PROFESSIONAL REGULATION OF THE COUNSELLING AND THERAPY PROFESSIONS IN MANITOBA

Ellie Jack
MSc. in Marriage and Family Therapy

WITH

FACT-Manitoba

AND

The Manitoba Association for Marriage and Family

January 10, 2018

TABLE OF CONTENTS

Chapter 1: Introduction Page 3

Chapter 2: Professional Regulation Literature Review Page 4

Chapter 3: Risks of Harm Survey Page 7

Chapter 4: CCPA Ethical Complaints 2017 Data Page 19

Chapter 5: Court Case Examples Page 21

Chapter 6: Developing the Manitoba College of Counselling Therapists Page 23

Chapter 7: Authority of the Manitoba College for Counselling Therapists Page 25

Chapter 8: Learning from the Regulation of Social Workers Page 27

Chapter 9: The Marriage and Family Therapy Profession Page 29

Chapter 10: Conclusion Page 31

Appendix A: Email Message to Potential Participants Page 32

Appendix B: Risk of Harm Survey Questions Page 33

Appendix C: Frequency of Participant Professional Associations Page 35

Bibliography Page 36

CHAPTER 1: INTRODUCTION

Purpose

The purpose of this submission is to provide the best possible evidence on risks of harm to the public regarding a lack of regulation of the counselling/therapy profession in Manitoba. The involved members of FACT-Manitoba hope that this submission will provide satisfactory evidence to encourage the government to work towards regulation. This report was designed to parallel a similar report from FACT-BC in 2011.

About FACT-Manitoba

The Federation of Associations for Counselling Therapists in Manitoba (FACT-Manitoba) is collection of professional associations for therapists and counsellors in Manitoba. FACT-Manitoba consists of the following associations:

- The Manitoba Association for Marriage and Family Therapy
- The Canadian Art Therapy Association
- The Canadian Counselling and Psychotherapy Association
- The Canadian Professional Counsellors Association
- The Canadian Association for Spiritual Care
- The Music Therapy Association of Manitoba
- The Professional Association of Christian Counsellors and Psychotherapists
- The Association of Cooperative Counselling Therapists
- The North American Drama Therapy Association

FACT-Manitoba represents these associations, and its members who are pursuing governmental regulations, and the development of the Manitoba College of Counselling Therapists (MCCT). The purpose of this endeavour is to gain rights and responsibilities through legislation in order to regulate future MCCT members.[1]

---

[1] "Frequently Asked Questions," *FACT-Manitoba*, accessed October 15, 2017, http://www.fact-manitoba.org/faqs.html

CHAPTER 2: PROFESSIONAL REGULATION LITERATURE REVIEW

Introduction

A literature review was conducted in order to best understand the regulatory process. Currently in Manitoba, individuals working in the counselling and therapy professions are unregulated, except for optional membership with professional associations. While these associations have their role, there is still need for a larger governmental regulatory body. Discussed in this chapter are the benefits of implementing a regulatory body, as well as the proposed responsibilities of the MCCT.

Regulation in Canada

There are three common types of professional regulation: self-regulation, restricted title regulation, and governmental regulation. Historically, organizations of practitioners would lobby for provincial legislation in order to gain professional rights. These groups of practitioners would often be challenged by the provincial government, as well as by other practitioners in similar fields. In spite of these obstacles, these professions would win legislation after significant effort, as well as professional and public support.[2]

Self-Regulation

Self-regulation consists of voluntary membership with a professional association. These professional associations have two main functions. The regulatory function ensures standards of education and practice, implements a code of ethics, and launches investigations into complaints filed against members. The member service function aims to promote the profession through advertising and public relations, offering liability and benefits insurance, conferences, academic literature, and continuing education opportunities.[3]

Provincial governments in Canada allow professional self-regulation, under which professionals must adhere to a set of standards, and act in the interest of the public. Unfortunately, self-regulation does not guarantee practitioner competence.[4]

Restricted Title Regulation

Under Restricted Title regulation, the government institutes a specific professional title that only certain practitioners can use.[5] Currently, the terms “counsellor” and “therapist” are not regulated in Canada. If these terms were to be regulated, only individuals who possess the required skills and criteria would be able to advertise themselves as such. An example of existing title regulation in Manitoba is social work. At this time, only people

---

[2] Tracey L. Adams. “The Changing Nature of Professional Regulation in Canada, 1867 – 1961,” *Social Science History* 33, no. 4 (2009): 217-43.
[3] “Frequently Asked Questions,” *FACT-Manitoba,* 2017.
[4] Jocelyn G. Downie. *Canadian Health Law and Policy* (LexisNexis Canada, 2011).
[5] Adams. “Regulation,” 2009.

who meet the criteria to be a member of the Manitoba College of Social Workers (MCSW) can market themselves as social workers, and hold jobs as social workers.[6]

These requirements are determined by a board of peer-elected individuals who serve as a governing body for the profession.[7] These requirements often involve educational standards, practicing under a specific code of ethical conduct, a certain number of continuing education credits, and a determined number of hours of professional experience.[8]

In this type of regulation, board members would not maintain the authority to regulate the practice of "counseling" or "therapy" itself.[9] For example, the governing body would create a term for the professionals who meet their criteria for practicing. These individuals would fall under a term such as "Regulated Therapist" or "Licensed Counsellor". Individuals who are not recognized by the governing body as meeting the criteria would not be able to use these terms to describe himself/herself.[10]

Through community outreach education, individuals from the public who are seeking services will be able to have a better understanding of what professional criteria to look for in their service providers.[11] Chapter 8 will look further into what the MCCT can learn from the MCSW in terms of regulation.

Government Regulation

When it comes to government regulation, the provincial government would give permission to a professional regulatory body to regulate their profession. The most common way this is done is by creating a statute, which outlines what legal power the regulatory body has been given.[12] This type of regulation is the most complex, but also allows for the most power to be given to the governing body.

Benefits of Regulation

The benefits of regulation are plentiful. Regulation gives the profession more status alongside other regulated professions. Regulation may also provide access to third-party billing; so fewer clients will have to pay out of pocket for services. At this time, most insurance companies in Manitoba only reimburse psychologists and social workers, as

---

[6] Miriam Browne (Former Registrar, Manitoba College of Social Work) in discussion with the author, November 2017.
[7] Ibid.
[8] Leah Kosokowsky (Director of Regulation, Law Society of Manitoba) in discussion with the author, October 2017.
[9] Adams. "Regulation," 2009.
[10] Kosokowsky, 2017.
[11] Ibid.
[12] "What Does it Mean to Be a Regulated Profession?," *Human Resources Professionals Association*, accessed November 1 2017, https://www.hrpa.ca/Documents/Regulation/Series-on-Governance/What-it-means-to-be-a-regulated-profession-20160101.pdf

they are both regulated professions. Only certain plans will cover counselling and therapy services from individuals outside of these two professions.[13] Finally, regulation may provide more employment opportunities, as the counselling/therapy profession may become more popular among individuals who are interested in helping professions. To make these benefits more likely, MCCT plans to advocate with insurance companies and employers.[14]

Stakeholders in Counselling/Therapy Regulation

Barton and Sanborn proposed an interconnecting relationship between the service providers, consumers, insurance companies, the government, and the legal system. Each group has their own goals and values regarding mental health services.[15]

The consumer wants to have access to appropriate services, and to be involved in setting their treatment goals. Service providers want to provide therapy to their clients with the least amount of external restrictions, as well as have a clear idea of what their responsibilities are. Insurance companies want to be assured that they are paying for services that are conducted by licensed and credentialed providers. The government wants the public to have the best possible services for the lowest cost, and they want service providers to be accountable for their treatment. Finally, the legal system wants to protect the rights of the individuals who receive counseling/therapeutic services.[16]

The common thread among these groups is the desire for quality counseling/therapeutic services that are available to the public. Members of FACT-Manitoba believe that governmental regulation of counsellors and therapists will greatly help realize this shared goal.

