

HANDBOOK OF COUNSELING AND PSYCHOTHERAPY IN AN INTERNATIONAL CONTEXT

Edited by
Roy Moodley, Uwe P. Gielen, & Rosa Wu

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COUNSELING AND PSYCHOTHERAPY IN CANADA

Diversity and growth

José F. Domene and Robinder P. Bedi

Introduction

In Canada, there are countless advertisements for counseling services. However, besides offers for psychological counseling services are advertisements from nutrition counselors, spiritual counselors, holistic healing counselors, credit counselors, and travel counselors, among others. This conflation reflects the current Canadian situation where the word “counseling” is recognized by the general public, but is used in such different contexts that it has virtually lost its meaning. This confusing situation requires any substantive discussion of counseling and psychotherapy in Canada to clearly define its scope.

In this chapter, the terms “counseling” and “psychotherapy” refer to professional practices primarily concerned with mental health and applied human development. We also focus our discussion on professions that define counseling or psychotherapy as a core part of their regular scope of practice (e.g., guidance counselors, counseling therapists, marriage/family therapists, professional psychologists), rather than professions where counseling or psychotherapy is only part of the range of services that are typically provided by its practitioners (e.g., nurses, psychiatrists, social workers). These somewhat arbitrary boundaries are required because, in Canada, the term “counseling” is largely unregulated and the meaning of the term “psychotherapy” is contested, being defined differently by different stakeholders (Gazzola, Drapeau, Synard, Horvath, Page, & Toukmanian, 2009). We distinguish between counseling and psychotherapy only when it is important to do so; the terms will be used interchangeably in the contexts where it is not meaningful to distinguish between them.

Counseling and psychotherapy in Canada have also been shaped by linguistic and socio-political history. Census data reveal that 57% of the population is unilingual Anglophone and 22% are unilingual Francophone, with the remaining being multilingual or reporting a mother tongue other than English or French (Statistics Canada, 2006). The Canadian population is also characterized by substantial cultural diversity, housing one of the largest per capita immigration

rates in the world, and with a large proportion of its immigrants currently from developing areas of the world (Becklumb, 2008). Another contributor to Canada's diversity is its indigenous population, that is, individuals who are of Inuit, Métis, or First Nations/North American Indian background¹ and represent approximately 4% of the population. Politically, Canada has a federal governance structure where provinces and territories retain substantial legislative control over areas such as health and social services, labor and employment, and education (Forsey, 2005). Canada also has a publicly funded healthcare system, although counseling and psychotherapy are generally not covered by provincial healthcare plans.

Brief history of counseling and psychotherapy

In the first half of the 20th century, the development of counseling and psychotherapy paralleled that of the United States, being rooted in Frank Parsons' efforts in vocational guidance, the mental hygiene movement and, later, the counseling process work of Carl Rogers. The discipline in Canada began to gain momentum in the 1950s and 1960s, with the introduction of formal training programs in school counseling at Canadian universities (Young, 2009) and the incorporation of national associations for counselors (Canadian Counselling and Psychotherapy Association [CCPA], 2011) and psychologists (Canadian Psychological Association [CPA], 2011). Since that time, the field has grown and diversified with a proliferation of associations focused on particular practice areas and/or geographic regions (e.g., Canadian Association for Child and Play Therapy; l'association francophone des conseillères et des conseillers en orientation du Nouveau-Brunswick), a growing number of specialized journals with national and international mandates (e.g., *Transcultural Psychiatry*; *Canadian Journal of Career Development*), and numerous counseling and psychotherapy-related training programs at both master's and doctoral levels.

Despite differences in regulation and a lack of awareness of disciplinary advances in the other language on the part of both Anglophone and Francophone practitioners (Young & Nicol, 2007), the development of counseling and psychotherapy has followed the same broad pathway in English and French Canada. Fifty years ago, the practice of counselors was primarily associated with education and guidance while the practice of psychotherapists was more closely associated with the treatment of clients with psychological and psychiatric conditions. However, this division no longer reflects the reality of practice in Canada: numerous professions that span both counseling and psychotherapy have emerged, and the scope of practice of many professions has expanded to the point that the distinction is no longer valid.

