

# The Barbara Wand Seminar in Professional Ethics, Standards and Conduct

September 15, 2020

9 am -12 pm



**The College of Psychologists of Ontario**

**TRANSCRIPT**

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10 REPRODUCED OR DISTRIBUTED IN ANY WAY, SHAPE, OR  
11 FORM WITHOUT THE EXPRESS WRITTEN CONSENT OF  
12 NEESONS, A VERITEXT COMPANY.

13 >> GOOD MORNING. WELCOME TO THE  
14 SEPTEMBER 15th, BARBARA WAND SEMINAR. I'M BARRY  
15 GANG, THE DEPUTY REGISTRAR. IF YOU HAVE REGISTERED  
16 WITHIN THE PAST 30 YEARS OF SO, YOU MAY NOT KNOW  
17 WHY THIS PROGRAM IS CALLED THE BARBARA WAND  
18 SEMINAR. DR. WAND WAS THE REGISTRAR FROM 1976 TO  
19 1991. ON HER RETIREMENT IN 1991, IN RECOGNITION,  
20 THE ONTARIO BOARD OF EXAMINERS IN PSYCHOLOGY WHICH  
21 WAS THE PRECURSOR TO THE COLLEGE INSTITUTED THE  
22 SEMINARS. NOW TWICE A YEAR, USUALLY IN DIFFERENT  
23 PARTS OF THE PROVINCE WE HOLD A HALF DAY SEMINAR.  
24 TODAY THINGS ARE A BIT LESS CONVENTIONAL. THERE'S  
25 NO BULK PASTRIES OR SO-SO COFFEE. MANY WILL BE

1           HAVING YOUR FAVOURITE ROAST AND EATING THE HOME  
2           BAKED STUFF YOU HAVE BEEN PRACTICING DURING  
3           ISOLATION.

4                           WE HAVE A VERY LARGE NUMBER OF PEOPLE  
5           JOINING US TODAY.   THERE ARE 1,597 REGISTRATIONS  
6           BUT A VIEWERSHIP OF 2526 PEOPLE, WHICH IS REALLY  
7           IMPRESSIVE.   MANY OF YOU MAY REQUIRE TECHNICAL  
8           SUPPORT.   YOU ARE INSTRUCTIONS BUT JUST TO GO OVER  
9           THEM VERY QUICKLY THERE'S A SPOT OR THERE SHOULD BE  
10          AT THE BOTTOM OF YOUR SCREEN THAT SAY SOMETHING  
11          LIKE ASK FOR SUPPORT.   THE CHAT OPTION IS TURNED  
12          OFF.   IF YOU SAY SOMETHING IN THE CHAT BOX, YOU  
13          WILL BE WAITING A LONG TIME UNTIL SOMEONE TELLS YOU  
14          IT IS NOT GOING TO WORK.   RATHER THAN JOINING THE  
15          CUE, YOU MIGHT WANT TO TRY SOME SOLUTIONS THAT HAVE  
16          WORKED IN THE PAST.   YOU CAN EXIT AND RELOAD,  
17          REFRESH YOUR SCREEN, TRY A DIFFERENT BROWSER AND  
18          WORST CASE IS THAT YOU MAY HAVE TO WATCH IT ON OUR  
19          WEBSITE.   IT WILL BE AVAILABLE IN DEFINITELY WITHIN  
20          THE NEXT TEN DAYS.   YOU CAN WATCH IT AT ANY TIME  
21          AFTER TEN DAYS OR SO OR SOME OF YOU WHO MIGHT WANT  
22          TO REFRESH YOURSELVES LATER MIGHT WANT TO LOOK AT  
23          IT AGAIN.   FOR THOSE WITH QUESTIONS RELATED TO THE  
24          CONTENT, SEND THEM DURING OR AFTER THE PRESENTATION  
25          TO US.   PLEASE DON'T SEND IT RELATED QUESTIONS TO

1 THIS ADDRESS. THOSE OF YOU WATCHING WILL SEE THAT  
2 WE HAVE CAPTIONING OF THE PRESENTATIONS AND A FULL  
3 TRANSCRIPT WILL BE AVAILABLE WITHIN ABOUT THREE  
4 WEEKS AROUND THE SAME TIME AS ANSWERS TO ANY OF THE  
5 QUESTIONS WE WEREN'T ABLE TO HAVE TIME TO ANSWER  
6 TODAY. EVERYONE ALSO WANTED TO KNOW ABOUT HOW TO  
7 COUNT THEIR CPD. YOU GET THREE CREDITS FOR THREE  
8 HOURS OF LEARNING IN CATEGORY B 2. FOR THOSE  
9 WATCHING TOGETHER AND DISCUSSING THINGS AS WE  
10 PROGRESS, YOU GET A CREDIT IN CATEGORY A 8. IN  
11 TERMS OF DOCUMENTATION, JUST SAVE AN EMAIL  
12 CONFIRMING YOUR REGISTRATION OR IF YOU ARE WITHIN A  
13 GROUP, ANY KIND OF CORRESPONDENCE ABOUT THIS WITH A  
14 PERSON IN THE GROUP WHO REGISTERED. SO RIGHT NOW,  
15 I WOULD LIKE INVITE DR. MICHAEL GRAND, PRESIDENT OF  
16 THE COLLEGE TO FORMALLY BEGIN THE MORNING.

17 >> GOOD MORNING, EVERYONE. AND WELCOME  
18 TO THIS UNIQUE BARBARA WAND SEMINAR. I BELIEVE  
19 THIS IS THE FIRST TIME THAT ALL OF US ARE NOW  
20 ONLINE AS OPPOSED TO SOME OF US BEING TOGETHER IN  
21 AN AUDITORIUM IN ONE OF OUR MAJOR SETTINGS --  
22 CENTRES IN ONTARIO. THE COLLEGE HAS MADE A  
23 COMMITMENT AND WE HAVE ALL THE RESPONSIBILITY TO  
24 ENSURE THAT WE ENGAGE IN OUR WORK IN USING THE  
25 HIGHEST STANDARDS WE CAN. AND TO CONTINUE TO GROW,

1 BUT NOT TO STAND STILL. AND IN THAT SENSE, THIS IS  
2 A VERY IMPORTANT MOMENT BECAUSE IT GIVES US AN  
3 OPPORTUNITY TO REFLECT ON SOME OF OUR PROFESSIONAL  
4 PRACTICE AND I'M LOOKING FORWARD TO THE  
5 PRESENTATION ON TRICKY ISSUES AND I'M ALSO VERY  
6 MUCH LOOKING FORWARD TO THE PRESENTATION WE HAVE ON  
7 SELF-CARE. BOTH OF WHICH ARE IMPORTANT PARTS OF  
8 WHAT WE DO. THESE ARE CHALLENGING TIMES THEY FORCE  
9 US TO THE THINK ABOUT DOING OUR WORK IN NEW WAYS  
10 AND IN THAT SENSE, I THINK IT'S IMPORTANT TO  
11 RECOGNIZE THAT A CHALLENGE IS AN OPPORTUNITIES, AN  
12 OPPORTUNITY TO RETHINK WHAT WE HAVE DOWN, TO LOOK  
13 FOR THE BEST -- TO QUESTION WHY WE ARE DOING WHAT  
14 WE ARE DOING AND TO LOOK FOR THE ESSENCE OF WHAT IS  
15 THE BEST PROFESSIONAL PRACTICE WE CAN.

16 SO WITH THAT, ON BEHALF OF THE COUNSEL  
17 OF THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO, I  
18 WELCOME YOU HERE THIS MORNING AND LOOK FORWARD TO A  
19 VERY INTERESTING AND PRODUCTIVE MORNING. WELCOME  
20 BACK TO YOU BARRY.

21 >> THANKS . THE FEATURE EVERYONE WANTS  
22 MORE OFF, TRICKY ISSUES. THOSE OF YOU WHO HAVE  
23 BEEN AROUND KNOW RICK MORRIS, OUR REGISTRAR. HE  
24 WORKED IN MENTAL HEALTH FOR MANY YEARS HE MAKES  
25 PRESENTATIONS TO BOTH MEMBER AND NONMEMBER GROUPS

1 IN ONTARIO AND BEYOND ON A VARIETY OF PROFESSIONAL  
2 PRACTICE TOPICS. HE'S THE FORMER CHAIR OF THE  
3 ASSOCIATION OF CANADIAN PSYCHOLOGY REGULATORY  
4 ORGANIZATIONS, WHICH IS THE NATIONAL ORGANIZATION  
5 FOR REGULATORS OF PSYCHOLOGY IN CANADA AND HE'S  
6 ALSO SEVERED ON MANY COMMITTEES FOR THE  
7 INTERNATIONAL ASSOCIATION OF STATE AND PROVINCIAL  
8 PSYCHOLOGIST BOARD AS IS A FELLOW OF THAT  
9 ORGANIZATION. HE'S ALSO A RECIPIENT OF THE ONTARIO  
10 PSYCHOLOGICAL ASSOCIATION BARBARA WAND AWARD FOR  
11 EXCELLENCE IN THE AREA OF PROFESSIONAL ETHICS AND  
12 STANDARDS. I WILL LET DR. MORRIS GIVE YOU SOME  
13 TRICKY ISSUES.

14 >> THANK YOU, BARRY. GOOD MORNING,  
15 EVERYONE. I HOPE THAT EVERYONE IS HEALTHY AND THAT  
16 YOU AND YOUR FAMILIES ARE KEEPING WELL DURING THIS  
17 VERY DIFFICULT TIME. IN THE HAND OUT THAT YOU  
18 HAVE, THERE'S THREE SCENARIOS THAT I PREPARED. I  
19 HOPE YOU HAD A CHANCE TO REVIEW THIS. I THINK WE  
20 WILL HAVE TIME TO DISCUSS ALL THREE BUT IF WE  
21 DON'T, THEN I WILL POST A DISCUSSION OF WHATEVER WE  
22 DON'T GET TO IN THE NEXT ISSUE OF HEADLINES, THE  
23 NEW QUARTERLY BULLETIN. THE FIRST TWO SCENARIOS  
24 ARE ARISING OUT OF THE CURRENT COVID-19 SITUATION.  
25 THE FIRST IS A FREQUENT QUESTION ASKED OF THE

1 COLLEGE REGARDING AUTHORITY OF MEMBERS TO PROVIDE  
2 SERVICES IN OVER JURISDICTIONS. THIS IS RELEVANT  
3 WHEN THE CURRENT CLIENTS HAVE TO RELOCATE TO THEIR  
4 HOME PROVINCE OF TERRITORY. THE SECOND RELATES  
5 DIRECTLY TO COVID-19 AS IT ASKS ABOUT THE  
6 CONDITIONS UNDER WHICH MEMBERS MAY PROVIDE  
7 SERVICES. LET'S START WITH QUESTION ONE. THE  
8 QUESTION READS A CLIENT I HAVE BEEN SEEING FOR A  
9 NUMBER OF MONTHS HAS BEEN TRANSFERRED TO HIS  
10 EMPLOYER'S OFFICE IN REGINA. HE WOULD LIKE TO  
11 CONTINUE TO SEE ME AS HE FEELS HE'S MADE A  
12 CONNECTION WITH ME AND HAS BENEFITTED FROM MY WORK.  
13 I BELIEVE I CAN CONTINUE TO PROVIDE A BENEFICIAL  
14 SERVICE AND I THINK THIS INDIVIDUAL WOULD BE AN  
15 EXCELLENT CANDIDATE FOR TELEPSYCHOLOGY. I AM NOT  
16 REGISTERED IN SASKATCHEWAN BUT WONDER IF  
17 REGISTRATION IN ONTARIO WILL ALLOW ME TO WORK WITH  
18 HIM. IF THE ASKED THIS QUESTION, WHAT WOULD YOUR  
19 REPLY BE. I PROVIDED SOME POSSIBLE CHOICES.  
20 FIRST, THE CANADIAN FREE TRADE AGREEMENT PERMITS A  
21 REGULATED PRACTITIONER REGISTERED FOR AUTONOMOUS  
22 PRACTICE IN ONE CANADIAN JURISDICTION TO PRACTICE  
23 IN ALL OTHERS. IT'S LIKE BEING ABLE TO DRIVE IN  
24 ANY PROVINCE OR TERRITORY BASED ON ONTARIO DRIVER'S  
25 LICENCE. IT'S UP TO THE COLLEGE IN ONTARIO, THIS

1 IS NUMBER TWO, TO GRANT OR WITHHOLD PERMISSION FOR  
2 MEMBER TO PRACTICE OUT OF PROVINCE AS OUR COLLEGE  
3 AS DATA ON ALL MEMBERS. OR IF THE CLIENT WAS  
4 MOVING OUTSIDE OF ONTARIO TO THE U.S., IT WOULD BE  
5 IMPOSSIBLE TO CONTINUE TO WORK WITH HIM AS THERE'S  
6 NO CANADA-U.S. EQUIVALENT TO THE CFTA. IT'S UP --  
7 NUMBER FOUR, THE JURISDICTION IN WHICH THE CLIENT  
8 IS LIVING TO GRANT OR WITHHOLD PERMISSION TO  
9 PRACTICE THERE. THAT BEING THE CASE, THE  
10 SUGGESTION WOULD BE TO CONTACT THE SASKATCHEWAN  
11 COLLEGE. NUMBER FIVE, YOU MUST BECOME REGISTERED  
12 IN SASKATCHEWAN, A FAIRLY EASY PROCESS DUE TO CFTA.  
13 SO HERE IS MY ANALYSIS OF THESE VARIOUS THINGS. IF  
14 ANY OF YOU SAID NUMBER 4, YOU GOT THE CORRECT  
15 ANSWER. THE CORRECT ANSWER IS THAT IT'S UP TO THE  
16 COLLEGE IN SASKATCHEWAN TO DETERMINE WHO CAN  
17 PRACTICE THERE. AND THEY WOULD BE THE ONES WHO  
18 DETERMINE WHETHER YOU MUST BE REGISTERED THERE OR  
19 NOT. THE CORRECT ANSWER WOULD BE TO CONTACT TO  
20 SASKATCHEWAN COLLEGE.

21 THE CFTA WHICH IS MENTIONED IN NUMBER  
22 ONE, DOES MAKE IT EASIER TO BECOME REGISTERED IN  
23 ANY OTHER CANADIAN JURISDICTION IF YOU WISH TO DO  
24 THAT. BUT IT DOESN'T AUTOMATICALLY AUTHORIZE  
25 PRACTICE IN ANY PROVINCE OR TERRITORY. SO THE CFTA



1 IS NOT LIKE A DRIVER'S LICENCE.

2 SUGGESTED NUMBER 2, WHICH IS INCORRECT,  
3 THE COLLEGE IN ONTARIO, OUR COLLEGE DOES NOT HAVE  
4 THE AUTHORITY TO GIVE ONE PERMISSION TO PRACTICE  
5 OUTSIDE OF ONTARIO. WE ONLY HAVE JURISDICTION IN  
6 ONTARIO AND IT'S OUR ROLE TO PROVIDE AUTHORIZATION  
7 ONLY FOR PEOPLE IN ONTARIO TO PRACTICE. AND  
8 FINALLY, IF THE CLIENT WERE MOVING TO THE U.S. OR  
9 THE SOME OTHER JURISDICTION, AS SUGGESTED IN NUMBER  
10 THREE, THE ANSWER WOULD BE THE SAME. ONE MIGHT BE  
11 ABLE TO CONTINUE TO WORK WITH HIM, BUT IT'S UP TO  
12 THAT JURISDICTION. IN THIS CASE, SASKATCHEWAN, OR  
13 IT COULD BE AN AMERICAN STATE OR SOME OTHER COUNTRY  
14 -- UP TO SOME COUNTRY'S REGULATORY. THAT'S HOW IT  
15 WORKS WITH THE FIRST QUESTION RELATED TO PRACTICING  
16 IN ANOTHER JURISDICTION. THE SECOND QUESTION I  
17 HAVE IS MORE DIRECTLY RELATED TO PROVIDING SERVICES  
18 AT THIS TIME DURING THE CORONAVIRUS PANDEMIC. SO  
19 THE SECOND QUESTION READS, EARLIER THIS SPRING, I  
20 CLOSED MY OFFICE DUE TO THE CORONAVIRUS PANDEMIC.  
21 WHILE I WAS ABLE TO MOVE A FEW CLIENTS TO VIRTUAL  
22 SERVICE, I WAS NOT ABLE TO UNDERTAKE ASSESSMENTS  
23 WHICH WAS A BIG PART OF MY PRACTICE. SINCE THE  
24 ENTIRE PROVINCE HAS NOW MOVED TO STAGE THREE AND  
25 MANY STORES AND BUSINESSES HAVE REOPENED, AM I ABLE

1 TO RETURN TO FULL-TIME, IN-PERSON PRACTICE. IF  
2 ASKED THIS QUESTION, WHAT WOULD YOUR REPLY BE?  
3 WELL, YOU COULD SAY, ALL THOUGH MANY BUSINESSES  
4 HAVE REOPENED UNDER STAGE THREE, REGULATED HEALTH  
5 PROVIDERS ARE GOVERNED BY A DIFFERENT SET OF RULES  
6 WHICH DOES NOT PERMIT IN PERSON SERVICES OR WHILE  
7 IN PERSON SERVICES ARE PERMITTED, DIRECTIVE FROM  
8 THE CHIEF MEDICAL OFFICER OF HEALTH CONTINUES TO  
9 STRONGLY RECOMMEND THAT SERVICES THEY PROVIDE  
10 VIRTUALLY WHEN EVER POSSIBLE. OR IF ONE IS  
11 PROVIDING IN PERSON SERVICES, THE CHIEF MEDICAL  
12 OFFICER OF HEALTH REQUIRES PERSONAL PROTECTION  
13 PROTOCOLS BE IN PLACE SUCH AS ACTIVE CLIENT  
14 SCREENING, PHYSICAL DISTANCING IN WAITING ROOMS AND  
15 OTHER AREAS AS APPROPRIATE, WEARING MASKS SPECIALLY  
16 WHEN PHYSICAL DISTANCING IS NOT POSSIBLE AND  
17 PROVIDING PROTECTIVE BARRIERS FOR STAFF AND  
18 FREQUENT DISINFECTING OF COMMON AREAS. OR IT'S  
19 RECOGNIZED THAT SOME ASSESSMENT TOOLS THAT WE USE  
20 REQUIRE THE CLIENT TO TOUCH AND OR MANIPULATE THEM.  
21 SUCH ITEMS ARE EXEMPT FROM DISINFECT AFTER EACH USE  
22 RULE IF DISINFECTING WOULD RUIN THEM. OR FINALLY,  
23 I'M NOT OBLIGATED TO SEE A CLIENT IN PERSON WHEN I  
24 BELIEVE THAT A VIRTUAL SERVICE IS JUST AS  
25 BENEFICIAL. THOSE ARE THE CHOICES THAT I PROVIDED.