Conclusion

As discussed above, professional regulation for counsellors and therapists could have a positive impact for not only clients in receiving ethically sound services. FACT-Manitoba and the Marriage and Family Therapy Association acknowledge that this is a long process, but believes strongly that the benefits of professional regulation will be worth the work involved, especially if it means that the public is protected from inappropriate services. In the next chapter, the risks of unregulated counsellors and therapists are discussed.

---

[13] *"Personal Plans," Manitoba Blue Cross, accessed October 28, 2017,* https://www.mb.bluecross.ca/products/individual/healthanddental

[14] "Frequently Asked Questions," *FACT-Manitoba,* 2017.

[15] Walter E. Barton and Charlotte J. Sanborn. *Law and the Mental Health Professions: Friction at the Interface* (New York: International Universities Press, 1978).

[16] Ibid.

CHAPTER 3: RISKS OF HARM SURVEY

Introduction

The following section examines the results of the Risk of Harm from Counsellors/Therapists. The intent of this section is to provide real-world examples from therapists and counsellors, in order to demonstrate the necessity of regulation.

Risks of Harm Survey

During the months October 2017 – November 2017, a survey was distributed to mental health professionals in various parts of Canada. This survey was distributed to members of FACT-Manitoba, FACT-BC, and the Ontario Alliance of Mental Health Practitioners (OAMHP). Just as FACT-Manitoba consists of several professional associations, FACT-BC and OAMHP cover a long list of professional organizations. The analysis section of this report will indicate which professional associations were the most identified in the survey responses.

This survey was conducted using the online service *Survey Monkey*. A copy of the email message that was distributed to all members of the professional associations under FACT-Manitoba, FACT-BC, and OAMH can be found in Appendix A of this document. Participants identified with a variety of professional associations across Canada. The geographical diversity of respondents points to professional regulation as a national concern for counsellors and therapists. For a full list of professional associations and their frequencies, readers can refer to Appendix C.

During the weeks that the survey was open, a total of 450 individuals began the survey. Of these 450 individuals, 365 provided responses to at least one survey question. There were 86 participants who listed their professional association, but skipped all additional survey questions, therefore providing no information. The questions asked in this survey can be found in Appendix B of this document. Below is a table, as well as graphs representing the quantitative data gathered from the survey.

Survey Questions	Frequency of Responses			
	Never	**Once**	**Occ.**	**Freq.**
Have your clients described breaches of confidentiality by therapists?	232	38	89	10
	62.87%	10.30%	24.12%	2.71%
Have your clients described breaches of personal or professional boundaries by therapists?	191	51	111	13
	52.19%	13.93%	30.33%	3.55%
Have your clients reported incompetent care by therapists?	112	39	179	32
	30.94%	10.77%	49.45%	8.84%
	166	27	158	10

Have your clients reported inaccurate or misleading advice or information from therapists?	166	27	158	10
	45.98%	7.48%	43.77%	2.77%
Have you seen advertisements, websites, or literature from unregulated therapists that appear misleading, deceptive, or inaccurate?	130	20	142	54
	37.57%	5.78%	41.04%	15.61%
Have you had communication from other professionals about concerns related to unregulated therapists?	132	25	148	42
	38.04%	7.20%	42.65%	12.10%
Have you observed colleagues or fellow employees engage in conduct that concerned you because it could cause harm by not adhering to a standard of ethics and practice?	161	34	139	12
	46.53%	9.83%	40.17%	3.47%

Discussion of Quantitative Data

Over one-third of the participants (37.13%) reported that on at least one occasion, their clients have reported a therapist breaking confidentiality. Nearly half of the participants (47.81%) reported that their clients have described breaches of personal or professional boundaries by a therapist. Over half of the participants (69.06%) reported that their clients have described receiving incompetent care by a therapist. While there is a chance some of their clients may have been describing a lack-of-fit rather than incompetency, the examples below show several instances of therapists providing services of poor quality. Nearly half (45.98%) of the participants indicated that their clients have reported received misleading or inaccurate advice. The examples below will describe what the participants identify as misleading or inaccurate. Many of these examples include reports of therapists practicing outside their scope of knowledge or expertise.

Over half of the participants (62.43%) reported seeing misleading, deceptive, or inaccurate advertisements/resources from therapists. The example below indicate that these often come from individuals who lack education, skills, or expertise to be practicing therapy, but yet market themselves as such. Again, over half of the participants (61.96%) reported having communication with other professionals regarding concerns about unregulated therapists. Many examples below show the concern that therapists have for clients receiving the best care, as well as for the reputation of the counselling/therapy profession as a legitimate resource for mental health services. Finally, over half of the participants reported knowing of colleagues who do not adhere to a standard of ethics (53.47%). This example is alarming, giving the risks of harm to clients that unethical practices pose.

Survey Written Examples

With each multiple-choice question, there was a textbox where respondents were invited to describe instances of problems with unregulated therapists. Participants were asked to omit any personal, identifying information, but were asked to include the professional title of the therapist, if known.

1) Clients reporting a breach of confidentiality by counsellors/therapists:

135 participants answered this question indicating that they have heard from at least one client of an instance where a therapist had breached confidentiality. 105 participants provided examples of these breaches. The following ten examples were taken from the responses given for this question. These examples were selected because they demonstrate the large scope of contexts that were reported in the survey. These ten examples are the best representation of all 105 written responses.

> **Example #1:** A client received an email from their counsellor with all other clients CC'd…This happened on 1-2 more occasions, so the client sought a new counsellor.
>
> **Example #2:** A counsellor disclosed personal information their client's employer without first obtaining authorization of consent from the client.
>
> **Example #3:** A client reported seeing a counsellor through their church community, who then disclosed sensitive information to another person in the community. The client ended up leaving the congregation, as they…felt embarrassed and quite upset with leadership who had recommended they see this "in house" counsellor.
>
> **Example #4:** Several clients have shared that their previous counsellors have shared their identity with other clients. [Clients have] also been approached in public when [out] with other. I have even been told about counsellors that have tried to reconnect with clients in a personal relationship.
>
> **Example #5:** Over the years, clients have disclosed breaches from various professionals and paraprofessionals…The typical story revolves around the disclosure of information [with] family members or other professionals without informed consent, and in most cases, without clinical reason. This has resulted in feelings of embarrassment at having their personal information shared with inappropriate and unauthorized people, and a loss of trust in mental health professionals.
>
> **Example #6:** Client overheard her counsellor discussing her in a restaurant.
>
> **Example #7:** A client was working with [her] counsellors. When she complained of breaches of ethics to them, they told her entire therapy group her history, including a gang rape, which they then claimed was fictitious, like her ethics

complaints. They demanded a police report, which she provided. They never apologized.

Example #8: A client felt betrayed and spent many years not accessing counselling after breach [of confidentiality].

