being unnecessary to learn about, what happens is that many of us have internalized these beliefs. This can turn into self-diminishment and self-harm which means denying myself mental and emotional space to grieve the losses that come from not being seen and heard. This is disenfranchised grief, grief that is generally not openly acknowledged, socially accepted or publicly mourned. One's grief is disenfranchised when the broader society makes them feel their loss is not valid or significant. This

causes more layers of immense trauma and shame. Self-denial, self-betrayal, and self-hatred can result in anger, rage, depression, suicide, isolation, and numbing. One of the most fundamental characteristics of trauma that I noticed in myself is self-blame. This can cause anxiety and low self-worth, which can then turn into what I noticed in myself, a people pleasing tendency to keep the peace with white folks, or those who may represent authority.

We must be supported in taking responsibility and ownership over our own healing, we do not need pity, saviourism or paternalism. We need Canadians to do their own unlearning work of assuming superiority, dominance and control, Intuitive with body language, and we are sensitive to subtle cues, to the land. The Arctic landscape

"We carry the burden of healing ourselves, all while continuing to face ongoing oppressive relational dynamics. We need a critical structural lens to look at mental health."

can often offer quiet sanctuary, so culturally, we don't always feel the need to take up noise and conversation in social spaces and so are comfortable with being in presence with others without always talking.

Andrea: Why is it important and necessary for everyone in the country now known as Canada to have this knowledge?

Diane: We carry the burden of healing ourselves, all while continuing to face ongoing oppressive relational dynamics. We need a critical structural lens to look at mental health. Access to housing is a mental health issue, food access, access to healthcare is a mental health issue.

Andrea: Absolutely. The social determinants of health have a huge impact on mental wellness and healing. As Indigenous peoples in the south have specific determinants of health – ongoing racism, living in an ongoing colonial relationship – Inuit people have specific social determinants of health unique to your history and current reality. What are some of the critical issues we need to address?

Diane: We need to be trauma-informed, recognizing that trauma is a valid and natural response to genocide. How do we engage in more trauma-informed ways in our relationships? How am I taking up space?

Andrea: These are crucial questions for us to ask ourselves. What am I doing, consciously or unconsciously, when I decide where and how I will show up in response to these challenges? Or when I don't respond, either through lack of knowledge or indifference. There is no 'neutral'. I am either aware and helping to dismantle the barriers to health that colonization has created, or I'm part of the problem. Because not responding is to perpetuate the erasure of Inuit people from our collective consciousness. We have to commit to leaving that state of collective amnesia you mentioned earlier.

Diane: And we need to be thinking about how we can begin processing and changing generational patterns of learned behaviours that we've all inherited in regard to Inuit and Indigenous peoples. What does reconciliation mean between Canada and the original peoples? How do we actively reflect upon our own relationships to how we came to settle in this country? What work and questions do I need to engage in? Am I in denial? And to work through denial, we can ask: what truth am I resisting? What emotions am I actually experiencing? What relationships am I trying to protect? What resources, what entitlement am I trying to protect? What am I struggling to let go of? What am I scared of? What am I

sacrificing if I don't implement change?

Andrea: Miigwech for your generosity, Diane, in giving us so much to think about. Would you like to leave our readers with a few last words?

Diane: It may not be your fault that you were denied learning this history, but you are the beneficiary of a history based upon clearing our lands, our bodies, our sovereignties from where you now live, and many people continue to have an investment in not seeing any of that. It is our responsibility to learn about this land's original peoples to understand who we are.