1 LET'S LOOK AT MY ANALYSIS OF THIS. I'M GOING TO GO  
2 THROUGH THESE FROM ONE TO FIVE. SO NUMBER ONE IS  
3 INCORRECT. NOT RIGHT. WHILE REGULATED HEALTH  
4 PROFESSIONALS ARE GOVERNED BY A DIFFERENT SET OF  
5 RULES, IN THIS CASE BY DIRECTIVE TWO OF THE CHIEF  
6 MEDICAL OFFICER OF HEALTH, IN PERSON SERVICES ARE  
7 PERMITTED. NUMBER 2 IS CORRECT. THE CHIEF MEDICAL  
8 OFFICER OF HEALTH DOES CONTINUE TO RECOMMEND THAT  
9 PRACTITIONERS PROVIDE SERVICES VIRTUALLY IF  
10 POSSIBLE TAKING INTO ACCOUNT THE CLIENTS NEED, THE  
11 NATURE OF THE TREATMENT, AND THINGS OF THAT TYPE.  
12 NUMBER 3 IS ALSO CORRECT. THE CHIEF MEDICAL  
13 OFFICER OF HEALTH REQUIRES PRACTITIONERS TO  
14 ESTABLISH PPE PROTOCOLS IF SEEING CLIENTS IN  
15 PERSON. THE NATURE DEPENDS ON THE TYPE OF  
16 PRACTICE, SIZE OF OFFICE AND THE ABILITY TO  
17 ESTABLISH PHYSICAL DISTANCING. NUMBER FOUR,  
18 INCORRECT. THERE IS NO EXEMPTION. ONE MUST ENSURE  
19 THAT ANY COMMON TOUCH ITEMS, AREAS OR SURFACES ARE  
20 PROPERLY DISINFECTED AND FIVE, THIS IS A CORRECT  
21 ANSWER. THERE'S NO OBLIGATION TO OFFER IN PERSON  
22 SERVICES IF ONE BELIEVES THAT VIRTUAL SERVICES CAN  
23 BE BENEFICIAL AND WOULD BE SAVER. THERE'S NO  
24 REQUIREMENT THAT MEMBERS WE OFFER THAT SERVICE.  
25 MOVING ON TO THREE. THIS IS UNRELATED TO COVID-19

1 AND RELATES TO THE LIMITS OF CONFIDENTIALITY.  
2 THERE'S MANY P SOMETIMES IT FEELS CONTRADICTORY TO  
3 TELL A CLIENT THAT EVERYTHING GOES ON IS  
4 CONFIDENTIAL AS WE HAVE TO SAY EXCEPT AND THEN  
5 PROVIDE A LIST OF EXCEPTIONS TO THE LIMITS. THE  
6 EXCEPTIONS OR LIMITS TO THAT CONFIDENTIALITY.  
7 BASED ON INQUIRIES TO THE COLLEGE, MANY MEMBERS  
8 SOMETIMES ARE STILL UNSURE OR SURPRISED BY SOME OF  
9 THESE LIMITS SO I THOUGHT IT USEFUL TO HAVE A  
10 REVIEW. PLEASE KEEP IN MIND THAT I'M PROVIDING  
11 GENERAL ANSWERS. SOME OF THE LIMITS, ESPECIALLY  
12 THOSE THAT RELATE TO LEGAL REQUIREMENTS TO RELEASE  
13 A CLIENT'S RECORDS I ALWAYS RECOMMEND MEMBERS  
14 CONSIDER OBTAINING INDEPENDENT LEGAL ADVICE IF YOU  
15 ARE UNSURE OF WHAT TO DO OR WHAT TO RELEASE. LET'S  
16 LOOK AT THESE ONE AT A TIME. OKAY. HERE IS THE  
17 QUESTION. CONFIDENTIALITY OF CLIENT-PATIENT  
18 INFORMATION IS A FUNDAMENTAL PRINCIPLE IN THE  
19 PRACTICE OF PSYCHOLOGY. AT THE SAME TIME, HOWEVER,  
20 THERE ARE A NUMBER OF LIMITS WHICH ARE PERMITTED OR  
21 REQUIRES BY LAW. WHAT WE WANT TO LOOK AT IS WHICH  
22 OF THE FOLLOWING MAY REQUIRE A PRACTITIONER TO  
23 BREACH CONFIDENTIALLY AND ARE ANY DISCRETIONARY?  
24 FIRST VIEW I THINK MOST PEOPLE HAVE THE MESSAGE.  
25 BUT WE WILL GO THEM THROUGH. REASONABLE GROUNDS TO

1 BELIEVE A MEMBER OF OUR COLLEGE OR NOT REGULATED  
2 HEALTH PROFESSIONAL WAS SEXUALLY INTIMATE WITH A  
3 CLIENT. THIS IS A MANDATORY REPORTING OBLIGATION  
4 AS THIS IS CONSIDERED SEXUAL ABUSE UNDER THE RHPA  
5 AND IS REQUIRED TO BE REPORTED. REASONABLE GROUNDS  
6 TO BELIEVE THAT A MEMBER OF THE COLLEGE OR ANOTHER  
7 MADE INAPPROPRIATE SEXUALLY SUGGESTIVE REMARKS TO A  
8 CLIENT OR PATIENT MAYBE NOT AS FAMILIAR. BEHAVIOUR  
9 OR REMARKS OF A SEXUAL NATURE IS SEXUAL ABUSE. AS  
10 SUCH, A MANDATORY REPORTING OBLIGATION. WHAT ABOUT  
11 REASONABLE GROUNDS TO BELIEVE THAT A NONREGULATED  
12 THERAPIST TOUCHED A PATIENT IN A SEXUALLY  
13 INAPPROPRIATE MANNER. MANDATORY REPORTING ONLY A  
14 PLIES TO REGULATED HEALTH PROFESSIONALS. THERE'S  
15 28 GOVERNED BY 26 COLLEGES. AS A RESULT, IF YOU  
16 ARE A NONREGULATED PROVIDER, THERE WOULD BE NO  
17 MANDATORY REPORTING OBLIGATION. TO DISCLOSE THIS  
18 INFORMATION WITHOUT THE CLIENT'S CONSENT COULD BE A  
19 BREACH OF CONFIDENTIALITY. FOUR, REASONABLE  
20 GROUNDS TO BELIEVE A MEMBER OF THE COLLEGE AND A  
21 CAPABLE ADULT PATIENT HAD A MUTUALLY CONSENTING  
22 RELATIONSHIP. THERE'S NO SUCH THING UNDER THE LAW  
23 BETWEEN A MEMBER AND A CLIENT. ANY KIND OF A  
24 SEXUAL RELATIONSHIP EVEN IF CONSENTING IS SEXUAL  
25 ABUSE AND ONE MUST MAKE A REPORT IF ONE HAS

1 REASONABLE GROUNDS TO BELIEVE IT OCCURRED. MOVING  
2 ON TO A DIFFERENT KIND OF TOPIC, WHAT ABOUT  
3 DISCLOSURE OF INFORMATION TO A PARENT WHO ARRANGED  
4 FOR AND IS PAYING FOR YOUR SERVICES TO A CAPABLE 17  
5 YEAR OLD CLIENT. ARRANGING FOR AND PAYING FOR  
6 SERVICES WHETHER IT'S THE PARENT OR SOME OTHER  
7 THIRD PARTY DOES NOT GIVE THEM A RIGHT TO CLIENT  
8 INFORMATION. WITHOUT CONSENT, SUCH DISCLOSURES CAN  
9 BE A BREACH OF CONFIDENTIALITY. ANOTHER VERY  
10 FAMILIAR ONE, HOPEFULLY IT'S TOTALLY FAMILIAR TO  
11 EVERYONE, REASONABLE GROUNDS TO SUSPECT, PHYSICAL,  
12 EMOTIONAL OR SEXUAL ABUSE OF A CHILD UNDER 16 YEARS  
13 OF AGE. WE HAVE A REPORTING RESPONSIBILITY IF WE  
14 HAVE REASONABLE GROUNDS TO SUSPECT PHYSICAL,  
15 EMOTIONAL OR SEXUAL ABUSE OF A CHILD WHO IS UNDER  
16 16 YEARS OF AGE AS REQUIRED BY THE CHILD ABUSE AND  
17 FAMILY SERVICES ACT. REASONABLE GROUNDS TO SUSPECT  
18 PHYSICAL, EMOTIONAL, SEXUAL ABUSE OF A YOUNG PERSON  
19 WHO IS 16 OR 17, THIS IS A NEW PROVISION PUT IN  
20 PLACE IN JANUARY OF 2018 WHEN THE CHILD YOUTH AND  
21 FAMILY SERVICES ACT WAS PRO CLAIMED. IF ONE HAD  
22 REASONABLE GROUNDS TO SUSPECT ABUSE OF A PERSON  
23 BETWEEN THE AGES OF 16 AND 17, OVER 16, AND YOUNGER  
24 THAN 18, ONE MAY REPORT -- THIS IS DISCRETIONARY.  
25 IT WOULD BE UP TO YOU AS THE PRACTITIONER TO DECIDE

1           WHETHER IT'S IN THE YOUNG PERSON'S BEST INTEREST TO  
2           REPORT.  OFTEN THIS IS SOMETHING THAT YOU MAY WISH  
3           TO TALK TO THE YOUNG PERSON ABOUT THAT'S ALSO NOT A  
4           REQUIREMENT AND NEED NOT DISCUSS THIS WITH THE  
5           YOUNG PERSON IF YOU ARE CONCERNED OR -- WITHIN NEED  
6           NOT HAVE THE CONSENT OF THE YOUNG PERSON TO MAKE  
7           THIS KIND OF A REPORT.  NUMBER EIGHT, DISCLOSURE TO  
8           COMPLY WITH THE COURT ORDER TO RELEASE A CLIENT'S  
9           OR PATIENT'S RECORD.  ONE IS REQUIRED TO RELEASE A  
10          CLIENT'S RECORD IF ONE IS ORDERED TO DO SO BY THE  
11          COURTS.  WHAT ABOUT DISCLOSURE OF LIMITED CLIENT  
12          INFORMATION IN RESPONSE TO A REQUEST FROM A POLICE  
13          OFFICER?  IN TERMS OF LOOKING AT THIS ONE, ONE CAN  
14          FIND ONE'S SELF IN THE SITUATION OF HAVING  
15          COMMITTED A BREACH OF CONFIDENTIALITY IF DISCLOSING  
16          BASED SOLELY ON REQUEST WITHOUT THE LEGAL VEHICLE  
17          TO PROVIDE YOU WITH THE AUTHORIZATION TO RELEASE OR  
18          THEM TO OBTAIN.  JUST A SIMPLE REQUEST FROM A  
19          POLICE OFFICER DOES NOT AUTHORIZE THE RELEASE.  
20          WHAT ABOUT RELEASE OF A COPY OF THE CLIENT'S  
21          RECORDS IN COMPLIANCE WITH A SEARCH AND SEIZURE  
22          WARRANT OR A CORONER'S WARRANT?  AS WITH A CLIENT  
23          ORDER, ONE IS REQUIRED TO COMPLY.  THIS IS A GOOD  
24          EXAMPLE OF WHERE I SUGGEST WHAT I MENTIONED BEFORE  
25          ABOUT OBTAINING INDEPENDENT LEGAL ADVICE.  MANY OF

1 US FIND YOURSELVES IN THIS SITUATION WHERE GETTING  
2 A SEARCH AND SEIZURE WARRANT OR A CORONER'S WARRANT  
3 IS A ONE-OFF KIND OF EVENT AND WE MAY NOT KNOW  
4 EXACTLY WHAT IT IS THAT WE ARE SUPPOSED TO RELEASE  
5 AND WHEN. THAT'S WHEN LEGAL ADVICE IS VERY  
6 IMPORTANT. RELEASE OF THE CLIENT PATIENT RECORD IF  
7 ORDERED TO DO SO BY A JUDGE WHEN ONE APPEARS AS A  
8 RESULT OF BEING SERVED WITH A SUMMONS. ONE IS  
9 REQUIRED TO RELEASE A CLIENT RECORD IF ORDERED TO  
10 DO SO BY A JUDGE. WE TALKED EARLIER IF ORDERED TO  
11 DO SO BY THE COURTS, THAT'S THIS SITUATION. IT'S  
12 IMPORTANT TO RECOGNIZE THAT BEING SERVED WITH A  
13 SUMMONS TO WITNESS THAT PIECE OF PAPER DOES NOT BY  
14 ITSELF AUTHORIZE ANY RELEASE. WHAT THAT PAPER DOES  
15 IS COMPELS YOU TO SHOW UP IN COURT AT A CERTAIN  
16 PLACE AT A CERTAIN TIME AND IT USUALLY REQUIRES  
17 THAT YOU BRING WITH YOU CERTAIN DOCUMENTATIONS, IN  
18 THIS CASE, PROBABLY THE CLIENT FILE. IT DOESN'T  
19 AUTHORIZE YOU TO PROVIDE THAT INFORMATION TO ANYONE  
20 PRIOR TO BEING IN COURT AND THE JUDGE ORDERING YOU  
21 TO DO SO. NUMBER 12, WHAT ABOUT SITUATION WHERE  
22 YOU ARE PRESENTED WITH AN URGENT DEMAND FOR RECORDS  
23 OTHERWISE KNOWN AS A FORM FIVE BY A POLICE OFFICER.  
24 THIS IS A FAIRLY NEW REQUIREMENT AND ONE THAT MANY  
25 OF US ARE NOT THAT PARTICULAR WITH. BUT THE



1 MISSING -- FAMILIAR WITH. BUT THE MISSING PERSON'S  
2 ACT DOES REQUIRE THE RELEASE OF THE REQUESTED  
3 INFORMATION TO A POLICE OFFICER IF THAT POLICE  
4 OFFICER SHOWS UP AT YOUR OFFICE AND PRESENTS YOU  
5 WITH THIS FORM AND IT'S AN OFFICIAL FORM CALLED  
6 URGENT DEMAND FOR RECORDS AND IT'S LABELLED FORM 5.  
7 IT WILL SPECIFY WHAT INFORMATION THE POLICE OFFICER  
8 FEELS THEY NEED FROM YOU AND ONE IS REQUIRED, THEN,  
9 TO PROVIDE THIS IN THIS CASE BECAUSE IT'S THE  
10 MISSING PERSON'S ACT. THE KIND OF INFORMATION THAT  
11 THE POLICE OFFICER WOULD BE LOOKING FOR IS  
12 INFORMATION THAT MIGHT ASSIST THEM TO FIND A  
13 MISSING PERSON. NUMBER 13, REASONABLE GROUNDS TO  
14 BELIEVE THE DISCLOSURE IS NECESSARY TO LIMIT NAIT  
15 OR REDUCE SIGNIFICANT -- ELIMINATE OR REDUCE  
16 SIGNIFICANT RISK OF SERIOUS BODILY HARM TO ANOTHER  
17 PERSON. THE ACT PERMITS BUT DOESN'T REQUIRE  
18 DISCLOSURE OF CLIENT INFORMATION IF YOU HAVE  
19 REASONABLE GROUNDS THE BELIEVE THAT THAT DISCLOSURE  
20 IS NECESSARY TO ELIMINATE OR REDUCE THE RISK OF  
21 BODILY HARM TO ANOTHER PERSON. ONE MAY BUT IT'S  
22 NOT A MUST. SO NUMBER 13 RELATED TO OTHER PEOPLE.  
23 NUMBER 14 RELATES TO OUR OWN CLIENTS. REASONABLE  
24 GROUNDS TO BELIEVE THE DISCLOSURE IS NECESSARY TO  
25 ELIMINATE OR REDUCE A SIGNIFICANT RISK OF SERIOUS

1 BODILY HARM TO OUR CLIENT OR PATIENT. LIKE NUMBER  
2 13, AND THAT SHOULD BE A 13, NOT 14, LIKE NUMBER  
3 13, DISCLOSURE IS PERMITTED BUT NOT REQUIRED. IT'S  
4 IMPORTANT TO RECOGNIZE THAT THE LAW DOES NOT SET  
5 OUT ANY RULES AS TO WHO ONE IS REQUIRED TO RELEASE  
6 -- TO WHOM ONE IS REQUIRED TO RELEASE THE  
7 INFORMATION. THAT'S REALLY UP TO YOU AS A  
8 PRACTITIONER TO DECIDE. SINCE THE PURPOSE OF THE  
9 DISCLOSURE IS TO REDUCE OR ELIMINATE A RISK, THAT'S  
10 THE REASON THAT YOU ARE BEING -- YOU ARE GOING TO  
11 MAKE THE DISCLOSURE, IT'S IMPORTANT THAT THE  
12 DISCLOSURE BE GIVEN TO SOMEONE OR MADE TO SOMEONE  
13 WHO IS IN A POSITION TO ELIMINATE OR REDUCE THE  
14 RISK. NUMBER 15, DISCLOSURE TO ANOTHER SERVICE  
15 PROVIDER WITH THE CLIENT OR PATIENT'S CONTENT. THE  
16 ACT GIVES THE CLIENT TO RIGHT TO REQUEST DISCLOSURE  
17 OF THEIR PERSONAL HEALTH INFORMATION. THIS SHOULD  
18 BE RESPECTED UNLESS THERE'S REASONABLE GROUNDS TO  
19 BELIEF SUCH RELEASE MAY RESULT IN HARM. THERE'S A  
20 COUPLE OF OTHER EXCEPTIONS BUT THE MOST COMMON IS  
21 THAT THE RELEASE MIGHT RESULT IN HARM TO THE  
22 PATIENT, CLIENT OR TO A THIRD PARTY. REASONABLE  
23 GROUNDS TO SUSPECT ABUSE OF A RESIDENT IN A  
24 LONG-TERM CARE FACILITY OR RETIREMENT HOME. AS  
25 MOST OF US HAVE COME TO LEARN, THE LAW DOES REQUIRE

1 US TO REPORT REASONABLE GROUNDS TO SUSPECT ABUSE OF  
2 A RESIDENT IN A LONG TERM CARE FACILITY OR A  
3 RETIREMENT HOME. THE ACT AND THE RETIREMENT HOMES  
4 ACT BOTH SPECIFY THIS IS A REQUIREMENT. AND  
5 FINALLY, REASONABLE GROUNDS TO SUSPECT ABUSE OF AN  
6 ELDERLY CLIENT OR PATIENT IN THEIR OWN HOME.  
7 UNFORTUNATELY OR AT LEAST AT THIS TIME, THERE'S NO  
8 LAW REQUIRING ONE TO REPORT SUSPECTED ABUSE OF AN  
9 ELDERLY CLIENT IN THEIR OWN HOME. AS I SAID  
10 BEFORE, IF THEY ARE IN A LONG-TERM CARE FACILITY OR  
11 RETIREMENT HOME, YES, THERE'S AN OBLIGATION TO  
12 REPORT. IF THEY ARE IN THEIR OWN HOME AND THERE'S  
13 REASON GROUNDS TO SUSPECT ABUSE, THERE IS NO  
14 OBLIGATION TO REPORT. THIS IS SOMETHING YOU COULD  
15 CONSIDER REPORTING IF YOU DID SO, IT WOULD BE BY  
16 INVOKING THE SECTION IN P-HIPAA WHICH PERMITS  
17 REPORTING OF SIGNIFICANT RISK AS IN NUMBER 14. IN  
18 AND OF ITSELF, THERE'S NO REQUIREMENT TO REPORT  
19 ABUSE AND ONE SHOULD EITHER HAVE CONSENT OF THE  
20 CLIENT OR THE CLIENT'S DECISION MAKER OR DECIDE  
21 THAT UNDER THE SECTION THAT ALLOWS ONE TO DISCLOSE  
22 TO ELIMINATE RISK, ONE WOULD DISCLOSE THAT  
23 INFORMATION. BACK TO YOU, BARRY.

24 >> THANK YOU VERY MUCH. WE ARE GETTING  
25 A NUMBER OF QUESTIONS ABOUT TECHNICAL ISSUES. I

1 WOULD LIKE TO REMIND YOU TO PLEASE TRY THE BUTTON  
2 AT THE BOTTOM OF THE SCREEN AND HOPEFULLY YOU WILL  
3 BE ABLE TO GET SOME ANSWERS THAT WAY. THERE ARE A  
4 FEW QUESTIONS THAT PEOPLE HAVE BEEN SENDING IN.  
5 ONE OF THEM IS DR. MORRIS SPOKE ABOUT ISSUES WITH  
6 OFFERING PSYCHOLOGICAL SERVICES WHEN THE CLIENT IS  
7 LOCATED IN ANOTHER PROVINCE. DO THE SAME RULES  
8 APPLY IF THE PSYCHOLOGIST IS TEMPORARILY OUT OF  
9 JURISDICTION. I ASSUME THAT MEANS AN ONTARIO  
10 PSYCHOLOGIST IS SOMEWHERE ELSE. CAN THE  
11 PSYCHOLOGIST OR PA STILL PROVIDE VIRTUAL THERAPY TO  
12 THEIR CLIENT WHO IS LOCATED IN ONTARIO? OVER TO  
13 YOU, RICK.

14 >> YOU ARE AUTHORIZED TO PROVIDE  
15 SERVICES IN ONTARIO AND WHETHER YOU'RE IN ONTARIO  
16 PHYSICALLY OR YOU ARE SOMEWHERE ELSE AND DOING  
17 VIRTUALLY, IT DOESN'T MATTER. THE IMPORTANT  
18 CONSIDERATION IS THAT THE SERVICES IS CONSIDERED TO  
19 BE DELIVERED WHERE THE CLIENT IS. SO IF YOU ARE  
20 PROVIDING SERVICE TO A CLIENT IN TORONTO OR OTTAWA  
21 OR THUNDER BAY AND YOU HAPPEN TO BE IN FLORIDA ON  
22 HOLIDAY, HOPEFULLY THAT TIME WILL COME UP AGAIN AND  
23 WE CAN DO THAT, THAT'S FINE. YOU CAN DO THAT  
24 BECAUSE YOU ARE AUTHORIZED TO PROVIDE SERVICES TO  
25 CLIENTS IN ONTARIO.

1 >> OKAY. ANOTHER QUESTION COMES FROM  
2 SOMEBODY WORKING IN A SCHOOL BOARD. WITH THE NEW  
3 SCHOOL YEAR JUST STARTING, SCHOOL PSYCHOLOGISTS ARE  
4 RETURNING TO WORKPLACES IN LARGE NUMBERS. I  
5 BELIEVE YOU HAVE ALREADY ADDRESSED THE QUESTION OF  
6 WHAT'S THE COLLEGE STANCE ON RESUMING IN PERSONAL  
7 ASSESSMENT SERVICES, AS LONG AS IT WAS SAFE AND  
8 EXPECTED TO BE EFFECTIVE, ARE THERE ANY SAFETY  
9 MEASURES THAT SCHOOL PSYCHOLOGISTS NEED TO CONSIDER  
10 SUCH AS HOW LONG YOU SHOULD WAIT BETWEEN  
11 ADMINISTRATIONS OF PAPER-BASED TESTS AND OTHER  
12 THINGS LIKE THAT.

13 >> THAT'S A REALLY GOOD QUESTION. NOT  
14 ONE THAT I HAVE AN ANSWER TO. I DON'T KNOW HOW  
15 LONG A PIECE OF PAPER MIGHT BE CONTINUED TO BE  
16 PROBLEMATIC OR PIECES OF VARIOUS TESTS THAT WE USE,  
17 HOW LONG THOSE MIGHT BE PROBLEMATIC. IT'S  
18 IMPORTANT THAT ONE BE VERY DILIGENT WITH RESPECT TO  
19 ANYTHING THAT IS GOING TO BE USED BY MORE THAN ONE  
20 CLIENT, WHETHER IT'S A WAITING ROOM CHAIR OR  
21 WHETHER IT'S TEST MATERIAL OR IT'S A CHAIR IN YOUR  
22 OFFICE, TABLE IN YOUR OFFICE. ALL OF THOSE THINGS  
23 REQUIRE DILIGENCE IN TERMS OF DISINFECTING BETWEEN  
24 VARIOUS CLIENTS.