Example #9: (1) A therapist approached a client in public while the client was with a family member who was unaware of the client's addiction issues. This counsellor introduced herself and identified herself as his counsellor. (2) An unlicensed counsellor wrote a blog post that easily identified his clients. (3) A counsellor running a group took attendance giving both first and last names of the client in the room. This counsellor also pointed out individual clients and divulged confidential information to the room.

Example #10: A client (age 18) disclosed that their previous therapist had called her mother to [inform her] that she had been diagnosed with an STD. The client's mother and therapist were known to each other. According to the client, the counsellor justified the breach by saying that her friend needed to help her daughter get medical help. The professional was a clinical counsellor.

2) Clients reporting a breach of personal or professional boundary by counsellors/therapists:

175 participants answered this question indicating that they have heard from at least one client of an instance where a therapist had breached a personal and/or professional boundary. 127 participants provided examples of these breaches. Text analysis on Survey Monkey showed that 18.6% of the written responses for this question contained instances of a counsellor/therapist crossing boundaries in a sexual nature. The following ten examples were taken from the responses given for this question. These examples were selected because they demonstrate the variety of experiences that were reported. These ten examples are the best representation of all 127 written responses.

Example #11: Two different clients have each described situations in which a counsellor or therapist crossed a boundary and became sexually involved with the client.

Example #12: A counsellor borrowed a significant amount of money from their client.

Example #13: [A client] talked of a counsellor hugging her at the end of each session and attending social events she was attending (on purpose, with the intent to support the client). She was uncomfortable with both the hugging and seeing her therapist socially in public.

Example #14: A client revealed to me that one of her previous therapists had invited her to use drugs with him, and they subsequently had a sexual encounter. The client felt unsafe with his subsequent advances towards her, and was especially at risk because she was trying to establish permanent abstinence from drugs and alcohol.

Example #15: I am aware of counsellors who accept Facebook requests from former clients.

Example #16: A client wanted to terminate services and the therapist continued to call to schedule appointments, until a threat of reporting to a superior body was made.

Example #17: A therapist is seeing a client, and the two of them have a mutual friend who is getting married. At the suggestion of the therapist, they travel to the out-of-town wedding together and share accommodations while there. The client did not initially understand that this was inappropriate, but did state that it felt strange and 'as though she could not say no'.

Example #18: Clients on occasion mentioning dual-relationships with previous therapists.

Example #19: Client reported that during therapy, the therapist shared personal information that made the client feel uncomfortable.

Example #20: A client of mine saw a therapist who flirted with her, and when she did not go on a date with him, he was of little interest in helping her at her next appointments. She could tell he was annoyed with her. She ended the client/counsellor relationship.

3) Clients reporting incompetent care provide by counsellors/therapists:

250 participants answered this question indicating that they have heard from at least one client of an instance where a therapist had breached a personal and/or professional boundary. 176 participants provided examples of these breaches. The following ten examples were taken from the responses given for this question. These examples were selected because they demonstrate the large scope of contexts that were reported in the survey, as well as provide great detail. These ten examples are the best representation of all 176 written responses.

Example #21: The clearest examples of incompetent care I have heard relates to individuals who lacked the training and/or supervision to provide couples therapy, and yet offered couple's therapy, and the couple's relationship got worse.

Example #22: A situation that I hear of occasionally is [clients] see their church pastor for counselling. Often these pastors are not trained as professional counsellors, but include counselling in their role of caring for the church. I often hear responses from clients such as "I was told to just pray about it", or "A good Christian wife should be like this". In my experience, these have been heard as "quick solutions" that heap shame upon the client and cause additional harm that is then brought up when they come to see me for therapy.

Example #23: It is common for clients to describe the approach or interventions of a previous therapist as either missing the mark or as being incompetent. Most often, this revolves around the therapist deciding what the client's issues are for them, despite the client seeing it otherwise. The one story that exemplifies this issue is a client who sought services for work related stress. When the therapist learned that the client was in a same-sex relationship, she decided that the source of her client's struggle was her sexual identity. After several sessions, she stopped going [to sessions], as she wasn't getting the assistance she wanted, and described feeling 'pathologized' for disclosing that she is a lesbian.

Example #24: Client seeking trauma therapy learning that the counsellor had no trauma treatment training or expertise.

Example #25: Many of my clients have [reported] receiving unprofessional services. One of my clients mentioned that he felt invalidated and even more traumatized after an unregulated counsellor trivialized his emotional experience.

Example #26: The "therapist" was calling himself or herself that without actually having credentials, and offered sessions for many years.

Example #27: Counsellors inappropriately self-disclosing, stopping service without notice or referral.

Example #28: Counsellor just let the couple fight in session, gave advice that seemed poor, not aware of violence in the couple's relationship which escalated to a dangerous incident.

Example #29: A few clients have disclosed that their therapist had started trauma therapy interventions too early in their recovery from substance abuse, prior to ensuring that the client is properly resourced for difficulties between sessions, or began trauma treatment with no concrete plan to complete it.

Example #30: (1) A counsellor suggested that their client's depression could be "healed" using crystals. (2) A counsellor failed to review basic substance abuse screening, suicide screening, or medications. (3) A counsellor suggested that a gay client should practice celibacy because being gay was "too dangerous and unhealthy" and they needed to not have sex until they return to "normal" (meaning heterosexual).

4) Clients reported inaccurate or misleading advice from a therapist:

195 participants answered this question indicating that they have heard from at least one client of an instance where a therapist had provided misleading advice from a therapist. 119 participants provided examples of these circumstances. The following ten examples were taken from the responses given for this question. These examples were selected because they show the variety of responses, and are the best representation of all 119 examples.

> **Example #31:** A counsellor advised clients to return to abusive spouses to "work out their differences".

> **Example #32:** A practitioner suggested that a male cancer patient offer his wife the opportunity to leave their marriage so she wouldn't be burdened by his diagnosis and treatments. Perhaps the advice was misconstrued, but even if this is the case, the lack of clarity in the professional's message was harmful to the degree that he felt deeply conflicted about his marriage, and guilty for his wife's ongoing support. Moreover, he sought no further psycho-emotional support during his treatment.

> **Example #33:** A therapist went outside of the scope of practice and told a client that he/she would never go back to school or driving following a brain injury.

> **Example #34:** My client who suffers from depression sees symptoms of [depression] in various family members. Her parents were not too keen to hear this, but did inquire with a counsellor. The counsellor told them that because they came and asked about them having depression, it means they do not have depression, because depressed people do not ask for help. My client was highly offended and now sees very little hope of her parents asking for help for her siblings, who she has concerns about.

> **Example #35:** Asking a client to forgive their abuser; suggesting [their client] should accept Jesus.

> **Example #36:** Clients were frustrated and discouraged that other counsellors were giving direct advice to leave their marriages or partners, rather than work with both partners to find resolve.

> **Example #37:** I work with male survivors of sexual abuse. Numerous clients have reported statements from therapists such as "men don't get raped", or "females aren't sexual predators".

> **Example #38:** Providing questionable feedback on various diagnoses without proper qualifications, providing information based on personal experiences. [This]

creates confusion with clients, and potentially increases distorted beliefs and expectations.

Example #39: Medication recommendations without proper knowledge of the subject given by a counsellor.

Example #40: Clients are often advised to do things they are not comfortable with, and this often results in leaving the professional relationship.

5) Professionals seeing misleading, deceptive or inaccurate advertisements by a therapist

216 respondents indicated that they have, on at least one occasion, seen misleading advertisements by a therapist. 152 participants provided examples of these instances. The following ten examples were taken from the responses given for this question These examples were selected because they demonstrate the variety of responses given, and are a best representation of all 152 written responses.