FOR FURTHER READING

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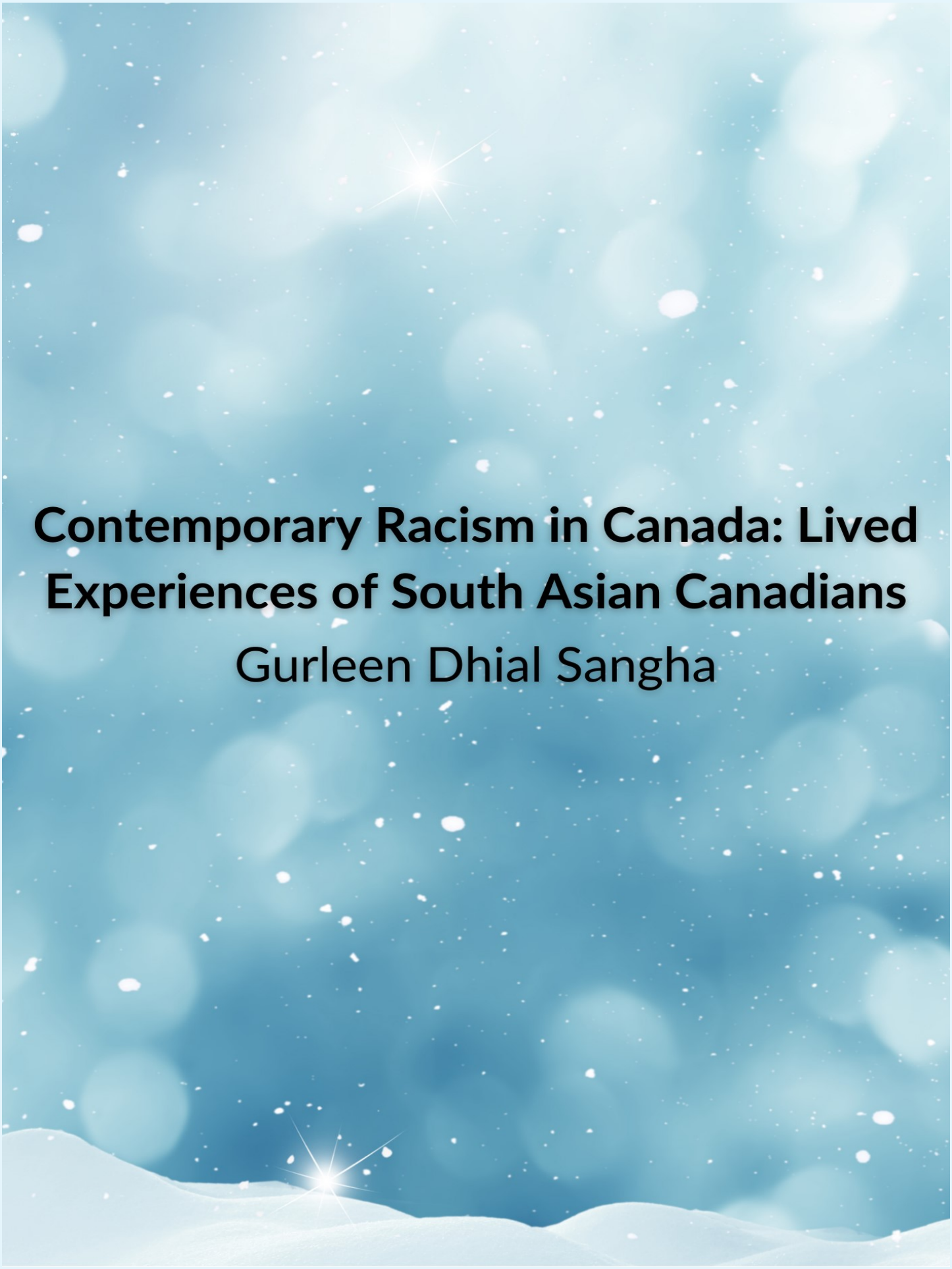
*[1]*Nunatsiavut Inuktitut dialect translation provided by Inuttitut speaker Sarah Townley.*



Contemporary Racism in Canada: Lived Experiences of South Asian Canadians

Gurleen Dhial Sangha

There is a lack of data on Canadian-born South Asians and their experiences with racism and discrimination in the Canadian context. To my knowledge, this is the first study of its kind investigating Canadian-born South Asians and their experiences of racism. This population is in a unique situation, as they identify as being Canadian but wear their cultural history on their skin, resulting in overt and mostly covert forms of discrimination. This qualitative study with 14 participants looked at racial microaggressions in the Canadian context with the South Asian population. The intent of the study was to investigate if racism still exists, what forms it may take, the impacts on potential victims, and the implications for clinical practitioners and those working in the human services field. This study found that racism is a silent epidemic in Canada and it largely comes in the form of microaggressions.

"Microaggressions can be experienced by people as a result of their gender, sexual orientation, age, and disabilities."

Microaggressions can be experienced by people as a result of their gender, sexual orientation, age, and disabilities. Dr. Derald Wing Sue dedicated his life to racial microaggression research in the United States studying the Asian American experience. Sue and his colleagues (2007) define microaggressions as "brief and commonplace daily verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of colour." These intentional or unintentional racial slights can result in the person of colour feeling ashamed, insecure, anxious, disrespected, embarrassed, humiliated, judged, degraded, unsafe, dehumanized, abused, targeted, and almost broken.

Through previous research in the American context by Sue and colleagues, it has been suggested that when a white therapist is working with a person of colour, they may not be aware of their cultural conditioning and implicit bias. White therapists run the risk of committing racial microaggressions against their clients (Sue2007). The therapeutic environment is not excused from the cultural conditioning that professionals are subjected to throughout their upbringing. According to Sue et al. (2007), clinicians view themselves as helping professionals and would not intentionally create hostile or derogatory environments, and consequently run the risk of excusing themselves from a phenomenon that occurs across all parts of society. Counsellors and mental health professionals are not excused from the societal impression that racism is on the decline and that they are good people, and the nature of their work is to help not harm. Therefore, it is easy to possess the belief that one could never perpetrate racism against a client.