25 >> IF IT'S OKAY, I WOULD LIKE TO ADD A

1 LITTLE BIT. THAT'S A GOOD QUESTION FOR MEDICAL  
2 PROFESSIONAL OR EPIDEMIOLOGIST OR SOMEONE THAT  
3 KNOWS ABOUT THE PHYSICAL AND BIOCHEMICAL ASPECTS OF  
4 THE PROBLEM. THE CHIEF MEDICAL OFFICER OF HEALTH  
5 HAS DEDICATED A HELP LINE FOR HEALTH PROFESSIONALS.  
6 YOU CAN FIND IT ON OUR WEBSITE IN THE MOST RECENT  
7 POSTING ABOUT COVID-19 ISSUES FOR MEMBERS OF THE  
8 COLLEGE. IT'S ASSOCIATED WITH THE DIRECTIVE 2 AND  
9 I BELIEVE THAT THAT'S THE KIND OF THING THAT THEY  
10 ARE OPEN TO ANSWERING QUESTIONS FROM HEALTH  
11 PROFESSIONALS ABOUT. SO THAT'S A REALLY GOOD  
12 RESOURCE. I'M NOT SEEING ANY OTHER QUESTIONS OTHER  
13 THAN A FEW MORE QUESTIONS FROM PEOPLE WHO ARE  
14 HAVING DIFFICULTY LOGGING IN AND I'M WONDERING IF  
15 DR. MIKAIL MAY BE READY TO START A COUPLE OF  
16 MINUTES EARLY.

17 >> OKAY. WOULD YOU LIKE ME TO START  
18 NOW?

19 >> YEAH, THAT WOULD BE GREAT.

20 >> OKAY. OKAY. WELL, TO BEGIN WITH,  
21 THANK YOU VERY MUCH FOR INVITING ME TO PROVIDE THIS  
22 PART OF THE BARBARA WAND SYMPOSIUM. IT'S AN HONOUR  
23 TO DO THAT. TODAY THE FOCUS IS PROFESSIONAL  
24 SELF-CARE. SOME OF WHICH REVOLVING AROUND MANAGING  
25 STRESS. I WOULD SAY I CAN PROBABLY SUM UP THE

1           ADVICE THAT I HAVE IN ONE SENTENCE.  DON'T  
2           VOLUNTEER TO DO A PRESENTATION TO 2500 OF YOUR  
3           COLLEAGUES UNLESS YOU WANT TO LOSE SOME SLEEP AND  
4           LOSE A BUNCH OF WEIGHT REALLY, REALLY QUICKLY.  
5           OKAY.  I WILL HAVE THE NEXT SLIDE, PLEASE.  OUR  
6           EFFECTIVENESS AS PRACTITIONERS REALLY REQUIRES US  
7           TO DEVELOP OUR INTELLECTUAL CURIOSITY, OUR ENTER  
8           PERSONAL SKILL AND CAPACITY FOR ATTUNEMENT AND TO  
9           BRING THESE IN A WAY THAT CONVEYS A REVERENCE FOR  
10          THE VULNERABILITY AS WELL AS THE RESILIENCE OF OUR  
11          CLIENTS AND COLLEAGUES.  IN ORDER TO BE ABLE TO  
12          HAVE A SUCCESSFUL CLEAR, WE ALSO NEED TO BE ABLE TO  
13          LOOK BACK WITH A SENSE OF PRIDE AND GRATITUDE THAT  
14          REALLY ALLOWS US TO BE ASSURED THAT OUR WORK WAS  
15          GROUNDED IN A SENSE OF INTEGRITY, A SENSE OF  
16          HUMILITY AND SELF-AWARENESS.  MOST OF THOSE  
17          ELEMENTS EVOLVE AND ARE HONED THROUGH CERTAINLY A  
18          SOCIALIZATION PROCESS IN GRAD SCHOOLS, MODELLING  
19          FROM MENTORS AND COLLEAGUES AND LIFE EXPERIENCE.  
20          BUT NONE OF THEM ARE ASSURED EVEN ONCE THEY BEGIN  
21          TO TAKE HOLD AND ARE SOMEWHAT ROOTED IN OUR VERY  
22          ESSENCE.  EACH OF THESE ATTRIBUTES IS AN EVERY DAY  
23          COMMITMENT AND ANY ONE OF THEM CAN BE COMPROMISED  
24          BY THE VARIOUS DEMANDS AND CHALLENGES THAT WE  
25          ENCOUNTER ON A DAY-TO-DAY BASIS.  THIS PRESENTATION

1 WILL REVIEW SOME OF WHAT WE KNOW ABOUT PROFESSIONAL  
2 SELF-CARE AND ITS ROLE IN PRESERVING AND ENHANCING  
3 OUR EFFECTIVENESS AS CLINICIANS. THE NEXT SLIDE,  
4 PLEASE. OUR EFFECTIVENESS AS PRACTITIONERS  
5 REQUIRES US TO, I THINK, TAKE NOTE OF THIS COMMENT  
6 BY RABBI HILLEL. IF I'M NOT FOR MYSELF, WHO WILL  
7 BE FOR ME? IF I AM ONLY FOR MYSELF, WHAT AM I?  
8 AND IF NOT NOW, WHEN? EACH OF US BEGINS WITH AN  
9 INHERENT CAPACITY TO VALUE AND CARE ABOUT  
10 OURSELVES. IT'S PART OF OUR SURVIVAL INSTINCT.  
11 YET THE ACT OF CARING ABOUT AND FOR YOURSELF IS A  
12 COMPLEX ASPECT OF BEING, ONE THAT CAN BE EASILY  
13 DERAILED IN A NUMBER OF WAYS. IT BEGINS IN ITS  
14 SHAPE BY THE MANY WAYS IN WHICH WE ARE CARED FOR BY  
15 THE CENTRAL FIGURES IN OUR LIVES, PARENTS,  
16 SIBLINGS, TEACHERS OR MENTORS. THOSE EXPERIENCES  
17 INFLUENCE THE WAYS IN WHICH WE CARE FOR OTHERS.  
18 OUR CAPACITY TO LOVE AND BE LOVED, TO CARE FOR AND  
19 TO BE CARED FOR ARE ELEMENTS THAT ALLOW US TO BE  
20 FULLY HUMAN AND HUMANE. BEING HUMAN MEANS BEING  
21 FLAWED SO THAT SURVIVING LET ALONE THRIVING  
22 REQUIRES INTERDEPENDENCE. THESE ARE THEMES THAT WE  
23 UNDERSTAND WELL. THEY ARE THEMES THAT ARE OFTEN AT  
24 THE VERY HEART OF THE WORK THAT WE DO WITH CLIENTS  
25 AND THE VERY THINGS THAT WE TRY TO MOVE OUR CLIENTS



1 TOWARD. SO WHY DO WE HAVE A WORKSHOP ON  
2 PROFESSIONAL SELF-CARE? WE KNOW THIS? THE ANSWER  
3 IS PERHAPS A LITTLE EASIER. THE PRICE CERTAINLY  
4 WAS RIGHT AND THE COMMUTE TODAY WAS EASY FOR MOST  
5 OF US. IN THE TIME THAT WE DO HAVE TOGETHER THIS  
6 MORNING I HOPE TO SHED LIGHT ON THE ANSWER TO THE  
7 FIRST QUESTION. TO BEGIN, OUR WORK AS CLINICIANS  
8 IS BOTH DEMANDING AND REWARDING IN CARING FOR OTHER  
9 PEOPLE, WE ARE FACED WITH NUMEROUS CHALLENGES. FOR  
10 ONE, ALL TOO OFTEN, THE IMPACT OF OUR EFFORTS ON  
11 CLIENTS IS LESS TANGIBLE THAN IT IS FOR MANY OTHER  
12 PROFESSIONS. WE DON'T ALSO GET TO SEE IF OUR  
13 INTERVENTIONS ARE CARING MADE A DIFFERENCE.  
14 FURTHER, WHEN A PATIENT ENDS TREATMENT PREMATURELY,  
15 WE CAN BE VULNERABLE AT THOSE TIMES TO  
16 MISPERCEPTION. IN SOME INSTANCES, WE MIGHT BLAME  
17 OURSELVES OR DOUBT OR ABILITIES. WE MIGHT LOOK FOR  
18 EXTERNAL REASONS. PERHAPS THE BENEFITS ENDED OR  
19 THE INSURANCE WAS NO LONGER WILLING TO FUND  
20 TREATMENT. IT'S THE CASE THAT A LOT OF WORK  
21 INVOLVES ACCOMPANYING PEOPLE AT A POINT IN THEIR  
22 LIVES WHEN THEY MAY NOT BE THEIR BEST SELVES. NOT  
23 ONLY CAN THAT BE EMOTIONALLY DRAINING, IT CAN  
24 CONTRIBUTE TO CYNICISM. IN ORDER TO BE EFFECTIVE,  
25 REALLY FACILITATE AN INDIVIDUAL'S GROWTH,

1 RESILIENCE, WE MUST BE ABLE TO NOT LET OUR OWN  
2 VALUES [ INAUDIBLE ] AT TIMES THAT MEANS LISTENING  
3 AND ABSORBING DETAILS OF PEOPLE'S LIVES THAT WOULD  
4 OTHERWISE BE UNTHINKABLE TO US UNDER OTHER  
5 CIRCUMSTANCES. AS WELL, FOR THOSE OF US THAT ARE  
6 EMPLOYED IN INSTITUTIONAL SETTING, THERE'S THE  
7 ADDED CHALLENGE OF TRYING TO BE EFFECTIVE WHILE  
8 WORKING IN A SYSTEM THAT DOESN'T HAVE SUFFICIENT  
9 RESOURCES TO SUPPORT WHAT'S FULLY NEEDED OR A  
10 SYSTEM THAT AFFORDS THE PRACTITIONER A DEGREE OF  
11 AUTONOMY THAT'S COMMENSURATE WITH THEIR TRAINING  
12 AND EXPERTISE. IN PRIVATE PRACTICE, WE MAY NOT BE  
13 FACED WITH THE SAME CHALLENGES, FINANCIAL LIMITS  
14 CAN CONTRIBUTE TO FRUSTRATION REGARDING THE LENGTH  
15 OF TREATMENT AND WHO CAN BE SEEN. THESE ARE SOME  
16 OF THE FACTORS THAT CAN AND DO IMPACT US IN OUR  
17 WORK ON A DAY-TO-DAY BASIS. THERE'S INTERNAL  
18 FACTORS. THE RESEARCH IS VERY CLEAR THAT WHAT HAS  
19 DRAWN MANY OF US TO THE PROFESSIONAL ARE OUR OWN  
20 WOUNDS THAT COME FROM HAVING ASSUMED THE ROLE OF A  
21 PEACE MAKER OR CARETAKER IN FAMILIES OR HAVING BEEN  
22 THE SELF-SUFFICIENT FAMILY MEMBER OR PARTNERS WHOSE  
23 NEEDS WERE CONCEALED IN ORDER TO NOT BURDEN ON  
24 INCONVENIENCE PEOPLE IN OUR LIVES, WHOSE NEEDS SEEM  
25 TO BE PERHAPS GREATER OR MORE URGENT THAN OUR OWN.

1 AND SO THAT TOO OVER TIME PARTICULARLY IN IT  
2 BECOMES A WAY OF BEING CAN HAVE AN ERODING IMPACT  
3 ON US. THE NEXT SLIDE, PLEASE. SORRY, I FORGOT TO  
4 ASK YOU TO MOVE THE SLIDE FOR THE LAST PART. ONE  
5 MORE. THANK YOU. SO LET'S LOOK AT A SAMPLING ON  
6 THE RESEARCH ON WELL BEING AND ADJUSTMENT WITHIN  
7 THE PROFESSION. IN A STUDY A THIRD OF PSYCHOLOGIST  
8 SURVEYED REPORTED HAVING EXPERIENCED ANXIETY OR  
9 DEPRESSION. AND 40 PERCENT INDICATED HAVING FELT  
10 EMOTIONALLY EXHAUSTED IN THE PREVIOUS YEAR. THOSE  
11 ARE SIGNIFICANT NUMBERS. IN ANOTHER STUDY BY  
12 GILROY AND HIS COLLEAGUES, A THOUSAND COUNSELLING  
13 PSYCHOLOGISTS WERE SURVEYED. 62 PERCENT OF WHICH I  
14 IDENTIFIED AS DEPRESSED AND OF THOSE REPORTING  
15 DEPRESSIVE SYMPTOMS, 42 PERCENT SAID THEY HAD  
16 THOUGHT ABOUT SUICIDE. THAT'S A PRETTY CONCERNING  
17 FINDING. IN A THIRD STUDY, THEY LOOKED AT 260 APA  
18 MEMBERS SURVEYED. 86 PERCENT REPORTED HAVING BEEN  
19 IN TREATMENT AT SOME POINT IN THEIR LIFE. I FIND  
20 THAT TO BE A VERY HOPEFUL FINDING. BUT LESS  
21 ENCOURAGING WAS THE FINDING THAT 59 PERCENT SAID  
22 THAT AT SOME POINT IN THEIR LIFE, THEY RECOGNIZED  
23 THE NEED FOR TREATMENT BUT DIDN'T UNDERTAKE IT. I  
24 WILL HAVE THE NEXT SLIDE PLEASE. IN LIGHT OF THE  
25 FINDING STEMMING FROM THE BODY OF THE RESEARCH, THE

1 APA BOARD OF PROFESSIONAL FAIRS ADVISORY COLLEAGUE  
2 PROPOSED WHAT THEY REFERRED TO AS THE STRESS,  
3 DISTRESS IMPAIRMENT CONTINUUM AS A WAY OF  
4 CONCEPTUALIZING THAT PROGRESSIVE DOWNWARD SPIRAL  
5 THAT CAN RESULT IN PROFESSIONAL MISCONDUCT WHEN  
6 PRACTITIONERS NEGLECT SELF-CARE. THE MODEL IS  
7 USEFUL IN THAT IT OPERATIONALIZE AS A DEGREE TO  
8 WHICH FUNCTIONING MAY BE COMPROMISED AND THE PATH  
9 RELATING TO MISCONDUCT AS THE SEVERITY INCREASES.  
10 THE STRESS LEVEL, THE BODY REACTS TO BOTH INTERNAL  
11 AND EXTERNAL DEMANDS. THOSE MIGHT BE PERSONAL  
12 EXPECTATIONS, WORK PRESSURES, AND SO ON AND SO  
13 FORTH. SCHEDULING. ALL OF THESE KINDS OF THINGS.  
14 AT THE DISTRESS LEVEL, THERE'S A STATE OF REACTING  
15 TO BOTH INTERNAL AND EXTERNAL STRESS THAT IS  
16 PROLONGED EITHER BECAUSE OF UNRESOLVED EVENTS FROM  
17 THE PAST OR BECAUSE OF ISSUES THAT ARE MORE PRESENT  
18 BUT CONTINUOUS. AT THE IMPAIRMENT LEVEL, THERE'S  
19 AN OBJECTIVE CHANGE IN THE PROFESSIONAL'S  
20 FUNCTIONING RESULTING IN WHAT WOULD BE CONSIDERED  
21 INFECTIVE SERVICE OR SERVICE THAT CAN POTENTIALLY  
22 CAUSE HARM TO THOSE THAT THE PSYCHOLOGIST IS  
23 WORKING WITH. AT THE END POINT, THE POINT OF  
24 IMPROPER BEHAVIOUR, THERE'S PROFESSIONAL BEHAVIOUR  
25 THAT BEGINS TO TRANSGRESS ETHICAL BOUNDARIES AND

1           CONSTITUTES PROFESSIONAL MISCONDUCT. THE INTENTION  
2           IS TO HELP US AS CLINICIANS RECOGNIZE THOSE MARKERS  
3           THAT SIGNAL THE NEED FOR AN APPROPRIATE LEVEL OF  
4           INTERVENTION OR ACTIONS. SO I WOULD ENCOURAGE YOU  
5           TO LOOK AT THIS PARTICULAR MODEL. AND ALTHOUGH  
6           THAT MODEL IS REALLY USEFUL, IT HAS WHAT I WOULD  
7           FEEL TO BE TOO SIGNIFICANT LIMITATIONS. ONE, IT'S  
8           LARGELY REACTIVE. IT'S PROMPTING A RESPONSE ONCE  
9           WE RECOGNIZE THAT FUNCTIONING HAS BEEN COMPROMISED  
10          EITHER BECAUSE OF STRESS, DISTRESS OR IMPAIRMENT.  
11          SECONDLY, THIS IS MORE IMPLIED AND THAT IS THE  
12          IMPLIED OBJECTIVE IS TO RESTORE THE INDIVIDUAL TO  
13          BASELINE FUNCTIONING. RATHER THAN ACTUALLY LOOKING  
14          TOWARD ON GOING GROWTH AND ENHANCEMENT OF FUNCTION.  
15          I WILL HAVE THE NEXT SLIDE PLEASE. SO THEN THE  
16          SELF-CARE. IN THAT CASE ON SEVERAL FRONTS. AGAIN,  
17          WHETHER YOU ARE WATCHING TODAY BY YOURSELF OR IN A  
18          GROUP, AT SOME POINT I ENCOURAGE YOU TO DISCUSS  
19          THESE VARIOUS MOTIVATIONS AND TO SEE WHICH RESONATE  
20          MOST STRONGLY WITH YOU. FIRST, SELF-CARE IS PART  
21          OFF OUR ETHICAL STANDARDS. SECONDLY, IT'S A  
22          REGULATORY REQUIREMENT. THE COLLEGE EXPECT US TO  
23          HAVE A PLAN. THIRDLY WE CAN BE MOTIVATED TO ENGAGE  
24          IN SELF-CARE BECAUSE OF COMMITMENT TO OUR CLIENTS,  
25          ENSURING THAT WE HAVE WELL IN ORDER TO BE ABLE TO

1 DO WELL. WE MAY ENGAGE IN SELF-CARE BECAUSE OF  
2 CONCERNS ABOUT THE IMPACT OF OUR WELL BEING ON OUR  
3 PERSONAL RELATIONSHIPS WITH FRIENDS, FAMILY,  
4 COLLEAGUES. PERHAPS SOMEONE IS POINTING OUT THAT  
5 WE ARE NOT OUR BEST SELF OR USUAL SELF. WE MAY  
6 ENGAGE IN SELF-CARE BECAUSE OF ATTENDING TO THE  
7 RELATIONSHIP WITH OURSELF OR THE VALUE THAT WE HOLD  
8 ABOUT THE SELF. I WILL GO TO THE NEXT SLIDE  
9 PLEASE. LET'S LOOK AT EACH OF THESE IN TURN. FOR  
10 SOME OF US, THE PRIMARY DRIVER IS THE ETHICAL  
11 IMPERATIVE. THE CPA CODE OF ETHICS SAYS WE  
12 SHOULD...

13 [ READING ] SIMILARLY THE APA CODE  
14 MAKES REFERENCE TO SELF-CARE IN A NUMBER OF  
15 STANDARDS BUT MOST DIRECTLY IN 2.06, SUB A THAT  
16 READS PSYCHOLOGISTS [ INAUDIBLE ] ON THE [  
17 INAUDIBLE ]. HELP THOSE [ INAUDIBLE ]. BACK TO  
18 THE REGULATORY REQUIREMENT THAT WAS INTRODUCED  
19 RECENTLY BY THE COLLEGE AND LIKELY THE REASON MANY  
20 OF US ARE HERE TODAY, THAT REQUIREMENT STATES AS  
21 PART OF SELF-ASSESSMENT, THE COLLEGE REQUIRES  
22 MEMBERS TO REVIEW FACTORS THAT MAY ADVERSELY AFFECT  
23 THEIR ABILITY TO PERFORM PROFESSIONALLY AND  
24 CONSIDER ACTIONS THAT MITIGATE THE RISK OF HARM TO  
25 THEIR OWN WELL BEING AND THAT OF OUR CLIENTS.

