Compromised: Counseling and Psychotherapy in British Columbia

BC Association of Clinical Counsellors logo (CNW Group/BC Association of Clinical Counsellors)

Carla Duda and W. Paul Erickson write in *Minding the Campus*:

In British Columbia, Canada (BC), people who attend counseling and psychotherapy may soon have to search outside of their province, or perhaps their country, if they want to meet with a counselor practicing science-based, rational, exploratory therapy. Soon all counselors may be forced to uphold the ideology advanced by their governing body, the BC Association of Clinical Counsellors (BCACC), as defined in its newly proposed Standards of Clinical Practice, and by the BC government's new Health Professions and Occupations Act (HPOA). Together, the Standards and HPOA may ensure that autonomous and ethical counseling has no place in the therapeutic field. Licensed counselors who refuse to subscribe

to the extreme ideologies proposed in the Standards and the Act may face sanctions, criminal charges, fines, and prison time.

Historically, patients could choose to avoid radical ideologues posing as counselors—that healthcare choice appears to be disappearing. The newly proposed Standards and the HPOA, if they succeed in governing counselors, will compel all practitioners to affirm the orthodoxy. Counselor and patient choice and freedom, bounded by the constraints of strong codes of ethical conduct and scientific practice, may soon be largely replaced by anti-therapeutic theories enforced by fiat.

The proposed Standards reject reason, science, and reality, and compel counselors to confirm and promote such ideas as self-identification ("identity and self-definition are fluid"), suggesting that people can be anything they think or feel they are, regardless of objective reality. By disposing of curiosity, questioning, and rational investigation, essential components of therapy, counselors may be required to affirm such thinking. Many counselors worry that compulsory affirmation could be harmful, especially to children. Ethical practitioners will not harm their patients. Yet if counselors engage in any gender-based conversations and do not 'nod and affirm,' they also risk five years in prison under Canada's broadly interpreted conversion therapy law, Bill C-4. Consequently, there are almost no counselors left in Canada to whom patients can turn when they struggle with gender-related concerns and seek a full therapeutic approach to make informed decisions.

According to the BCACC's proposed Standards, counselors are also, whenever possible, to use language in all professional communications that describes themselves and their patients in gender-neutral terms, compelling practitioners to use sex-obscuring or invented language. The proposed Standards proceed to outline characteristics that counselors are prohibited from

discriminating against, erroneously citing the BC Human Rights Code. The BCACC removed the category of "sex" as a prohibited ground of discrimination from its reference to the Code. The proposed Standards apparently attempt to erase, through sex-obliterating language, male and female categorizations.

Some of the proposed Standards focus on diversity, equity, and inclusion, coupled with anti-discrimination and anti-racism mandates based on critical theories, to which all counselors will be forced to comply. Clearly, ethical counselors are already committed to culturally sensitive, non-racist, and non-discriminatory practice. BCACC counselors have an extremely low complaint rate—only half of one percent. These complaints center on challenges inherent in conducting family therapy, and although they are important to remedy, the statistic is hardly alarming. Likewise, counselors are already committed to principles of liberal democracy such as the equality and human rights of all persons, and the principles of justice, freedom, and personal autonomy.

However, when anti-therapeutic approaches, as defined in the language of equity (not equality), and compulsory anti-discrimination measures are enacted in healthcare, these approaches hold that:

[Healthcare professional] bias is to blame for different health outcomes among racial and gender groups. [They propose] to remedy this reality by forcing [healthcare] professionals to provide different levels of care to different populations. This includes offering and denying treatments on the basis of race, including potentially life-or-death decisions … Anti-racism … holds that racial discrimination is praiseworthy and necessary. It seeks to overcome different outcomes among racial and gender groups by actively discriminating in favor of some people and against others. Anti-racism is fundamentally at odds with … principles of equal treatment under the law and equal justice for all (Do No Harm, 2023).

The HPOA, meanwhile, enforces the same chilling requirements as do the proposed Standards—to report one's peers and other health professionals for not adhering to the HPOA. The reporting obligation creates a frightening atmosphere of surveillance and distrust. Should a health professional perceive that another practitioner has behaved in a "discriminatory" fashion, he may be forced to turn this person in.

As Davidson notes, the HPOA allows government agents to enter offices to seize patient records without notice. The new Act can also force or prohibit medical treatments. It requires licensees to: "protect the public from harm and discrimination; (b) to take anti-discrimination measures"; and to report other licensees believed to be "not fit to practice" or to present "a significant risk of harm to the public," including reporting any licensee believed to have committed an act of "discrimination."

As counselors, we are extremely concerned about the risks the HPOA poses to patient confidentiality due to the government's ability to seize patient files. We also worry about how patient confidentiality will be protected if a patient tells a health professional anything deemed unacceptable by the HPOA. We do not know how other privacy and confidentiality laws, which have historically protected patient confidentiality, will function once the HPOA is enacted. This is particularly concerning when counselors have health professionals as their patients, given the HPOA's requirement that health professionals report one another. We therefore do not understand how counselors can uphold confidentiality when, say, a nurse, doctor, or dentist tells them something that is normally kept confidential but that is now reportable under the HPOA. We also do not know how counselors can keep confidential such common conversations as a mother disclosing that she does not want to medically transition her 12-year-old daughter who is suddenly experiencing gender confusion, when

this may run afoul of so-called anti-discrimination principles.

Historically, counselors have maintained a duty to report in rare and clear circumstances that we could describe to our patients, as part of ensuring informed consent. This appears to have changed under the proposed Standards and HPOA requirements. Yet counseling, where people explore the most sensitive topics, can only exist as a legitimate practice if professionals can maintain the highest degree of confidentiality outside of such circumstances.

We outlined our concerns in an open letter to the government and the counseling and psychotherapy governing bodies. We asked the BCACC to repeal the Standards and to pause licensing counselors under the HPOA while it creates revised Standards that reflect the diversity of BC and uphold the rights, autonomy, freedom, and dignity of all patients and counselors. On the basis of conscience and our obligation to do no harm, we object to the proposed Standards and to the HPOA for the harm they would do to patients and counselors alike.