



CRPO / OPAO

College of Registered Psychotherapists of Ontario
Ordre des psychothérapeutes autorisés de l'Ontario

Stakeholder Feedback Form – July-September 2016 Practice Standards

Please complete this form and include it with your written submission. You may provide comments using this form (preferred), or send them in a separate document if the space provided here is insufficient. Your personal information is collected for internal statistical and informational purposes.

Please save the form to your computer, then open with Adobe Reader, prior to filling out the form. If you fill out the form in your web browser, contents may not be saved.

A. How to Submit Your Comments

1. Complete this form.
2. You may provide your comments on this form or attach comments in a separate document.
3. Submit no later than September 9, 2016, via:

EMAIL: **submissions@crpo.ca** **OR**

FAX: **(416) 874-4079** **OR**

MAIL: **Consultations**
College of Registered Psychotherapists of Ontario
163 Queen Street East, Toronto, ON M5A 1S1

B. Your Contact Information

First name:

Last name:

Email address:

Phone number:

I am a:

Member

Student

Health care professional (describe below):

Other (describe below):

Applicant

Member of the public

Client or former client

C. Association

I am submitting feedback on behalf of an organization or association.

If you checked the box "yes", please provide the following information:

Name of organization/ association:

Your position:

Mailing address:

Your email address:

D. Consent

I understand that by ticking the checkbox below, my submission may be publicly posted on the College's website. I understand that identifying information of individuals, including name and contact information, such as address, phone number and email address, will be removed from submissions that are posted publicly.

I understand that the names of organizations and individuals submitting on behalf of organizations will be posted publicly, though contact information will not be posted.

I understand that the College will review submissions and, at its discretion, may choose not to post submissions if the content or wording is derogatory, defamatory, threatening, abusive or otherwise inappropriate, or if a submission reveals private or personal information. Negative comments about organizations or their positions on issues will also not be posted.

I consent to having my submission/ comments posted publicly.

Name:

Date:

Aug 31, 2016

E. Your Comments

Note: The response field begins on the next page. Please add additional pages if needed.

Please provide any feedback on the proposed amendments to the *Professional Practice Standards*.

I am writing in response to the proposal for Affirming Sexual orientation and Gender Identity. I fully agree in respecting the dignity and diversity of all people. I also appreciate the need to protect vulnerable people to abuse, coercion, and harm. I would agree that young people's dignity is best protected in society by limiting their autonomy because they are perceived (rightly or wrongly) as lacking the mental faculties to appreciate the potential consequences of their choices, and hence cannot freely be making an informed decision. This is the reasoning given behind restrictions on voting, alcohol consumption, school attendance, joining the military, marriage, tattoos, and gender reassignment surgery (to name a few).

However, after a certain age (which is up for debate depending on the choice and level of understanding require, generally 17-19) we generally agree it does harm to a persons dignity and diversity to limit their autonomy. In studying Ethics in Counseling the number 1 overriding guideline is the Autonomy of the client. The client should be the expert in deciding what they want to work on, when they want to work on it, and how they want to proceed to work on various issues in their life. Every therapist has experienced someone seeking therapy for issue A (couple's counselling) when the therapist can perceive other issue B (substance abuse, mental health) in the client's life that may hinder working on issues A. While the therapist's ethical duty to the autonomy of the client is to first inform them that there are contra-indicators to treatment, they must ultimately respect the client's dignity and diversity by allowing them to choose to work on their relationship with their partner, while choosing to ignore their substance abuse or mental health concerns. All this to say I am very concerned when we, as well intentioned and generally liberal minded professionals, start to restrict the liberties of other people in the name of "knowing what's best for them". Is this not the very thinking the caused the harm of so many people who complain (and rightly so) against forced conversion/reparative therapy? I believe the client has the right to decide what they consider a "problem" in their life and they have the right to seek treatment for it whether or not I believe the treatment will or will not be helpful. We are considering restricting individuals to seek out help for a pattern of thought that some perceive as unwanted. If a client reports finding their same sex attraction as unwanted and they request help or a referral to someone who might be able to help them, who am I to tell them 1.)it's not a problem, 2.) it can't change. ?

I have had many clients report a fluidity of sexual orientation, and gender identity. Many of my clients have reported making a decision as to which gender identity or sexual orientation feels most "natural" to them, or "feels right" to them but still experience thoughts towards the other end of both spectrum's that are intrusive, unwanted, and hindering their quality of life. How are we respecting the diversity and autonomy of the client if we tell them that they should not to change or solidify their identity or orientation? Further more, how am I promoting greater freedom and autonomy to the client by restricting the client to anyone with different opinions or treatment styles than myself or the popular ideology of the day? I have had many client's tell me they experience a wide variety of sexual orientations and they have successfully increased the thought patterns of one and decreased the thought patterns of another to increase their quality of life. Should I now tell those client's the change they experienced isn't real? That they have only suppressed their "true" identity or orientation, and any benefits they report are only forms of denial? Or can I let the client be the expert on what they experience, what they are wanting to change, and what they have found helpful so far, and what kind of life they would like to have in the future? And if I consider it harmful to the client to attempt to change an area of their life, or if I am not equipped to do so, do not I owe it to the client to refer them to someone with a similar mindset as the client?

(Continued on next page)

I believe restricting therapeutic modalities or treatments in any form causes more harm than good. At the most, clients should be warned and proceed with informed consent that many people find reparative therapy unhelpful and potentially damaging. But nothing does more harm to an individual than removing their self-determination. Overriding a person's autonomy ONLY happens when we are going to physically harm another person, or when we consider them to be deemed incapable (medically or legally) to make decisions for their own lives. Are we suggesting that people who request wanting to solidify or change their orientation or gender identity are incapable? I for one do not see my clients as incapable and trust them as being the experts on what they are wanting and are capable of weighing the pros and cons of their decisions. To say no one should be forced to receive therapy for something they do not perceive as a problem in their life, also implies no one should be hindered from seeking therapy for an issue they perceive as a problem.