Counselor education programs, accreditation, licensure, and certification

Most psychotherapy-related doctoral level programs are in clinical psychology, although doctoral programs in counseling psychology, educational counseling, and sciences de l'orientation (guidance sciences) also exist. The situation is more varied at master's level, with the CCPA (2011) listing over 50 counseling-related master's degree programs on their website. These programs have various names, including clinical psychology, counseling psychology, educational counseling, guidance, and marriage/family therapy. Various short-term (6 months to 1 year) training programs that provide diplomas or certificates in counseling can also be found in Canada. These programs have few prerequisites in terms of prior knowledge or a bachelor's degree. Regulatory bodies and many professional associations (e.g., CPA, CCPA) do not recognize graduates of these non-degree programs. However, the general public is typically unaware of the discrepancies in training between graduates of these certificate programs and practitioners with advanced degrees.

Government and regulatory bodies do not require counseling or psychotherapy education programs to follow a specific curriculum. However, the major national professional associations for psychology (the CPA) and counseling (the CCPA) have developed accreditation standards and processes for education programs. Accreditation is voluntary, and many programs, especially master's level programs, remain unaccredited.

In Canada, professional regulation is defined as a provincial responsibility. Thus, licensure for counseling and psychotherapy differs not only according to practitioners' specific professions, but also their provinces of residence. The provincial government of Quebec has created legislation and separate professional organizations to regulate the practice of (a) guidance counseling and psychoeducation; (b) psychotherapy and psychology; and (c) social work and marriage/family therapy. These regulatory bodies issue licenses contingent on applicants meeting specific education standards and demonstrating French language competency. In English Canada, the situation is more varied. In most jurisdictions, psychotherapy is recognized as being within the scope of practice of psychologists, although not limited to that profession. Professional psychology is regulated in virtually all provinces and territories (Bedi, Haverkamp, Beatch, Cave, Domene, Harris & Mikhail, 2011), but licensure requirements vary across jurisdictions. Additionally, some provinces set the minimum educational standard at the master's level, while others require a doctoral degree to register as a psychologist. Licensure and regulation of other counseling practitioners in English Canada has only begun to occur, with two provinces creating regulatory bodies for the profession of counseling and psychotherapy within the past decade: the Ontario College of Psychotherapists and Registered Mental Health Therapists (Legislative Assembly of Ontario, 2007), and the Nova Scotia College of Counseling Therapists (Legislative Assembly of Nova Scotia, 2008). Efforts to pursue regulation are also actively underway in British Columbia, Prince Edward Island, and New Brunswick.

In terms of certification processes, many national and regional professional associations for counseling or psychotherapy in Canada exist independently from legal regulatory bodies. At the national level, the principal professional associations are the CPA and the CCPA. There are also a multitude of provincial associations for practitioners of a particular specialty within counseling and psychotherapy. These associations promote practice and research within their specialization and advocate for their members. Some associations, such as the CCPA, also maintain quality control over the practice of their members through certification processes involving minimal educational and supervised practice standards, and the requirement to engage in continuing education activities. However, certification is voluntary, and these associations have no legal authority to define or restrict practice.

Current counseling and psychotherapy theories, processes, and trends

The counseling and psychotherapy theories that are commonly employed in Canada have been substantially influenced by literature from the United States and Europe. In fact, Hiebert and Uhlemann (1993) claimed "it would seem that [counselors and psychotherapists] have been willing to accept American perspectives and positions as being appropriate for Canadians (p. 286)." At the same time, the work of Canadian scholars such as Lynne Angus in narrative psychotherapy (e.g., Angus & Hardtke, 1994), Les Greenberg in emotion-focused therapy (e.g., Greenberg, 2004), Karl Tomm in marriage/family therapy and supervision (e.g., Collins & Tomm, 2009) and Richard Young in action theory applied to counseling (e.g., Young, Marshall, Valach, Domene, Graham, & Zaidman-Zait, 2011) have contributed substantially to the advancement of theory and practice all over the world. Similarly, numerous practice-oriented

organizations with an international mandate are located in Canada and led by Canadians, such as Roy Moodley and colleagues' Centre for Diversity in Counseling and Psychotherapy (2011), and Paul Wong and colleagues' International Network on Personal Meaning (2011).

