

# COGNICA

CCPA's official bilingual newsletter

---

F a l l 2 0 2 2

**CCPA  
Advocacy  
Update**

CCPA's 2023  
Board Elections  
are Coming Up!

Nominate yourself or a colleague!

---

Changing Seasons, Renewed  
Practices...

Kathy Offet-Gartner

---

Therapeutic Reflections

A moving article from Carrie Foster,  
CCPA's President Elect



# Table of CONTENTS

- 03 — Changing Seasons, Renewed Practices...  
Kathy Offet-Gartner, PhD, President of CCPA
- 06 — Therapeutic Reflections  
Carrie Foster, CCPA's President Elect
- 13 — Notebook on Ethics, Legal Issues and Standards of Practice  
for Counsellors and Psychotherapists – Accessing of a  
Client's Health Record by a Health Practitioner in Response  
to an Ethical Complaint is Not a Breach of Privacy: A Court  
Decision  
Dr. Glenn Sheppard, President Emeritus of CCPA
- 17 — Client Connection and Support through the Process of  
Sustained Centering  
Dr. Chery Ann Hoffmeyer, Ph.D., RTTT, QTTT
- 21 — CCPA Board Elections
- 22 — Climate Psychotherapy Questions, Answers, and  
Possibilities  
Nancy Blair, CCC, RCT
- 25 — Nature-Informed Therapy  
LAURA COHEN, MA, RCT, CCC
- 31 — E-Services: What You Need to Know for Virtual  
Counselling, Counselling Therapy & Psychotherapy  
BMS Group
- 34 — CCPA Advocacy Update



# KATHY OFFET-GARTNER,

PhD, President of Canadian Counselling and Psychotherapy Association



## CHANGING SEASONS, RENEWED PRACTICES...

As we say adieu to the sunny and hot days of summer and welcome the cool relief of the early winter, there is an invitation for reflection. Seeing the summer shift to later sunrises and earlier sunsets is always a little bit mournful and a little bit exciting for me. I love the summer casualness, of spending more time outdoors, with family,

friends, pets, and nature; of eating fresh fruits and vegetables and going to the beach. Of course over the past few years, some of these activities have been hampered by the ongoing presence of a virus previously unknown to us; a virus that has changed the world and impacted our work immensely.



Most of us pivoted to online and telephone appointments and some have remained as such. Others have managed to return to offices, schools, and workplaces, using masks and extra cleaning and sanitizing. Most would say the pandemic has impacted their lives and practices and most certainly the lives of our clients. And sadly, this virus is not gone, many are still falling ill, although not as severely, and thankfully with fewer fatalities, it now appears to be a factor we must learn to live with. In its wake though, a number of heightened mental health consequences have emerged.

“*Often as members you might not always be aware of how hard national office staff, your national board, and some very dedicated volunteers are working on your behalf. Please rest assured - there is much that goes on in the background*”

More people are coming forward with concerns related to anxiety, most especially related to health and social settings. Incidence of depression, addictions, disordered eating, self-harm, sleep disorders, fears, and worries have all been reported in greater numbers and many of those reporting these concerns are showing up in our practices and those of our colleagues. The positive of this is that people are asking for help and we are ready, willing, and very capable!

## SUPPORT BILL C-218

Canadians should not have to pay tax on their mental health services, and counselling therapy/psychotherapy should be GST/HST exempt.



The pandemic seemed to spotlight the importance of mental health and the need for readily available, effective mental health supports, especially during extended periods of isolation. This additional spotlight has assisted us as an association to highlight the readiness of our 11,500 members to rise to the occasion: when CCPA delegates and staff lobby for recognition for Canadian Certified Counsellors to be included in health benefits and workplace insurance plans; [when we lobby to be considered as health providers who should be GST/HST exempt](#); and to be considered worthy of being a regulated profession within the various provincial governments' health professions portfolios in the provinces where we actively seek this recognition for our members. This heightened awareness and demand has paved the way for more action and more attention to the various CCPA endeavours and activities designed to achieve these goals.

Often as members you might not always be aware of how hard national office staff, your national board, and some very dedicated volunteers are working on your behalf. Please rest assured—there is much that goes on in the background on members behalf and we are making in-roads—albeit they seem to move slowly—we are making headway! We have had the opportunity to speak to a number of insurance companies and employers about including CCC's in their employee benefit packages. We have been able to speak to Members of Parliament, as well as some of the governmental working groups about the need for recognition of our members in national health and mental health initiatives. As a result, we have been invited back to have more fulsome discussions—a sign of hope and optimism.

Further, we have continued building relationships in industry and with other mental health associations, here in Canada and beyond.



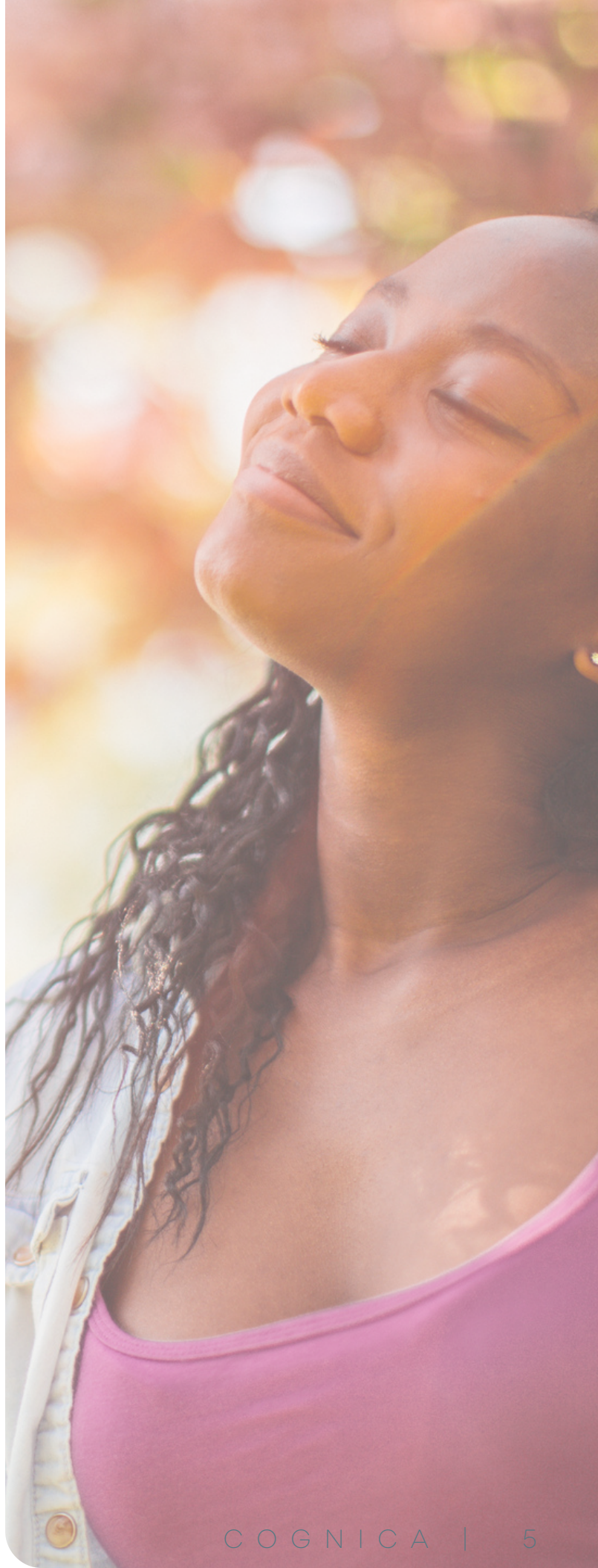
We have participated in virtual conferences and collaborations with these allies and will continue to do so as this year progresses. We are committed to ensuring that CCPA and all that we stand for and represent is well known and appreciated.

To that end, we send out communiques, this newsletter, and we have Chapter representatives and regional directors in every province and territory to help you stay informed. Our national office staff are always happy to assist in any way they can, as are all of us on the national board. After all, CCPA is a member driven and member focused association. So if you would like to know more—please reach out; if you would like to get involved—[please reach out](#); and if you want to share a story, an interesting article, book, and/or training—please reach out—we are always looking for member involvement!