Example #51: Advertisements for workshops listing the workshop leaders as having credentials they do not have. For example, using the designation of Registered Family Therapist.

Example #52: I have seen therapists who have used a weekend course in the manner of a diploma. This has usually been done when the therapist does not yet have the appropriate clinical designations and they want to sound more educated than they are. For example I knew a therapist who advertised that he was a certified marriage counsellor and a certified addiction counsellor. In both cases, he had completed a weekend course in those topics and his "certificate" was a certificate of attendance at the workshop. This was prior to him completing a masters degree and getting professional credentials which he now has.

Example #53: The website is no longer up, but within the last two years I heard a radio interview with a couple who claimed to be marriage counsellors. I looked at their website afterwards but there was no mention of any training whatsoever.

Example #54: I looked at On-line counselling sites that promised to "fix your problems quickly". The "counsellors" that were listed did not have degrees or specialized education. Their fees were cheaper because they called themselves "caring listeners".

Example #55: Services by practitioners who have certificates but no credible education and without liability insurance.

Example #56: [Counsellors] advertising how they will help clients and the approaches they will use however these counsellors do not have specific training in these approaches. Clients do not ask for clarification regarding the counsellor's training, pay money for the service, and do not receive appropriate information

and skills to help them with their problem.

Example #57: We have a local paper in which various therapists promise all kinds of miraculous "cures" for clients - the clients who appear days, week, months later, looking for actual counselling. We also have a number of therapists in our city who have taken one year diplomas and who advertise as being "experts" in multiple fields.

Example #58: Promising outcomes that cannot be guaranteed, such as happiness, stability, etc, without acknowledging that much of this will depend on the client's issue and ability (not to mention the abilities of the counsellor and the fit). Clients then spend money based on false hopes and fail to understand their own responsibilities. The clients might also feel overly responsible for the failure of the therapy to produce such change, further demoralizing them and making them think they're "too broken" to experience any change or improvement (when, really, they are definitely capable of incremental change with the right support and appropriate expectations). This can lead to clients swearing off counselling for many years, and can reinforce deep old wounds.

Example #59: I have seen advertisements about parenting and other issues from unregulated therapists. I have also attended a seminar for anger management by an unregulated counsellor and found the material to be unrelated and unhelpful. The clients reported to me that the person who presented the workshop hurt them by asking them to share their experience with anger without any empathy, validation or reframing.

Example #60: People using the title of counsellor but not having credentials to back it up. Especially targeting vulnerable populations such as those who have experienced trauma.

6) Professional speaking with other professionals' concerns about unregulated therapists:

215 respondents indicated that they have, on at least one occasion, had communications with other professionals, discussing concerns about unregulated therapists. 136 participants provided examples of these circumstances. The following ten examples were taken from the responses given for this question. These examples were selected because they demonstrate the large scope of concerns that counsellors and therapists have regarding professional regulation. These ten examples are the best representation of all 136 written responses.

Example #61: It is difficult for clients to understand the credentials and training of the vast variety of therapists/counsellors. This is sometimes results in clients getting counselling from people who do not have the appropriate professional training that they need.

Example #62: Qualified counsellors having to deal with the difficulties that clients were facing because of bad advice, treatments, etc.

Example #63: This is a major ethical issue, and a point of discussion with many colleagues who are concerned for the reputation of the profession, and quality of care that clients are receiving – in both publically funded agencies, and fee-for-service (with an emphasis on the latter).

Example #64: Mostly about the idea that [clients] don't even realize that this is a debate – they don't realize that anybody can call themselves a counsellor…myself and other professionals are discussing the need for this to change.

Example #65: This is a professional concern for those who have spent many years of time, and a lot of money to be certified, only to have that undermined by people who proclaim to do the same thing, without any of that trouble and effort. It is a serious betrayal of the credibility of the counselling field that this still happens.

Example #66: In our peer groups, it is often brought up that there are many counsellors out there without credentials. We need counselling regulated so we, who have gone to school for this and have a heart for counselling, will [be the only ones] allowed to serve our communities.

Example #67: When I worked on the Ethical Complaints committee for the CCPA, I heard about these concerns all of the time.

Example #68: Due to the fact that in this province, anyone can consider themselves a counsellor or helper and set up an office. I make sure I am very careful about who I refer to, and sometimes it is difficult because I can't in good conscience refer to very many therapists.

Example #69: My employer has complained about the number of people who call themselves clinical therapists without the requisite training, and who are contacted by the media to give opinions about community issues like suicide, depression, and anxiety. Clients have reported being confused and often reluctant to seek help from a qualified professional because of their negative experience, and thinking we are all the same.

Example #70: At times, we talk amongst each other about people who hang their sign, advertising themselves as counsellors. We talk about the crucial need we have to be regulated.

7) Conduct of colleagues or other employees that could cause harm to clients:

185 participants answered this question indicating that on at least one occasion, they have heard of a colleague or other employee displaying conduct that could cause harm to clients. 128 participants provided examples of these circumstances. The following ten examples were taken from the responses given for this question. These examples were selected because they demonstrate variety of instances that were reported in the survey. These ten examples are the best representation of all 128 written responses.

> **Example #71:** My intern supervisor would frequently instruct his clients on health regimes such as particular brands and selections of vitamins to take, what doctor to go to, and would frequently engage couples in very intense arguments for his benefit – direct quote.
>
> **Example #72:** Failure to follow a code of ethics for good practice has produced sloppy and poor services.
>
> **Example #73:** Although my primary concern is with unregulated service providers or inappropriate training and experience, another serious problem exists with credentialed professionals who practice beyond the scope of their training and competence. This is party due to the divergent focus of training among disciplines and levels of credentials (bachelor/masters/doctoral/post-degree training), but in my experience, it's equally a consequence of individuals taking it upon themselves to practice beyond their competencies, or employers insisting on it without offering adequate training or supervision to ensure qualified services are being consistently provided.
>
> **Example #74:** Colleagues deliberately building dependent relationships and colluding with client dependency issues.
>
> **Example #75:** Therapist befriending a client, blurred lines in social settings, going out for a drink to discuss "business" while still engaging in therapeutic appointments.
>
> **Example #76:** Typically, this involves a lack of care where there should have been more in-depth intervention, or where professional boundaries were being crossed.
>
> **Example #77:** I have seen frequent examples of colleagues not disclosing the limits of confidentiality to clients, and then failing to report situations that may expose vulnerable persons…to danger. I have also witnessed colleagues not screening or assessing risk of violence properly, or not maintaining confidentiality has been used as an excuse to not report situations, which required disclosure to RCMP, paramedics, or MCFD due to an immediate danger to the client and/or vulnerable persons.

Example #78: Co-workers would leave confidential material out, not locked in a space, would begin to disclose personal information to clients, provide clients with personal contact/social media information.

Example #79: Several times, I have observed therapists making interventions, which I felt undermined the autonomy and potential of clients to make healthy changes in their behaviour (ie. Taking responsibility for addressing problems in their own relationships).

Example #80: A non-registered colleague of mine has shared with me some of their approaches to counselling. My concerns are around a lack of boundaries with clients, breaching ethical standards. There is no recourse and the clients are none the wiser. The type of things include going overtime with clients by an hour or more extra time due to trauma response in session, and thereby also keeping every other scheduled client waiting. This is a regular occurrence, as this colleague is often late for things as their sessions run overtime regularly.