When therapists are uncomfortable with the topic of race and racism, they shut down an avenue for clients to explore issues of bias, discrimination, and prejudice. It is crucial for service workers in the helping professions to do more than learn tactics, tips, and behaviours; instead, they should develop a shift in consciousness (Gorski, 2007). If a client is seeking support because they have experienced racial microaggressions at the hands of someone else, professionals need to work alongside the oppressed person and with them in social recon-

struction, which is only possible when the therapist understands their social location and privilege (Gorski, 2007). People of colour who have experienced racism through microaggressions have also stated that the support of white allies helped them seek validation and support after a confrontation (Hernández et al., 2010).

Participants in this study described experiencing microaggressions throughout their lifetime; the cumulative burden can be huge. Participants reported impacts that go far beyond what happens in the moments after an incident. Interviewees reported microaggressions had an effect on their interactions with white people, careers, aspirations, openness to seeking help from a counsellor, parenting choices, and resulted in internalized oppression and avoiding certain people and places for fear of experiencing racism. They also mentioned how it has impacted their identity development and sense of self. The impacts of microaggressions go beyond what has happened in the moment and can place a burden on the person of colour for a lifetime.

"Racism has evolved into subtle and seemingly innocuous forms of racial microaggressions, which while they appear harmless can have shocking impacts."

One of the goals for the study is that professionals in the human services field and those looking to improve their cultural competency skills will have a greater understanding of how to work with people of colour, specifically South Asian Canadians, and avoid perpetuating racism through racial microaggressions.

When asked what would be helpful in the moment, participants suggested apologizing, taking responsibility for potentially being inappropriate, and stating the intention behind the comment or questions. By stating intentions, it may clarify any any miscommunications. Education and training on cultural competency were one of the common responses. Other recommendations included refraining from making sweeping cultural assumptions, being an ally to non-white coworkers, and addressing race if the client brings up the topic or if the practitioner has sufficient reason to believe it is relevant to the problem.

Participants also had suggestions for organizations to address microaggressions in the workplace. Some of the recommendations included the importance of hiring more people of colour, analyzing ways the workplace is currently addressing the problem of racism, building bridges with other community agencies, and engaging in cultural competency or diversity training. Other suggestions included, when possible, pairing ethnic clients with a practitioner who is a person from that ethnicity if possible and, if there are existing structures within the agency, addressing diversity measures to re-evaluate if they encompass all people of colour or the indigenous population only.

There is a lot of work to be done for individuals and institutions to recognize racism still exists and impacts people of colour in Canada. Racism has evolved into subtle and seemingly innocuous forms of racial microaggressions, which while they appear harmless can have shocking impacts. The impacts of experiencing microaggressions and the cumulative burden placed on people of colour impact identity development, parentings, ability to socialize, career decisions, and many facets of life. Based on this study, it is evident that people who are born and raised in Canada, Canadian citizens to their core, right now feel dehumanized and devalued.

The goal of this research is not to convince anyone that microaggressions exist, but instead to

give a voice to people of colour and their stories. We need to put language to people's experiences, because the hurts are deep. It appears through this research that some professionals have already begun this work in classrooms, counselling offices, and in the criminal justice system. This patchwork of people of colour defending their space and at the same time educating those around them is not enough. Without rhetoric and social structures, this problem is going to continue to exist in Canada. Racism has been perpetrated against the South Asian population in Canada since the first arrivals in 1902, and it has been going for 118 years too long. If we continue to ignore the ways in which people of colour feel like second-class citizens, the intergenerational trauma and affects are going to continue. It is without a doubt clear that racism currently exists in Canada. The question is, what are we going to do about it?