As winter approaches and the renewing energy of fall begins to wane, there is also excitement of the upcoming holidays, of cooler days and nights, and and the flurry of clients who are ready to begin or resume their healing journeys. As our calendars fill up, my hope for all of us is that we each find time to take care of ourselves, to renew and refresh as we assist others. My wish is for each of us to find balance and joy in all we do!

Wishing you all the best, with gratitude and appreciation to serve as your president!

Kathy Offet-Gartner, PhD





# Therapeutic Reflections

---

BY Carrie Foster

M.Sc, M.A., CFT,  
Psychotherapist, RDT, CCC  
Couple and Family Therapist

As fall ends and we prepare for the holidays, I find myself reflecting upon what I have achieved and what has dropped by the wayside. These past 12 months have brought me (and I am sure many of us) face to face with challenges both personal and professional in nature. How have I done? How do I determine this – do I sit in judgment of myself, or let in the positive and the negative equally, do I sift through the highlights and lowlights? Do I compare myself to the year before? Do we compare ourselves to other family members, colleagues, friends, or clients? Depending on what I do my perspective changes. In my reflections on my twelve past months, I notice myself physically, emotionally, and cognitively reacting in different ways as I reflect from these various perspectives.

These questions have brought me to reflect on reflection itself. On its purpose, its use in therapy, with my clients and with myself. These past months I consciously made the effort to question my thoughts and emotions and understanding of myself and those I interact with personally and professionally.





I have had a demanding year, as most of us have. I have worked a lot, tried a lot of new things, and challenged myself in many ways from a personal and professional perspective. I have spent a lot of time reflecting on meaning and how we make meaning. Meaning-making is defined by how we navigate our worlds, how we understand ourselves and others, learn and grow and adapt (McNamee, 2004; Gergen 2001, 2015). Meaning-making in life experience is built upon the role of systems in our understanding of self and those we interact with. From our family roots stem comes forth our interpretation, social perspective, cultural and emotional location, how we listen, hear, and interpret what is said, and how and when this varies (Dixon, & Chiang, 2019; McCorquodale & Kinsella, 2015; Stedmon & Dallos, 2009).



*Meaning-making in life experience  
is built upon the role of systems in  
our understanding of self and  
those we interact with*

As we work with clients, we help them co-create a new narrative and create more productive, balanced and open channels of communication with the world they live in. Hearing with new ears. To do this we as therapists, counsellors and or psychotherapists need to be reflective and reflexive; take a non-expert stance and create space for cross-cultural dialogues with clients (Dixon & Chiang, 2019, p.17), always moving forward to improve our understanding and that of the client. It is in this process that we learn and grow. The pandemic of the past two years has provided a wonderful opportunity to navigate new ways of reaching others and opening up communication for me with my clients and also with other practitioners. I would like to share some of that with you.

I did some reading and research over the past months, looking at meaning-making and reflectivity. I work with victims of criminal violence, and the BIPOC and LGBTQ+ communities and I felt a need to resource myself and deepen my learning on how these particular communities were affected by the pandemic and how I could better serve them. A quick google scholar search using Covid-19 and reflective practice in psychotherapy as query resulted in 25,900 results; 17,200 since 2021 – so I see there has been a lot of reflection going on around the world from many theoretical approaches – from teaching and supervising mental health students by using reflective processes to navigate teletherapy, self-care for clients and therapists through to the



impacts on the health care system and workplaces during the time of the pandemic, and more. These articles cover a range of topics on mental health issues, including a broad range of populations, settings, cultures, family backgrounds, and ages. Apparently, we have all needed to find a way to make meaning of our lives through reflection and our ongoing processing of this pandemic and what it has engendered in us and the world around us.

We have all heard, read or seen first-hand the effect of the Covid pandemic on families and couples and the balancing act of computer sharing (should we even have one) and work and education and daily life under one roof with the loss of steady support structures such as daycare, school or sports. It feels like cabin fever in colder climes – but all year long for two years and counting. How can we as therapists help our clients? I have found a road in that has worked for me. It has strengthened my practice and connected me to myself, my thoughts, family, friends, colleagues, and clients. I have deepened my use of reflective practice for my self-benefit and hopefully, for my clients.

I started with Schön (1987, 2017) and his idea of reflective practice and reflection-in-action and reflection-on-action. Schön defines reflective practice as the practice by which professionals become aware of their implicit knowledge base and learn from their experience. I believe this reflection as therapists typically encompasses our experiences on many levels: our self-awareness of bodily sensations and emotions and the attentional focus on memories, life experiences and cognitions, as well as our ethical, cultural and family system experiences.

Reflection in action is to reflect on behaviour as it happens, whereas Reflection on action is reflecting after the event, to review, analyze, and evaluate the situation/session. For many, this is referred to as our reflexive thought process (Curry, Epley, 2020; Dixon, Chiang 2019;

Finlay, 2017; Schön, 1987). Our awareness in the moment and upon the past moment with our clients and within ourselves; our reflective and reflexive practice is invaluable within our practice and for our clients' journeys (Retrieved From:

[https://web2.uvcs.uvic.ca/courses/csafety/mod2/re\\_source.htm](https://web2.uvcs.uvic.ca/courses/csafety/mod2/re_source.htm)).

As I sat with my own reactions to the situation I was living in and the reactions of those I serve, I found the words of McBride et al. (2020) ran through me: there is a need for patient and therapist to cohabit the space. The curiosity of my clients in asking how I was doing was becoming more prevalent – especially at the onset of health regulations. The questions have changed to incorporate levels of frustration, anxiety, and being fed up. These common themes within the client sessions point to and reflect some of my own thoughts on what they are going through and how those fit with my reality – and the intersectionality between us. This in-action reflection allows me to help them deepen their self-understanding. Triggers from isolation and solitude activate past traumas. Many clients downplay their situations: “can’t complain”, “could be worse”, or they don’t allow themselves the full range of positive feelings. Slowing down and embodying the emotions has helped clients give themselves permission to feel whatever that may be – happy sad etc (McBride et al. 2020). Slowing down, allowing in.

The term stop gap is seen as a way to allow ourselves to stop, take a risk and reimagine what we think we know; it’s a way of opening space and seeing with fresh eyes, curiosity and wondering what else is out there – outside of our familiar scripts and our safe spaces (Applebaum, 1995; Fels, 2 Kuhnke, 2021). This is how I have spent most of the past two years navigating the new world in which we live. Exploring things that I thought I knew from



different perspectives. I took steps to engage differently – I participated in two research projects – running a group for women suffering from depression using Drama Therapy, and a study with CCPA, the Canadian Association for Marriage and Family Therapy and the Vanier institute of the family entitled [COVID-19 IMPACTS: Family Therapists Survey](#). I started to engage in the world, to use this time to bring myself into the present moment, and encouraging my clients to consider life from a new perspective too. It requires a lot of listening from the inside and outside. Embedded in this idea are the concepts of reflectivity and reflexivity.

Our awareness in the moment and upon the past moment with our clients and within ourselves is key. Our reflective and reflexive practice is the cross-section of our social location and that of our clients. This brings me to intersectionality, that process by which an individual's exposure to the multiple, simultaneous and interactive effects of different types of social organization or oppression and most importantly, the experiences of power are felt by our clients and by us. As Gergen (2015) stated when can step outside of our comfort zone and the world as we know it and explore the world from the perspective of the values we wish to see and hold, then and only then can we begin to see what could be, opening the way for new opportunities, new practices, new forms of learning, new goals and outcomes.

As psychotherapists and counsellors, we are continually challenged to consider our place of reference our cultural and social location, and how that impacts or impedes our engagement and interaction with our clients; the more reflecting and exploration we entertain on our worldviews and the variety of worldviews the more adept we will be at navigating the multiple positions, reactions and needs for those we serve and how our response might aid us and them.



My above reflections have brought me peace and greater hope to bridge gaps and better serve as a psychotherapist using reflection-in-action and reflection-on-action. It has helped me to slow down and be more aware of my own shortcomings and to let in the multitude of perspectives within myself and my clients. I see a need to continue creating space to widen dialogue around reflection/reflexivity and the area of social locality generating alternative ways of working with the plural views found in all of us.