Established European–North American theoretical orientations (e.g., cognitive-behavioral, humanistic/existential, psychodynamic) are frequently practiced in English and French Canada, along with newer European–North American models (e.g., narrative, solution-focused, feminist). There are estimates that up to 75% of Canadian practitioners use an integrative or eclectic model (Gazzola & Smith, 2007; Hadjipavlou & Ogrodniczuk, 2007; Hunsley & Lefebvre, 1990). Practitioners tend to rely on a small handful of theories to primarily guide their work, and then incorporate aspects of various others at either the level of theory or the level of techniques and interventions to meet client needs or practical constraints. These estimates also suggest that CCPA-affiliated practitioners primarily draw from client-centered/humanistic, cognitive-behavioral, or postmodern theoretical approaches, and least from psychodynamic approaches, while those trained in clinical psychology or psychiatry seem to draw most from cognitive-behavioral, systemic and psychodynamic approaches, and least from existential, gestalt, and humanistic ones.

One of the largest trends for counseling and psychotherapy in Canada is the movement into private practice, although this is often combined with work in other settings (Hiebert & Uhlemann, 1993; Gazzola & Smith, 2007). These other settings include college/university student services, community agencies, mental health settings, schools, medical/rehabilitation settings, the private sector, and government (Bedi et al., 2011; Gazzola & Smith, 2007; Smith & Drodge, 2001). The movement towards private practice places these practitioners at the mercy of economic market conditions and larger sociopolitical trends, some of which run antithetical to their training.

Despite efforts to define the discipline as encompassing a full range of practice (Bedi et al., 2011), most contemporary counseling and psychotherapy in Canada is provided for remedial therapeutic purposes (e.g., treating psychological disorders), rather than for preventative (e.g., working with high risk youth) or educative/development efforts (e.g., improving conflict resolutions skills of the general population) (Hiebert & Uhlemann, 1993; Young & Nicol, 2007). There is also structural pressure for practitioners to focus on remediation generated by circumstances such as higher proportion of third party funding and referrals for treating psychological and psychiatric disorders, cuts in government funding for preventative and developmental services, popular acceptance of the medical model of mental health, and the high costs of self-payment for services outside of severely limited government-funded services. Consequently, practitioners in Canada, even those working in educational settings, require a working knowledge of psychiatric diagnoses. Hiebert and Uhlemann note that this movement away from prevention, education, and development is especially apparent amongst younger practitioners. Despite this situation, there is a notable minority of practitioners who strongly oppose the trend towards the psychopathologizing, diagnose-and-treat model of service provision (Bedi et al., 2011).

Two additional trends are currently occurring in English Canada. First, the practice of psychotherapy and associated professional titles (e.g., mental health therapist, counseling therapist, psychotherapist) are increasingly being regulated, while the activity of counseling continues to remain unrestricted. Thus, a legislative distinction is being drawn between the regulated activity of psychotherapy and the largely unregulated activity of professional counseling. Second, the same legislation that regulates psychotherapy acknowledges that it can be practiced by a diverse range of professionals (e.g., psychiatric nurses, counseling psychologists). This second trend reflects the increasing overlap in scopes of practice and employment settings of mental health professions. For example, individuals with master's degrees in educational counseling can obtain employment in a medical setting and be deemed to be providing psychotherapy, while clinical

psychologists with specialized training in psychotherapy provide counseling services in university counseling centers. Furthermore, an examination of the field concluded that the workplace activities of counseling and clinical psychologists are largely indistinguishable in Canada (Linden, Moseley, & Erskine, 2005). Therefore, rather than labeling oneself as a counselor or psychotherapist on the basis of training, such a proclamation depends more on one's work setting and clientele. Overall, although the terms "counseling" and "psychotherapy" are becoming differentiated in law, the actual practices are increasingly overlapping. Reflecting this situation, in 2009, the Canadian Counseling Association changed its name to the Canadian Counseling and Psychotherapy Association.