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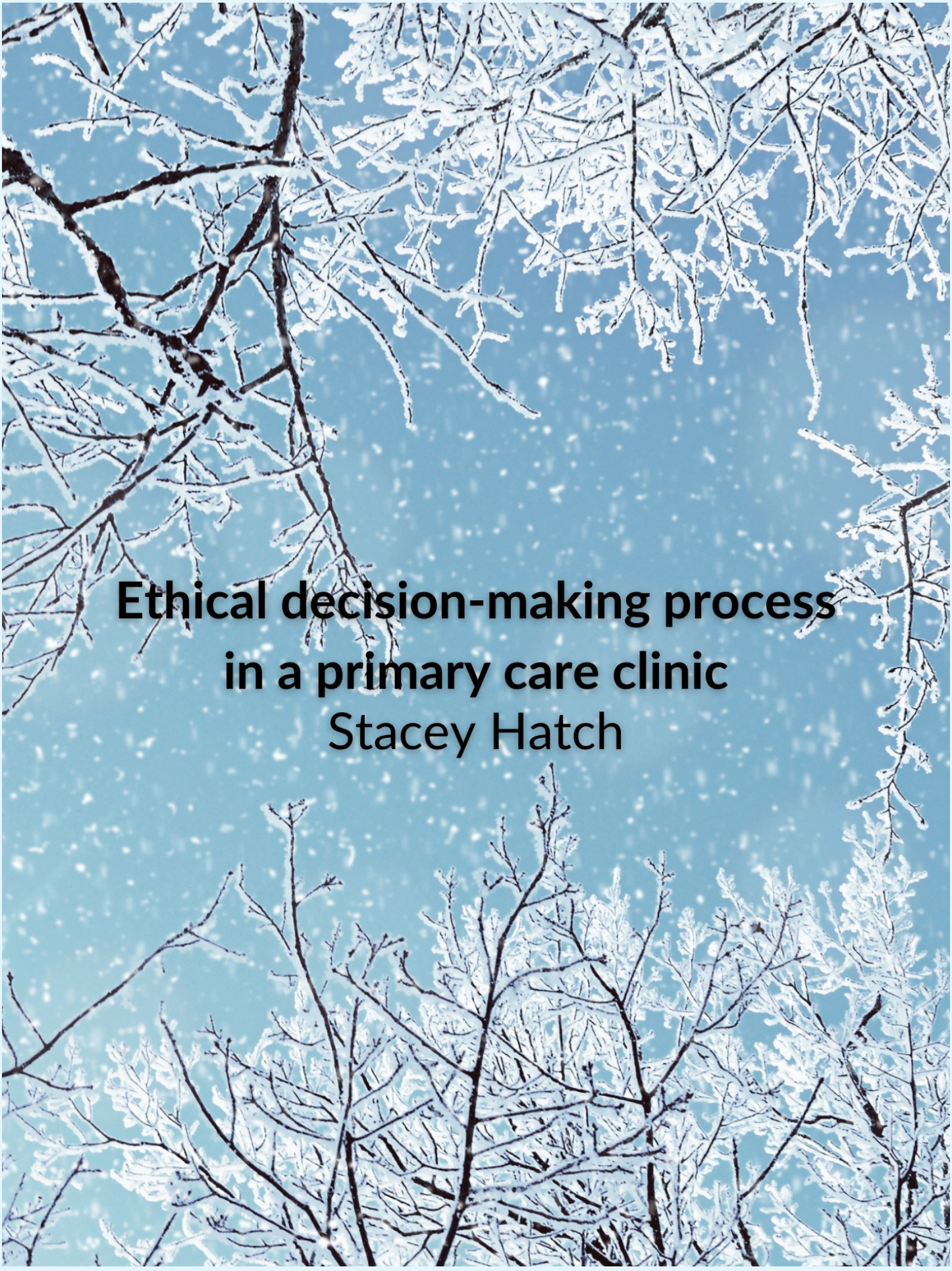

Ethical decision-making process in a primary care clinic

Stacey Hatch

Ethical decision-making process in a primary care clinic

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Introduction

The purpose of this article is to identify and examine the ethical issues surrounding the primary care of Mrs. X. While Mrs. X is a hypothetical patient, her situation has been drawn on the primary care experiences of the author. Ethical issues about providing best care for her, both as her mental health counsellor and as the coordinator for a memory clinic within our rural primary care clinic, will be presented. A simplified version of the ethical decisionmaking process suggested by Corey et al. (2014a) will be applied.

The Problem:

•Firstly, do I, or do I not, ask Mrs. X to attend the memory clinic for a full cognitive assessment?

•Secondly, what are the potential repercussions for her of attending the memory clinic and receiving a diagnosis of dementia?

•Thirdly, if Mrs. X receives a diagnosis of dementia, will her adult children, who live at a distance, continue to be uninvolved in Mrs. X's care, and how might this impact her life?

Stakeholders:

The stakeholders are: Mrs. X; me in the dual role of registered psychotherapist (RP) and as the triage / coordinator of the memory clinic; Mrs. X's adult children; and Mrs. X's primary care physician (PCP). Equally important stakeholders are the community healthcare clinic where Mrs. X receives care, and society at large. Using the ethical decision-making process framework will provide clarification for the decisions I reach, as well as supporting me to identify the widest possible range of potential solutions (Corey, Corey & Callanan, 2014a).

Ethical issues arising

The context in which a problem is defined has implications for the ethical decision- making process. If Mrs. X's present situation is viewed within a framework of neo-liberalism, then emphasis will be placed on her independence and separateness; if her situation is considered within a feminist ethics of relational ontology, the decisional outcomes may be different (Holstein et al., 2014a; Trothen, 2018c). Within the setting of a busy rural community health clinic of 22,000 rostered patients, efficiency is an important goal. The painting in my office by Cree artist, Jason Carter, serves as a reminder to me to create space for the patient's narrative within a feminist ethics of care that places value on mutual dependency, and a communicative ethic that makes space for alternative stories (Charon, 2014; Holsteinet al., 2011a; Trothen, 2018b).