1 SIMILARLY TO WHAT'S IN THE OTHER CODES. THE NEXT  
2 SLIDE PLEASE. IN TERMS OF COMMITMENT TO OTHERS, OF  
3 COURSE THERE'S OUR COMMITMENT TO EXCELLENCE IN OUR  
4 WORK, BUT OUR INVESTMENT IN THE WORK CAN BE A  
5 BARRIER. THE VERY WAY WE ARE SOCIALIZED IN  
6 TRAINING PROGRAMS, PARTICULARLY THOSE THAT CHOSE  
7 THE PHD, THAT'S MORE ALIGNED WITH SELF-NEGLECT THAN  
8 SELF-CARE. YET THERE'S AMPLE EVIDENCE THAT MAKES  
9 IT CLEAR THAT SELF-NEGLECT CONTRIBUTES TO BURN OUT.  
10 THAT'S AN ESPECIALLY DAMAGING OCCUPATIONAL HAZARD.  
11 BECAUSE WHAT THE RESEARCH ALSO SUGGESTS IS THAT  
12 CYNICISM OFTEN TAKES HOLD IN A MUCH MORE PROTRACTED  
13 MANNER. IN OTHER WORDS, ONCE YOU HAVE CROSSED THE  
14 LINE TO A STATE OF BURNOUT, IT BECOMES VERY  
15 DIFFICULT TO REVERSE THAT TENDENCY TO BE CYNICAL  
16 ABOUT A NUMBER OF THINGS IN ONE'S LIFE. THAT'S A  
17 PARTICULARLY CONCERNING FINDING IN LIGHT OF THE  
18 REALITY THAT THE PRIMARY TOOL OF OUR WORK IS THE  
19 SELF. ESPECIALLY BECAUSE A LARGE BODY OF WORK,  
20 BOTH EMPIRICAL AND THEORETICAL, UNDERSCORES THE  
21 IMPORTANCE OF THE RELATIONSHIP AND THE PERSON OF  
22 THE THERAPIST TO THE PROCESS OF [ INAUDIBLE ]  
23 PROFESSIONAL COMMUNITY HERE [ INAUDIBLE ] IN  
24 PARTICULAR TIME AND EXTENSIVE EFFORT TO CONVINCED  
25 DECISION MAKERS THAT PSYCHOTHERAPY SHOULD BE A

1 CONTROLLED ACT. BECAUSE IF WE ARE ALL VERY WELL  
2 AWARE OF THE FACT AND IT IS A FACT THAT BEING  
3 ENTRUSTED WITH ANOTHER PERSON'S VULNERABILITY AND  
4 BEING ASK TO ACTIVELY INTERVENE IN RESPONSE TO THAT  
5 VULNERABILITY CAN BE DAMAGING IF NOT DONE WITH  
6 REFERENCE AND RESPECT AND SKILL. WE NEED TO KNOW  
7 WHAT IT IS WE ARE DOING AND WE HAVE A DUTY TO BE  
8 CONSISTENT IN APPLYING OUR CRAFT IN THE BEST WAY  
9 POSSIBLE. TRYING TO FUNCTION WHILE WE ARE  
10 COMPROMISED RUNS THE RISK OF DOING DAMAGE ALONG THE  
11 WAY, TO THE PERSON WE ARE SERVING, THE PEOPLE IN  
12 THAT PERSON'S LIFE AND REPUTATIONAL DAMAGE TO THE  
13 PROFESSION ITSELF WHICH HAS LONG SUFFERED FROM THE  
14 EFFECTS OF STIGMA AROUND HEALTH ISSUES. NEXT SLIDE  
15 PLEASE. SORRY, ONE MORE SLIDE. OKAY. NOW,  
16 PERSONAL RELATIONSHIPS MAY BE ANOTHER SOURCE OF  
17 MOTIVATION TO ATTEND TO WELL BEING. OUR  
18 RELATIONSHIPS ARE ESSENTIAL TO MAINTAIN A SENSE OF  
19 BALANCE. FRIENDSHIPS AND INTIMATE RELATIONSHIPS  
20 PROVIDE US WITH A SENSE OF EMOTIONAL  
21 INTERDEPENDENCE THAT ARE VERY MUCH ANTITHETICAL TO  
22 THE WORK THAT WE DO. WE CANNOT HAVE EMOTIONAL  
23 INTERDEPENDENCE. AND YET THOSE THINGS ARE REALLY  
24 VITAL TO OUR WELL BEING AND ALLOWS US TO BE HEALTHY  
25 PARTICIPANTS AND PARTNERS IN OUR PERSONAL LIVES AND



1 ALLOW US TO HAVE A READINESS TO FUNCTION OPTIMALLY  
2 IN OUR PROFESSIONAL LIVES. NEXT SLIDE. I WILL TRY  
3 TO NOT ASK FOR THE SLIDE TO ADVANCE. I HAVE DONE  
4 THAT A COUPLE OF TIMES. I APOLOGIZE. HERE I HAVE  
5 LISTED FOR YOUR A NUMBER OF SOURCES OF  
6 VULNERABILITY. THESE ARE -- SOME COME FROM  
7 READINGS, SOME FROM MY OWN REFLECTION. I HAVE THEM  
8 IN THREE CATEGORIES, PERSONAL, REFLECTIONAL AND  
9 CONTEXTUAL. THE SOURCES OF VULNERABILITY TO  
10 STRESS, DISTRESS AND IMPAIRMENT THAT WE ENCOUNTER  
11 IN THE FIELD ARE NUMEROUS. THIS IS BY NO MEANS A  
12 COMPREHENSIVE LIST. IN THE PERSONAL REALM, I WILL  
13 PICK A COUPLE TO ZERO IN ON AND YOU CAN LOOK AT THE  
14 OTHERS AT YOUR LEISURE. FOR SOME OF US, AND THIS  
15 FIRST ONE I THINK CAN GO UNDER PERSONAL OR  
16 PROFESSIONAL OR BOTH. THERE'S THE WEIGHT OF  
17 CLINICAL DECISION MAKING. IN MANY INSTANCES THE  
18 DECISIONS THAT WE MAY AS CLINICIANS, AS PART OF AN  
19 ASSESSMENT FOR A THIRD PARTY CARRIER, FOR CAREER  
20 COUNSELLING OR SOME OF THE CLINICAL INTERVENTIONS,  
21 SUCH AS MAKING A DIAGNOSIS, ALL OF THAT NOT ONLY  
22 CAN WEIGH HEAVILY ON US BUT IT HAS VERY, VERY  
23 SIGNIFICANT IMPACT AND IMPLICATIONS FOR THE  
24 INDIVIDUAL'S LIFE. AND SO THAT CAN BE A SOURCE OF  
25 BURDEN, IT CAN BE A SOURCE OF STRESS PARTICULARLY

1           WHEN WE ARE MAKING THESE DECISIONS FREQUENTLY.  IN  
2           SOME OF OUR ROLES, OUR COLLEAGUES IN FORENSIC  
3           PRACTICE ARE FACED WITH THIS.  AS WELL, THERE ARE  
4           THE LIFE TRANSITIONS THAT WE NORMALLY GO THROUGH AS  
5           WE PROGRESS THROUGH OUR CAREER, WHETHER IT'S  
6           FINDING A PARTNER, IF THAT'S SOMETHING THAT WE ARE  
7           DRAWN TO, HAVING CHILDREN, AGAIN, IF THAT'S A LIFE  
8           CHOICE, AGING PARENTS AND THE IMPACT OF THAT.  
9           THOSE OBVIOUSLY ARE NOT THINGS THAT ARE EASILY  
10          COMPARTMENTALIZED AND VERY MUCH IMPACT OUR  
11          FUNCTION.  THERE'S THE RELATIONSHIP DEMANDS AND  
12          STRESSES THAT COME OUR WAY IN OUR FRIENDSHIPS, OUR  
13          INTIMATE RELATIONSHIPS AND FINANCIAL STRESSES THAT  
14          VARY OVER THE COURSE OF ONE'S CAREER WHEN STARTING  
15          OUT, THERE'S PARTICULAR KINDS OF FINANCIAL STRESSES  
16          AND THOSE CHANGE BUT ARE STILL SIGNIFICANT.  FROM A  
17          PROFESSIONAL POINT OF VIEW, MOST OF US ARE EXPECTED  
18          TO ASSUME AND NOT JUST EXPECTED BUT DO ASSUME  
19          MULTIPLE ROLES.  AND EACH OF THOSE HAS DIFFERENT  
20          DEMANDS BY THE DEMANDS OF OUR ACTUAL PRACTICE,  
21          WHETHER IT'S A SOLO PRACTICE OR A GROUP PRACTICE,  
22          OR AN INSTITUTIONALLY BASED PRACTICE.  PERHAPS  
23          RESPONSIBILITIES FOR SUPER ADVISING COLLEAGUES OR  
24          STUDENTS OR RESPONSIBILITIES AROUND TEACHING OR  
25          INVOLVEMENT IN RESEARCH AND THE COMMUNITY-BASED

1 RESPONSIBILITIES. THERE'S THE STRESS THAT COMES  
2 HAVING TO STAY ON TOP OF THE LITERATURE WHICH IS  
3 VERY VAST AND, AGAIN, ESPECIALLY IF WE ARE IN  
4 GENERAL PRACTICE, THERE'S A GREAT DEAL TO TRY TO  
5 STAY CONNECTED WITH AND BE APPRISED OF. FOR THOSE  
6 OF US WITH CASE LOADS THAT TEND TO BE UNBALANCED,  
7 WE ARE SEEING PERHAPS AN OVERPREPONDERANCE OF  
8 INDIVIDUALS WITH PERSONALLY DISORDERS OR  
9 INDIVIDUALS WHO PERHAPS BECAUSE OF OUR EXPERTISE  
10 COME TO US BECAUSE OF EXPERIENCES OF DOMESTIC ABUSE  
11 AND SO ON. IN THE ABSENCE OF THAT BALANCE, WE CAN  
12 LOSE PERSPECTIVE AND, AGAIN, WE CAN KIND OF NUMB  
13 OUT TO THE IMPACT OF WHAT IT IS THAT WE ARE  
14 HEARING, WHAT IT IS THAT WE ARE TRYING TO WORK  
15 THROUGH. AND THAT NATURALLY WILL ERODE  
16 EFFECTIVENESS. AND THERE'S THE CONFIDENTIALITY  
17 NATURE OF THE WORK. THAT CAN -- NEEDING TO BE THE  
18 KEEPER OF SECRETS, IF YOU WILL, NEEDING TO ENSURE  
19 CONFIDENTIALITY BY HOLDING THINGS WITHIN ONE 'S  
20 SELF WITHOUT THE BENEFIT OF ALWAYS BEING ABLE TO  
21 SHARE THOSE WITH PEOPLE THAT PERHAPS CAN OFFER A  
22 DIRECTIVE PERSPECTIVE AS WELL BE A SOURCE OF  
23 STRESS. FROM A CONTEXTUAL POINT OF VIEW, THERE'S  
24 ORGANIZATIONAL CULTURE, AGAIN, BE THAT  
25 INSTITUTIONAL PRACTICE CULTURES OR GROUP PRACTICE

1 CULTURES. THERE'S THE POWER DYNAMICS THAT WE OFTEN  
2 ENCOUNTER, WHETHER AS A FUNCTION OF INTERACTING  
3 WITH OTHER PROFESSIONALS, ADMINISTRATORS AND SO ON.  
4 AND THERE'S THE COMPETITIVENESS WITHIN THE FIELD.  
5 OFTEN TIMES THAT CAN, AGAIN, BE A SOURCE OF  
6 COMPARISON, A SOURCE OF SORT OF CHALLENGING OUR  
7 SELF-ESTEEM, SELF-CONFIDENCE AND SO ON AND SO  
8 FORTH. NEXT SLIDE PLEASE. SO I WANTED TO SHARE  
9 THIS COLLIDE WITH YOU. I WENT BACK TO THE ANNUAL  
10 REPORTS OF THE COLLEGE. I THINK THIS IS FAIRLY  
11 INSTRUCTIVE. AND IT SHOWS -- I DIDN'T PICK ALL OF  
12 THE SOURCES OF INQUIRIES AND COMPLAINTS TO THE  
13 DISCIPLINE AND COMPLAINTS COMMITTEE. BUT RATHER  
14 THE ONES THAT HAD THE HIGHEST FREQUENCY. WHAT YOU  
15 SEE HERE IS THAT THE NUMBER OF INQUIRIES AND  
16 COMPLAINTS RECEIVED BY THE COLLEGE ARE MODEST  
17 COMPARED TO TOTAL NUMBER OF REGISTERED  
18 PRACTITIONERS IN ONTARIO. THE TREND REVEALS TWO  
19 DETAILS THAT ARE WORTH NOTING. FIRST, I THINK THIS  
20 IS REALLY SIGNIFICANT, THE HIGHEST NUMBER OF  
21 INQUIRIES AND COMPLAINTS INVOLVES PROFESSIONAL  
22 ACTIVITIES THAT ARE HEAVILY WEIGHTED TO MANAGING OR  
23 NEGOTIATING RELATIONSHIPS. PSYCHOTHERAPY, SUPER  
24 VISION AND RELATIONSHIP OR INVOLVEMENT WITH  
25 REHABILITATION AND INSURANCE. IF PEOPLE WOULD LIKE

1 A SEMINAR HOW TO WORK WITH INSURERS, I WOULD BE  
2 HAPPY TO PROVIDE THAT. THE NEXT OBSERVATION IS IN  
3 THE LAST FEW YEARS, WE SEE AN UPWARD TREND IN THOSE  
4 COMPLAINTS. SO ALTHOUGH THOSE FREQUENCIES DON'T  
5 NECESSARILY TELL US WHAT ACCOUNTS FOR THAT TREND, I  
6 THINK ONE FACTOR MIGHT BE THE GROWING DEMAND FOR  
7 PSYCHOLOGICAL SERVICES PARTICULARLY IN THE ABSENCE  
8 OF A CORRESPONDING INCREASE IN THE NUMBER OF  
9 PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES IN THE  
10 PROVINCE. THAT'S A DEVELOPMENT I THINK THAT'S  
11 MEANT INCREASED WORKLOAD FOR MANY OF US AS STIGMA  
12 HAS BEGUN TO INCREASE, IT'S STILL THERE, BUT NOT  
13 ANYWHERE WHERE IT USED TO BE, AND I THINK AS SOME  
14 BENEFITS PACKAGES HAVE BECOME A LITTLE BIT MORE  
15 GENEROUS, THERE'S BEEN A DRAMATIC INCREASE IN THE  
16 DEMAND ON OUR -- AS WELL, I THINK THERE'S A GROWING  
17 RECOGNITION OF THE VALUE THAT PSYCHOLOGY CAN BRING.  
18 I THINK THAT RECOGNITION IS CERTAINLY THERE ON THE  
19 PART OF OUR COLLEAGUES IN MEDICINE BUT ALSO ON THE  
20 PART OF EMPLOYERS AND THE GENERAL PUBLIC. NEXT  
21 SLIDE PLEASE. SO THE GOAL OF PROFESSIONAL  
22 SELF-CARE, I WOULD SAY IS NOT JUST ABOUT SHARPENING  
23 THE MOST ESSENTIAL TOOL OF OUR TRADE BY TAKING THE  
24 STEPS NECESSARY TO REDUCE THE ERODING IMPACTS.  
25 WHEN WE ARE ABLE TO FULLY INTERNALIZE AN ATTITUDE

1 AND A PRACTICE OF SELF-CARE, IT TRANSFORMS INTO A  
2 SET OF ATTITUDES, CHOICES, ALL OF WHICH ALLOW US TO  
3 FLOURISH BOTH PERSONALLY AND PROFESSIONALLY. SO,  
4 AGAIN, I JUST TALK TO THE APA MODEL I THINK WE NEED  
5 TO BE PRO ACTIVE AND HAVE THE NEXT SLIDE TO KIND OF  
6 EXPAND ON THAT. WE CAN APPROACH SELF-CARE IN TWO  
7 WAYS. EITHER FROM A [ INAUDIBLE ] OR A [ INAUDIBLE  
8 ] POINT OF VIEW. I THINK THEY COMPLEMENT EACH  
9 OTHER. I AM NOT ADVOCATING THAT ONE IS BETTER THAN  
10 THE OTHER. SO FROM A PROTECTION POINT OF VIEW,  
11 WHAT WE COULD CONSIDER HERE ARE ACTIVITIES OR  
12 ACTIONS THAT ARE INTENDED TO RESTORE OR [ INAUDIBLE  
13 ] AND OUR WELL BEING IN RESPONSE TO MOUNTING  
14 STRESS. SO PROTECTIVE ACTIONS BEGIN BY RECOGNIZING  
15 THAT WE ARE STRESSED AND THAT THERE IS AN IMPEDING  
16 CRISIS AND THEN TAKING THE STEPS NECESSARY TO  
17 PROTECT OR HELP US RESUME OUR USUAL FUNCTION. LIKE  
18 I SAID, THE APA MODEL A GOOD EXAMPLE OF THAT  
19 PROTECTIVE APPROACH. PROMOTION ON THE OTHER HAND  
20 IS PRIVE ONE EXAMPLE IS WHAT WE ARE DOING HERE  
21 TODAY. THE TAKING TIME TO [ INAUDIBLE ] ISSUE OF  
22 SELF-CARE. WE CAN BUILD IT INTO [ INAUDIBLE ] SO,  
23 AGAIN, JUST TO EMPHASIZE, THOSE ARE COMPLEMENTARY.  
24 BECAUSE EVEN WHEN WE TAKE STEPS AIMED AT LIFE  
25 ENHANCEMENT A GROWTH, THERE CAN BE TIMES OF UNUSUAL

1 CIRCUMSTANCES MUCH AS WHAT WE HAVE BEEN LIVING  
2 THESE LAST MONTHS. LIKE MANY OF US HAVE FOUND,  
3 THAT THE LAST SEVEN MONTHS HAVE BEEN PARTICULARLY  
4 CHALLENGING. I WILL GO TO THE NEXT SLIDE, PLEASE.  
5 SO HERE ARE A COUPLE OF DEFINITIONS. GENTRY  
6 DEFINES IT AS A NEED TO REFUEL IN HEALTHY WAYS.  
7 THAT'S MUCH MORE OF THAT PROTECTIVE APPROACH, THAT  
8 REALLY REFLECTS THAT. MYERS ON THE OTHER HAND  
9 DEFINES IT AS ENGAGEMENT IN BEHAVIOURS THAT  
10 MAINTAIN AND PROMOTE PHYSICAL AND EMOTIONAL WELL  
11 BEING AND SO THAT'S A DEFINITION THAT REFLECTS THAT  
12 MORE PREVENTATIVE APPROACH. I WILL GO TO THE NEXT  
13 SLIDE, PLEASE. THIS IS ANOTHER DEFINITION OF  
14 SELF-CARE THAT HIGHLIGHTS NOTION THAT PROFESSIONAL  
15 SELF-CARE INVOLVEMENTS ATTENDING TO SPECIFIC  
16 DIMENSIONS OF BEING, STATING THAT SELF-CARE IS A  
17 MULTI DIMENSIONAL PROCESS OF PURPOSEFUL ENGAGEMENT  
18 AND STRATEGIES THAT PROMOTE HEALTHY FUNCTIONING AND  
19 ENHANCE WELL BEING. GO TO THE NEXT SLIDE. AND  
20 SPEAK TO THAT A LITTLE BIT MORE IN TERMS OF THAT  
21 MULTI DIMENSIONALITY AND THAT MULTI FACETTED NATURE  
22 OF SELF-CARE. SO THE MULTI DIMENSIONALITY AND  
23 MULTI FACETTED NATURE INCLUDES DIMENSIONS OF  
24 PERSONAL AND PROFESSIONAL LIFE. IT'S IMPORTANT TO  
25 RECOGNIZE THEY ARE REALLY SAYING IT NEEDS TO BE

1 INTENTIONAL, PURPOSEFUL, ORGANIZED AROUND A PLAN OF  
2 SPECIFIC ACTIVITIES OR BEHAVIOURS. WE TAKE GREAT  
3 CARE TO MAINTAIN A CLEAR AND IMPERMEABLE BOUNDARY  
4 BETWEEN PERSONAL AND PROFESSIONAL LIVES THAT SHOULD  
5 NOT APPLY TO SELF-CARE. WE NEED TO TAKE CARES OF  
6 YOURSELVES BOTH IN THE PERSONAL AND PROFESSIONAL  
7 REALMS. MORE SPECIFICALLY, IN ORDER TO BE  
8 EFFECTIVE, SELF-CARE NEEDS TO INCLUDE AN  
9 ATTENTIVENESS TO THE DEMANDS. AND FOR ANY OF US,  
10 WE KNOW THAT WELL THAT ONE IS GOING TO EFFECT AND  
11 DOES EFFECT THE OTHER, WHAT HAPPENS PROFESSIONALLY  
12 CERTAINLY CAN IMPACT US PERSONALLY AND WHAT HAPPENS  
13 PERSONALLY AFFECTS US PROFESSIONALLY. I REMEMBER  
14 WHEN I WENT ON INTERNSHIP. AND SO IT WAS THE FIRST  
15 TIME IN MY TRAINING WHERE I WAS DOING CLINICAL WORK  
16 FOR EIGHT HOURS OF THE DAY OR AT LEAST A GOOD  
17 PORTION OF THAT EIGHT HOURS. LISTENING TO PEOPLE,  
18 REALLY THINKING INTENSELY ABOUT THE ASSESSMENTS  
19 THAT I'M DOING. I WOULD COME HOME AND MY WIFE  
20 WANTS TO TELL ME ABOUT HER DAY. AND SHE PROBABLY  
21 WASN'T DOING ANY DIFFERENTLY THAN NORMAL. I RECALL  
22 SAYING TO HER, YOU ARE HYPER TALKING BECAUSE I  
23 THINK I HAD YET NOT QUITE GOTTEN USED TO THE  
24 DENSITY OF LISTENING AND LISTENING SO ATTENTIVELY  
25 TO PEOPLE FOR SO LONG THAT SOMEHOW IT MADE ME FEEL



1 FLOODED WHEN I HAD TO LISTEN TO HER. THAT TOOK  
2 ADJUSTMENT AND NEGOTIATION BETWEEN US. WE ARE ALSO  
3 INTRODUCED TO THE AWARENESS IN SUPER VISION IN THE  
4 EARLY STAGES OF TRAINING THAT WE NEED TO BE AWARE  
5 OF PERSONAL INFLUENCES ON THE CLINICAL WORK THAT WE  
6 DO. HOPEFULLY WE HAVE CONTINUED TO DEEPEN THAT BY  
7 TAKING TIME TO ENGAGE IN PERIODIC SELF-REFLECTION  
8 THAT ALLOWS US TO EXPAND AND DEEPEN OUR  
9 SELF-UNDERSTANDING. AND IT'S UNFORTUNATE, I THINK,  
10 THAT PERSONAL THERAPY IS NO LONGER A REQUIREMENT OF  
11 GRADUATE TRAINING. I WOULD SAY THAT IN GERMANY  
12 PSYCHOLOGISTS AND PSYCHIATRISTS, IF THEY WISH TO BE  
13 LICENCED AS PSYCHOTHERAPISTS ARE REQUIRED TO  
14 UNDERTAKE TWO YEARS OF PERSONAL THERAPY BEFORE THEY  
15 WITH RECEIVE THAT LICENCE TO CARRY ON  
16 PSYCHOTHERAPEUTIC PRACTICE. SO I THIS THERE'S A  
17 REAL NEED AND PLACE FOR CONSIDERING PERSONAL  
18 PSYCHOTHERAPY AND NOT JUST AT ONE POINT IN ONE'S  
19 CAREER BUT IT'S MAYBE SOMETHING THAT WE FIND THAT  
20 WE NEED TO REVISIT FROM TIME TO TIME. OKAY. NEXT  
21 SLIDE, PLEASE. WITH RESPECT TO THE  
22 MULTIDIMENSIONALITY OF SELF-CARE, I WOULD SAY THAT  
23 IT INVOLVES FOUR THINGS. I HAVE LISTED THEM HERE  
24 FOR YOU. EACH OF THEM REQUIRES, I THINK,  
25 ATTENTION, MAY NOT NECESSARILY BE EQUAL ATTENTION