Carrie Foster (she/her/elle)  
M.Sc, M.A., CFT, psychotherapist, RDT, CCC  
Couple and Family Therapist, Psychotherapist



## References

- American Psychological Association. (2020). Psychological impact of COVID-19. Retrieved from [https://www.apa.org/topics/covid-19/psychological-impact?utm\\_source=facebook&utm\\_medium=social&utm\\_campaign=apa-pandemics&utm\\_content=psychological-impact-covid&fbclid=IwAR0IfEsMv3m7Rm7GUzm1GAnr6pYG4BBMxDG9XZkPHRLe6kzA25Bv3qAK6l](https://www.apa.org/topics/covid-19/psychological-impact?utm_source=facebook&utm_medium=social&utm_campaign=apa-pandemics&utm_content=psychological-impact-covid&fbclid=IwAR0IfEsMv3m7Rm7GUzm1GAnr6pYG4BBMxDG9XZkPHRLe6kzA25Bv3qAK6l)
- American Psychological Association. (2021). Depression and anxiety escalate during COVID  
By Tori DeAngelis Date created: November 1, 2021 1 min read  
Vol. 52 No. 8  
Print version: page 88 <https://www.apa.org/monitor/2021/11/numbers-depression-anxiety>
- Applebaum, D. (1995). *The Stop*. State University of New York Press.
- Asen, E., & Fonagy, P. (2012). Mentalization-based therapeutic interventions for families. *Journal of Family Therapy*, 34, 347–370. <http://dx.doi.org/10.1111/j.1467-6427.2011.00552.x>
- Australian Institute of Professional Counsellors (AIPC). Reflective Practice, Supervision & Self-Care, AIPC's Counsellor Skills Series; Report 4; Retrieved from:  
<https://www.counsellingconnection.com/wp-content/uploads/2009/10/report-4-reflective-practice-supervision-self-care.pdf>
- Battams, N., and Hilbrecht, M. (2021). COVID-19 IMPACTS: Family Therapists Survey – Final Report. Ottawa, ON: The Vanier Institute of the Family. Retrieved from: <https://vanierinstitute.sharepoint.com/sites/PublicWebResources/Documents/Public%20Files/COVID-19%20IMPACTS%20Family%20Therapists%20Survey.pdf>
- Billings, J., Biggs, C., Ching, B. C. F., Gkofa, V., Singleton, D., Bloomfield, M., & Greene, T. (2021). Experiences of mental health professionals supporting front-line health and social care workers during COVID-19: qualitative study. *BJPsych open*, 7(2).
- Curry, A. & Epley, P. (2020) "It Makes You a Healthier Professional": The Impact of Reflective Practice on Emerging Clinicians' Self-Care, *Journal of Social Work Education*, DOI: 10.1080/10437797.2020.1817825
- Dixon, S. & Chiang, C.M. (2019). Promoting reflexivity and reflectivity in counselling, education, and research. *Proceedings from the 2018 Canadian Counselling Psychology Conference*, 15-31.  
<https://vanierinstitute.sharepoint.com/sites/PublicWebResources/Documents/Public%20Files/COVID19%20IMPACTS%20Family%20Therapists%20Survey.pdf>
- Fels, L. (2012) *Collecting Data Through Performative Inquiry: A Tug on the Sleeve*, *Youth Theatre Journal*, 26:1, 50-60, DOI: 10.1080/08929092.2012.678209
- inlay, L. (2017). Championing 'Reflexivities'. Editorial. *Qualitative Psychology (Special issue on Reflexivity)*, 4(2), 120-125. Retrieved from <http://psycnet.apa.org/PsycARTICLES/journal/qua/4/2>.
- Fisher, P., Chew, K., & Leow, Y. J. (2015). Clinical psychologists' use of reflection and reflective practice within clinical work. *Reflective Practice*, 16, 731–743. <http://dx.doi.org/10.1080/14623943.2015.1095724>
- Fook, J. (2002). *Social work: Critical theory and practice*. London, UK: Sage.  
Galbin, A.
- Fook, J., & Gardner, F. (2007). *Practicing critical reflection*. Maidenhead: Open University Press.
- Galea S, Abdalla SM. COVID-19 Pandemic, Unemployment, and Civil Unrest: Underlying Deep Racial and Socioeconomic Divides. *JAMA*. 2020;324(3):227–228. doi:10.1001/jama.2020.11132
- Gates, T. G., Bennett, B., & Baines, D. Strengthening critical allyship in social work education: opportunities in the context of #BlackLivesMatter and COVID-19. *Social Work Education*, 1–17. <https://doi.org/10.1080/02615479.2021.1972961>
- Gergen, K. J., & Wortham, S. (2001). Social Construction and Pedagogical Practice. *Social Construction in Context*, 115–136. <https://doi.org/10.4135/9781446219645.N8>
- Gergen KJ. (2015). From Mirroring to World-Making: Research as Future Forming *Journal for the Theory of Social Behaviour*. 45: 287-310. DOI: 10.1111/jtsb.12075
- Grignoli, N., Amaboldi, P., & Antonini, M. (2021). Therapeutic Alliance in COVID-19 Era Remote Psychotherapy Delivered to Physically Ill Patients With Disturbed Body Image. *Frontiers in psychology*, 12, 638274. <https://doi.org/10.3389/fpsyg.2021.638274>
- Hanley, T. (2021). Online counseling and psychotherapy textbooks for the person-centered and experiential psychotherapies: from COVID-19 and beyond; p345-351. <https://doi.org/10.1080/14779757.2021.1938186>



McBride, H.L., Joseph, A.J., Schmitt, P.G. & Holtz, B.M. (2020): Clinical recommendations for psychotherapists working during the coronavirus (COVID-19) pandemic through the lens of AEDP (Accelerated Experiential Dynamic Psychotherapy), *Counselling Psychology Quarterly*, DOI: 10.1080/09515070.2020.1771283

McCorquodale, L., & Kinsella, E. A. (2015). Critical reflexivity in client-centred therapeutic relationships. *Scandinavian Journal of Occupational Therapy*, 22(4), 311–317. <https://doi.org/10.3109/11038128.2015.1018319>

McNamee, S. (2004). Relational bridges between constructionism and constructivism. In J. D. Raskin & S. K. Bridges (Eds.), *Studies in meaning 2: Bridging the personal and social in constructivist psychology* (pp. 37-50). New York, NY: Pace University Press.

Hanson, R. (2013). *Hardwiring happiness: The new brain science of contentment, calm, and confidence*. New York, NY: Harmony.

Hanson, R. (2018). *Resilient: How to grow an unshakable core of calm, strength, and happiness*. New York, NY: Harmony.

Kuhnke, J. (2021). Reflexivity and an Arts-based Inquiry during Covid-19 times. *European Journal for Qualitative Research in Psychotherapy*, 11, 13-21.

Lassri, D. & Desatnik, A. (2020). Losing and Regaining Reflective Functioning in the Times of COVID-19: Clinical Risks and Opportunities From a Mentalizing Approach; *American Psychological Association*, Vol. 12, No. S1, S38–S40  
ISSN: 1942-9681 <http://dx.doi.org/10.1037/tra0000760>

Mezirow J. On Critical Reflection. *Adult Education Quarterly*. 1998;48(3):185-198. doi:10.1177/074171369804800305

Mezirow, J. (2008). An overview on transformative learning. *Lifelong learning*, 40-54.

Schön, D. A. (2017). *The reflective practitioner: How professionals think in action*. Routledge.

Stedmon, J. & Dallos, R. (2009). *Reflective Practice in Psychotherapy and Counselling*. McGraw-Hill Education

Steele, H. (2020). COVID-19, fear and the future: An attachment perspective. *Clinical Neuropsychiatry*, 17(2), 97–99. <https://doi.org/10.36131/CN202.00213>

Tams, S., & Marshall, J. (2011). Responsible careers: Systemic reflexivity in shifting landscapes. *Human Relations*, 64(1), 109-131.