Painting from the children's book "Who is Boo? The Terrific Tales of one Trickster Rabbit", Jason Carter,

Issue: Do I Ask Mrs. X to Attend the Memory Clinic?

The CRPO code of ethics defines autonomy as respect for the diversity, dignity and rights of individuals (CRPO College of Registered Psycho-

therapists of Ontario, 2011). The narratives of those whose rights are traditionally discounted, such as older adults, are morally relevant (Agich, 2010; Holstein etal., 2014b; Sherwin & Stockdale, 2017; Trothen, 2018a).

Mrs. X has the right to informed consent as part of her autonomy in decision-making about whether she would like to attend the memory clinic. However, I am concerned about thepotential for a rupture in our therapeutic relationship should she disagree with my opinion that she meets the criteria to attend the memory clinic. While I could recuse myself from Mrs.

X's assessment, due to my responsibility to follow up post-appointment, I will learn more about Mrs. X that she might have chosen to otherwise disclose in a counselling session with me. This presents an ethical challenge.

A commitment to fidelity is demonstrated by creating safe and trusting relationships, while veracity calls for truthfulness in dealings with patients (Beauchamp & Childress, 2001; Corey et al., 2014; CRPO College of Registered Psychotherapists of Ontario, 2011; Friedman, 2017). In Mrs. X's case, the practice of fidelity and veracity could involve shifting therapy to a narrative focus in order to more deeply understand what would make Mrs. X happier and healthier in the future (Halpern, 2014).

Issue: Mrs. X's care and her adult children

Adult children are often impacted by a diagnosis of dementia in their parents who may sudden perceive their parents as frail and unable to care for themselves. These ageist stereotypes that see all people with memory difficulties as inept are reinforced by the media and can place older adults in the margins of society (Holstein et al., 2011b). Relational autonomy also becomes important. Because individualism is so prized, everyday interdependency has become camouflaged and visible dependency is reviled (Holstein et al., 2014c). Yet there is very little that we do that is not somehow dependent on the actions of others (Agich, 2010; Sherwin & Stockdale, 2017). Acknowledgement of dependency forces us to see that all life is interconnected.

Issue: Mrs. X's well-being and the potential consequences of receiving a diagnosis of dementia

"When patients receive a diagnosis of dementia through the memory clinic, a cascade of life- changing events can follow […]"

When patients receive a diagnosis of dementia through the memory clinic, a cascade of life-changing events can follow: revocation of the patient's driver's license, often leading to a move from rural to urban settings, loss of autonomous daily functioning, and changes to self- identity. If diagnosed with dementia, Mrs. X will be asked to give up driving, increasing her dependency upon others for transportation, likely resulting in increased isolation. Isolation has been linked to cognitive processing problems and depression (Arehardt-Treichel, 2005).

A best course of action

After engaging in the ethical decision-making process, a combination of solutions became apparent to me that I had not previously seen. Prior to my next appointment with Mrs. X, I will seek out her PCP to ask his opinion about a referral to the memory clinic, which will allow me to voice my concerns about her decline. I will continue to treat Mrs. X for anxiety and inquire about inviting her adult children to attend an appointment. During our counselling appointments and with Mrs. X's informed consent, I can provide psychoeducation about how anxiety can be present in dementia

(Gerolimatos et al., 2015; Yochim et al., 2013). As registered psychotherapists, it is important that we rely on ethical decision-making codes of ethics to best support and serve our clients.