1 ALL OF TIME. THAT MANY VARY OVER THE COURSE OF  
2 ONE'S CAREER, ONE THE COURSE OF ONE'S LIFE.  
3 PHYSICAL FUNCTIONING INVOLVES ATTENDING TO WELL  
4 BEING. THOSE ARE THE THINGS WE KNOW WELL, PROP PER  
5 SLEEP, BALANCED NUTRITION -- PROPER SLEEP,  
6 BALANCING NUTRITION, EXERCISE AND THE LIKE.  
7 SPIRITUAL FUNCTIONING INVOLVES AN AWARENESS IN OUR  
8 PLACE AND ROLE IN WHAT EXISTS AROUND US, INCLUDING  
9 WHAT HAS COME BEFORE US AND WHAT REMAINS WHEN WE  
10 ARE NO LONGER HERE. THAT'S A PERSONAL THING.  
11 EMOTIONAL FUNCTIONING INVOLVES AN ATTENTIVENESS TO  
12 THE EBB AND FLOW OF OUR MOODS AND HOW WE MANAGE  
13 THEM AND HOW THEY IMPACT OUR EXPERIENCE IN  
14 DAY-TO-DAY. OUR SOCIAL FUNCTIONING INCLUDES  
15 FOSTERING MEANINGFUL RELATIONSHIPS THAT ARE BASED  
16 ON MUTUALITY INCLUDING THE EXTENT TO WHICH WE  
17 EXPERIENCE A SENSE OF BELONGING TO THE BROADER  
18 COMMUNITY BEYOND KIN. IN TERMS OF THE MULTI  
19 FACETTED NATURE OF SELF-CARE, I ORGANIZED THAT FOR  
20 YOU. THIS COMES OUT OF SOME RESEARCH. NOT JUST MY  
21 OWN HEAD. INTO THESE FOUR CATEGORIES. THE  
22 COGNITIVE EFFECTIVE AXIS, A NEED BASED AXIS, AND  
23 PERSONAL AXIS AND INTERPERSONAL. COGNITIVE  
24 EFFECTIVE ARE BEING ATTENTIVE...WITH RESPECT TO  
25 NEED, HAVING AN AWARENESS OF NEEDS INCLUDES KNOWING

1 THE NEEDS THAT ARE FULFILLED IN OUR LIVES AND THE  
2 ATTITUDE THAT'S BORNE OUT OF THAT AS WELL AS THE  
3 NEEDS THAT REMAIN UNFULFILLED AND MAY NEVER BE AND  
4 THE WHAT IS THAT IMPACTS OUR ATTITUDES AND  
5 EXPECTATIONS. HAVING CLARITY REGARDING OUR  
6 RELATIONSHIPS, OUR RELATIONAL, OUR ATTACHMENT  
7 STYLE, OUR NEED FOR RELATEDNESS AND INTIMACY, OUR  
8 CAPACITY TO GIVE AND RECEIVE AFFECTION, OUR SEXUAL  
9 SENSUAL BEING AND HOW THOSE NEEDS ARE FULFILLED OR  
10 UNFULFILLED AND THE IMPACT. TAKING STOCK OF THE  
11 INTRAPERSONAL RELATIONSHIP, HOW WE VIEW AND TREAT  
12 OURSELVES. FOR INSTANCE, OUR EXPERIENCE OF OUR OWN  
13 COMPANY WHEN ALONE AND FREE OF DISTRACTION. NEXT  
14 SLIDE. SO WHAT I WANT TO DO FOR THE REMAINDER OF  
15 THE TALK IS TO UNDERSCORE THAT SELF CARE IS NOT A  
16 ONE SIZE FITS ALL. IT IS DEPENDENT ON OUR OWN  
17 UNIQUE CIRCUMSTANCES INCLUDING LIFE STAGE, CAREER  
18 STAGE, AND A HOST OF OTHER FACTORS . I'M GOING TO  
19 GET INTO THAT VERY SHORTLY BUT I THINK WE ARE GOING  
20 TO TAKE, WHAT, ABOUT A FIVE MINUTE BREAK HERE,  
21 BARRY. IS THAT RIGHT? OR TEN MINUTE?

22 >> I THINK WE ARE MAKING -- HI,  
23 EVERYONE. I THINK WE ARE MAKING BRISK PROGRESS.  
24 IT'S REASONABLE TO TAKE A TEN-MINUTE BREAK HERE. I  
25 HAVE ON MY CLOCK 10:12. WE WILL BE BACK AT

1           APPROXIMATELY 10:22 OR LET'S CALL IT 10:25.

2                   >> WELCOME BACK. I HOPE YOU HAD A  
3 CHANCE TO REFRESH AND HOPEFULLY GET SOMETHING TO  
4 SNACK ON OR TO DRINK. WE WILL JUST CARRY ON FROM  
5 WHERE WE LEFT OFF. WE ARE ABOUT HALFWAY THROUGH.  
6 I WILL HAVE THE NEXT SLIDE. BEFORE THE BREAK, I  
7 MADE THE COMMENT THAT SELF-CARE IS NOT A ONE SIZE  
8 FITS ALL PHENOMENON. IT REALLY DEPENDS ON CONTEXT.  
9 OVER THE COURSE OF OUR LIVES AND OUR CAREERS BOTH  
10 THE STRESSES AND THE NEEDS THAT WE EXPERIENCE VARY.  
11 THEY DEPEND ON CERTAINLY A NUMBER OF FACTORS, OUR  
12 STAGE IN LIFE, WHERE WE ARE IN OUR CAREER, AND THEY  
13 ARE IMPACTED ALSO BY WHERE WE LIVE AND WHERE WE  
14 WORK. SO, FOR EXAMPLE, OUR PRACTICE LOCATION MAY  
15 IMPACT THE AVAILABILITY OF THINGS LIKE THE PEER  
16 RECONCILIATION AND SUPPORT THAT MAY BE AVAILABLE TO  
17 US OR THE AVAILABILITY OF PROFESSIONAL DEVELOPMENT  
18 OPPORTUNITIES. OR EVEN OUR ACCESS TO EXTENDED  
19 FAMILY AND OTHER SUPPORTS THAT ARE HELPFUL IN  
20 INSULATING US FROM TESS AND THE -- FROM TESS STRESS  
21 AND THE TESTIMONIES OF LIFE. THE CAREER DEMANDS OF  
22 OUR PARTNER, PARENTS DEMANDS OR DEMANDS THAT COME  
23 FROM CARING FOR AGING PARENTS, THOSE ARE VERY  
24 SIGNIFICANT ASPECTS OF OUR LIVES THAT DO HAVE AN  
25 IMPACT OF HOW WE FUNCTION. THE DEMOGRAPHIC

1 CHARACTERISTICS OF THE CLIENT POPULATION THAT WE  
2 WORK WITH. I MENTION THE IMPACT OF NOT HAVING A  
3 BALANCED CASE LOAD. THINGS LIKE ETHNICITY OF OUR  
4 CLIENTS, THE SOCIOECONOMIC STATUS OF AGES OF  
5 CLIENTS, THESE ARE FACTORS THAT DEFINE THE TYPE OF  
6 DEMANDS THAT WE EXPERIENCE AND IN TURN THEN HAVE AN  
7 INFLUENCE ON THE LEVEL OF STRESS THAT WE ENCOUNTER.  
8 NATURALLY THE SPECIFIC DEMANDS AND STRESSES WE  
9 ENCOUNTER SHOULD ALSO INFORM WITH WE DO FOR  
10 SELF-CARE. FOR EXAMPLE, SOME OF WHAT MAY HAVE BEEN  
11 VERY EFFECTIVE AND NECESSARY AT THE OUTSET OF OUR  
12 CAREER AT AGE 29 OR 30 MAY BE QUITE ILL FITTING AT  
13 AGE 50 WHEN WE HAVE TAKEN ON PERHAPS INCREASED  
14 ADMINISTRATIVE DUTIES OR MORE SUPER VISION  
15 RESPONSIBILITIES. SO THIS IS A STUDY THAT WAS DONE  
16 THAT REALLY LOOKED AT THAT ISSUE. IN THIS STUDY,  
17 THEY LOOKED AT THE MOST PREVALENT STRESSES  
18 EXPERIENCED BY PSYCHOLOGIES DURING EARLY, MIDDLE  
19 AND LATE CAREER STAGES. YOU NOTICE FROM THE SLIDE  
20 THAT THIS TIME SPANS ARE NOT EQUAL BUT IT SEEMED TO  
21 MAKE REASONABLE SENSE WHEN THEY EXAMINED THE DATA  
22 AT THESE DIFFERENT TIME POINTS. IN THE EARLY  
23 CAREER STAGE, THE MOST PREVALENT STRESSORS REPORTED  
24 BY PSYCHOLOGISTS INCLUDED MANAGING STUDENT DEBT AND  
25 HAVING TO CONSOLIDATE THAT, THE STRESSES OF GOING

1 THROUGH LICENCING AND THE REQUIREMENTS OF THAT,  
2 SECURING EMPLOYMENT, PARTICULARLY EMPLOYMENT THAT  
3 IS IN A PLACE THAT YOU WANT TO BE OR THAT'S OF THE  
4 TYPE THAT YOU WANT, DEVELOPING AND FORMING YOUR OWN  
5 PROFESSIONAL IDENTITY AS YOU LET GO OF YOUR  
6 IDENTITY AS A STUDENT AND FOR A NUMBER OF PEOPLE IN  
7 EARLY CAREER THERE'S ALSO THE ADDED STRESS OF  
8 STARTING A FAMILY, BE THAT GETTING MARRIED OR  
9 HAVING CHILDREN OR BOTH. MID CAREER SPANNED FROM  
10 IN THIS SAMPLE SPANNED FROM EIGHT YEARS POST  
11 LICENSURE TO 20 YEARS OF PRACTICE. AND THERE THE  
12 STRESSORS INCLUDING SUPER VISION OF JUNIOR  
13 COLLEAGUES, DEMANDS OF PARENTING, PARTICULARLY AS  
14 INTO HAVING TEENAGERS AS SOME OF YOU KNOW, THAT CAN  
15 BE STRESSFUL AND CARING FOR AGING PARENTS. SO THAT  
16 SANDWICH GENERATION PHENOMENON. IN THE LATE CAREER  
17 STAGE, THIS IS 20 YEARS PLUS, THE STRESSORS TEND TO  
18 REVOLVE AROUND THE EXPERIENCE OF REVIEWING ONE'S  
19 CAREER CONTRIBUTIONS, LOOKING BACK, REFLECTING ON  
20 THE MEANING OF THE WORK THAT ONE AS DONE, ASSESSING  
21 READINESS FOR RETIREMENT AND NEGOTIATING THAT  
22 PROCESS AND COPING WITH LOSSES. NOW, THIS IS MORE  
23 THAN JUST WHAT WE WOULD TYPICALLY THINK. IT'S NOT  
24 JUST PERHAPS LOSING PARENTS OR LOSING FRIENDS AND  
25 ACQUAINTANCES OR OTHER FAMILY MEMBERS AS WE AGE,

1 BUT AS ONE APPROACHES RETIREMENT, THERE'S ALSO THE  
2 LOSS THAT COMES FROM IN A VERY CONCENTRATED PERIOD  
3 OF TIME, HAVING TO SAY GOOD-BYE TO A BUNCH OF  
4 PATIENTS AND LETTING GO OF WHAT HAD BEEN A DEFINING  
5 IDENTITY FOR A GOOD NUMBER OF YEARS, 20 PLUS YEARS  
6 OF ONE'S LIFE. AND SO IT'S A VERY COMPLEX AND,  
7 AGAIN, MULTI LAYERED EXPERIENCE OF LOSS THAT  
8 TOUCHES ON ALL ASPECTS OF THE PERSON'S LIFE BOTH  
9 PERSONAL AS WELL AS PROFESSIONAL. NEXT SLIDE. IN  
10 THE SAME STUDY, THE INVESTIGATORS FOUND THAT  
11 PSYCHOLOGISTS IN THE EARLY STAGE OF THEIR CAREER  
12 CERTAINLY WORKED MORE HOURS, THEY DID MORE PAPER  
13 WORK AND SPENT MORE TIME DOING TESTING THAN THEIR  
14 COUNTER PARTS IN BOTH THE MIDDLE AND LATE CAREER  
15 AND SO, AGAIN, THAT BEGINS TO KIND OF INFORM THE  
16 TYPE -- NOT ONLY THE TYPE OF STRESSES BUT PERHAPS  
17 HOW ONE MIGHT NEED TO RESPOND TO THOSE STRESSES.  
18 EARLY CAREER PSYCHOLOGISTS ALSO REPORTED  
19 EXPERIENCING MORE NEGATIVE COMPLAINT BEHAVIOURS  
20 THAT COME TOWARDS THEM. -- CLIENT BEHAVIOURS.  
21 THERE'S NO REAL EXPLANATION PROVIDED BUT YOU CAN  
22 THINK ABOUT SOME OF YOUR OWN EXPERIENCES AND WHY  
23 THAT MIGHT BE. AND THEY ALSO REPORTED HAVING LESS  
24 CONTROL OVER THEIR WORKPLACE AS COMPARED TO THEIR  
25 MORE EXPERIENCED COUNTER PARTS. NEXT SLIDE PLEASE.

1 SOME OF THE RISKS, THEN, THAT COME WHEN WE LOOK AT  
2 THAT STAGE, THE EARLY CAREER STAGE. EARLY CAREER  
3 CLINICIANS EXPRESSED GREATER INTENT TO POTENTIALLY  
4 LEAVE THEIR CURRENT POSITIONS, SUGGESTING THAT  
5 STARTING POSITION MAY NOT NECESSARILY BE THE ONE  
6 THAT A PERSON VIEWS AS THEIR IDEAL ROLE IN  
7 PROFESSIONAL LIFE. RELATEDLY, THEY ARE STRESS  
8 SATISFIED WITH THEIR CURRENT POSITION. THEY HAVE  
9 GREATER FEELINGS OF BEING OVERWHELMED BY THEIR CASE  
10 LOADS. IT'S NOT UNUSUAL PARTICULARLY IN LARGE  
11 DEPARTMENTS TO KIND OF SHUFFLE OFF A BUNCH OF  
12 REFERRALS. THEY HAVE GREATER PERCEIVED STRESS.  
13 MORE DAYS OF POOR MENTAL HEALTH, HIGH LEVELS OF  
14 EMOTIONAL EXHAUSTION AND A LOWER SENSE OF PERSONAL  
15 ACCOMPLISHMENT. NEXT SLIDE PLEASE. I WOULD JUST  
16 SAY ACTUALLY IT DOESN'T MATTER WE DON'T NEED THE  
17 SLIDE, BUT I WOULD SAY THAT THOSE STRESSES HAVE  
18 BEEN PARTICULARLY CHALLENGING, I THINK, FOR OUR  
19 COLLEAGUES WHO HAVE ADMINISTRATIVE ROLES IN  
20 INSTITUTIONALLY-BASED PRACTICES AND IT MAKES IT  
21 VERY DIFFICULT OR PERHAPS MORE DIFFICULT TO RECRUIT  
22 PSYCHOLOGISTS PARTICULARLY EARLY CAREER  
23 PSYCHOLOGISTS SO WE HAVE A NUMBER OF POSITIONS IN  
24 THE PROVINCE IN HOSPITAL SETTINGS THAT CONTINUE TO  
25 GO UNFILLED. EARLY CAREER PSYCHOLOGISTS TENDS TO



1 SPENT LESS TIME IN ENGAGED PROFESSIONAL DEVELOPMENT  
2 ACTIVITIES WHICH IS, AGAIN, SOMEWHAT CONCERNING  
3 GIVEN THAT THAT'S LIKELY WHEN YOU NEED MORE  
4 PROFESSIONAL DEVELOPMENT ACTIVITY THAN LATER ON.  
5 ALTHOUGH WE, I MEAN, WE NEED THAT ALL THROUGH THE  
6 COURSE OF OUR CAREER BUT WE ARE STILL AT THE POINT  
7 IN THE EARLY STAGES OF RAPID AND MORE INTENSE  
8 LEARNING. THEY WERE CERTAINLY LESS ATTENTIVE TO  
9 TRYING TO WORK TOWARDS A PERSONAL BALANCE IN THEIR  
10 LIVES. AND MUCH LESS RELIANT ON COGNITIVE  
11 STRATEGIES TO MANAGE LIFE AND WORK DEMANDS. THEY  
12 WERE ALSO MUCH LESS INTENTIONAL ABOUT TRYING TO  
13 ESTABLISH A SENSE OF BALANCE. AND GO TO THE NEXT  
14 SLIDE PLEASE. SO BASED ON SOME OF THAT WORK, THEN,  
15 THEY BEGAN DEVELOPING WHAT THEY CALLED THE  
16 SELF-CARE ASSESSMENT OF PSYCHOLOGISTS OR THE SCAT.  
17 IT'S A 21 -- IN THE END, A 21-ITEM MEASURE THAT WAS  
18 DEVELOPED USING ACCEPTED METHODOLOGY FOR SCALE  
19 DEVELOPMENT. THEY SAMPLED OR THEY WROTE OUT TO A  
20 SAMPLE OF 1500 LICENCED PSYCHOLOGISTS IN THE STATE  
21 OF ILLINOIS. AND ALL OF THEM WERE SENT THIS  
22 MEASURE, THE ITEMS WERE DEVELOPED BY A LIST OF  
23 EXPERTS. AND FROM THAT 1500 PSYCHOLOGISTS, THEY  
24 THAT A IMPORTANCE RATE OF 27 PERCENT, OR 403  
25 PSYCHOLOGISTS THAT SENT IN USABLE RESPONSES. 71

1 PERCENT FOR WOMEN. 87 PERCENT CAUCASIAN. 36 AND A  
2 HALF PERCENT IN SOLO PRACTICE. 27 PERCENT IN  
3 GROUP, INDEPENDENT PRACTICE. AND THE REMAINING IN  
4 COMMUNITY BASED OUTPATIENT CLINICS. THE VALIDITY  
5 WAS ESTABLISHED USING EXCEPTED PRINCIPLES, USING A  
6 TWO-STAGE PROCESS. IN THE INITIAL STAGE, THEY USED  
7 EXPLORATORY FACTOR ANALYSIS AND CORRELATIONS  
8 BETWEEN THE FACTORS THAT STARTED TO TAKE SHAPE,  
9 WHICH YOU SEE HERE ON THE SCREEN AND SOME  
10 ESTABLISHED MEASURES THAT ASSESS EACH CONSTRUCT.  
11 IN THE SECOND STUDY, THEY TOOK THAT INSTRUMENT, THE  
12 SAME INSTRUMENT, AND SUBJECTED IT TO CONFIRMATORY  
13 FACTOR ANALYSIS. THESE WERE THE FIVE THAT WERE  
14 ULTIMATELY DESCRIBED THE EXPERIENCES AROUND  
15 SELF-CARE. SO PROFESSIONAL SUPPORT, PROFESSIONAL  
16 DEVELOPMENT, LIFE BALANCE, COGNITIVE STRATEGIES,  
17 AND DAILY BALANCE. I WILL GET INTO EACH OF THOSE  
18 NOW. SO I WILL GO TO THE NEXT SLIDE. SO  
19 PROFESSIONAL SUPPORT INCLUDED THE ITEMS AS YOU SEE  
20 THEM THERE, NOT EXACTLY IN THAT FORM, THEY ARE  
21 WRITTEN OUT DIFFERENTLY AND PEOPLE PROVIDE A RATING  
22 FOR EACH. THE FIRST IS CULTIVATING COLLEGIAL  
23 RELATIONSHIPS, AVOIDING WORKPLACE ISOLATION,  
24 SHARING REWARDING AND STRESSFUL WORK EXPERIENCES  
25 AND CREATING AND MAINTAINING PROFESSIONAL SUPPORT

1           SYSTEMS. THE NEXT SLIDE, PLEASE. PROFESSIONAL  
2           DEVELOPMENT INCLUDED ENGAGING IN PROFESSIONAL  
3           DEVELOPMENT ACTIVITIES, PARTICIPATING IN  
4           PROFESSIONAL ORGANIZATIONS WHETHER THEY ARE LOCAL  
5           ACADEMIES, PROVINCIAL ASSOCIATIONS OF PSYCHOLOGY OR  
6           NATIONAL ASSOCIATIONS OF PSYCHOLOGY. STAYING  
7           CURRENT WITH THE LITERATURE. PARTICIPATING IN WORK  
8           RELATED SOCIAL AND COMMUNITY EVENTS, AND MAXIMIZING  
9           TIME IN PROFESSIONAL ACTIVITIES THAT ONE  
10          EXPERIENCES AS ENJOYABLE AND MEANINGFUL. THE NEXT  
11          SLIDE, PLEASE. LIFE BALANCE INCLUDED CONNECTED  
12          WITH PEOPLE THAT ONE ENJOYS BOTH IN AND OUTSIDE OF  
13          ONE'S WORTH. SPENDING TIME WITH FAMILY AND FRIENDS  
14          ENGAGE, IN ACTIVITIES OR WITH PEOPLE WHO ARE  
15          COMFORTING AND FOSTERING SOCIAL CONNECTIONS AND A  
16          SENSE OF THE BELONGING. THAT IDEA OF CONNECTING  
17          AND FEELING CONNECTED TO A BROADER COMMUNITY. NEXT  
18          SLIDE. COGNITIVE STRATEGIES IS A BIT OF A MISLABEL  
19          BECAUSE IT INVOLVES BOTH COGNITION AND EFFECT .  
20          BEING AWARE OF ONE'S FEELINGS AND NEEDS AND  
21          ATTUNEMENT TO ONE'S ACTIONS TO CLIMATES, REALLY  
22          ISSUES AROUND -- CLIENTS -- ISSUES AROUND  
23          TRANSFERENCE AND TAKING A PROACTIVE APPROACH TO  
24          CLANGING AT WORK. YOU SEE CAPTURED IN THAT  
25          COGNITION, EFFECT AS WELL AS BEHAVIOUR. THE NEXT