Taylor, D., Reflective practice in the art and science of counselling: A scoping review. *Psychotherapy and Counselling Journal of Australia*  
Retrieved from: [pacja.org.au/2020/08/reflective-practice-in-the-art-and-science-of-counselling-a-scoping-review](http://pacja.org.au/2020/08/reflective-practice-in-the-art-and-science-of-counselling-a-scoping-review)

Wilhelm, J. E. (2013). Opening to possibility: Reflectivity and reflexivity in our teaching. *Voices from the Middle*, 20, 57. Retrieved from <https://eric.ed.gov/?id=EJ1004195>



**It's time to support Indigenous peoples' mental health and support their right to self-determination!**

[ccc4nihb.ca](http://ccc4nihb.ca)

**#CCC4NIHB**



*Get ready to escape winter for a week!*

# Innovations in Psychotherapy ~Cancun~

FEBRUARY 2023

Train in the morning, then have fun in the afternoon while you  
**learn new skills and earn CEs** from your **favorite speakers!**



FRANK ANDERSON • LISA FERENTZ • JOHN BRIERE  
TAMMY NELSON • ARIELLE SCHWARTZ • ELIANA GIL

Join us for a unique  
**learning and vacation experience**  
you won't soon forget!

**Save 40% on your workshop fee**  
**November 14-28 during our Black Friday Sale\*!**

\*When purchased with accommodation. New registrations only.  
Discounts/coupons cannot be combined.

[WWW.LEADINGEDGE Cancun.COM](http://WWW.LEADINGEDGE Cancun.COM)

COGNICA | 12



## **NOTEBOOK ON ETHICS, LEGAL ISSUES AND STANDARDS OF PRACTICE FOR COUNSELLORS AND PSYCHOTHERAPISTS**

Accessing of a Client's  
Health Record by a Health  
Practitioner in Response to  
an Ethical Complaint is Not  
a Breach of Privacy: A  
Court Decision

# Dr. Glenn Sheppard

The maintenance of a client's confidentiality is a fundamental ethical obligation of members of the health professions. However, this obligation does not provide an absolute guarantee because there are certain circumstances under which confidentiality may be breached. One such condition is stated in the CCPA Standards of Practice "...when a client files a complaint or claims professional liability by the counsellors/therapists in a lawsuit" pg. 14. Prior to the enactment of the various provincial and national privacy legislation it was generally understood that an ethical complaint against a health practitioner gave permission to access the complainant's health files in order to prepare an informed response. This understanding was challenged in a 2016 decision by an adjudicator appointed by the Alberta Office of the Information and Privacy Commissioner. The issue before the Adjudicator resulted from a complaint by a mother against two physicians alleging that their medical care provided to her daughter displayed a "...a lack of knowledge, skill and/or judgment and contravened the College's Standards of Practice and/or Code of Conduct." In addition to this complaint to the regulatory college, another was against the health facility where these physicians worked. The mother granted permission for the college to access her daughter's medical files but when the physician did so in order to prepare their response to the complaint, she lodged a complaint to the Information and Privacy Commissioner alleging that their access was a breach of privacy legislation. The Adjudicator appointed by the Commissioner rendered a decision in favour of the complainant. This decision was made even





though the Alberta Health Information Act (HIA) in Section 27(1)(C) provides for the use of health information for the purpose of “Conducting investigations, discipline proceedings, practice reviews or inspections relating to the members of a health profession or health discipline.”

Subsequently this decision was considered by the Alberta Court of Queen’s Bench (2018 ACQB 70). The judge rejected the Adjudicator’s decision and stated that it was unreasonable for the adjudicator to conclude that the doctors’ use of their patient’s personal health information to defend themselves did not fall within this provision 27(1)(C). The judge made the following observation:

*What reasonable person reading and signing this form would think that the doctors in question might not access the information from Netcare to respond to the complaint? Remember that the doctors’ treatment of the patient was then some six or seven years earlier. They cannot have been expected to respond from memory.*

The conclusion the Court stated the following:

***A reasonable interpretation of the privacy statute requires a balancing of the competing values identified in s2 of the Act. The adjudicator’s interpretation gives prominence to the privacy of the individual over appropriate sharing and access of health information to manage the health system. A complaint to a professional governing body, like the College, engages potentially serious consequences to a physician including the loss of his or her license to practice. While the jeopardy faced by the physician is not that of a criminal proceeding, the physician must be able to respond to the complaint. An interpretation that fails to balance competing values is unreasonable..***

The Court also held the view that the patient’s signed consent for the regulatory College to use her personal health information was also an authorization for the physician to use it as well.

This Court decision was appealed by the complainant to the Alberta Court of Appeal (JK v Gowrishankar, 2019 ABCA 316 (Canlii) and it dismissed the appeal and said the following:

*Any investigation requires the gathering of relevant information. An investigation is also contextual in that the information gathered will depend on the nature of the matter being*

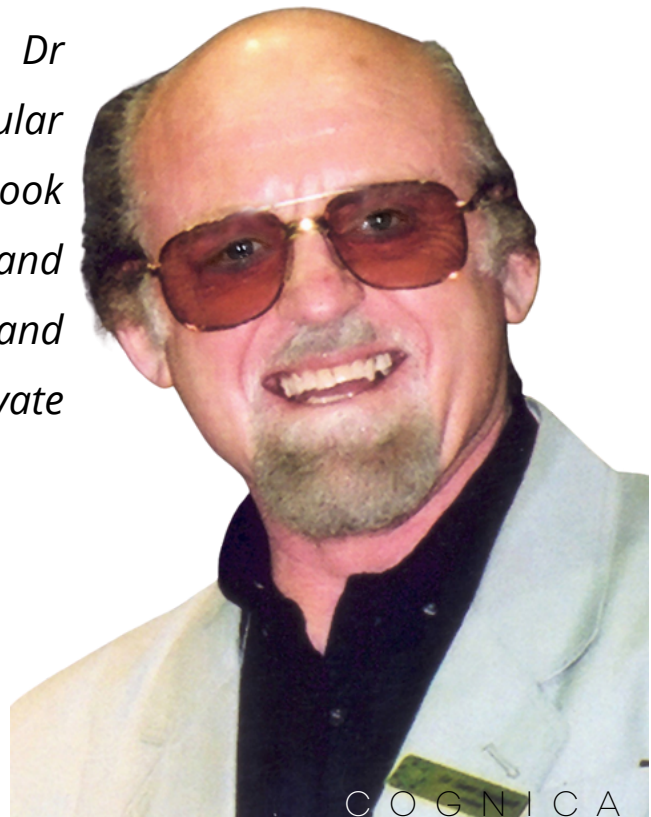


*investigated. At a minimum, it requires information surrounding the matter under investigation. It also assists the investigation if the person being investigated provides their response to the matter at issue. The response of the person being investigated is not for their personal benefit but for the benefit of the investigation as a whole.*

It is interesting that the involvement of an adjudicator and judgments from two courts was not a challenge of the decision of the College to dismiss the complaint but dealt solely with the privacy issue. In conclusion, circumstances health practitioners in Alberta have the right to access their client's personal health records in order to respond to an ethical complaint from a patient. This access does not violate the privacy legislation in Alberta with respect to privacy protection. It is reasonable to assume that this case will be referenced to inform similar issues in other provinces in Canada. This case also serves as a reminder that ethical dilemmas always confront us with the challenge of making a decision when confronted with competing values.

---

*Dr. Glenn Sheppard is President Emeritus of CCPA and is the CCPA Ethics Amicus. He was co-chair of the committees that created the first comprehensive Code of Ethics for CCPA and its various revisions and the committee that developed the first CCPA Standards of Practice. Dr Sheppard maintains the regular feature in Cognica entitled Notebook on Ethics, Standards of Practice , and Legal Issues for Counsellors and Psychotherapists. He works in private practice.*







# CLIENT CONNECTION AND SUPPORT THROUGH THE PROCESS OF SUSTAINED CENTERING

---

By Dr. Chery Ann Hoffmeyer  
Ph.D., RTTT, QTTT

***\*Note: For grammatical ease and clarity, the pronoun she has been used to represent the practitioner and he is used to represent the client.***

Have you ever wondered if there was a way to understand your clients more clearly so you could help them more effectively? Or, have you wanted to experience a deeper connection with your clients so you can better understand their experience? As a nurse and post-secondary educator I used communication skills that I had learned to help me communicate more effectively with my patients and students, however, I yearned for something 'more'.

When I was introduced to the practice of Therapeutic Touch® (TT) in 1984, I learned to connect in a deeper, more effective way, with those I desired to help. This article shares a bit about sustained centered that I learned in the TT process and how this process can support you in experiencing 'more' in interactions with your clients.