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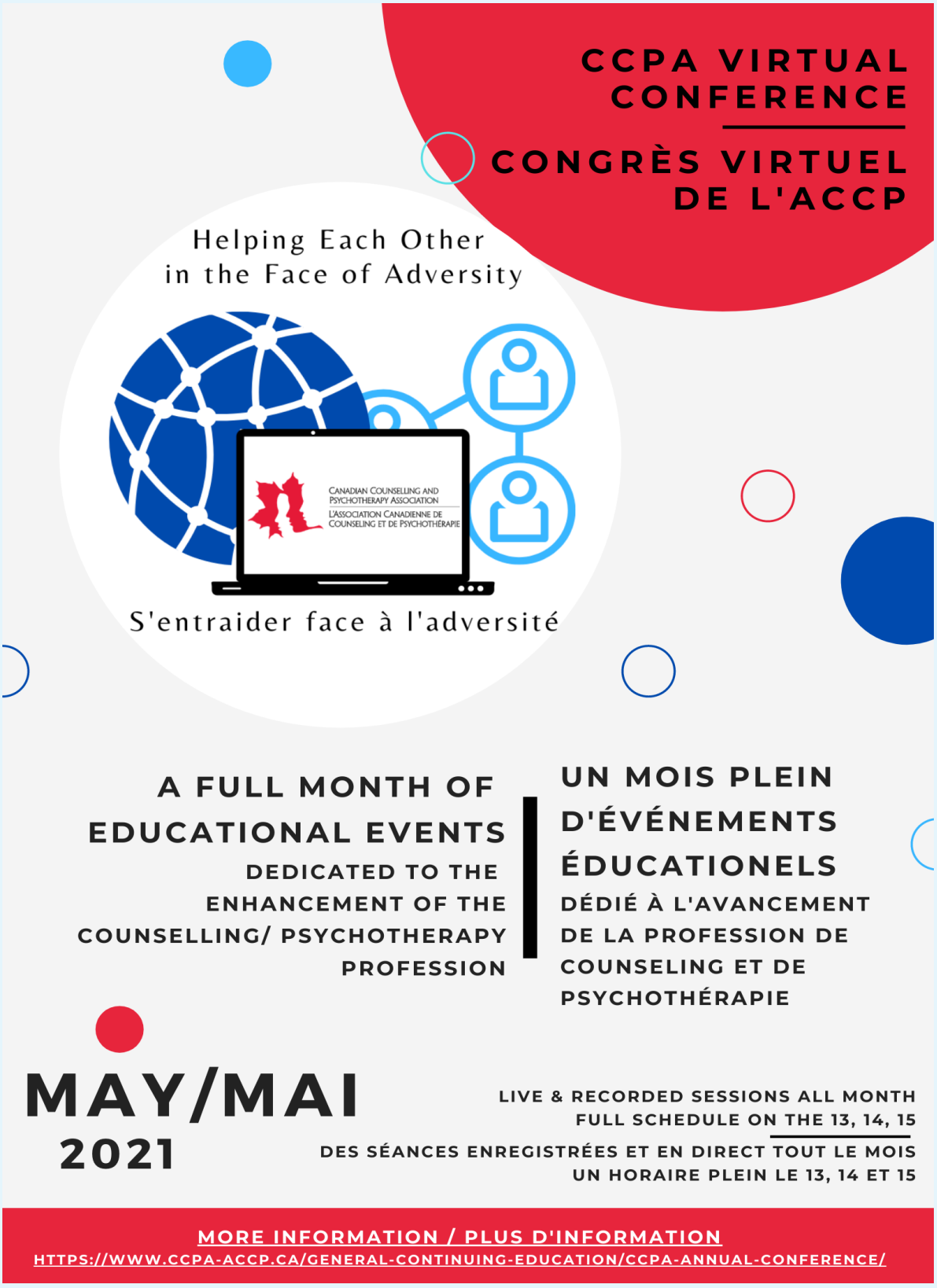