1 SLIDE. AND THE FINAL, DAILY BALANCE. TAKING  
2 BREAKS IN THE DAY. TAKING TIME TO RELAX EACH DAY,  
3 AT WORK OR BE THAT IN THE EVENING. ONE OF THE  
4 THINGS AT MY PLACE OF WORK THAT I APPRECIATED  
5 DURING THE PERIOD OF THE SHUT DOWN AND WORKING FROM  
6 HOME, OUR PLACE OF WORK INSTITUTED A POLICY THAT NO  
7 MEETINGS WOULD BE HELD BETWEEN THE HOURS OF 12 AND  
8 1 BECAUSE THERE'S RECOGNITION THAT PEOPLE HAVE  
9 CHILDREN AT HOME AND IT'S IMPORTANT TO HAVE TIME TO  
10 ATTEND TO ONE'S CHILDREN AS WELL AS TO EAT LUNCH AS  
11 A FAMILY. THAT'S A REALLY GOOD EXAMPLE OF AN  
12 INSTITUTIONALLY BASED POLICY THAT SUPPORTS THE IDEA  
13 OF DAILY BALANCE. FINALLY AVOIDING OVERCOMMITMENT  
14 TO WORK RESPONSIBILITIES. NEXT SLIDE PLEASE. SO  
15 THEN THE GROUP LOOKED AT ANOTHER -- EMBARKED ON  
16 ANOTHER STUDY WHERE THEY EXAMINED THE RELATIONSHIP  
17 BETWEEN THOSE FIVE DIMENSIONS OF SELF-CARE AND  
18 OVERALL WELL BEING OF PSYCHOLOGISTS. IN  
19 PARTICULAR, THEY WERE INTERESTED IN SEEING IF ANY  
20 OR ALL OF THE FIVE DIMENSIONS OF SELF-CARE  
21 MITIGATED THE DEVELOPMENT OF BURNOUT. SO TO BEGIN,  
22 THE RESULTS SUGGESTED THAT IN ENGAGING EACH OF THE  
23 FIVE DIMENSIONS PREDICTED LOWER LEVELS OF STRESS.  
24 IF YOU ENGAGE IN ANY ONE OF THOSE THINGS, THEY ARE  
25 GOING TO HAVE AN AFFECT ON STRESS LEVEL. THEN IN

1           TURN, LOWER LEVELS OF STRESS PREDICTED LOWER  
2           EMOTIONAL EXHAUSTION, LESS DEPERSONALIZATION OF  
3           CLIENTS AND GREATER SENSE OF PERSONAL  
4           ACCOMPLISHMENT. ALL OF THOSE ARE DIMENSIONS OR  
5           CORE COMPONENTS OF BURNOUT. THAT'S REALLY THE  
6           QUESTION THEY WERE MORE INTERESTED IN. YOU SEE A  
7           MITIGATING AFFECT, LOWING STRESS IN TURN REDUCES  
8           THE LIKELIHOOD OF DEVELOPING BURNOUT. THEY  
9           CONCLUDED BY STATING THAT SELF-CARE IS MOST  
10          EFFECTIVE WHEN PRACTICED PRO ACTIVELY AND USED  
11          PREEMPTIVELY TO REDUCE STRESS. REFER BACK TO AN  
12          EARLIER SLIDE, I ADD THAT PRO ACTIVE SELF-CARE  
13          LIKELY REDUCES A VULNERABILITY TO PROFESSIONAL  
14          MISCONDUCT. HOWEVER I WOULD ACKNOWLEDGE THAT'S A  
15          HYPOTHESIS THAT NEEDS TO BE SUBJECTED TO EMPIRICAL  
16          VALIDATION ALTHOUGH I THINK IT'S REASONABLE IN  
17          LIGHT OF ANOTHER FINDING FROM THE STUDY. THAT'S ON  
18          THE NEXT SLIDE, PLEASE. THEIR DATA REVEALED TWO  
19          REALLY INTERESTING INTERACTIONS. FIRST, HIGHER  
20          PERCEIVED STRESS WAS MORE STRONGLY RELATED TO  
21          HIGHER DEPERSONALIZATION OF CLIENTS FOR THOSE LOWER  
22          ON PROFESSIONAL DEVELOPMENT. THAT SUGGESTED THAT  
23          ENGAGING IN PROFESSIONAL ACTIVITIES THAT PROMOTE  
24          ONE'S DEVELOPMENT MAY SUPPORT MORE POSITIVE  
25          INTERACTIONS WITH CLIENTS WHEN A PERSON IS STRESS

1 EVEN. SORRY ABOUT THE MISALIGNMENT THERE OF THE  
2 LABELS. SECONDLY, LOWER LEVELS OF COGNITIVE  
3 AWARENESS COUPLED WITH HIGHER PERCEIVED STRESS WAS  
4 ASSOCIATED WITH LOWER LEVELS OF PROFESSIONAL  
5 ACCOMPLISHMENT. THAT SUGGESTS THAT BEING AWARE OF  
6 AND MONITORING ONE'S FEELINGS CAN PROTECT AGAINST  
7 AN EROSION OF A SENSE OF PERSONAL ACCOMPLISHMENT  
8 EVEN WHEN STRESSED. SO I THINK IT'S THOSE KINDS OF  
9 THINGS THAT WOULD LEND AT LEAST TENTATIVE SUPPORT  
10 TO THE IDEA THAT WHEN WE ARE ABLE TO BE PRO ACTIVE  
11 ABOUT SELF-CARE, THE LIKELIHOOD OF PROFESSIONAL  
12 MISCONDUCT OR GETTING INTO SIGNIFICANT TROUBLE AS  
13 PART OF OUR PRACTICE IS LIKELY TO BE REDUCED. NOW  
14 I'M GOING TO TAKE YOU THROUGH A SERIES OF  
15 REGRESSIONS THEY DID. I THINK ARE AGAIN  
16 INSTRUCTIVE. I WILL GO TO THE NEXT SLIDE. THESE  
17 ARE REGRESSIONS THAT LOOK AT EACH OF THE FIVE  
18 DIMENSIONS AND THE VARIOUS COMPONENTS OF BURNOUT.  
19 WHAT THEY FIND HERE IS THAT WITH RESPECT TO  
20 PROFESSIONAL SUPPORT, THERE WAS A POSITIVE -- IN A  
21 REGRESSION MODEL, THERE WAS A POSITIVE CORRELATION  
22 OR BETA FACTOR WITH RESPECT TO PERCEIVED STRESS AND  
23 NEGATIVE RELATIONSHIP WITH DEPERSONALIZATION, SO  
24 HIGHER PROFESSIONAL SUPPORT LED TO LOWER  
25 DEPERSONALIZATION AND LOWER EMOTIONAL EXHAUSTION.

1            THAT'S KIND OF THE ROLE THAT PROFESSIONAL SUPPORT  
2            OFFERS OR PLAYS, RATHER. THE NEXT SLIDE, PLEASE.  
3            WE GO TO PROFESSIONAL DEVELOPMENT. AND THERE WE  
4            SEE THAT, AGAIN, THIS IS THE FINDING THAT I MADE  
5            MENTION TO BEFORE, PROFESSIONAL DEVELOPMENT WAS  
6            NEGATIVELY ASSOCIATED WITH INCIDENTS OF  
7            DEPERSONALIZATION OF CLIENTS. WHEN WE ARE ENGAGED  
8            IN PROFESSIONAL DEVELOPMENT, WE ARE LESS LIKELY TO  
9            DEPERSONALIZE THE PEOPLE WE WORK WITH, BE CRITICAL  
10           OF THEM OR INSENSITIVE OR APATHETIC IN RESPONSE TO  
11           WHAT THEY BRING. WITH RESPECT TO LIFE BALANCE, WE  
12           SEE THAT WORKING TOWARDS LIFE BALANCE REFLECTS  
13           SATISFACTION, A SENSE OF PERSONAL ACCOMPLISHMENT  
14           AND NEGATIVELY ASSOCIATED WITH PERCEIVED STRESS.  
15           AND THE NEXT ONE, COGNITIVE [ INAUDIBLE ]. WE SEE  
16           THAT -- HERE WE ARE. COGNITIVE AWARENESS WAS  
17           POSITIVELY ASSOCIATED WITH PERSONAL ACCOMPLISHMENT,  
18           NEGATIVELY CORRELATED WITH PERCEIVED STRESS,  
19           DEPERSONALIZATION OF CLIENTS AND A SENSE OF  
20           EMOTIONAL EXHAUSTION AND FINALLY WITH RESPECT TO  
21           DAILY BALANCE ON THE NEXT SLIDE, PLEASE, WE SEE  
22           THAT DAILY BALANCE WAS POSITIVELY CORRELATED WITH  
23           OVERALL LIFE SATISFACTION, NEGATIVELY CORRELATED  
24           WITH PERCEIVED STRESS AND FEELINGS OF EMOTIONAL  
25           EXHAUSTION. NONE OF THESE ARE SURPRISING BUT IT'S

1 NICE TO SEE EMPIRICAL VALIDATION OR SUPPORT FOR  
2 THESE IDEAS. FINALLY, WE ARE ENTERING INTO THE  
3 LAST FEW SLIDES. AND THEN WE WILL OPEN IT UP TO  
4 QUESTIONS. I WANT TO PROPOSE KIND OF A TEMPLATE  
5 FOR SELF-CARE. FIRST IS TO COME UP WITH  
6 PROFESSIONAL ROAD MAP. I WILL EXPAND ON THAT IN A  
7 SECOND. SECOND, TO ENGAGE IN PERSONAL  
8 SELF-REFLECTION AND THIRD, WE WILL GO THROUGH ONE  
9 PROPOSED MENU OF SELF-CARE ACTIVITIES. NEXT SLIDE  
10 PLEASE. SO WITH RESPECT TO -- WHAT DO I MEAN BY A  
11 PROFESSIONAL ROAD MAP? WELL, THE WORK OF OUR  
12 ASSOCIATIONS, OUR COLLEGE, IF WE WORK IN EITHER  
13 PRIVATE OR PUBLIC SECTOR INSTITUTIONS, THAT WORK IS  
14 TYPICALLY GUIDED BY A SET OF INTERRELATED VISION,  
15 MISSION, AND VALUE STATEMENTS. I WOULD SUGGEST  
16 THAT IN ORDER TO MAXIMIZE THE LIKELIHOOD OF HAVING  
17 A COHERENT CAREER PATH THAT REALLY ALLOWS US TO  
18 STAY THE COURSE OF WHERE WE WANT THE CAREER TO TAKE  
19 US, WE SHOULD TAKE THE TIME TO ESTABLISH A PERSONAL  
20 VISION, MISSION, AND VALUE STATEMENT. WHETHER WE  
21 ARE EMPLOYED BY AN INSTITUTION OR ORGANIZATION ON  
22 INDEPENDENT GROUP PRACTICE AND IN SOLO PRACTICE OR  
23 ACADEMIA. I THINK HAVING THAT VISION, MISSION, AND  
24 VALUE STATEMENT REALLY ALLOWS US TO CHART A COURSE  
25 THAT HAS COHERENCE AND ALLOW US FROM TIME TO TIME



1 TO EVALUATE THE EXTENT TO WHICH WE FEEL THE PLACE  
2 WHERE WE ARE PRACTICING, WHERE OUR CAREER HAS TAKEN  
3 US FITS WITH OUR PERSONAL VISION, MISSION AND VALUE  
4 STATEMENTS. AND I WOULD ADD THAT THESE STATEMENTS  
5 ARE MOST IMPACTFUL WHEN THEY ARE REVIEWED REGULARLY  
6 AND REFINED PERIODICALLY. OKAY? THEY ARE REALLY  
7 BEST CONSIDERED, I THINK, AS DYNAMIC SIGN POSTS.  
8 AGAIN, OUR ASSOCIATIONS GO THROUGH THAT PROCESS,  
9 THE CANADIAN PSYCHOLOGICAL ASSOCIATION A COUPLE  
10 YEARS AGO WENT THROUGH THAT VERY EXERCISE OF REALLY  
11 LOOKING AT WHAT IS OUR MISSION, WHAT IS OUR VISION  
12 AND WHAT IS OUR VALUE STATEMENT? NEXT SLIDE  
13 PLEASE. IN TERMS OF PERSONAL SELF-REFLECTION, I'M  
14 GOING BORROW FROM THE WORK OF WISE AND BARNET. I  
15 SUGGEST THAT WE CONSIDER THE FOLLOWING QUESTIONS  
16 FROM TIME TO TIME AS PART OF A PERSONAL PULSE  
17 CHECK. WHAT DREW US TO THE FIELD INITIALLY? AND  
18 HOW DOES OUR WORK DIFFER FROM WHAT WE EXPECTED AT  
19 THE OUTSET? THIRDLY, WHAT MAKES FOR A GOOD OR BAD  
20 DAY AT WORK? I THINK THAT IS A PROCESS OF  
21 SELF-REFLECTION IN A SENSE TAKING AND INVENTORY  
22 THAT ALLOWS YOU TO IDENTIFY NOT ONLY STRESSORS BUT  
23 PERHAPS AREAS OF DISCONTENT, AREAS OF MISALIGNMENT.  
24 AND WHAT'S BEEN THE MOST SIGNIFICANT PERIODS OR  
25 CHALLENGES DURING YOUR CAREER? I INDICATED PERIODS

1 TO UNDERSCORE THAT YOU REALLY WANT TO LOOK AT THE  
2 POSITIVE, THE HIGHLIGHTS, THE THINGS THAT REALLY  
3 STAND OUT FOR YOU AS WELL AS CHALLENGES. BECAUSE I  
4 THIS I THAT HELPS US TO -- I THINK THAT HELPS US TO  
5 REFINE OUR AWARENESS OF WHAT IS A FIT, WHAT'S NOT A  
6 FIT. WHAT WE NEED TO DO DIFFERENTLY, IF ANYTHING,  
7 OR WHAT WE NEED TO DO MORE OF. WHAT'S BEEN YOUR  
8 MOST PRESSING PROFESSIONAL CONCERN OR STRESSOR  
9 CURRENTLY? SO THIS IS MORE OF A PULSE CHECK IN  
10 PRESENT TIME AS OPPOSED TO KIND OF REVIEWING WHAT'S  
11 GONE ON SINCE THE START OF YOUR CAREER. WHAT  
12 SIGNALS TO YOU THAT YOU ARE STRESSED? WE NEED TO  
13 BE ABLE TO HAVE AN UNDERSTANDING OF THAT, YOU KNOW,  
14 IS IT THAT I'M SLEEPING LESS? IS IT THAT I'M  
15 DRINKING MORE? I'M FEELING MORE DISTRACTED AT  
16 WORK? LESS PRODUCTIVE THAN USUAL? WHAT ARE THE  
17 GREATEST CHALLENGES THAT GET IN THE WAY OF TAKING  
18 TIME, INTERNALIZING THAT APPROACH TO -- OR SEEING  
19 THAT AS VALUE, SEEING IT AS ESSENTIAL, SEEING IT AS  
20 SOMETHING THAT WE ARE ENTITLED TO? FINALLY, WHAT'S  
21 BEEN MOST HELPFUL IN YOUR EFFORTS TO MAINTAIN A  
22 SINCE OF RESILIENCY? NOW, YOU KNOW, IT'S IMPORTANT  
23 TO REVIEW THOSE RESPONSES SO THAT WE CAN BEGIN TO  
24 IDENTIFY ANY EMERGING FAULT LINES OR AREAS THAT ARE  
25 IN SOME WAY MISALIGNED WITH OUR VISION, MISSION,

1 AND VALUES. OR SERVING AS WARNING SIGNALS THAT ARE  
2 CALLING US TO SOME ACTION. I HAVE INTENTIONALLY  
3 PLACED THIS SLIDE AFTER THE VISION, MISSION AND  
4 VALUE SLIDE TO EMPHASIZE THAT ONGOING  
5 SELF-REFLECTION THROUGH OUR CAREER IS IMPORTANT.  
6 ARTICULATING A MISSION, VISION, VALUE STATEMENT  
7 REQUIRES A DEEP LOOK INWARD BUT THAT PROCESS HAS TO  
8 BE CONTINUOUS AND IT'S OFTEN AIDED THROUGH  
9 DISCUSSION, THROUGH DEBATE, CONSULTATION, THROUGH  
10 HAVING TO NAVIGATE DIFFERENT CRISES OR WORKING  
11 THROUGH ETHICAL DILEMMAS THAT WE ENCOUNTERING AND  
12 BRINGS THOSE TO PEER SUPER VISION OR THE  
13 POSSIBILITY OF PERSONAL THERAPY. THE NEXT SLIDE,  
14 PLEASE. NOW, ONE USEFUL TOOL THAT YOU CAN CONSIDER  
15 AS PART OF THE REGULAR SELF-FLEXION [ INAUDIBLE ]  
16 BY IDENTIFYING WHICH OF THE FIVE AND WHERE YOU  
17 RECOGNIZE THE PRESENCE [ INAUDIBLE ] TO  
18 ENCOUNTERING DIFFICULTY. AND IN THE SLIDE WHEN I  
19 FIRST TALKED ABOUT THE SCAP, I INCLUDED THE  
20 REFERENCE, SO WHEN YOU GET A COPY OF THE SLIDES,  
21 YOU WILL ABLE TO LOOK THAT UP. AS TO THE MENU, THE  
22 POTENTIAL MENU OF SELF-CARE ACTIVITIES. THIS COMES  
23 FROM ZIEDE AND NORCROSS THAT OFFER THIS PARTICULAR  
24 MENU. NORCROSS IS A LEADER IN THE FIELD AND WROTE  
25 A BOOK IN 2007 THAT IS FOCUSSED ROWLEY ON

1 SELF-CARE. I -- SOLELY ON SELF-CARE. I RECOMMEND  
2 THAT AS READING THAT PEOPLE WANT TO GO INTO DEPTH  
3 ON THESE ISSUES. WHAT YOU SELECT FROM THE MENU IS  
4 GOING TO DEPEND ON WHERE YOUR PERSONAL  
5 CIRCUMSTANCES, WHERE YOU ARE IN YOUR CAREER, WHAT  
6 YOU ARE IN YOUR LIFE, WHAT YOUR PARTICULAR NEEDS AS  
7 I MENTIONED EARLIER. THEY LIST 13 THINGS, VALUING  
8 THE PERSONAL OF THE PSYCHOLOGIST,, VALUING THE  
9 SELF. I DON'T THINK THAT CAN BE OVEREMPHASIZED.  
10 REFOCUSSING ON REWARDS OF THE WORK, EXPERIENCING  
11 THE SENSE OF GRATITUDE. RECOGNIZING THE HAZARDS  
12 AND THE UNIQUE HAZARDS THAT ARE ASSOCIATED WITH  
13 YOUR PARTICULAR WORK AND YOUR PARTICULAR LIFE  
14 CIRCUMSTANCES. THOSE ARE GOING TO BE VERY  
15 INDIVIDUAL OBVIOUSLY. PAYING ATTENTION TO OUR  
16 PHYSICAL WELL BEING, MINDING THE BODY, THE  
17 IMPORTANCE OF EXERCISE, SLEEP AND SO ON.  
18 ESTABLISHING SOME CLEAR BOUNDARIES. CLEAR  
19 BOUNDARIES BETWEEN PERSONAL AND PROFESSIONAL LIFE,  
20 CLEAR BOUNDARIES IN TERMS OF HOW MUCH WORK YOU TAKE  
21 HOME. RESTRUCTURING COGNITIONS. COMING OUT OF THE  
22 POSITIVE PSYCHOLOGY INFLUENCE AND REALLY THINKING  
23 ABOUT THE EXPERIENCES OF POSITIVITY, GRATITUDE.  
24 SUSTAINING HEALTHY ESCAPES. ONE OF THE THINGS THAT  
25 WAS PUSHED OVER THE COURSE OF THIS SHUT DOWN AT MY