Conclusion

These examples are only a sample of what was provided in the survey responses. Clearly, regulation is an issue that many counsellors and therapists are interested in. The examples show a significant risk that unregulated therapists pose, not only to the public, but also to the reputation of mental health services.

Government representatives are largely interested in public protection, and are often more motivated to regulate a profession when the public cannot effectively evaluate a professional's level of, or when the incompetent practice can cause significant consequences for the public.[17] These written accounts of the risks of unregulated counsellors and therapists provide reason to pursue professional regulation.

[17] "Regulated" *Human Resources*. 2017.

CHAPTER 4: CCPA ETHICAL COMPLAINTS DATA 2017

Introduction

The Canadian Counselling and Psychotherapy Association (CCPA), was able to provide information regarding complaints against association members. A reminder to readers: professional associations are a part of self-regulation, and are optional for counsellors and therapists.

Complaints Data

In 2017, from January 1st until December 21st, the CCPA has received 23 ethics complaints that were investigated. The types of complaints were mostly from the following categories:[18]

1. Client vs. Counsellor rights with regards to payment issues

2. Confidentiality and Informed Consent issues

3. Counsellors misrepresenting themselves, indicating that they are a Canadian Certified Counsellor when they are not

4. Poor professional boundaries

The reported data from the CCPA closely aligns with the results of the Risks of Harm Survey, as outlined in the previous chapter. Of course, each professional association may follow different versions of ethical guidelines, but it is clear that when therapists and counsellors do not act ethically, it can have a substantial impact on client well-being.

The CCPA Code of Ethics

The CCPA has a Code of Ethics, which all members are expected to follow. The reported CCPA complaints mirror several points of the CCPA Code of Ethics. Category 1 pertains to issues of payment, and is discussed in the CCPA Code of Ethics subsection B4, which indicates that counsellors/therapists are responsible for making sure the client understands "fee and fee collection arrangements."[19] Category 2 includes issues of confidentiality and informed consent in therapeutic practice, both of which are mentioned several times in Section B, Section C, Section D, and Section F of the CCPA Code of Ethics.[20] Category 3 pertains to issues of misrepresentation of the Canadian Certified

---

[18] Mandy Ricard, (Ethics Coordinator, Canadian Counselling and Psychotherapy Association) in email correspondence with the author, December 2017.
[19] "Code of Ethics," *Canadian Counselling and Psychotherapy Association*, January 2007, https://www.ccpa-accp.ca/wp-content/uploads/2014/10/CodeofEthics_en.pdf
[20] Ibid.

Counsellor title. Inaccurate representation of qualifications is discussed in subsection A5 and C3 of the CCPA Code of Ethics.[21] Finally, Category 4 indicates poor professional boundaries of counsellors/therapists. Subsection B8, subsection B11, subsection B12, and subsection F7 all discuss appropriate relational boundaries that should occur between the client and their therapist.[22]

Authority of the CCPA

While the CCPA Code of Ethics is thorough, the issue with the counselling/therapy profession still remains to be that as an unregulated profession, professional associations do not have the same authority as professions who are regulated by statutes.[23] For instance, the most action that the CCPA can take again a member is either suspension or withdrawal of membership. An individual can still legally practice and market himself/herself as a counsellor/therapist even if he/she is not a member of a professional association.

Conclusion

Coupled with the results of our Risks of Harm Survey, this CCPA data shows that although professional associations serve a purpose in the mental health field, self-regulation is not enough to hold professionals accountable to ethical standards. Regulation at a governmental level is a key component of ensuring the public is receiving services from professionals who are conducting themselves in an ethical manner.

---

[21] Ibid.

[22] Ibid.

[23] "CCPA Procedures for Processing Inquiries and Complaints of an Ethical Nature," *Canadian Counselling and Psychotherapy Association*, July 2011, https://www.ccpa-accp.ca/wp-content/uploads/2015/08/EthicsComplaintsProcedures_en.pdf

CHAPTER 5: COURT CASE EXAMPLES

Introduction

The following legal research was done in order to explore past instances of harm done by unregulated counsellors/therapists. These three cases were added to this report because they all involve mental health practitioners. These cases show that unregulated mental health professionals can do real harm, a truth that ideally will encourage the start of professional regulation for counsellors and therapists.

Legal case #1: In the case of Rumley v. British Columbia, instances of alleged sexual, emotional and physical abuse by "child care counsellors" at Jericho Hill School are discussed. The first investigation was conducted in 1992, which concluded that the alleged abuse had occurred during several decades. The reports of abuse included students being forced into sexual contact with other students. An appeals judge noted that this case involves a "standard-of-care issue".[24]

Legal case #2: The case of R.P. v. Canada Employment Insurance Commission, outlines an instance where a "counsellor" who was employed at a homeless shelter in Montreal began a romantic relationship with a client. The "counsellor" reported that the code of ethics that she was adhering to made mention of avoiding dual roles with clients, but did not specify rules regarding romantic relationships.[25]

Legal case #3: In the case of Bain v. Boulianne, a "drug and alcohol counsellor" in British Columbia with the Nanaimo National Native Alcohol and Drug Abuse Program, was accused of sexually assaulting a client. The client alleged that this counsellor kissed her and touched her, as well as engaged in non-consensual intercourse with her.[26]

Discussion of Legal Cases

To better understand the effect of regulation on the complaint process for the public, a discussion was had with a representative from the insurance company MacFarlan Rowlands.

Legal cases in mental health care are rare, especially when considering unregulated professionals. Most complaints against mental health professionals go through professional associations. Regulation provides a new, clear avenue for the public to

---

[24] "Rumley v. British Columbia," *The Canadian Legal Information Institute*, accessed October 14, 2017, https://www.canlii.org/en/ca/scc/doc/2001/2001scc69/2001scc69.html

[25] "R. P. v. Canada Employment Insurance Commission," *The Canadian Legal Information Institute*, accessed October 14, 2017, https://www.canlii.org/en/ca/sst/doc/2014/2014canlii76394/2014canlii76394.html

[26] "Bain v. Boulianne," *The Canadian Legal Information Institute*, accessed October 15, 2017, https://www.canlii.org/en/bc/bcsc/doc/1996/1996canlii8451/1996canlii8451.html

pursue any complaints that they may have against their service providers. When regulation occurs, clients are more aware that their therapist has a set of standards to adhere to. If the clients were to take the legal route with their complaint, they may have a better chance of reaching the outcome they want.[27]

Conclusion

The discussion above indicates that professional regulation could allow for clients to advocate for themselves in order to receive proper mental health services. Professional regulation could increase public awareness of what ethical practices should look like, which would create even more accountability for counsellors and therapists to be providing quality care. The following chapter discusses further how professional regulation would align with the ethical responsibility that counsellors and therapists have to their clients.

[27] Paul Hancock (Account Executive, McFarlan Rowlands) in discussion with the author, November 2017.

CHAPTER 6: DEVELOPING THE MANITOBA COLLEGE OF COUNSELLING THERAPISTS (MCCT)

Introduction

Regulating the counseling/therapy professions may increase public access to services, and enable safe delivery of these services via qualified professionals.[28] The creation of a College would help the profession maintain obligatory standards for counsellors and therapists in Manitoba. This chapter discusses how the goals of MCCT align with the purpose of a professional College as a way to protect the public interests.