Despite this blurring of practice boundaries, there remains a hierarchy of status and prestige among different practitioners who provide counseling or psychotherapy in Canada, in terms of public perception and professional deference (Gazzola & Smith, 2007; Smith & Drodge, 2001). Psychiatrists and other medical doctors are granted the highest status, followed by clinical psychologists and then practitioners commonly employed in medical or forensic settings (e.g., psychiatric nurses, clinical social workers, counseling psychologists). The third tier appears to consist of master's level practitioners employed in other settings (e.g., schools, private practice). Finally, practitioners with less than a master's degree (e.g., graduates of certificate or diploma programs in counseling) have the least status and usually receive substantially less remuneration and professional recognition.

Indigenous and traditional healing methods

Canada's high rate of immigration and government policies that promote cultural diversity facilitate the retention of many traditional practices by cultural and ethnic minority groups, including traditional approaches to health and wellness. Therefore, many traditional healing practices from other countries (see other chapters for details) may be found in communities comprising people in Canada who are from the same cultural background. Research on these practices in the Canadian context is beginning to emerge (Centre for Diversity in Counseling and Psychotherapy, 2011). However, these traditional healing methods are predominantly confined to members of specific cultural groups, rather than being widely adopted by counseling and psychotherapy practitioners. The exception is that some Asian healing practices are beginning to be incorporated into mainstream practice. For example, some Canadian hospitals have begun to include yoga as a treatment strategy (R. Wu, personal communication, July 18, 2011). Also, paralleling the movement internationally, mindfulness meditation techniques are increasingly being incorporated into psychotherapy practice in Canada. For example, mindfulness was specifically mentioned in the 2010 Canadian Psychological Association's presidential address on advances in the treatment of anxiety disorders and, as early as 1988, the *Canadian Journal of Counseling and Psychotherapy* has been publishing research about the effectiveness of this traditional healing practice (Greene & Hiebert, 1988).

In the past 20 years, there has also been increasing interest in adapting indigenous healing methods for counseling and psychotherapy practice, particularly with Aboriginal Canadian clients. This interest has generated far more articles in the *Canadian Journal of Counseling and Psychotherapy* about Aboriginal Canadians than any other ethnic minority group, including a special issue, published in 2000, devoted entirely to Aboriginal counseling. These publications discuss how to effectively work with these clients and describe indigenous healing methods that can be incorporated into conventional counseling and psychotherapy practice. Specific examples of these methods include healing circles, sweat lodge ceremonies, the medicine wheel, therapeutic use of Aboriginal culture (e.g., traditional dancing, storytelling, use of the eagle's feather

or talking stick, drumming, potlatches), and seeking a stronger connection with nature and one's tribal community (Heilbron & Guttman, 2000; Malone, 2000; McCormick, 1997; Neumann, McCormick, Amundson, & McLean, 2000; Poonwasshie & Charter, 2001). Although limited, the existing empirical research on the integration of traditional aboriginal healing methods into counseling practice by both Aboriginal and non-Aboriginal practitioners has yielded positive results (e.g., Neumann et al., 2000; Oulanova & Moodley, 2010; Thomas & Bellefeuille, 2006). It must be noted, however, that virtually all the literature on the use of these traditional healing methods has been written in the context of working with Aboriginal clients. It is not yet clear whether these methods can also be successfully incorporated into counseling with clients from other cultural backgrounds.