1 WORK WAS REALLY ENCOURAGING PEOPLE TO TAKE TIME  
2 OFF. TO MAKE USE OF VACATION TIME RECOGNIZING THIS  
3 WAS A PARTICULARLY CHALLENGING PERIOD OF TIME THAT  
4 WE ARE GOING THROUGH WITH A LOT OF ADJUSTMENT. THE  
5 NEED TO DISCONNECT AND LOOK FOR SOMETHING THAT  
6 ALLOWS FOR THAT EXPERIENCE OF ESCAPE. AND ALSO  
7 OVER THE COURSE OF THE WORKWEEK, WHEN YOU ARE NOT  
8 TAKING THAT SORT OF ESCAPE, FINDING OTHER WAYS LIKE  
9 MANY OF US DID, MEETING ON ZOOM FOR COFFEE OR FOR  
10 CONVERSATION OR FOR A DRINK AND SO ON. MAINTAINING  
11 A SENSE OF MINDFULNESS. BEING AWARE OF WHAT IS  
12 FLOW, THROUGH US, BEING PRESENT TO THE MOMENT. ALL  
13 OF THE THINGS THAT MANY OF US KNOW ABOUT  
14 MINDFULNESS AND ITS IMPACT ON WELL BEING. AND  
15 FINDING OUTLETS THAT ARE CREATIVE THAT ALLOW US TO  
16 GIVE EXPRESSION TO OTHER DIMENSIONS OF WHO WE ARE.  
17 CULTIVATING SPIRITUALITY IN A SENSE OF MISSION.  
18 FOSTERING A SENSE OF GROWTH THROUGH CREATIVITY AND  
19 PROFITING FROM PERSONAL THERAPY. NEXT SLIDE,  
20 PLEASE. SO JUST SOME FINAL CONSIDERATIONS. THIS  
21 IS MY FINAL SLIDE. REGARDLESS OF ANY OF OUR UNIQUE  
22 NEEDS AND CHALLENGES, I WOULD SUGGEST THAT AT THE  
23 CORE, AN INTERNALIZATION OF SELF-CARE IS BUILT ON A  
24 VALUING OF THE SELF THAT CAN BE FACILITATED THROUGH  
25 PERSONAL THERAPY AND CAREER-LONG SUPER VISION AND

1           CONSULTATION. THAT IS NOT HINDERED BY FEELINGS OF  
2           SHAME OR PROFESSIONAL COMPETITIVENESS BUT RATHER  
3           UNDERTAKEN FOR THE PURPOSE OF GROWTH. I THINK WE  
4           NEED TO THINK BACK FOR THOSE OF US WHO ARE FARTHER  
5           ALONG IN OUR CAREERS, TO OUR EXPERIENCES IN SUPER  
6           VISION DURING TRAINING. IT IS A VULNERABLE TIME  
7           WHEN YOU, YOU KNOW, COME BEFORE A SUPERVISOR, TALK  
8           ABOUT WHAT'S GONE ON IN TREATMENT, WHAT YOU ARE  
9           STRUGGLING WITH, WHAT YOU ARE HAVING DIFFICULTY  
10          WITH THAT YOU ARE NOT ABLE TO SEE. AND THAT IS AN  
11          EXPERIENCE, I THINK, OF HUMILITY BUT IT'S ALSO  
12          HOLDING THE POTENTIAL FOR TREMENDOUS GROWTH. AND I  
13          THINK IT'S ESSENTIAL THAT WE NOT LOSE THE  
14          OPPORTUNITIES. I HAVE HAD THE PRIVILEGE OF HAVING  
15          COLLEAGUES THAT I HAVE [ INAUDIBLE ] AND I HAVE HAD  
16          THE COLLEAGUES COME TO ME FOR SUPERVISION. IT'S  
17          ALWAYS AN EXPERIENCE THAT BEGINS WITH A CERTAIN  
18          LEVEL OF NERVOUSNESS BUT IN REALITY, THE APPROACHED  
19          WITH MUTUAL RESPECT, IT IS A MOMENT OF  
20          VULNERABILITY, IT BECOMES INCREDIBLY REWARDING.  
21          LIKEWISE, AGAIN, WITH THE ISSUE OF PERSONAL  
22          PSYCHOTHERAPY. I HAVE HAD THE OPPORTUNITY TO DO  
23          THAT A NUMBER OF TIMES THE FIRST BEING ON  
24          INTERNSHIP, GOING INTO GROUP THERAPY WITH OTHER  
25          TRAINEES. AND AT SEVERAL POINTS OVER THE COURSE OF

1 MY CAREER WHEN I WAS EXPERIENCING THINGS THAT I  
2 NEEDED TO UNDERSTAND BETTER BOTH PERSONALLY AND  
3 PROFESSIONALLY. THOSE WERE VERY HELPFUL  
4 EXPERIENCES, MEANINGFUL EXPERIENCES THAT I CHERISH  
5 AND REFLECT BACK TO. I WOULD ENCOURAGE PEOPLE TO  
6 CONSIDER THAT AND IT BECOMES PARTICULARLY IMPORTANT  
7 IF YOU FIND YOURSELF QUESTIONING SOME ASPECT OF  
8 YOUR WORK THAT YOU BEGIN TO WONDER WHETHER IT'S  
9 STARTING TO APPROACH THAT PROFESSIONAL MISCONDUCT  
10 AREA. I THINK ALL TOO OFTEN WHAT HAPPENS IS -- IT  
11 COMES TO THE ATTENTION OF THE COLLEGE AND A PROCESS  
12 ENFOLDS THAT BECOMES [ INAUDIBLE ] MUCH OF THAT CAN  
13 BE MITIGATED IF THERE'S SELF-IDENTIFICATION TO  
14 BEGIN WITH. GOING TO COLLEAGUES THAT ARE TRUSTED.  
15 EVEN GOING TO THE COMPLAINTS AND DISCIPLINE  
16 COMMITTEE. SEEKING CONSULTATION AND TALKING ABOUT  
17 WHAT'S HAPPENING AND TRYING TO UNPACK IT IN A WAY  
18 THAT HAS LESS DAMAGE TO EVERYONE INVOLVED AND  
19 ULTIMATELY COSTS US A LOT LESS IN TERMS OF  
20 INSURANCE RATES. OKAY. I'M GOING TO STOP THERE.  
21 I HAVE TALKED TOO LONG. MY MOUTH IS GETTING DRY.  
22 I'M GOING TO OPEN IT UP TO QUESTIONS. TURNING IT  
23 OVER BACK TO BARRY. I HOPE THIS HAS BEEN OF USE TO  
24 YOU.

25 >> THANKS, SAM. WE RECEIVED A FEW

1           QUESTIONS SPECIFICALLY FOR SAM.   SOME WHERE THE  
2           ANSWER LIES SOMEWHERE BETWEEN AND MAYBE WITH BOTH  
3           SAM AND RICK.   I HAVE BEEN TOLD THAT OUR TECHNICAL  
4           HOSTS CAN MANAGE THAT.   AND THEN SOME QUESTIONS  
5           THAT WHERE THERE WAS SOME DELAY AND WE CAN GO BACK  
6           TO RICK'S PRESENTATION.   BUT I WILL START WITH THE  
7           ONES THAT I RECEIVED SO FAR SPECIFICALLY FOR SAM.  
8           THE EARLIEST ONE WAS, CAN YOU SAY ANY MORE ABOUT  
9           THE RISKS AND THE SELF-CARE REQUIRED FOR MID AND  
10          LATER CAREER PROFESSIONALS?   ANY THOUGHTS ABOUT  
11          THAT?

12                         >> BACK TO THAT SLIDE, IF I CAN.   SO  
13          THAT WOULD BE SLIDE 23.   IF WE CAN PUT THAT UP.  
14          WHILE WE ARE WAITING, I WILL TALK ABOUT IT IN MID  
15          CAREER A NUMBER OF THINGS BEGIN TO SHIFT THAT ARE,  
16          AGAIN, POTENTIAL SOURCES OF CHALLENGE OR  
17          DIFFICULTY.   ONE IS AT THAT POINT, MOST OF US HAVE  
18          GOTTEN INTO SOME SORT OF RHYTHM AROUND OUR  
19          PRACTICE.   WE ARE ESTABLISHED.   WE TEND TO RECEIVE  
20          CERTAIN TYPES OF REFERRALS MORE THAN OTHERS.   AND  
21          SO WITH THAT IS PERHAPS BOREDOM OR THE LACK OF  
22          VARIETY, EXCITEMENT THAT USED TO BE VERY MUCH PART  
23          OF THE EARLY STAGE OF CAREER.   AND THAT, I THINK,  
24          CAN CERTAINLY [ INAUDIBLE ] I DON'T THINK THAT'S  
25          THE RIGHT SLIDE.   THAT'S OKAY.   LET'S NOT WORRY



1 ABOUT THE SLIDE, ACTUALLY. THAT SORT OF BOREDOM, I  
2 THINK, MONO-TONY CAN CONTRIBUTE TO BEING LESS  
3 CAREFUL. I THINK IT CAN ERODE A SENSE OF  
4 ENGAGEMENT IN ONE'S WORK. IT DECREASES A SENSE OF  
5 EXCITEMENT ABOUT SHOWING UP TO WORK. SO THAT'S A  
6 SIGNIFICANT FACTOR. THE CAREER DEMANDS AND THE  
7 RESPONSIBILITIES, AGAIN, SHIFT FAIRLY SIGNIFICANTLY  
8 IN MID CAREER AS I MENTIONED EARLIER. YOU KNOW,  
9 YOU BEGIN TO ASSUME MORE OF A LEADERSHIP ROLE.  
10 PERHAPS YOU HAPPEN TO BE IN A DEPARTMENT OR A GROUP  
11 PRACTICE. AND SO YOU ARE PULLED IN A NUMBER OF  
12 DIFFERENT DIRECTIONS. YOU HAVE RESPONSIBILITIES AS  
13 YOU HAVE ALWAYS HAD [ INAUDIBLE ] SOMETIMES WHAT  
14 COMES YOUR WAY ARE SOME OF THE MORE COMPLEX CASES  
15 BECAUSE OF YOUR EXPERIENCE. YOU HAVE  
16 ADMINISTRATIVE RESPONSIBILITIES, OVERSIGHT  
17 RESPONSIBILITIES AND SO ON. AND EACH OF THOSE  
18 REQUIRES A DIFFERENT SKILL. ONE OF THE THINGS THAT  
19 -- THERE WAS AN ARTICLE WRITTEN IN THE AMERICAN  
20 PSYCHOLOGISTS QUITE A NUMBER OF YEARS AGO, IT WOULD  
21 HAVE BEEN PROBABLY IN THE LATE 80s OR EARLY 90s  
22 THAT TALKED ABOUT THE RELATIONSHIP, THE KIND OF  
23 COMPLICATED RELATIONSHIP THAT PSYCHOLOGISTS THAT  
24 HAVE WITH ADMINISTRATION. WHAT THE POINT OF THE  
25 ARTICLE WAS THIS, A LOT OF TIMES IT'S THE PERSON

1 WHO IS KIND OF THE STAR -- [ INAUDIBLE ] GETS NAMED  
2 TO BE THE DIRECTOR OR TO ASSUME THAT SORT OF  
3 LEADERSHIP ROLE. AND WHAT THE AUTHOR WAS  
4 SUGGESTING IS THAT TWO THINGS HAPPEN. THERE ARE  
5 TWO CONSEQUENCES TO THAT. ONE IS [ INAUDIBLE ] OR  
6 IN SOME CASES ENTIRELY LOSE THE ACCESS TO THE  
7 CLINICAL SKILL AND ACUMEN THAT THAT PERSON BROUGHT  
8 AS A RESULT OF HAVING BEEN IDENTIFIED AS A [  
9 INAUDIBLE ]. (AUDIO DIFFICULTIES) THE REALITY IS  
10 MOST OF US COMING THROUGH GRADUATE SCHOOL AND THE  
11 EARLY PART OF OUR CAREER HAVE NO MENTORSHIP IN HOW  
12 YOU ASSUME THAT ROLE EFFECTIVELY. AND IN MANY  
13 INSTANCES, ACTUALLY PEOPLE WOULD, YOU KNOW,  
14 ASSUMING THAT ROLE, WHEN THEY ARE ASKED TO DO SO  
15 BECAUSE [ INAUDIBLE ] WHEN ONE FINDS THEMSELVES MID  
16 OR LATE CAREER, HAVING ASSUMED A DIRECTORSHIP OF A  
17 SENIOR ROLE WITHIN A DEPARTMENT OR GROUP PRACTICE,  
18 THAT INTRODUCES A WHOLE NEW LEVEL OF LEARNING THAT  
19 REQUIRES ATTENTION, THAT REQUIRES EFFORT, THAT  
20 REQUIRES TIME, THAT MAY THEN, AGAIN, ADD TO STRESS  
21 AND SO ON. AT A PERSONAL LEVEL, AT THAT POINT,  
22 THERE ARE EMERGING OR ONGOING FINANCIAL CHALLENGES  
23 THAT YOU MAY NOT HAVE HAD EARLY IN YOUR CAREER,  
24 PERHAPS, YOU KNOW, CHILDREN THAT ARE ABOUT TO  
25 EMBARK ON UNIVERSITY AND THE FEES ASSOCIATED WITH

1            THAT, THE EXPENSES OF PERHAPS TAKING ON A PRIVATE  
2            PRACTICE, MOVING OUT OF INSTITUTIONAL PRACTICE AND  
3            SO ON AND SO FORTH.  THOSE ARE SOME OF THE THINGS  
4            THAT HAPPEN ACTUALLY BOTH IN MID CAREER AND LATE  
5            CAREER.  I THINK WITH RESPECT TO LATE CAREER,  
6            AGAIN, YOU KNOW, IT'S NOT SAYING ANYTHING THAT I  
7            HAVE NOT SAID BEFORE.  I THINK ONE OF THE MOST  
8            SIGNIFICANT STRESSES IS NOT ADEQUATELY PREPARING  
9            FOR RETIREMENT.  NOT THINKING AND HAVING A VISION  
10           OF WHAT RETIREMENT WOULD LOOK LIKE.  OFTEN TIMES,  
11           ALL TOO OFTEN, I THINK, WHETHER IT'S PSYCHOLOGISTS  
12           OR OTHER PROFESSIONALS, PEOPLE IN TRADES, KIND OF  
13           IDEALIZE WHAT RETIREMENT IS GOING TO BE LIKE, ALL  
14           THIS FREE TIME, WITHOUT REALLY ESTABLISHING A PLAN.  
15           AND THEN YOU HIT THAT AND YOU FIND THAT IT DOESN'T  
16           FIT THAT IMAGE THAT ONE HAD BECAUSE THERE REALLY  
17           WAS NO CLEAR PATH OR CLEAR THOUGHT PUT INTO HOW  
18           WILL I SPEND MY TIME.  AS I SAID BEFORE, HAVING TO  
19           COPE WITH MULTIPLE LOSSES DURING THAT PHASE OF  
20           LIFE.  I MENTIONED SOME OF THOSE.  WHAT I DIDN'T  
21           MENTION WAS A LOSS OF -- OR POTENTIALLY A LOSS OF  
22           ONE'S HEALTH ERODING AND HAVING TO SHIFT, THEN, OUR  
23           IDENTITY IN LINE WITH THAT.  SO THOSE ARE SOME OF  
24           THE THINGS.  I HOPE THAT ANSWERS THAT QUESTION.

25                   >> OKAY.  A COUPLE OF QUESTIONS THAT

1 HAVE TO DO WITH THE SLIDES. THE FIRST ONE REFERS  
2 TO SLIDE 35. THE QUESTION FOR SAM IS WHAT ARE YOUR  
3 THOUGHTS AS TO WHY INCREASED PROFESSIONAL SUPPORT  
4 LEADS TO INCREASED PERCEIVED STRESS? AND THAT  
5 SEEMED COUNTER INTUITIVE.

6 >> YES. IT IS. THAT'S A GOOD  
7 OBSERVATION. AND WHAT THE AUTHORS SUGGESTED IS  
8 THAT IT'S MORE LIKELY THAT WITHIN THIS SAMPLE,  
9 PEOPLE WERE DRAWING ON INCREASED PROFESSIONAL  
10 SUPPORT BECAUSE OF ENCOUNTERED INCREASED STRESS.  
11 SO, AGAIN, SORT OF LOOKING AT PROFESSIONAL SUPPORT  
12 IN A REACTIVE WAY AS OPPOSED TO A PRO ACTIVE WAY.  
13 AND THAT REALLY UNDERSCORES THE IMPORTANCE OF  
14 REALLY POSITIONING PROFESSIONAL SUPPORT AS A PRO  
15 ACTIVE ACTIVITY RATHER THAN A REACTIVE, PROTECTIVE  
16 ACTIVITY.

17 >> OKAY. THE NEXT QUESTION REFERRED TO  
18 SLIDE 24. AND THE QUESTION IS WHAT'S WRITTEN ABOUT  
19 NEGATIVE CLIENT BEHAVIOURS AND WHAT WAS SAID  
20 APPEARS TO BE IN CONFLICT. ARE THE ARROWS IN THE  
21 WRONG DIRECTION?

22 >> YES. YOU ARE RIGHT. SORRY ABOUT  
23 THAT. SO THERE'S MORE NEGATIVE CLIENT BEHAVIOURS  
24 THAT COME IN THE WAY OF EARLY CAREER PSYCHOLOGISTS  
25 THAN MID AND LATE CAREER PSYCHOLOGISTS. THAT'S MY

1 ERROR.

2 >> OKAY. THERE ARE MANY COMMENTS BUT  
3 NOT QUESTIONS. ALL OF THEM SAYING TO PLEASE THANK  
4 SAM FOR AN EXCELLENT, IMPORTANT PRESENTATION. AND  
5 I WILL DO THAT MORE FORMALLY AFTER. AS I SAID,  
6 THERE WERE A NUMBER OF THOSE. AND THEN SOME  
7 QUESTIONS THAT ARE, I THINK, MEANT AS MUCH FOR RICK  
8 AS FOR SAM. RICK IS BACK AND HOPEFULLY UNMUTED.  
9 THE FIRST OF THOSE IS THINKING ABOUT DR. MIKAIL'S  
10 PRESENTATION, I'M CURIOUS, THEN, IF A PSYCHOLOGY  
11 FINDS THEMSELVES IN A SITUATION IN WHICH THEY NEED  
12 TO TAKE A LEAVE FROM THEIR PRACTICE OR ORGANIZATION  
13 DUE TO STRESS AND OR BURNOUT, WHAT IMPLICATIONS  
14 MIGHT THIS HAVE FOR THEIR MEMBERSHIP WITH THE  
15 COLLEGE, IF ANY? DOES A MEMBER NEED TO NOTIFY THE  
16 COLLEGE THAT THEY REQUIRE TIME -- PARDON ME, I JUST  
17 LOST THE QUESTION. SOMETHING HAPPENED HERE.  
18 TECHNOLOGY IS GREAT WHEN IT WORKS.

19 >> I GOT THE GIST OF THE QUESTION.

20 >> I HAVE GOT IT BACK. DO YOU NEED TO  
21 NOTIFY THE CLIENT, IF SO WHAT'S THE PROCESS FOR  
22 RESUMING WORK ONCE THE MEMBER IS FUNCTIONING BETTER  
23 AND READY TO RETURN?

24 >> THERE IS NO OBLIGATION TO INFORM THE  
25 COLLEAGUE IF ONE FEELS A NEED TO TAKE A STRESS

1 LEAVE OR LEAVE FOR ANY OTHER KIND OF MEDICAL  
2 REASON. THE PROFESSIONAL MISCONDUCT SAYS IT'S AN  
3 ACT OF PROFESSIONAL MISCONDUCT TO PROVIDE SERVICES  
4 WHILE ONE IS EXPERIENCING SOME KIND OF A  
5 DIFFICULTY, PHYSICAL, EMOTIONAL OR OTHERWISE, THAT  
6 ONE OUGHT TO KNOW MY AFFECT ONE'S ABILITY TO  
7 PRACTICE. THAT'S MORE OF A PERSONAL DECISION THAT  
8 ONE MAKES. THERE'S NOTHING THAT I HAVE COME ACROSS  
9 THAT SAYS THAT A MEMBER IS FEELING A NEED TO TAKE A  
10 LEAVE, THEY HAVE TO LET THE COLLEGE KNOW. IF IT'S  
11 GOING TO EXTENSIVE THEY MAY LET THE COLLEGE KNOW BY  
12 DECIDING TO GO IN ACTIVE. WE DON'T REQUIRE A  
13 REASON WHY SOMEONE DECIDES TO GO FROM ACTIVE STATUS  
14 TO INACTIVE. THAT'S A PERSONAL THING.

15 >> IF I CAN ADD TO THAT.

16 >> SURE.

17 >> THIS IS NOT SO MUCH RELATED TO THE  
18 COLLEGE, WELL, MAYBE INDIRECTLY. WE HAVE TO DO  
19 HAVE AN OBLIGATION TO OUR COLLEAGUES TO POINT OUT  
20 TO THEM IF WE FEEL THAT THEY ARE NOT FUNCTIONING UP  
21 TO PAR OR IF THEY SOMEHOW APPEAR TO BE COMPROMISED  
22 IN SOME WAY. THAT'S NOT JUST A PROFESSIONAL  
23 OBLIGATION BUT IT'S AN OBLIGATION OF BEING ONE'S  
24 FRIEND OR ONE'S COLLEAGUE.

25 >> GREAT. OKAY. CAN DR. MAURICE SPEAK

1 TO CONCERNS BASED ON CLIENT  
2 CONFIDENTIALITY... (MISSED THE QUESTION) IF A  
3 PSYCHOLOGIST FINDS A MAIN SOURCE OF STRESS IS ONE  
4 CLIENT OR GROUP OF CLIENTS, FOR EXAMPLE, PEOPLE  
5 WITH PERSONALITY DISORDERS AND THAT PROFESSIONAL  
6 SEEKS OUT THERAPY OR CONSULTATION, WHAT ARE  
7 CONSIDERATIONS IN REGARDS TO CLIENT  
8 CONFIDENTIALITY.