By the nature of professional regulation being the responsibility of the provincial government, regulation is done differently across provinces. There is some consistency however, which is influenced by the Agreement on Internal Trade (AIT). This agreement encourages "labour mobility" through the process of recognition between provinces. When a profession becomes regulated, it falls under the AIT.[29]

Role of a College

Section 10 of the Regulated Health Professions Act reads as follows:[30]

> *Duty to serve the public interest*
> 10(1) A college must carry out its mandate, duties and powers and govern its members in a manner that serves and protects the public interest.
>
> *Mandate of college*
> (2) A college has the following mandate:
>
> > (a) to regulate the practice of the health profession and govern its members in accordance with this Act and the regulations and by-laws;
> > (b) to develop, establish and maintain standards of academic or technical achievement and qualification required for registration as a member and monitor compliance with and enforce those standards;
> > (c) to develop, establish and maintain standards of practice to enhance the quality of practice by members and monitor compliance with and enforce those standards;
> > (d) to develop, establish and maintain a continuing competency program for members to promote high standards of knowledge and skill;
> > (e) to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues;
> > (f) to work in consultation with the minister towards achieving access for the people of Manitoba to adequate numbers of qualified and competent members of the regulated health profession;

---

[28] Downie. "Canadian Health", 2011.
[29] "Regulated" *Human Resources*. 2017.
[30] "The Regulated Health Professions Act," *The Government of* Manitoba, accessed October 5, 2017, http://web2.gov.mb.ca/laws/statutes/ccsm/r117e.php

> (g) to develop, establish and maintain programs that provide information about the health profession, and that assist persons in exercising their rights under this Act and the regulations, by-laws and code of ethics;
> (h) to promote and enhance the college's relations with its members, other colleges, key stakeholders and the public;
> (i) to promote inter-professional collaboration with other colleges;
> (j) to administer the college's affairs and perform its duties and carry out its powers in accordance with this Act and the regulations and by-laws.

The goals of MCCT align with the Regulated Health Professions Act. If established, the MCCT would aim to promote public protection, accessibility of services, and professional accountability. The College would be the concerned with following:

- establishing requirements for its members being able to practice
- setting standards of practice and ethics
- requiring professionals to hold liability insurance
- conducting efficient and fair investigations and resolutions of public complaints, some of which may require formal disciplinary hearings
- setting minimum standards of the members' professional development
- ensuring the occupational title may only be used by members, allowing the public to rely on those with defined competencies

The development of the MCCT could allow professional associations to focus on member services, by taking over the responsibility of regulation. In addition, public outreach regarding the difference between regulatory bodies and professional associations could help reduce public confusion about the roles of each.[31]

Conclusion

Professional regulation would help to ensure that all members of the College would adhere to the same ethical standards. Of course, even with professional regulation there is still the matter of who qualifies to be a College member. The following section discusses how membership qualifications could be handled if the MCCT were to be created.

---

[31] "Frequently Asked Questions," *FACT-Manitoba,* 2017.

CHAPTER 7: AUTHORITY OF THE MANITOBA COLLEGE FOR COUNSELLING THERAPISTS

Introduction

Creating a professional College means that the administrative team must make several decisions. The following section covers a non-exhaustive list of aspects of regulation need to be considered. This section looks to established professional colleges and associations for examples on what membership requirements are used in mental health fields to ensure appropriate standards.

The MCCT must hold standards for membership. Much like professional associations require educational and continuing education requirements, professional colleges must define what professionals need in order to qualify for membership.

For example, the Manitoba College of Social Workers requires that in order to be considered for membership, individuals must have a Master's degree in Social Work. Alternatively individuals without a Master's degree in Social Work may apply with a minimum of 4400 hours of work in the previous five years, to be confirmed with a letter from an employer. Both options for entry require that the applicant hold professional liability insurance.[32]

Another aspect of regulating members could be a continuing education requirement. For example, the Manitoba College of Social Workers requires that members obtain 75 hours of "continuing competence activities" every three years, in order to maintain professional proficiency.[33]

Many professional associations and colleges require that a portion of the continuing education that members obtain be related to ethics. For example, the Manitoba College of Social workers also requires during the first year of membership, as well as every 5 years, members must participate in 8-hours of continuing education workshops that cover "ethics and standards of practice".[34]

The MCCT may choose to have individuals provide a Vulnerable Sector Police Record Check, as the Canadian Counselling and Psychotherapy Association requires (CCPA).[35] This would provide another way to ensure MCCT members are qualified to practice counselling and therapy.

---

[32] Manitoba College of Social Workers, "Join the College," last modified 2017, https://mcsw.ca/join-the-college/#page_324

[33] Manitoba College of Social Workers, "Continuing Competence," last modified 2017, https://mcsw.ca/continuing-competence-program/

[34] Ibid.

[35] "Certification Guide," *Canadian Counselling and Psychotherapy Association*, accessed October 20, 2017, https://www.ccpa-accp.ca/wp content/uploads/2015/08/CertificationGuide_EN.pdf

Defining the Job

The administrators must also decide what regulation means for the MCCT. For instance, does the MCCT want to focus on public education regarding MCCT standards, and leave it up to the public to decide whom they want to seek services from? Or does the MCCT want to have the ability to investigate individuals outside of the MCCT who are practicing counselling/therapy?

Essentially, this decision comes down to pursuing either complete Government Regulation, or simply Title Regulation. The MCCT will have to decide what level of authority they wish to have over professionals both inside and outside of the College. The following section covers what authority means for a professional College.

Authority

With a statute, a professional College may be granted a level of authority to self-govern their profession on behalf of the government.[36] This means that the College may have authority to investigate professionals, and will therefore need to establish a list of things that would justify an investigation. For example, if an individual acts in violation of the professional code of ethics that the MCCT chooses to adopt, the College may be able to take action against that individual.

Conclusion

Determining the details of professional regulation for counsellors and therapists involves many considerations. It is easy to see how these decisions are not easy, and must keep in mind the interests of everyone involved, especially the clients who are seeking counselling and therapeutic services.

---

[36] Kosokowsky, 2017.

CHAPTER 8: LEARNING FROM THE REGULATION OF SOCIAL WORKERS

Introduction

This section details the regulation process of the Manitoba College of Social Workers. Included in this section are details surrounding their efforts in achieving legislation, and things to consider before moving forward with government lobbying.

Brief History of Social Work Regulation

The regulation process is often long and filled with challenges. In order to be best prepared, this author spoke with Miriam Browne, a former registrar with the Manitoba College of Social Workers.

The Manitoba Institute of Registered Social Workers attempted to get new legislation in the late 1990s. At this time, they received title control, which affected only about 500 people who used the title of Registered Social Worker. Although title regulation is a more "manageable" type of regulation, there was still the issue of thousands of unregulated individuals still working as social workers, but under different titles.[37]

In 2009, they were able to gain legislation to become a college in 2015. Currently, the college regulates 2300 social workers. By changing the professional titles from "Registered Social Worker" to simply "Social Worker", the College is able to have more control over regulation. Only professionals who meet the criteria of the College and are registered with the College get to represent themselves as a Social Worker.[38]

Considerations in Developing Legislation

In order to be successful in lobbying government officials, it is important to be as organized as possible. There needs to be a sense of unity on what the ideal legislation will look like. As discussed in the previous chapter, the MCCT would need to reach an agreement of what is required from members. Educational requirements, as well as continuing competence are things that not every individual will agree on. There will likely be a lot of conversations about what the "ideal" legislation will look like before it is proposed to the government.[39]

A possible way to do this would be a multi-focus group, exploring what each association would like to see in the legislation. In the case of the MCCT, the groups would include the professional associations listed in the Introduction of this report. The goal would be to meet the needs of everyone, which could be a daunting task. Ms. Browne indicated that there could be a number of ways to meet the needs of the professionals in the MCCT. One example includes different categories of membership, to ensure that the professionals are comfortable signing on to being a part of the College.[40]

---

[37] Browne, 2017.
[38] Ibid.
[39] Ibid.
[40] Ibid.