The TT process begins with the practitioner entering a centered state that is -



---

maintained throughout the session, in TT this state is referred to as 'sustained centering'. In the centering process the practitioner brings her awareness to the 'here and now' by focusing on her breath, noticing the ebb and flow of the breath, and allowing the breath to become deeper, slower, more relaxed. As the breath becomes more relaxed, the body becomes more relaxed, allowing energy to flow more freely through the practitioner's body. The practitioner's focus moves to the soles of the

feet, imagining roots going down into the earth, feeling a solid connection with the earth's energy. As the practitioner shifts her awareness to the heart center, a sense of compassion for the client can be experienced, a desire to help without judgment or attachment to the outcome. From the heart center the practitioner connects with

her inner self, that soulful place within, and there is a 'reaching out' to connect with the inner self of the client thus creating a psychodynamic connecting corridor. The practitioner experiences a shift in her level of consciousness as she experiences a sense of oneness with the client. From this place of connection, a partnership with the client and practitioner occurs as they enter into a deeper level of their healing relationship.

Through sustained centering there is a connection with wholeness that is the essence of the client, a recognition that the client is the one doing the healing, and support for the client's healing process. As the practitioner sustains this centered state throughout the process the client receives a steady flow of energetic support throughout the session. At the outset of the session both partners set an intention for the healing session. The client identifies his desired outcome for the healing session, describing

“  
*The practitioner brings her awareness to the 'here and now' by focusing on her breath, noticing the ebb and flow of the breath, and allowing the breath to become deeper, slower, more relaxed.*  
”

clearly how his life will be different when this change has occurred. The practitioner identifies an outcome that supports the highest good for the client at that moment in time. During the session, when the practitioner recognizes that she has gone 'off center', she brings herself back to the centered state by applying the strategies she used to center at the outset of the session.

The sustained centering process can be used by any practitioner who has a sincere desire to help others and a desire for a deep connection with their clients. I have taught the centering process to a wide variety of health care practitioners, teachers, and students, who have found this process helpful in connecting with their clients and with each other. Sustained centering offers a feeling of connection,



support, and safety for the client. As a practitioner, I have found sustained centering provides me with a connection with clients that allows me to truly 'be with' them in their experience and allows me to support them in a way that is right for them. As a client, a recipient of sustained centering, I have experienced a feeling of being wrapped in a warm, safe bubble, a feeling of deep relaxation, a strong connection with the practitioner, and a knowing that she has 'got me'.

Sustained centering is a part of the energy practice of Therapeutic Touch®, however, as I have mentioned it can be used by anyone who has a sincere desire to help others. If you have a sincere desire to help others, I would encourage you to practice sustained centering and notice how your relationship with your clients deepens. You might record your experiences in a journal so you can notice how your work with clients changes.

Therapeutic Touch® (TT) is an energy-based modality that focuses on facilitating balance in the healing partner's (client's) energy field; this balance supports the body's natural healing mechanisms. During a TT session the practitioner connects with the universal energy providing her and the client with a limitless source of energy for the healing process.

I offer Gratitude for the opportunity to share this process with you and Joy for the possibilities that incorporation of sustained centering into your practice holds for you.

*-Chery Ann*

*Chery Ann is a Recognized Therapeutic Touch® Teacher and Practitioner in Canada and the United States. She has practiced Therapeutic Touch® (TT) since 1984 and has taught TT since 1988. She is actively involved in the TT Community as: TT Practice Group leader and Teacher-Practitioner Liaison on the Board of the Prairie TT Network, chair of the Curriculum-Education Committee for the TTNC (TT Networks of Canada), and chair of the Ad Hoc Committee on Mentorship for the TTNC. She is a National and International keynote speaker. Chery Ann is also the Director of Chai Holistic Health Services), where she offers a wide variety of courses for holistic practitioners and teachers. If you are interested in learning more about sustained centering and Therapeutic Touch, you can check out her website at:*

*[chaiholistichealthservices.coachesconsole.com](http://chaiholistichealthservices.coachesconsole.com)  
or contact her at: [chaiholistichealth@shaw.ca](mailto:chaiholistichealth@shaw.ca)*





# 100% Online Doctor of Counselling and Psychotherapy Degree

Highest degree credential in the field in Canada



[LEARN MORE](#)

Practice oriented | Flexible schedules | Cohort-based learning



**YORKVILLE**  
UNIVERSITY





## CCPA Board Elections 2023!

ÉLECTIONS DU CONSEIL 2023 DE  
L'ACCP !



CANADIAN COUNSELLING AND  
PSYCHOTHERAPY ASSOCIATION

L'ASSOCIATION CANADIENNE DE  
COUNSELING ET DE PSYCHOTHÉRAPIE

The Board of Directors for the Canadian Counselling and Psychotherapy Association is elected every two years.



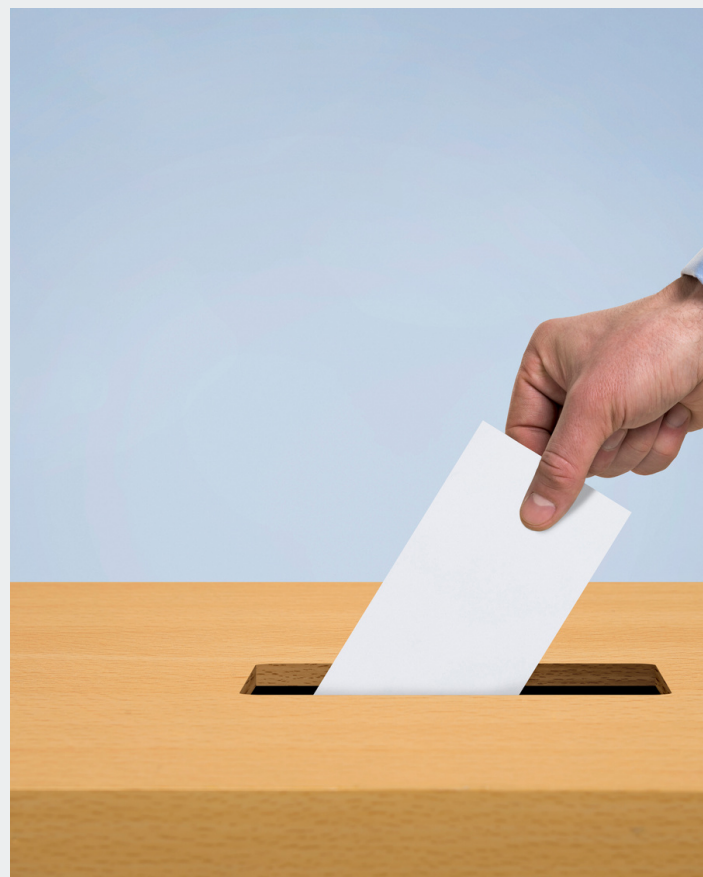
**Deadline to apply is  
December 15, 2022 !**

Elections will be held in January 2023 and the new Board assumes its responsibilities in May 2023. We are looking to fill the President-Elect and all regional Director positions.

Click [HERE](#) for a webinar that will provide more information on the regional Director role.

The Board Nomination form for the term 2023-2025 can be found [HERE](#).

Please send completed forms to the following email: [karina@ccpa-accp.ca](mailto:karina@ccpa-accp.ca)





# Climate Psychotherapy Questions, Answers, and Possibilities



Why do we need Climate Psychotherapy? Challenges clients bring to a Climate Psychotherapist include the following: ecological anxiety; fear of the extinction of the human species; grief over the extinction of habitats and species; anger toward and/or feelings of betrayal by older generations and/or governments; fear of having children and/or raising children in this world; shame and guilt over complicity in climate change; feelings of terrible isolation; suicide ideation; despair.

Do Psychotherapists and Counsellors have a role in times of climate change and climate emergency? We hear a resounding yes to that question from a range of sources. First, there are the clients who come seeking help from us and to find someone who can understand them. We also have organizations and governments who recognize how climate change impacts mental health. In July of this year,

The World Health Organization (WHO) stated that mental health is a priority for action in Climate Change.[1] In Canada, one of the objectives of the Government of Canada's recently released National Adaptation Strategy (NAS) is "to improve access to climate-informed mental health care." [2]

Climate Psychotherapy is a new field that is constantly developing and changing. Some clinicians find the amount of information and theory can be quite overwhelming. Anyone looking for 'the basics' or who wants to keep up with current practices and theory is advised to check out The Climate Psychology Alliance (CPA). CPA-UK was founded ten years ago; CPA-NA was created several years later. The CPA-UK and CPA-NA provide excellent resources (e.g., The Handbook of Definitions, podcasts, ongoing programs (Climate Cafe, Parents/Carers/Guardians Circle, etc.) and academic forums for the development of theory.[3] When I work with individual clients, I often name some of the CPA foundational statements. Three such statements are:

1. Ecological anxiety is a rational response to what is happening in the world.
2. In order to heal, we must look at the reality of climate change.
3. Climate Psychotherapists hold the tension between hope and despair.