Many Aboriginal communities also promote the notion of culture as treatment; that is, connecting with Aboriginal communities and traditional beliefs as part of the healing process (McCormick, 1997). Some of these beliefs include the necessity of a collectivistic life orientation; the inseparable interconnection between the family, community, nature, and spiritual world; prioritizing the wellbeing of the community as much as the wellbeing of the individual; and the importance of holistic wellness and balance between the physical, mental, emotional, and spiritual dimensions of the person (Heilbron & Guttman, 2000; McCormick, 1997). Other important concepts include encouraging the inclusion of family members and other important community members (e.g., elders) as influential collaborators in healing activities, and for practitioners to become actively involved with a client's Aboriginal community despite the multiple relationships that may develop (McCormick, 1998).

Research and supervision

Canadian scholars have a long history of researching every aspect of counseling and psychotherapy, including career and guidance (e.g., Baudouin et al., 2007), marriage/family therapy (e.g., Beaton, Dienhart, Schmidt, & Turner, 2009), theories and processes of psychotherapy (e.g., Angus & Hardtke, 1994), counselor supervision (e.g., Gazzola & Theriault, 2007), and a wide range of research methodologies (e.g., Bedi & Alexander, 2009). Canadian research is particularly characterized by openness to diversity, not only in terms of areas of inquiry and methodology, but also populations studied (e.g., Juraskovic & Arthur, 2009; Sandhu, 2005; Wong & Piran, 1995). Moreover, Canadians have made substantial contributions to the literature on counseling and psychotherapy research methods, particularly approaches to program evaluation and qualitative inquiry (Bedi et al., 2011; Hiebert, Domene, & Buchanan, in press).

Counseling and psychotherapy research in Canada is supported by the existence of several publication venues, most of which publish in both French and English. These include the *Canadian Journal of Behavioural Science*, *Canadian Journal of Career Development*, *Canadian Journal of Community Mental Health*, *Canadian Journal of Counselling and Psychotherapy*, *Canadian Journal of Psychiatry*, *Canadian Journal of Psychoanalysis*, and *Canadian Psychology*. Canadian researchers also publish extensively in journals from other nations. Research is also supported by funding from federal and provincial governments, non-government organizations, and the private sector. The federal government is the major source of research grants, providing funding through agencies such as the *Social Sciences and Humanities Research Council* and the *Canadian Institutes of Health Research*. These agencies fund research on a competitive basis, with applications being peer reviewed. Unfortunately, as Hiebert and colleagues (in press) explain, the official policies and unwritten practices of these agencies sometimes work against counseling-related scholars in Canada, particularly those whose focus is at the intersection of normative human development and health, and those who use qualitative methods in psychotherapy research.

Practicing under supervision is a core component of virtually every graduate-level professional psychology and counselor education program in Canada. Programs typically require completion of hundreds of hours of client contact in actual practice settings as part of their degree requirements. What varies more widely is the type of setting in which a student will complete their internship/practicum. For example, Smith and Drodge's (2001) survey of master's students from their counseling program reported internships in community agencies, schools, college/university counseling centers, the civil service, medical and rehabilitation settings, and private practice. Education programs accredited by the CCPA and CPA must ensure that the number of client contact hours, the types of practice experiences, and the quantity and quality of supervision that is provided conforms to the standards laid out by their accrediting association (CCPA, 2011; CPA, 2011). The CPA also accredits internship sites, which must provide adequate quality and quantity of supervision.

Despite the demand for supervisors in the field, few formal training opportunities in the supervision of counseling and psychotherapy are offered in counseling and psychotherapy education programs. Instead, supervisors usually receive "on-the-job" training, operate under the assumption that a competent practitioner will inherently know how to supervise other practitioners, or seek post-graduation continuing education opportunities. Fortunately, opportunities for supervision-related continuing education are readily available. For example, for the past five years, the *Canadian Journal of Counselling and Psychotherapy* has published at least two articles per year on counselor education and supervision, including supervision in diverse contexts.

Strengths, weaknesses, opportunities, challenges

Counseling and psychotherapy are strong and growing areas of professional practice in Canada, with reputable and well-established programs of training and research. Practitioners belong to robust professional groups, numbering well over 40,000 (CCPA, 2011). There is steadily growing membership in their primary national professional associations, the CCPA and CPA. Additionally, some surveys of counselors reveal high levels of job satisfaction and the sense that they would make the same career decision again, despite recurring complaints about low salaries (Gazzola & Smith, 2007; Smith & Drodge, 2001).