Since lobbying for regulation is a tedious process, it is important for the MCCT to consider what resources they have available. It takes a large amount of professional effort, and a staff must be available to connect with government officials, and provide support to college members and the public. [41]

Conclusion

Those involved in developing the MCCT can learn a lot from the Manitoba College of Social Workers. The structure of a professional college can be altered to suit the needs of not only the profession, but also for the public. A willingness to work with government officials, the public, and other professions is a key part of having success in professional regulation.

[41] Ibid.

CHAPTER 9: THE MARRIAGE AND FAMILY THERAPY PROFESSION

Introduction

While the MCCT would likely include members of the professional associations under FACT-Manitoba, the team behind this report would like to highlight the Marriage and Family Therapy profession as a mental health resource for the public.

Marriage and Family Therapists provide a unique approach to the field of mental health by incorporating systemic frameworks in their approach to treatment. Marriage and Family Therapists examine how a clients' well being is impacted by their interpersonal relationships, and how these relational issues connect within the wider contexts of the community.[42] This section will look at the costs associated with ignoring the benefits that Marriage and Family Therapists can provide, as well as how supporting the Marriage and Family Therapy profession is aligned with the provincial government's goals of improving mental health for Manitoba residents.

Supporting the Marriage and Family Therapy Profession

Discounting the Marriage and Family Therapy profession has extensive negative impacts on the broader mental health field. Not recognizing the Marriage and Family Therapy profession is likely resulting in the dismissal of therapy ideas that could be valuable to public consumers of mental health services. The authors also maintain that even when the connection between family relationships and individual issues are considered, family intervention is not frequently discussed as a treatment option.[43]

Through promoting the Marriage and Family Therapy profession, the American Association of Marriage and Family Therapy has been able to work towards improving clinical training for Marriage and Family Therapists, obtained insurance reimbursement for services, and increased research opportunities in the field.

The Manitoba Association for Marriage and Family hopes to realize the accomplishments of the American Association for Marriage and Family Therapy, and gain resources that support Marriage and Family Therapists provide the most effective services.

Marriage and Family Therapy and the Provincial Government

In 2012, the Manitoba provincial government proposed a 6-point plan to improve the mental health of Manitobans. An important piece of their proposal included promoting family participation in the treatment of individuals suffering from mental illnesses. The provincial government highlights the importance of including family members in the treatment of individuals with mental health issues. This aspect of their plan is described as follows:

---

[42] C.G. Shields, L.C. Wynne, S.H. McDaniel, and B.A. Gawinski. "The Marginilization of Family Therapy: A Historical and Continuing Problem," *College Composition and Communication,* 20, no. 2 (1994): 117.

[43] Ibid.

> *Goal 5: Family participation is supported so that family members and natural supports can foster recovery and well-being.*
>
> *Objective: Eliminate barriers and strengthen resources for families and natural supports in providing care and promoting recovery.*
>
> *Strategic Action: Strengthen public awareness about mental health services and supports in the community.*[44]

Also from the Government of Manitoba is the 2012 Mental Health Summit, where strategies to promote mental health services was discussed in detail. Successful evidence-based family programs were highlighted as being an effective way to support families and promote access to mental health services.[45] Marriage and Family Therapists are skilled in relational therapy, and would be the ideal service providers for the interventions that the Manitoba government has expressed interest in.

Conclusion

While many mental health professionals provide vital care for the public, Marriage and Family Therapists offer distinct services that come with unique education and training. The inclusion of the Marriage and Family Therapy profession in the MCCT would mean more accessible services from Marriage and Family Therapists to the public.

[44] Manitoba Health Living, Seniors and Consumer Affairs, "Rising to the Challenge: A Strategic Plan for the Mental Health and Well-Being of Manitobans" (2011).

[45] Healthy Child Manitoba, "Mental Health Summit Proceedings Report" (2012).

CHAPTER 10: CONCLUSION

After examining literature, analyzing survey responses, and discussing regulation with other professionals, it is clear that the regulation of counsellors and therapists is a necessity. The survey confirmed that there is a great need for regulation in order to protect the public from receiving ineffective mental health services. As described in Chapter 3, the consequences of unregulated counsellors and therapists are extensive.

In terms of what direction is next, there needs to be further discussion on what exactly the legislation of counselling/therapy regulation looks like. Developing an internal agreement of standards to uphold for counsellors and therapists is important to insure success in the regulation process.

Although there is still much to be accomplished in the process of becoming regulated, this report is a solid start to providing evidence for the interest in and benefit of professional regulation for the counselling/therapy profession. With continuing hard work and dedication, there can be a legislation developed to ensure the best interest of the public is looked after, and that those who seek mental health services will be given the best services possible.

Appendix A

Email Message to Potential Participants

To the members of FACT-Manitoba/FACT-BC/ and OAMH:

The Manitoba Association for Marriage and Family Therapy, in conjunction with FACT-Manitoba, are undergoing a study looking to explore the risks of harm associated with unregulated counsellors and therapists. The purpose of this study is to gather information on the existence of potential harm to the public, which will be used to propose the regulation of the counselling/therapy profession to the provincial government.

Exploring real cases are essential to showing the importance of professional accountability. Often, the government does not hear about these risks of harm, because for clients who have been exposed to these risks, it is quite difficult to share in public. Since counsellors and therapists are exposed to these cases more frequently than government officials, we would greatly appreciate your participation in this study. Of course, this will be done in a confidential manner.

This voluntary survey takes approximately 10 minutes to complete. You may choose to stop at any time if you feel uncomfortable.

The first set of multiple-choice questions will ask you to indicate what accounts of harm you have heard from your clients. The second set of multiple-choice questions will ask you to describe any risks of harm towards clients that you have noticed from fellow clinicians. After each question, you will have the option to provide a brief, de-identified account surrounding your experiences. This part is not required, but any information given will be valuable to our study.

Your responses in this survey will be analyzed, and then shared with government officials so that they can be made aware of the frequency and types of harms that occur due to unregulated counsellors and therapists. This information will provide substantial evidence for the government to move forward in regulating the counselling/therapy profession.

You can access the Counselling/Therapy Risks of Harms survey at the following link:
[link not included, as it is no longer active]

If clicking the link does not take you to the survey automatically, try copying and pasting into your web-browser address bar. Please submit your responses as soon as possible, but no later than November 7th, 2017.

Thank you for your assistance!

Appendix B

Risks of Harm Survey Questions

Question 1

Please select the professional association with which you maintain membership. If you do not see your association listed, please use the comment box below to answer this question.

Question 2

Have your clients described breaches of confidentiality by therapists?

- o Never
- o Once
- o Occasionally
- o Frequently

Please give a brief de-identified example helping us to understand the negative impact on the client. If possible, please include the professional title of the therapist discussed (ie. Marriage and Family Therapist, Addictions Counsellor, etc.).

Question 3

Have your clients described breaches of personal or professional boundaries by therapists?