As I work with a client, I help the individual to learn how to hold the tension between their own hope and despair. The client can then strive to learn how to best live with their life situation in a way that gives them both purpose and peace. As my interest and

expertise in Climate Psychotherapy developed, I decided to try to work with members of the CCPA. I facilitated two CCPA workshops - one on climate grief (2021) and one on climate anxiety (2022). Following those two workshops, my colleague Jess Diener and I started a monthly Peer Support Group for Climate Counselling and Psychotherapy (January-June 2022).



I thank the CCPA for approving the continuation of this Peer Group in Fall 2022. One aspect of the Peer Group that became immediately apparent was that participants had a range of therapeutic specializations. It quickly became clear that this diversity was an asset because we could talk about a variety of approaches to the work. It appeared that there were commonalities in how we worked, irrespective of our therapeutic approaches. On several occasions, I referred to the work of Pauline Baudon and Liza Jachens.[1] The authors researched how therapists, using a variety of therapeutic approaches, worked with individual clients and with groups suffering from



ecological anxiety. What emerged in their survey review research on individual and group work to treat eco-anxiety was a framework of five themes which clinicians were using irrespective of their areas of specialization. The themes were: “practitioners inner work and education, fostering clients’ inner resilience, encouraging clients to take action (if they chose to take on action), helping clients to find social connection and emotional support by doing groups, and connecting clients with nature.” (Baudon and Jachens, 2021, p. 1) A continued discussion of these themes will be one part of the Peer Support Group in the Fall of 2022. Another very important component of the group, in addition to the opportunity to consult together, is the opportunity to support each other. When I joined the Climate Psychology Alliance, several members took the time to tell me that I would need support to do this work because of the newness of the field and also because of my own personal feelings around climate change and the times we are living in. As I mentioned at the Peer Support Group on several occasions, I benefited greatly from the opportunity to meet and share with others doing this work. This feeling was expressed by many other participants of the group.



## **Nancy Blair is a CCC and RCT**

in Dartmouth, Nova Scotia. She is also an environmental activist and works with her retired racer greyhound Taurus.



If you are a member  
interested in joining the

## **CLIMATE-AWARE COUNSELLING CHAPTER**

Please contact National  
Office

[1] <https://www.who.int/news/item/03-06-2022-why-mental-health-is-a-priority-for-action-on-climate-change>

[2] <https://www.canada.ca/en/services/environment/weather/climatechange/climate-plan/national-adaptation-strategy.html>

[3] <https://www.climatepsychologyalliance.org> <https://www.climatepsychology.us>

[4] Baudon, P.; Jachens, L. A. Scoping Review of Interventions for the Treatment of Eco-Anxiety. Int. J. Environ. Res. Public Health 2021, 18, 9636.





# NATURE- INFORMED THERAPY

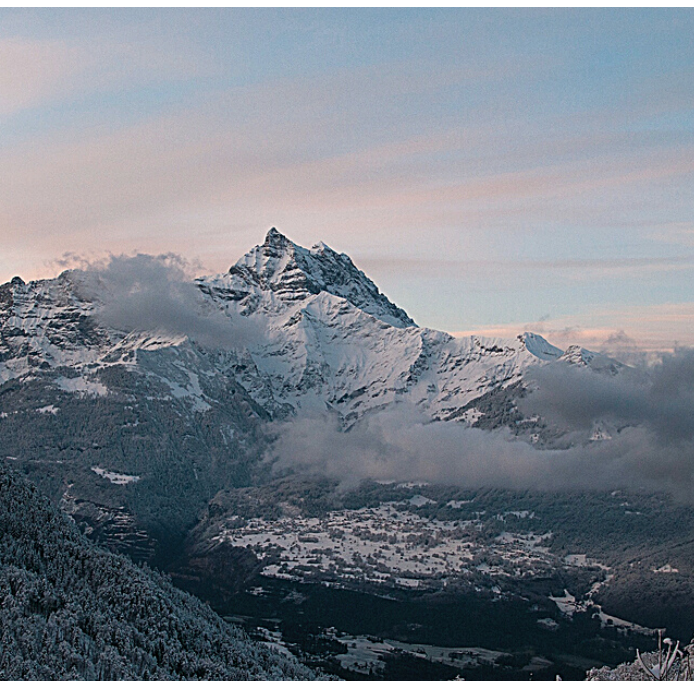
---

BY: LAURA COHEN, MA, RCT, CCC



We've all felt overwhelmed as therapists, especially during the last few years. Some struggled more than others but most of us found ways to cope. I'd go to the same places: a nook in the forest or a small ocean beach near my apartment, returning home more restored.

How many of you found solace in nature? We're not alone. Nine in ten Canadians say they feel happier when they're connected to nature (Bratman et al. 2015). In fact, research shows that spending as little as 20 minutes a day in nature lowers stress hormones and heart rate (Hunter et al. 2019).



We function more optimally when immersed in natural environments versus artificial ones, so it's no surprise that prolonged exposure to urban environments can have negative physical and psychological effects on our health (Dalgard et al. 1997). That is why nature has been integrated into an evidence-based counselling approach called Nature-Informed Therapy (or nature therapy), which is not only beneficial for our clients but allows for a sustainable practice that can protect us from compassion fatigue. Here's how.



Nature-Informed Therapy (NIT) is a “therapeutic approach that integrates the healing elements of nature into established, evidence-based treatment modalities” (Centre for Nature-Informed Therapy, 2022). The NIT community believes that most mental health issues derive from our disconnection with nature and has evidence treating ADHD (Tillmann et al. 2018), anxiety/stress, burnout, depression (Vujcic et al. 2017), and grief (Cleary et al. 2022).

According to a recent survey, we spend 90% of our time indoors (U.S. Environmental Protection Agency, 2022) and an average of six hours of screen time per day (Statista, 2022). Therefore, when we fully comprehend that the tree outside our window has a lot more in common with us than the computer on our desk, we may return to seeing nature as our friend and something to take care of and learn from. NIT has three main psychoevolutionary underpinnings that help explain why you and your clients may benefit from its therapeutic effects:

**Stress Reduction Theory** (Ulrich 1984) proposes that when we’re immersed in nature, our parasympathetic nervous system activates, and we give our minds and bodies a chance to restore. His study on post-operative care looked at two groups of hospital patients in recovery; one group had a room with a window view of

the outdoors and the other group had a windowless room with their beds facing a wall. Results showed that the group with a window needed less analgesic and spent less days in the hospital (Ulrich, 1984). These results suggest that our natural environment has positive effects on public health, indicating that nature therapy can be used to prevent and treat certain illnesses.

For instance, the Japanese government started noticing the increase in high-blood pressure,

heart disease, anxiety and depression in the 1980’s and identified the need for new methods in tackling the epidemic. In turn, shinrin-yoku (forest bathing) was developed and is now practised around the world with 40 years of research supporting this body of work (Kotera et al., 2022).

Since then, forest bathing has been used in Japan to prevent and treat stress-related illnesses and improve immune-functioning (Li, Q., 2010), and represents a great example of an evidence-based, natural intervention.

Another reason why the outdoors has such a powerful effect on our nervous system is that certain active ingredients exist in nature that contain stress-reducing components such as soil bacteria, fractals, and phytoncide - which is an essential oil secreted by trees as a defence against disease and insects (People, Y., 2022).

“  
Most mental  
health issues  
derive from our  
disconnection with  
nature.”



A study by the department of psychiatry in Japan, involving participants who suffered from depression, showed that the phytoncide D-limonene was more effective than antidepressants in improving their mood (Komori et al., 1995).