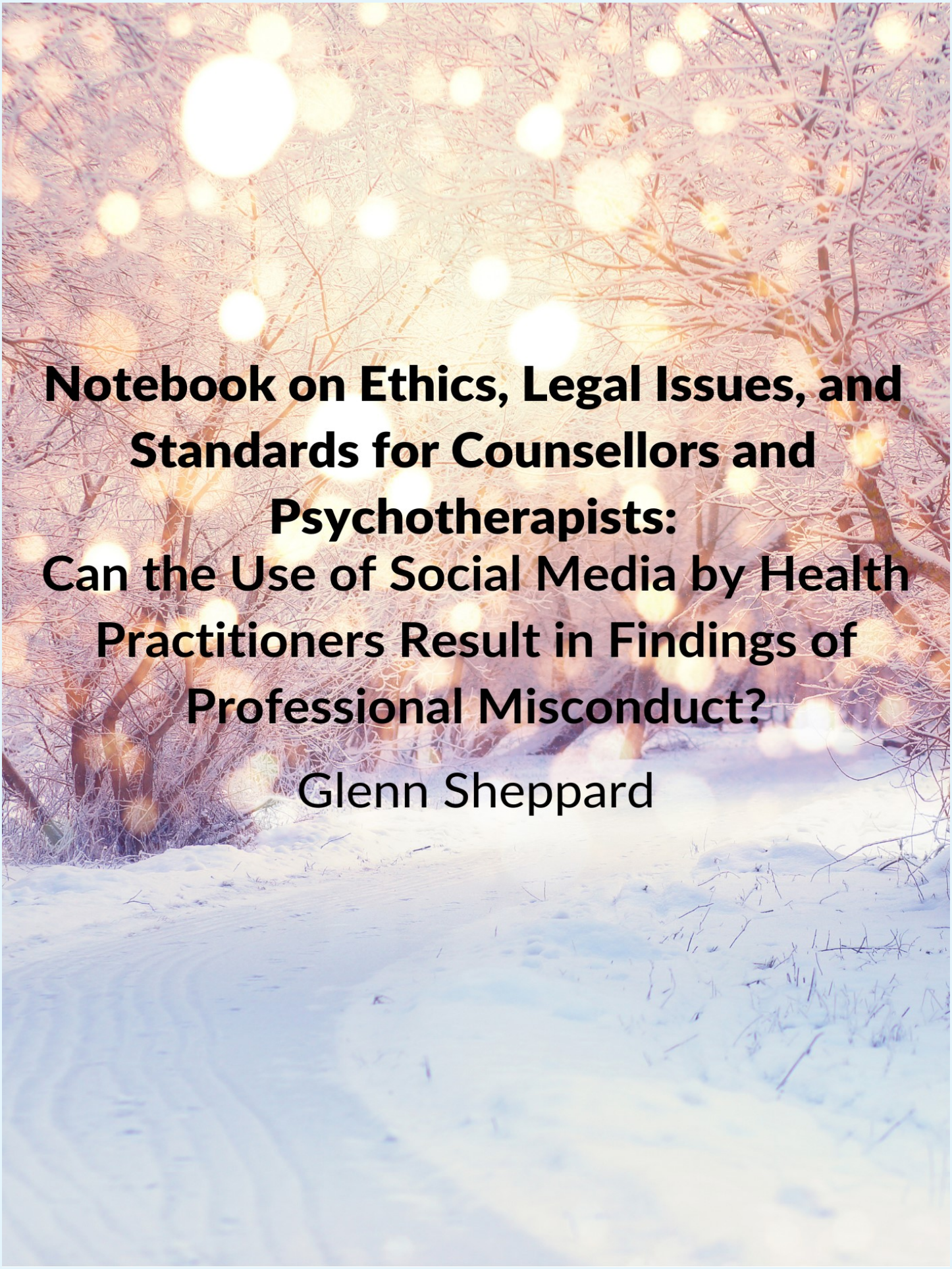

Notebook on Ethics, Legal Issues, and Standards for Counsellors and Psychotherapists: Can the Use of Social Media by Health Practitioners Result in Findings of Professional Misconduct?

Glenn Sheppard

There continues to be changes to the social media landscape with platforms being added and pleas to regulate the content on them. Whether it is Facebook, Twitter, LinkedIn, Instagram or some other media forum use of them is increasing and is widespread as people search for and share information, opinions, insight and experiences. Of course, health practitioners and other professionals use social media both in their private lives and in ways related to their professional positions and activities. Professional associations and regulatory colleges are challenged to keep up with the use of social media by their members and how such use might need to be regulated and what guidelines should inform its use. For example, how do professional codes of ethics and standards of practice apply to social media activities by health professionals? How can complaints of unethical online conduct be addressed?

"Whether it is Facebook, Twitter, LinkedIn, Instagram or some other media forum use of them is increasing and is widespread as people search for and share information, opinions, insight and experiences. "

Of course, professional health care regulators have long had the ability to discipline members for off-duty conduct. How does this authority extend to activities in social media? What behaviour then might constitute professional misconduct and what should be the sanctioning consequences? For this Notebook, I have chosen to examine a number of actual cases that will help to provide some answers to these questions.

In October 2020, the Saskatchewan Court of Appeal issued a decision in the case *Strom v. Saskatchewan Registered Nurses' Association.*Nurse Strom had been disciplined for her comments posted on Facebook. An ethics tribunal had concluded that her comments had harmed the reputation of the nursing staff at a care home she had criticized on Facebook and had undermined public confidence in the nursing home facility. Also, she was accused of failing to determine the facts about care at the home, and had relied only on reports by family members. In one post, she identified herself as a registered nurse thus undermining her claim that her posts were only a private matter. Nurse Strom had posted critical comments on Facebook about the level of care her grandfather had received at the care home in Saskatchewan. She said the care he received did not meet a modern-day standard of care and that it was delivered without compassion. However, she did not name any staff at the home and praised some for their compassionate care. She urged those with loved ones at the home to also express their concerns and she tweeted her posts to the provincial Minister of Health and to the Leader of the Opposition.

The Court of Appeal concluded that the ethics panel had failed to take a "contextual" approach in determine whether this off-duty conduct by Nurse Strom was unprofessional. Also, it held that the panel failed to address in its decision whether its finding achieved an appropriate balance to the infringement of her freedom of expression rights under the *Canadian Charter of Rights and Freedoms.*

The Court highlighted the following contextual factors:

Ms. Strom posted as a granddaughter who had lost one grandparent and was concerned for the future of another. That fact was front and centre for a reader of the posts. Although she identified as a nurse and an advocate, she was not and did

not purport to be carrying out her duties as a nurse. She was on maternity leave and spoke to the quality of care provided by a distant facility with which she had no professional relationship. The private aspect of the posts was made clear and was significant. Further, and as has been noted, the posts have not been shown to be false or exaggerated and, on the face of it, would appear to be balanced.

Despite the decision in this case, the Court suggested that when regulators take a contextualized approach to findings of professional misconduct against practitioners for their social media activities they are more likely to be viewed favourably. It stated the following:

It is entirely legitimate for a professional regulator to impose requirements relating to civility, respectful communication, confidentiality, advertising, and other matters that impact freedom of expression. Failing to abide by such rules can be found to constitute professional misconduct.