Further, practitioners, educators, and researchers have sought to ensure that counseling and psychotherapy remain relevant in the increasingly diverse cultural context of Canada. This has included tailoring practice to meet the needs of specific ethnic and religious minority groups, including clients with Aboriginal (Malone, 2000), Chinese (Wong & Piran, 1995), South Asian (Shariff, 2009), Buddhist (Cohen & Bai 2008) Christian (Olthuis, 1994), and Sikh (Sandhu, 2005) backgrounds. There is also strong Canadian scholarship on topics such as acculturation, immigration, racism, and cross-cultural counseling (e.g., Arthur & Januszkowski, 2001; Beharry & Crozier, 2008).

Despite these strengths, several circumstances hinder the progress of counseling and psychotherapy in Canada. One weakness is that there is no regulatory protection of the term "counseling." Although some counselors are well trained and belong to established professional associations, others are paraprofessionals with little formal training, and no professional affiliation. This creates confusion about the nature of counseling and lowers the professional status of counselors (Bedi et al., 2011; Smith & Drodge, 2001; Young & Nicol, 2007). In contrast, laws protecting the act of psychotherapy and the title of psychotherapist (or associated titles such as "mental health therapist" and "counselor therapist") have begun to emerge in several Canadian provinces (Gazzola et al., 2009). It is probable to the practice of counseling, it is probable that psychotherapy will become regulated and restricted in many Canadian jurisdictions within the

next decade. The current inconsistent regulatory environment and the growing legislative divide between counseling and psychotherapy also impede the mobility of some mental and applied human development professionals who wish to relocate to a new province.

Another weakness arises from the fact that Canada has two official languages, but a majority of the population is unilingual. This linguistic divide impedes research collaboration and awareness of practice advances across the two languages. For example, there is relatively little citation of French language research in English language publications. Bilingual journals mitigate this problem to some degree. However, most journals only publish abstracts in both languages; the text of articles still tends to be available in only one language.

Finally, the geography of Canada imposes another difficulty for counseling and psychotherapy: there is a lack of access to services for many residents of rural and northern areas of Canada. Individuals residing in rural communities must often rely on practitioners who travel to remote areas for brief periods of time to provide very time-limited services or simply do without professional assistance. Additionally, many practitioners remain unaware of key practice and ethical issues in providing services in rural areas (Schank, 1998).

Currently, one of the major opportunities for Canadian counseling and psychotherapy practitioners is the growing potential for interprofessional collaboration and interdisciplinary training. Because many professions perceive counseling or psychotherapy to be within their scope of practice, practitioners of one profession are able to use scholarly literature from many other professions to inform their work. A psychotherapist may draw upon literature from counseling psychology, clinical psychology, counselor education, educational psychology, industrial-organization psychology, psychiatric nursing, clinical social work, child and youth care, marriage and family therapy, and psychiatry. Although the potential for interdisciplinary engagement exists, it is currently more prevalent amongst researchers and educators, than practitioners. One exception is a recent move towards interprofessional collaboration in Ontario, motivated by the desire to influence the process of regulating psychotherapy (Gazzola et al. 2009). Nevertheless, there remains substantial untapped potential to improve service provision through increased interdisciplinary training and sharing of advancements from allied professions.