**Attention Restoration Theory** suggests that humans focus involuntarily and automatically on natural stimuli and experience something called “soft fascination” (Basu et al., 2019). Birding is considered a form of soft fascination because it elicits concentration but not to the point where your cognitive functioning is wired into overdrive. We spend much of our days hyper-focused at work or overwhelmed with processing sensory information in urban settings that we aren’t left with much room to introspect or recharge. Kaplan (1995), states that we recover cognitively a lot more quickly after time spent outdoors, allowing for better creative thinking and problem solving.

E. Wilson’s **Biophilia hypothesis**, which means “love of life and the living world”, explains that we have a biological need to connect to our primitive roots by being in direct contact with nature. We process the colour green more easily because humans co-evolved in green spaces and had to detect the shades of rot or ripeness in vegetation (Grinde et al., 2009). We instinctively feel more relaxed with open landscapes and developed a preference for them because we can identify potential dangers when we can see across a horizon or an open field (Falk et al., 2010). Biophilic design aims to employ these concepts into office and home settings, especially since people experience increased mood and productivity when natural features (ex. nature pictures, sounds of tweeting birds, sunlight) exist in the workplace (Kellert et al., 2015).

Research around the health benefits of nature is being recognized. Licensed healthcare workers in Canada can now prescribe parks through the PaRX Prescription program, which aims to promote public accessibility to nature and raise awareness around the positive health impact of spending time outside (some prescriptions even come with a free Parks Canada pass for those who cannot afford it). I offer PaRX prescriptions when it makes sense and I’ve found this to be a creative way for clients to connect with well-needed resources. Unless someone is not a fit due to a phobia or a traumatic experience related to the outdoors, most of my clients appreciate the opportunity to get outside between sessions and experience symptom relief with burnout or stress.

But we can’t assume nature therapy is appropriate for all and that’s why it’s important to do a proper eco-assessment that explores our clients’ identity with nature and any concerns they (or we) may have around engaging with this type of work. As a therapist who specialises in career counselling, occupational burnout, and anxiety, I use an eclectic approach that includes elements of mindfulness, ACT and CBT and have found NIT to be conducive to my framework virtually and in-person.

But NIT disrupts structured frameworks by shifting the dynamic and forcing one to rely on the variability of the outdoors where there are less boundaries. In non-traditional settings like open pastures, coastal hikes and lakeside spots, boundaries need to be negotiated and navigated differently than in an office, especially where safety may be a concern. As indigenous social work scholar and author Catherine Richardson (2021) writes in *Facing the Mountain*, “counselling doesn’t have to be



about a goal, (...) or outcome measured engagement, it can be a form of accompaniment, of witnessing, of revolutionary love and care for another human being.”(p.30) As a Nature-Informed therapist, I have been challenged and brought out of my comfort zone with NIT but unlike “walk and talk therapy”, it’s an integrative and immersive experience that aims to partner with nature as a “co-therapist” and relies on psycho-spiritual moment-to-moment experiences. We also use a range of interventions that, ultimately, have its roots in indigenous practices.

It’s good practice for us therapists to acknowledge the intersection between clinical mental health and decolonizing land-based healing especially if we’re partnering directly with the land and waters for our work. In NIT, it’s important to not just take from nature but to give back and foster a reciprocal relationship with nature. I, myself, am still learning and finding my own way as a professional on the NIT journey.

But like any approach or therapeutic orientation, we can all benefit from further training, supervision, and skill-building for the sake of our clients but also our own

mental health. We often focus on client benefits, but I think there’s an equal need for examining what can help prevent burnout for us therapists. Because NIT is so restorative and usually accessible (it can take place inside!), it’s an alternative approach to self-preservation. For NIT certification and resources please refer to this list:





## Nature-based therapy TRAINING AND RESOURCES :

- Centre for Nature Informed Therapy: <https://www.natureinformedtherapy.com>
- Human Nature Counselling Society: <https://humannaturecounselling.ca/who-we-are>
- Outdoor Behavioural Healthcare Council (OBHC): <http://www.obhcouncil.com>
- The Nature Fix by William Brown
- Kimmerer, R. W. (2014). Returning the gift. *Minding Nature*, 7(2), 18-2
- Reese, R. F., & Myers, J. E. (2012). EcoWellness: The missing factor in holistic wellness models. *Journal of Counseling & Development*, 90(4), 400-406.

**Laura Cohen** is a CCC and RCT in Halifax, Nova Scotia. Originally from Montreal, she spends her time reading non-fiction, practicing yoga and hiking coastal trails.



Laura Cohen in Black Hole Falls near Kijipuktuk/Halifax, Nova Scotia



High Head Trail in coastal Nova Scotia



## REFERENCES

- Bratman, G. N., Hamilton, J. P., Hahn, K. S., Daily, G. C., & Gross, J. J. (2015). Nature experience reduces rumination and subgenual prefrontal cortex activation. *Proceedings of the national academy of sciences*, 112(28), 8567-8572.
- Basu, A., Duvall, J., & Kaplan, R. (2019). Attention restoration theory: Exploring the role of soft fascination and mental bandwidth. *Environment and Behavior*, 51(9-10), 1055-1081.
- Cleary, A., Dean, J., Pollock, D., McDaid, L., & Boyle, F. (2022). Nature-based interventions for bereavement care: a scoping review protocol. *JBIC Evidence Synthesis*, 20(5), 1344-1352.
- Dalgard, O. S., & Tambs, K. (1997). Urban environment and mental health: a longitudinal study. *The British Journal of Psychiatry*, 171(6), 530-536.
- Falk, J. H., & Balling, J. D. (2010). Evolutionary influence on human landscape preference. *Environment and behavior*, 42(4), 479-493..
- Grinde, B., & Patil, G. G. (2009). Biophilia: does visual contact with nature impact on health and well-being?. *International journal of environmental research and public health*, 6(9), 2332-2343. <https://doi.org/10.3390/ijerph6092332>
- Hunter, M. R., Gillespie, B. W., & Chen, S. Y. P. (2019). Urban nature experiences reduce stress in the context of daily life based on salivary biomarkers. *Frontiers in psychology*, 10, 722.
- Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of environmental psychology*, 15(3), 169-182.
- Kellert, S., & Calabrese, E. (2015). *The practice of biophilic design*. London: Terrapin Bright LLC, 3, 21.
- Komori, T., Fujiwara, R., Tanida, M., Nomura, J., & Yokoyama, M. M. (1995). Effects of citrus fragrance on immune function and depressive states. *Neuroimmunomodulation*, 2(3), 174-180.
- Kotera, Y., Richardson, M., & Sheffield, D. (2022). Effects of shinrin-yoku (forest bathing) and nature therapy on mental health: A systematic review and meta-analysis. *International Journal of Mental Health and Addiction*, 20(1), 337-361.
- Li, Q. (2010). Effect of forest bathing trips on human immune function. *Environmental health and preventive medicine*, 15(1), 9-17.
- People, Y. (2020) *The Science. Dose of Nature*. <https://www.doseofnature.org.uk/the-science>.
- Richardson, C. (2021). *Facing the Mountain: Indigenous Healing in the Shadow of Colonialism*. 30.
- Statista Research Department. (2021). *Daily time spent with selected media among adults in Canada as of 3rd quarter 2021*  
<https://www.statista.com/statistics/237478/daily-time-spent-with-media-among-adults-in-canada/>
- Tillmann, S., Tobin, D., Avison, W., & Gilliland, J. (2018). Mental health benefits of interactions with nature in children and teenagers: A systematic review. *J Epidemiol Community Health*, 72(10), 958-966.
- United States Environmental Protection Agency (2022). *Indoor Air Quality*.  
<https://www.epa.gov/report-environment/indoor-air-quality>.
- Ulrich, R. S. (1984). View through a window may influence recovery from surgery. *science*, 224(4647), 420-421.
- Vujcic, M., Tomicevic-Dubljevic, J., Grbic, M., Lecic-Tosevski, D., Vukovic, O., & Toskovic, O. (2017). Nature based solution for improving mental health and well-being in urban areas. *Environmental Research*, 158, 385-392.



There is an increasing number of CCPA members who find themselves providing more virtual services than ever before, but the convenience of virtual communication comes with unique risks you may not experience in-person.

The good news is that the Professional Liability Insurance (PLI) policy through CCPA is designed to cover counsellors, counselling therapists and psychotherapists' working within their full scope of practice as governed by the provincial college or certifying body, including e-services. The CCPA PLI provides coverage for the delivery of your professional services anywhere in the world and will respond to defend against insured claims that are brought forward and defended in Canada.