In February 2019, a teacher employed by the Vancouver School Board (VSB) was reprimanded for making what was judged to be "insulting" comments toward Islam and other religions made his Facebook posts. The VSB reported the teacher's social media activity to the BC Commissioner of Teacher Regulation (BCCTR). After a review of this case the BCCTR said the following:

In January 2019, Open Mosque Day BC had placed a public advertisement on Facebook which invited people to "explore BC's major Mosques as we open doors to welcome everyone".

In response, Yetman wrote intemperate and insulting comments about religion. Members of the public saw Yetman's post, and some reported feeling concerned that a teacher would display this level of intolerance.

On February 6, 2020, Yetman entered into a consent resolution agreement with the Commissioner in which he agreed that his conduct constituted "professional misconduct and conduct unbecoming and is contrary to Standard #2 of the Standards of the Education, Competence and Professional Conduct of Educators in British Columbia."

· *Yetman's behaviour raises the concern that students in his classroom may not be treated in a respectful fashion.*

· *The language Yetman used to express his views was discourteous and disrespectful.*

· *Yetman expressed himself in a public fashion and indicated he was a member of the teaching profession in the Vancouver public system.*

· *Yetman acknowledges that these posts were not appropriate and could undermine his efforts to provide an inclusive learning environment for his students.*

> *"You must not behave in a way which is likely to diminish the trust and confidence which the public places in you or in the profession…."*

In February 2020, the England and Wales High Court denied an appeal of a finding of professional misconduct against a UK barrister for his racially and sexually offensive tweeting. He was apparently very upset with students at Cambridge University advocating for "the Faculty to decolonize its reading lists and incorporate postcolonial thought alongside its existing curriculum and not be so arrogant that civilization began with the writings of white man and should be the basis of our learning." The barrister was judged, because of this tweeting, to have violated Core Duty 5 of the Bar Standards Board which states:

"You must not behave in a way which is likely to diminish the trust and confidence which the public places in you or in the profession…."

In September 2018, a general surgeon in Ontario was found liable for professional misconduct when he used his Twitter account to insult two female physicians with whom he was having a professional disagreement. He referred to his two colleagues using "a slang term for the female genitalia". This physician had his medical practice suspended for one month and was ordered to pay $6000.00 to the College for the costs of the hearing.

On another case involving a physician a UK doctor was suspended for four weeks for a number of posts in his social media account about terrorism, pedophilia and race.

Given the political climate in the United States and the extensive use of social media there to promote conspiracy theories and references to the "Deep Slate" the outcome of a social media-related decision in Australia seems unusual. Because a psychiatrist there was posting what was seen as bizarre and disturbing content he was believed to be mentally ill. He was posting bizarre "alt-right" conspiring theories about President Trump and the "Deep State" on his practice website. After a psychiatric assessment he had his professional registration revoked. His response was to call his regulator a "pedophile protection agency."

From this brief overview of a number of cases in which health professionals and others engaged in professional misconduct in their use of social media we can reach a number of conclusions.

Firstly, regulators of the professions have the authority and responsibility to investigate and adjudicate complaints against members for their alleged misconduct on social media This duty also extends to the use of social media by members of self regulatory associations like the *Canadian Counselling and Psychotherapy Association (CCPA).*

Secondly, the sanctioning consequences for professional misconduct on social media can be very severe. However, when judging alleged misconduct on social media ethics adjudicators should take the contexts for the behaviour into account.

Thirdly, professionals should not behave on social media in a manner that will contribute to a negative view of the profession of which they are a member and, in a way, likely to diminish public trust and confidence in it.

Some proposed guidelines for the use of social media by members of CCPA are the following:

- CCPA expects its members to be vigilant in avoiding online activity which may be harmful to clients, professional colleagues, members of the public, the reputation of the counselling profession, and which could contribute to a lack of public trust or confidence in it.
- Posts on a member's private social media site may not insulate them from a complaint of professional misconduct particularly if the posting is directed towards an individual or a group in an offensive, disrespectful manner or in a prejudicial way because of their racial, sexual or religious identity, and/or if a member can be identified by users of the site as a CCPA member
- When a member reveals their professional identity in their social media activity, such as by use of their CCPA membership or CCC designation, or by use of their practice website it increases their level of accountability for the views expressed. Members of the public may reasonably assume that any views expressed are informed by their professionalism and could be acceptable to the profession of which they are a member.
- Fundamentally, the behaviour of CCPA members in their use of social media must be con-

sistent with the principles, obligations and practice standards expressed in the **Code of Ethics** and **Standards of Practice** and their commitment to them. This includes to their commitment to these fundamental principles: *respect the dignity of all persons and honour their right to just treatment uphold responsibility to act in the best interests of society* **Code of Ethics p.1**)

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