Through immigration patterns and government policies that are designed to maintain Canada as a "cultural mosaic," the cultural diversity of Canadian society will continue to expand at a rapid pace. This provides counselors and psychotherapists with ample opportunities to work with clients of ethnically diverse backgrounds. Similarly, Canadian scholars and practitioners have an extraordinary opportunity to advance evidence-based, cross-cultural and multicultural competencies that promote the acculturation, mental health, life adjustment, and career development of immigrants and refugees

The Canadian population is aging, with a greater proportion of individuals approaching retirement age. This provides increased opportunity to demonstrate the effectiveness of counseling and psychotherapy for successfully navigating key life transitions such as retirement and end of life. In addition, practitioners will have more opportunities to assist in treating and managing a variety of health conditions, especially those associated with age-related and degenerative diseases and disabilities, as well as promoting the wellbeing for those with terminal illnesses. Research clearly demonstrates the important role of counseling and psychotherapy in promoting positive physical health outcomes, including recovery from surgery and limiting disease progression (Lalande, 2004; Rejeski, Brawley, Ambrosius, Brubaker, Focht, Foy, & Fox 2003). Therefore, there are opportunities for practitioners to engage in health promotion, physical wellness, and disease recovery, particularly for older Canadians (Arnett, 2001; Young & Nicol, 2007).

There are two fundamental challenges and threats to the professional activities of counseling and psychotherapy that may systemically restrict the access to these services for Canadians. First,

despite a shared expertise, individuals who practice counseling or psychotherapy tend to be a highly diverse group in terms of educational background and professional preparation. This contributes to considerable tension among the different stakeholder groups, including the question of who is qualified to provide various services. Overlapping scopes of practice contribute to competition and territorial disputes that threaten to limit who can provide or bill for such services (Hiebert & Uhlemann, 1993; Young & Nicol, 2007). For example, in Ontario, psychotherapy can only be billed to the provincial healthcare plan when it is practiced by physicians and psychiatrists; other psychotherapists must rely on clients' private insurance plans or direct payment. Similarly, in 2009, the province of Quebec passed legislation requiring practitioners other than physicians and psychologists to meet specific training criteria and obtain a permit from the Quebec Order of Psychologists to practice psychotherapy. This territoriality restricts widespread access to counseling or psychotherapy services.

Although Canada has a publicly funded medical system, counseling and psychotherapy are, for the most part, not covered by provincial healthcare plans. Therefore, another challenge is that outside of limited services provided through hospitals, correction facilities, and educational institutions, Canadians must directly fund counseling and psychotherapy, often through supplemental insurance and employee assistance programs. Consequently, many individuals are unable to afford to pay for needed counseling and psychotherapy. This situation has been exacerbated by government policies in most provinces that, over the past 10 years, have increasingly restricted publicly funded counseling and psychotherapy services. Many practitioners address this issue by billing on a sliding scale, but this merely shifts the burden of lack of public funding to counselors and psychotherapists themselves, rather than truly addressing the challenge of access.

Future directions

Building upon their strengths, counselors and psychotherapists should continue to respond to the increasingly diverse nature of Canadian society and ensure that the rights and perspectives of members of disadvantaged groups are respected in the provision of mental health services. Practitioners also have an opportunity to establish counseling and psychotherapy as bona fide primary and adjunct treatments for many physical diseases and illnesses. Also, the field should continue to work towards legislation to regulate and protect the practices of counseling and psychotherapy across Canada, and to permit increased professional mobility across provinces and territories. Another key future direction is to resolve ongoing interprofessional conflicts in order to improve mutually respectful cooperation and collaboration to best serve the mental health needs of Canadians. Finally, addressing the issue of access, it will be important to advocate for the inclusion of counseling and psychotherapy services in Canada's public healthcare coverage and the expansion of services in rural and northern regions.

Conclusion

In conclusion, there is currently such diversity in terms of practitioners' training, licensure/certification, professional affiliations, and work settings that it makes little sense to refer to a single discipline of counseling and psychotherapy in Canada. Instead, many different mental health and human development practitioners engage in counseling and/or psychotherapy as part of their practice. Nevertheless, counseling and psychotherapy have a long history in Canada, and Canadian practitioners and scholars will continue to make substantial contributions to the advancement of the field around the world. Although practice has been shaped by the

geographic, cultural, linguistic, and political context of the country, there is great potential for individuals in the counseling and psychotherapy professions to take an active role in shaping the future.

Note

- 1 In this chapter, these distinct groups will collectively be referred to as Aboriginal peoples.

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