What this means is that if you are insured through the CCPA program, you could be working from the province in which you are registered and treat clients anywhere in the world provided that you are working within your scope of practice and abiding by any kind of jurisdictional regulations with respect to

## E-SERVICES: WHAT YOU NEED TO KNOW FOR VIRTUAL COUNSELLING, COUNSELLING THERAPY & PSYCHOTHERAPY

BMS Group



counselling/psychotherapy in the jurisdictions that are applicable. As a professional, you should always be conscious and aware of the regulatory requirements both in your jurisdiction, where you are regulated or located, as well as the jurisdiction where you are delivering your services. It is important to do so because there are different regulatory requirements around service delivery and protection of clients that could vary from one province to the next.

In addition to awareness of regulatory requirements, another area of risk in shifting to tele-practice is an increase in cyber incidents, including those related to ransomware, social engineering, and other cyberattacks. While many counsellors, counselling therapists, and psychotherapists may not think they present an appealing target to attackers, insurer data shows that small to medium-sized businesses in the healthcare sector are targeted frequently.

According to Beazley, the specialist Lloyd's insurer underwriting the stand-alone Cyber Security & Privacy Liability insurance policy available to CCPA members, the global pandemic provided the perfect environment for an increase in cyber-related attacks. "Coinciding with the increase in remote working, our global data has shown professionals have been more likely to fall for social engineering scams."

BMS recommends that counsellors, counselling therapists, and psychotherapists who are responsible for maintaining and

safeguarding confidential patient information purchase Cyber Security and Privacy Liability insurance to address their increased risk and exposure.

CCPA members have access to a specialized and comprehensive \$1M Cyber Security & Privacy Liability insurance policy that provides first and



third-party coverage, as well as coverage for expert services in the case of an incident. This policy provides comprehensive coverage which includes coverage for costs involved with a regulatory proceeding relating to the violation of a Privacy Law, including penalties (where insurable), coverage for Business Interruption and Cyber Extortion incidents, and website media liability.

As always, BMS encourages members to reach out to their team of brokers with any questions about liability coverage. Members can connect at 1-844-506-3981 or by email [ccpa.insurance@bmsgroup.com](mailto:ccpa.insurance@bmsgroup.com).

## WHAT INSURANCE DO I NEED?

**I'm an independent contractor  
billing under my own business name  
without other professionals:**

- ✓ Professional Liability
- ✓ Commercial General Liability
- ✓ Contents & Crime Coverage
- ✓ Business Cyber Security & Privacy Liability
- ✓ Business Professional Liability

**I'm an employee employed by a  
business or organization:**

- ✓ Professional Liability
- ✓ Individual Cyber Security & Privacy Liability

**I'm a business owner with  
other professionals working  
for my business:**

- ✓ Professional Liability
- ✓ Commercial General Liability
- ✓ Business Professional Liability
- ✓ Employment Practices Liability
- ✓ Contents & Crime Coverage
- ✓ Business Cyber Security & Privacy Liability



**bms.**



☎ 1-844-506-3981

✉ [ccpa.insurance@bmsgroup.com](mailto:ccpa.insurance@bmsgroup.com)

🌐 [www.ccpa.bmsgroup.com](http://www.ccpa.bmsgroup.com)

The information in this graphic is a summary of coverage and is for information purposes only. Full terms and conditions of the policy, including all exclusions and limitations, are described in the policy wording, a copy of which can be obtained from BMS Canada Risk Services Ltd (BMS).



# CCPA Advocacy Update

# Rapport de conscientisation de l'ACCP

Here's a recap of how the CCPA has been representing the needs of members and ensuring their voices are heard during the last few months.

Voici un récapitulatif de la manière dont l'ACCP a représenté les besoins des membres et s'est assurée que leurs voix soient entendues durant les derniers mois.



## Indigenous Initiatives

## Initiatives autochtones

### Taking the Lead from Angela Grier

Our Indigenous Lead has had multiple engagements with CCPA Chapters, the Board of Directors, and its Committees on different matters for which she could inform and advise. She is also Co-chair of CCPA's Anti-Racism Committee, helping to address issues important to the BIPOC community.

### Avec la direction de la direction d'Angela Grier

Notre Responsable, initiatives autochtones s'est engagée à plusieurs reprises auprès des sections de l'ACCP, du conseil d'administration et de ses comités sur différents sujets pour lesquels elle pouvait informer et conseiller. Elle est également coprésidente du Comité antiracisme de l'ACCP, ce qui lui permet d'aborder des questions importantes pour la communauté des personnes ayant des besoins particuliers.



### Supporting TRC calls to action

Angela has planned multiple professional development activities on important Indigenous issues which the membership, staff, and the Board have participated in. We've included appropriate Indigenous land acknowledgements within published documents and setting up an Elder advocacy fund.

### Soutenir l'action de la CVR

Angela a planifié plusieurs activités de développement professionnel sur des questions autochtones importantes auxquelles les membres, le personnel et le conseil d'administration ont participé. Nous avons inclus des reconnaissances appropriées des terres indigènes dans les documents publiés et créé un fonds de défense des aînés.

# Ongoing Projects

# Projets actifs



## Member Advocacy Survey

Being used to help inform CCPA's advocacy priorities as well as provide current advocacy initiatives with relevant professional practice data. A report is in the works of being created to then inform the association's decisions moving forward.



## Sondage sur la défense des intérêts

Ce sondage est utilisé pour aider à informer les priorités de l'ACCP en matière de défense des intérêts et pour fournir aux initiatives actuelles de défense des intérêts des données pertinentes sur les pratiques professionnelles. Un rapport est en cours de création afin d'éclairer les décisions de l'association pour l'avenir.

## Continued Support for Regulation

Continued to actively support pursuit of regulation by assisting group responsible for the creation of the new regulatory College in PEI. And worked with BC, SK, MB and NL to further their applications for regulation, and supported AB in their continued efforts.



## Soutien continu à la réglementation

Nous avons continué à soutenir activement la poursuite de la réglementation en aidant le groupe responsable de la création du nouveau collège de réglementation de l'Î.-P.-É.. Nous avons également travaillé avec Colombie-Britannique, Saskatchewan, Manitoba, Terre-Neuve et Alberta pour faire avancer leurs demandes de réglementation.

## New Resources

Developed new resources for insurers, practitioners and employers to navigate the counselling/psychotherapy professions including: infographics on barriers and benefits to counselling, CCC Eligibility standards, professional counselling/psychotherapy titles in Canada and others.



## Nouvelles ressources

Nous avons élaboré de nouvelles ressources à l'intention des assureurs, des praticiens et des employeurs pour les aider à s'orienter dans les professions du counseling et de la psychothérapie, notamment des infographies sur les obstacles et les avantages du counseling, les normes d'admissibilité du CCC, les titres professionnels du counseling et de la psychothérapie au Canada, etc.





Interested in contributing to COGNICA's next edition? COGNICA is published 2 times per year. The submission deadlines for articles and advertising are Feb 1st & Aug 1st.

**CANADIAN COUNSELLING  
AND PSYCHOTHERAPY  
ASSOCIATION**

 202-245 Menten Place  
Ottawa, ON, K2H 9E8

 [communications@ccpa-accp.ca](mailto:communications@ccpa-accp.ca)

 613-237-1099  
Toll free: 1-877-765-  
5565 Fax: 613-237-9786

A D R A T E S		
	1 Time	Size
1 Page	\$660	6" x 9"
1/2 Page	\$420	3" X 9"
1/4 Page	\$280	3" x 4"
BUSINESS	\$110	3.5" x 2"

**EDITORIAL COMMITTEE**

Lakawthra Cox, Sandra Dixon, Sarah Pittoello, Priyadarshini Senroy, Vicki -Anne Rodrigue, Carla Pauls, Kathy Offet-Gartner, Carrie Foster, Kim Hollihan, Karina Albert, and Kaylynn Craig.

Submissions should not exceed 2 pages.

Articles published in COGNICA are eligible for Continuing Education Credits. Information on CECs can be found [here](#).

Except where specifically indicated, the opinions expressed in COGNICA are strictly those of the authors and do not necessarily reflect the opinions of the CCPA, its officers, directors, or employees.

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

**Submit your article for publication today and get continuing education credits!**