- o Never
- o Once
- o Occasionally
- o Frequently

Please give a brief de-identified example helping us to understand the negative impact on the client. If possible, please include the professional title of the therapist discussed (ie. Marriage and Family Therapist, Addictions Counsellor, etc.).

Question 4

Have your clients reported incompetent care by therapists?

- o Never
- o Once
- o Occasionally
- o Frequently

Please give a brief de-identified example helping us to understand the negative impact on the client. If possible, please include the professional title of the therapist discussed (ie. Marriage and Family Therapist, Addictions Counsellor, etc.).

Question 5

Have your clients reported inaccurate or misleading advice or information from therapists?

- Never
- Once
- Occasionally
- Frequently

Please give a brief de-identified example helping us to understand the negative impact on the client. If possible, please include the professional title of the therapist discussed (ie. Marriage and Family Therapist, Addictions Counsellor, etc.).

Question 6

Have you seen advertisements, websites, or literature from unregulated therapists that appear misleading, deceptive or inaccurate?

- Never
- Once
- Occasionally
- Frequently

Please give a brief de-identified example helping us to understand the negative impact on the client. If possible, please include the professional title of the therapist discussed (ie. Marriage and Family Therapist, Addictions Counsellor, etc.).

Question 7

Have you had communication from other professionals about concerns related to unregulated therapists?

- Never
- Once
- Occasionally
- Frequently

Please give a brief de-identified example helping us to understand the negative impact on the client. If possible, please include the professional title of the therapist discussed (ie. Marriage and Family Therapist, Addictions Counsellor, etc.).

Question 8

Have you observed colleagues or fellow employees engage in conduct that concerned you because it could cause harm by not adhering to a standard of ethics and practice?

- Never
- Once
- Occasionally
- Frequently

Please give a brief de-identified example helping us to understand the negative impact on the client. If possible, please include the professional title of the therapist discussed (i.e. Marriage and Family Therapist, Addictions Counsellor, etc.).

Appendix C

Frequency of Participant Professional Associations

The first question of the Risks of Harm Survey invited participants to share their professional association. Pre-Set Associations refer to the associations under FACT-Manitoba. These selections were made available to choose from via a drop-down menu. Alternately, participants could use the available text box to share their association if it was not listed in the drop-down menu.

Professional Associations	**Drop-Down Responses**	**Text Box Responses**	**Total Responses**
Pre-Set Associations			
The Professional Association of Christian Counsellors and Psychotherapists	74	3	**77**
The Canadian Counselling and Psychotherapy Association	44	22	**66**
The Canadian Professional Counsellors Association	55	8	**63**
The Canadian Association for Spiritual Care	39	8	**47**
The Manitoba Association for Marriage and Family Therapy	31	5	**36**
The North American Drama Therapy Association	7	3	**10**
The Canadian Art Therapy Association	2	0	**2**
The Music Therapy Association of Manitoba	2	1	**3**
The Association of Cooperative Counselling Therapists	0	0	**0**
Other Associations			
The British Columbia Association of Clinical Counsellors	0	176	**176**
The Music Therapy Association of British Columbia	0	8	**8**
Professional Association Not Specified	0	4	**4**
The Canadian Association of Music Therapy	0	2	**2**
The College of Registered Psychotherapists of Ontario	0	2	**2**
The Association for Registered Clinical Hypnotherapists	0	2	**2**
The Ontario Art Therapy Association	0	1	**1**
The Canadian Association of Social Workers	0	1	**1**
The Psychology Association of British Columbia	0	1	**1**
The College of Alberta Psychologists	0	1	**1**

Note:
Many participants listed more than one professional association with which they held membership.

In cases where the participant selected both a pre-set association AND an additional association via the text box, the pre-set association was recorded for the frequency analysis.

In cases where the participants did not select a pre-set association, but listed more than one association via text box, the first association listed was recorded for the frequency analysis.

Bibliography

Adams, Tracey L. "The Changing Nature of Professional Regulation in Canada, 1867 – 1961." *Social Science History* 33, no. 4 (2009): 217 – 43.

"Bain v. Boulianne," *The Canadian Legal Information Institute*, accessed October 15, 2017, https://www.canlii.org/en/bc/bcsc/doc/1996/1996canlii8451/1996canlii8451.html

Barton, Walter E., and Charlotte J. Sanborn. *Law and the Mental Health Professions: Friction at the* Interface. New York: International Universities Press, 1978.

"Certification Guide," *Canadian Counselling and Psychotherapy Association*, accessed October 20, 2017, https://www.ccpa-accp.ca/wp content/uploads/2015/08/CertificationGuide_EN.pdf

"Code of Ethics," *Canadian Counselling and Psychotherapy Association,* accessed January 2018, https://www.ccpa-accp.ca/wp content/uploads/2014/10/CodeofEthics_en.pdf

"CCPA Procedures for Processing Inquiries and Complaints of an Ethical Nature" *Canadian Counselling and Psychotherapy Association*, July 2011, https://www.ccpa-accp.ca/wp-content/uploads/2015/08/EthicsComplaintsProcedures_en.pdf

Downie, Jocelyn G. *Canadian Health Law and Policy*. LexisNexis Canada, 2011

"Frequently Asked Questions," *FACT-Manitoba*, accessed October 15, 2017, http://www.fact-manitoba.org/faqs.html

Healthy Child Manitoba, "Mental Health Summit Proceedings Report" (2012).

Leah Kosokowsky (Director of Regulation, Law Society of Manitoba) in discussion with the author, October 2017.

Mandy Ricard, (Ethics Coordinator, Canadian Counselling and Psychotherapy Association) in email correspondence with the author, December 2017.

Manitoba College of Social Workers, "Continuing Competence," last modified 2017, https://mcsw.ca/continuing-competence-program/

Manitoba College of Social Workers, "Join the College," last modified 2017, https://mcsw.ca/join-the-college/#page_324

Manitoba Health Living, Seniors and Consumer Affairs, "Rising to the Challenge: A Strategic Plan for the Mental Health and Well-Being of Manitobans" (2011).

Miriam Browne (Former Registrar, Manitoba College of Social Work) in discussion with the author, November 2017.

Paul Hancock (Account Executive, McFarlan Rowlands) in discussion with the author, November 2017.

"Personal Plans," *Manitoba Blue Cross, accessed October 28, 2017,* https://www.mb.bluecross.ca/products/individual/healthanddental

"R. P. v. Canada Employment Insurance Commission," *The Canadian Legal Information Institute*, accessed October 14, 2017, https://www.canlii.org/en/ca/sst/doc/2014/2014canlii76394/2014canlii76394.html

"Rumley v. British Columbia," *The Canadian Legal Information Institute*, accessed October 14, 2017, https://www.canlii.org/en/ca/scc/doc/2001/2001scc69/2001scc69.html

Shields, C.G., Wynne, L.C., McDaniel, S.H., and B.A. Gawnski. "The Marginilization of Family Therapy: A Historical and Continuing Problem," *College Composition and Communication,* 20, no. 2 (1994): 117.

"The Regulated Health Professions Act," *The Government of* Manitoba, accessed October 5, 2017, http://web2.gov.mb.ca/laws/statutes/ccsm/r117e.php

"What Does it Mean to Be a Regulated Profession?," *Human Resources Professionals Association*, accessed November 1 2017, https://www.hrpa.ca/Documents/Regulation/Series-on-Governance/What-it-means-to-be-a-regulated-profession-20160101.pdf