9 >> ONE HAS TO BE VERY CAREFUL ABOUT  
10 CLIENT CONFIDENTIALITY OR WHETHER IT'S TO A  
11 COLLEAGUE OR ANY OTHER PERSONAL. THE  
12 RECOMMENDATION WOULD BE TO THE EXTENT POSSIBLE,  
13 THAT ONE CAN HAVE THAT CONSULTATION AND PROVIDE  
14 ENOUGH INFORMATION TO THE PERSON WITHOUT HAVING TO  
15 PROVIDE SPECIFIC IDENTIFIERS OF AN INDIVIDUAL  
16 CLIENT. I COULD TALK ABOUT THE TYPE OF CLIENT, THE  
17 GROUP OF CLIENTS, THE FACT THAT THEY ARE FROM AN  
18 URBAN OR RURAL AREA. I WOULD CAUTION MEMBERS TO BE  
19 CAREFUL ABOUT PROVIDING IDENTIFYING INFORMATION TO  
20 THEIR COLLEAGUE UNLESS THERE WAS SOME COMPELLING  
21 REASON WHY ONE HAD TO DO THAT. I DON'T KNOW -- I  
22 CAN'T THINK OF A SITUATION THAT -- WHERE ONE WOULD  
23 HAVE A COMPELLING REASON TO SAY I'M TALKING ABOUT  
24 MY CLIENT, MR. SO AND SO.

25 >> THAT'S ABSOLUTELY RIGHT. THERE'S A

1 LOT WE CAN DISCUSS WITH EITHER A SUPERVISOR OR IN  
2 CONSULTATION WITH A COLLEAGUE OR EVEN OUR THERAPIST  
3 WITHOUT IN ANYWAY COMPROMISING CONFIDENTIALITY.  
4 KEEP IN MIND THAT, YOU KNOW, WHEN YOU ARE BRINGING  
5 THOSE KINDS OF ISSUES TO A SUPERVISOR, A THERAPIST,  
6 WHAT YOUR PRIMARY FOCUS IS WHAT YOUR EXPERIENCE IS,  
7 WHAT IS GOING ON INSIDE OF YOU AS OPPOSED TO THE  
8 INDIVIDUAL THAT YOU ARE TALKING ABOUT. SO LONG AS  
9 THE FOCUS IS ON THE SELF, YOU RUN MUCH RISK OR YOU  
10 HAVE MUCH LOWER RISK OF IN ANYWAY BREACHING  
11 CONFIDENTIALITY.

12 >> OKAY. CAN YOU COMMENT ON THE  
13 ADDITIONAL STRESSORS FACED BY BIPOC PSYCHOLOGISTS  
14 AND THE TENSION RELATED TO SELF-CARE WHEN SOCIAL  
15 ISSUES WEIGH MORE HEAVILY ON CERTAIN PEOPLE.

16 >> I HAVE TO GIVE THAT TO SAM. SOUNDS  
17 LIKE IT'S HIS TOPIC.

18 >> OKAY. YEAH, THAT'S A COMPLICATED  
19 ONE. THERE ARE, AGAIN, LAYERS OF CONSIDERATION.  
20 YOU KNOW, ONE OF THE THINGS THAT I THINK IS REALLY  
21 CRITICAL AS PART OF SELF-REFLECTION IS BEING AWARE  
22 CERTAINLY OF OUR OWN BIASES WHEN WE ARE WORKING  
23 WITH VARIOUS POPULATIONS. BE THEY BIASES AROUND  
24 RAISE, SOCIOECONOMIC STATUS, AROUND GENDER  
25 IDENTITY, OR ANY NUMBER OF OTHER DIMENSIONS OF A



1 PERSON'S BEING. AND RECOGNIZING HOW THOSE BIASES  
2 ACTUALLY INFLUENCE THE WAY IN WHICH WE ENGAGE WITH  
3 AN INDIVIDUAL. IT'S ALSO IMPORTANT TO BE AWARE OF  
4 OUR OWN STRUGGLES AND ISSUES WITH RESPECT TO THOSE  
5 CONCERNS IF WE ARE A PERSON OF COLOUR OR A PERSON  
6 OF A PARTICULAR SEXUAL ORIENTATION AND WE HAVE  
7 FACED, YOU KNOW, OUR OWN CHALLENGES IN A DAY-TO-DAY  
8 MANNER QUITE OUTSIDE AND QUITE REMOVED FROM OUR  
9 PROFESSIONAL ROLE, THAT TOO HAS AN IMPACT ON HOW WE  
10 APPROACH WORK WITH PEOPLE THAT COME TO US THAT MAY  
11 HOLD VIEWS AND HAVE EXPERIENCES THAT ARE VERY  
12 DIFFERENT FROM OUR OWN. SOMETHING CERTAINLY THAT I  
13 HAVE ENCOUNTERED, AGAIN, IN DIFFERENT WAYS, I HAVE  
14 HAD TO LOOK AT MY OWN BIASES, I REMEMBER NOT THAT  
15 LONG AGO HAVING THIS FELLOW WALK INTO MY OFFICE  
16 DRESSED IN ATTIRE THAT MADE HIM LOOK PRETTY TOUGH.  
17 HE HAD SOME VERY NEGATIVE VIEWS OF WOMEN, VERY  
18 NEGATIVE VIEWS OF ALL SORTS OF PEOPLE. AND IN MY  
19 HEAD [ INAUDIBLE ] A REAL HEAD NECK. I TALKED TO  
20 TWO OF MY COLLEAGUES ABOUT WHETHER I FELT I WOULD  
21 BE ABLE TO ACTUALLY WORK WITH HIM. THEY GAVE ME  
22 SOME GOOD ADVICE IN EYE DECISION TO SOME REALLY --  
23 ADDITION TO SOME REALLY GOOD SUPPORT. AND IT -- I  
24 FOUND THAT OVER THE COURSE OF THE FIRST THREE  
25 SESSIONS, THINGS CHANGED DRAMATICALLY IN TERMS OF

1 MY ATTITUDE TOWARD HIM AND MY CAPACITY TO LISTEN TO  
2 HIM. SO IT WAS IMPORTANT FOR ME TO BE AWARE THAT I  
3 HAD A STRONG REACTION TO THIS INDIVIDUAL BECAUSE OF  
4 HIS POLITICAL VIEWS AND THE WAY THAT HE SAW THE  
5 WORLD AND HOW DIFFERENT THAT WAS FROM MINE. AND SO  
6 I THINK WHEN IT COMES TO DEALING WITH ANYONE WHO  
7 HAS, YOU KNOW, A SIGNIFICANT DIFFERENCE FROM US ON  
8 ANY ONE OF THE DIMENSIONS THAT YOU MENTIONED, HAS A  
9 DIFFERENT EXPERIENCE, WHO IS STRUGGLING WITH  
10 PERHAPS WITH DIFFERENT CHALLENGES, WE NEED TO BE  
11 VERY AWARE OF OUR OWN BIASES BEFORE WE UNDERTAKE  
12 THE WORK AND IN SOME INSTANCES, THIS IS SOMETHING  
13 THAT I SAY TO CLIENTS RIGHT AT THE OUTSET, I SAY TO  
14 THEM, LOOK, WE ARE GOING TO TAKE THE FIRST FEW  
15 SESSIONS, THE FIRST TWO OR THREE SESSIONS TO LOOK  
16 AT WHETHER THIS IS A GOOD FIT FOR YOU AND A GOOD  
17 FIT FOR ME. AND BY GOOD FIT, WHAT I MEAN IS THAT  
18 WE EACH EXPERIENCE THAT WE HAVE A BASIS OF RESPECT  
19 AND TRUST. THAT YOU RESPECT ME AND TRUST ME AND I  
20 LIKewise RESPECT AND TRUST YOU. THAT WILL SET US  
21 OFF, THAT FOUNDATION WILL SET US OFF ON THE  
22 POSSIBLE OF DOING SOMETHING MEANINGFUL. WHAT I  
23 ENCOURAGE YOU TO NOT LOOK TO IN MAKING THAT  
24 DETERMINATION IS HOW COMFORTABLE YOU FEEL WITH ME.  
25 THE WORK CAN TAKE US TO PLACES THAT ARE

1 UNCOMFORTABLE. IT'S THAT RESPECT AND TRUST THAT'S  
2 SO CRITICAL. SO I THINK THAT KIND OF GETS YOU OFF  
3 TO A REASONABLE [ INAUDIBLE ].

4 >> OKAY. THIS IS A QUESTION FOR  
5 DR. MIKAIL. CAN YOU COMMENT ON INTERNALIZED STIGMA  
6 WITHIN THE PSYCHOLOGICAL COMMUNITY WHEN IT COMES TO  
7 PROFESSIONAL SELF-CARE ESPECIALLY WHEN IT COMES TO  
8 SEEKING THERAPY. THERE'S A COUPLE OF QUESTIONS  
9 LIKE THIS.

10 >> I THINK IT'S REALLY UNFORTUNATE THAT  
11 THAT REQUIREMENT OF THERAPY HAS BEEN DROPPED FROM  
12 OR PROFESSIONAL TRAINING. THAT'S ONE OF THE TIMES  
13 THAT CANNOT ONLY HELP US TO BECOME BETTER  
14 CLINICIANS BUT ALLOW US TO REALLY DEVELOP A  
15 CAPACITY FOR -- IN A REALLY MEANINGFUL WAY  
16 RESPECTING THE COURAGE THAT IT TAKES FOR SOMEONE TO  
17 COME INTO THERAPY WITH US. WHEN WE HAVE DONE IT  
18 HOUR OF HOUR OR PERSON AFTER PERSON, WE START TO  
19 LOSE SIGHT OF THAT. IF WE HAVE OUR OWN BIAS ABOUT  
20 PERSONAL THERAPY, WE NEED TO TAKE A LOOK AT WHETHER  
21 THAT'S AN ISSUE OF PRIDE, AN ISSUE OF NARCISSISM,  
22 AN ISSUE OF, AGAIN, SORT OF DEPERSONALIZING THE  
23 PEOPLE THAT COME TO US OR PERHAPS A [ INAUDIBLE ]  
24 ATTITUDE TOWARDS THEM AND SO ON. IT SURPRISING ME  
25 IN SOME WAYS BUT I SUPPOSE IN OTHER WAYS -- I

1 ENCOUNTER CLINICIANS THAT FIND THE THOUGHT OF  
2 PERSONAL THERAPY ABHORRENT OR NOTHING SOMETHING  
3 THEY WOULD SUBJECT THEMSELVES TO. SO, YOU KNOW,  
4 REALLY LOOKING CLOSELY AT THAT INTERNAL BIAS, I  
5 THINK, IS A REALLY CRITICAL THINK WE ALL HAVE AND  
6 IT DOES HAVE SIGNIFICANT IMPACT ON HOW WE VIEW AND  
7 HOW WE TREAT THE PEOPLE THAT COME TO US IN A  
8 VULNERABLE STATE.

9 >> THE QUESTIONS ARE COMING IN QUITE  
10 QUICKLY NOW. SO AS DR. MIKAIL ALLUDED TO,  
11 INTERACTIONS WITH ONE'S REGULATORY COLLEGE CAN BE A  
12 SIGNIFICANT SOURCE OF STRESS FOR REGULATED HEALTH  
13 PROFESSION. I'M CURIOUS HOW THE COLLEGE HAS  
14 REFLECTED ON THIS OR ANY ACTION IS TAKEN IN REGARD,  
15 EG, SEEKING FEEDBACK FROM USERS ABOUT EXPERIENCES  
16 INTERACTING WITH THE COLLEGE OR PROGRAM  
17 EVALUATIONS. I READ THIS OUT BECAUSE THERE'S BEEN  
18 A NUMBER OF QUESTIONS LIKE THIS AND I WOULD LIKE TO  
19 PRE-EMT ANY ANSWER. I DON'T THINK WE ARE GOING TO  
20 BE TAKING VERY MANY QUESTIONS LIKE THIS BUT WE WILL  
21 BE RESPONDING TO THEM AFTER WARDS AND POSTING  
22 ANSWERS AS WE DO WITH ALL THE UNANSWERED QUESTIONS  
23 AND THEY WILL BE ON OUR WEBSITE. SO I AM GOING TO  
24 RETURN TO SOME OF THE EARLIER QUESTIONS THAT WERE  
25 MEANT FOR DR. MORRIS BECAUSE I DON'T SEE ANY MORE

1 SPECIFIC ONES TO BE ANSWERED FOR DR. MIKAIL RIGHT  
2 NOW. AND THEY REFER BACK TO QUESTIONS ABOUT  
3 MANDATORY REPORTING AND RETIREMENT AND LONG TERM  
4 CARE HOMES. ARE YOU OBLIGATED TO REPORT IF YOU  
5 BECOME AWARE OF ABUSE IN A RETIREMENT OR LONG TERM  
6 CARE HOME BUT NOT NO YOUR ROLE AS A PSYCHOLOGIST.  
7 SAY IT IS A RELATIVE YOU ARE VISITING.

8 >> THANKS FOR THE QUESTION. MY  
9 UNDERSTANDING IS THAT THE REQUIREMENT TO REPORT  
10 ABUSE IN THE LONG-TERM CARE OR RETIREMENT HOME IS  
11 AN ACROSS THE BOARD OBLIGATION RATHER THAN SPECIFIC  
12 TO REGULATED HEALTH PROFESSIONALS. SIMILAR, I  
13 GUESS, TO CHILD ABUSE REPORTING. IT'S NOT AN  
14 OBLIGATION THAT ONLY RESTS WITH REGULATED HEALTH  
15 PROFESSIONS. IT RESTS WITH EVERYONE IN THE  
16 ONTARIO. IF YOU ARE AN AVERAGE CITIZEN, YOU DON'T  
17 HAVE TO WORRY ABOUT CONFIDENTIALITY. MY  
18 UNDERSTANDING IF YOU KNOW OF OR HAVE REASONABLE  
19 GROUNDS TO ABUSE IN A RETIREMENT HOME OR CARE  
20 FACILITY, REGARDLESS OF HOW YOU RECEIVE THAT  
21 INFORMATION, THEN THERE'S AN OBLIGATION. I WILL  
22 CERTAINLY CHECK THAT OUT. THAT'S MY UNDERSTANDING.  
23 AT THE SAME TIME, I WANT TO CHECK IT OUT. I CAN  
24 CERTAINLY ANSWER THAT QUESTION WHEN WE PUBLISH OUR  
25 INFORMATION.

1 >> THAT'S MY UNDERSTANDING AS WELL.  
2 BACK TO QUESTIONS ABOUT CROSS JURISDICTIONAL  
3 PRACTICE. WHAT ABOUT IF THE CLIENT IS TEMPORARILY  
4 OUT OF THE PROVINCE, SAY, FOR A WEEK OR TWO. CAN  
5 VIRTUAL SESSIONS CONTINUE WITHOUT APPROACHING THE  
6 JURISDICTION IN WHICH THE CLIENT IS LIVING FOR THIS  
7 PERIOD?

8 >> THE PROBLEM WITH THAT, I GUESS, THE  
9 BOTTOM LINE ANSWER IS NO. THE OFFICIAL ANSWER.  
10 THE DIFFICULTY IS JURISDICTION IN WHICH YOU ARE  
11 PROVIDING SERVICE, SAY, AS MY EXAMPLE, TO  
12 SASKATCHEWAN, THEY MIGHT HEAR ABOUT THE WORK YOU  
13 ARE DOING. THEY MIGHT THEN WANT TO RAISE CONCERNS  
14 ABOUT UNAUTHORIZED PRACTICE, THAT YOU ARE  
15 PRACTICING WITHOUT THE AUTHORITY TO DO SO. SO IT'S  
16 REALLY DIFFICULT FOR ME TO SAY, WELL, IF IT'S A  
17 JUST A COUPLE OF WEEKS, I WOULDN'T WORRY ABOUT IT,  
18 BECAUSE IF THE OTHER JURISDICTION GET CONCERNED  
19 ABOUT IT, THEY RAISE THE CONCERNS WITH US IN TERMS  
20 OF OUR COLLEGE AS WELL AND ASK WHY IS THIS MEMBER  
21 OF YOURS PROVIDING PSYCHOLOGICAL SERVICES IN OUR  
22 JURISDICTION. THEY MAY OR MAY NOT PURSUE STEPS.

23 >> OKAY. COVID-19 QUESTION. IF A  
24 CLIENT WE HAVE SEEN IN PERSON DISCLOSED THEY TESTED  
25 POSITIVE FOR COVID-19, WHAT INFORMATION, IF ANY,

1 ARE WE REQUIRED TO DISCLOSE TO PUBLIC HEALTH  
2 OFFICIALS OR OTHER CLIENTS OR PROFESSIONALS WHO MAY  
3 HAVE CROSSED PATHS WITH THE INFECTED INDIVIDUAL IN  
4 OUR WORKPLACE.

5 >> GOOD QUESTION. I DON'T -- THE  
6 SECOND PART OF IT SEEMS A LITTLE BIT EASIER. THAT  
7 IS I DON'T BELIEVE THERE'S A REQUIREMENT, BUT  
8 CERTAINLY THERE'S NO REASON WHY ONE COULDN'T TELL  
9 CLIENTS OR OTHER COLLEAGUES THAT THERE HAS BEEN A  
10 -- SOMEONE TESTED POSITIVE FOR COVID-19 HAS BEEN IN  
11 THE OFFICE. WE HEAR ABOUT THAT KIND OF THING  
12 HAPPENING REGULARLY IN OTHER SITUATIONS WHERE WE  
13 DON'T NECESSARILY GET THE INFORMATION AS TO WHO THE  
14 PERSON IS, BUT WE FIND OUT THAT SOMEONE WHO WAS AT  
15 THIS RESTAURANT OR IN THIS STORE ON A PARTICULAR  
16 DATE WAS TESTED POSITIVE WITH THE SUGGESTION, THEN,  
17 THAT IF YOU ARE CONCERNED THAT YOU CAME IN CONTACT  
18 WITH THAT PERSON, YOU SHOULD THEN GO AND BE TESTED.

19 >> YEAH, THAT'S ALSO --

20 >> SORRY. I DON'T BELIEVE THAT WE ARE  
21 A MANDATORY REPORTING -- WE HAVE A MANDATORY  
22 REPORTING OBLIGATION WITH RESPECT TO SOMEONE WE  
23 FIND OUT IS -- A CLIENT TELLS US THEY TESTED  
24 POSITIVE. I DON'T BELIEF WE HAVE AN OBLIGATION TO  
25 REPORT THAT. DO YOU HAVE DIFFERENT INFORMATION?

1 >> NO. I WAS GOING TO AGREE WITH YOU.  
2 I WAS GOING TO AGREE WITH YOU. THERE'S MY  
3 UNDERSTANDING AS WELL. YOU ARE NOT BREACHING ANY  
4 CLIENT CONFIDENTIALITY IF YOU ARE NOT PROVIDING  
5 PERSONAL HEALTH INFORMATION ABOUT AN IDENTIFIABLE  
6 PERSON AND YOU CAN SIMPLY SAY THAT YOU THEY HAVE  
7 BEEN EXPOSED. I DON'T RECALL SEEING ANY POSITIVE  
8 OBLIGATION TO REPORT TO OFFICIALS. WE WILL CHECK  
9 ON THAT AND PUT THAT INFORMATION OUT THERE. CAN  
10 YOU PROVIDE EXPERT EVIDENCE AS A PSYCHOLOGIST IN  
11 ANOTHER PROVINCE OR STATE IF IT DID NOT INVOLVE  
12 INTERVIEWING OR ASSESSING A CLIENT?

13 >> I BELIEVE -- WELL, SEE I CAN'T SPEAK  
14 FOR THE OTHER JURISDICTIONS. I CAN ONLY SPEAK FOR  
15 ONTARIO COMING THIS WAY. IF YOU ARE AN EXPERT,  
16 LIVING AND PRACTICING IN NEW YORK STATE, AND YOU  
17 WERE A RECOGNIZED EXPERT IN SOME AREA AND YOU ARE  
18 BEING ASKED TO COME AND TESTIFY IN THE COURTS IN  
19 ONTARIO TO PROVIDE EXPERT INFORMATION ABOUT THE  
20 AREA, I WOULDN'T SEE AN ISSUE WITH THAT. YOU ARE  
21 NOT PROVIDING A SERVICE TO ANY INDIVIDUAL. SO YOU  
22 WOULD BE ABLE TO COME AND PROVIDE THAT KIND OF  
23 INFORMATION ABOUT WHATEVER THE TOPIC IS THAT THE  
24 COURT FEELS YOU HAVE SOME PARTICULAR EXPERTISE TO  
25 INFORM THEM OF.



1 >> OKAY. THIS IS A QUESTION BACK TO  
2 SAM. I'M WONDERING AS STUDENTS ENTERING INTO EARLY  
3 YEARS OF THEIR CAREER, WHAT ARE TIPS AND RESOURCES  
4 THAT WE CAN USE TO REMEDY SOME OF THE CHALLENGES WE  
5 MIGHT FACE, FOR EXAMPLE, MORE NEGATIVE CLIENT  
6 BEHAVIOURS?

7 >> GOOD QUESTION. AGAIN, I'M GOING TO  
8 UNDERSCORE THE IMPORTANCE OF PERSONAL THERAPY SO  
9 THAT YOU CAN HAVE SOME CLARITY ABOUT WHETHER YOUR  
10 REACTION IS A FUNCTION OF THE CLIENT'S BEHAVIOUR, A  
11 FUNCTION OF YOUR RESPONSE TO THE CLIENT, BASED ON  
12 SOMETHING MORE INTERNAL AND SO ON. SO THAT'S KIND  
13 OF A BASELINE. IN TERMS OF MITIGATING THE EFFECTS  
14 OF NEGATIVE CLIENT BEHAVIOUR. THERE'S MULTIPLE  
15 THINGS THAT CAN HAPPEN FOR SENIOR STUDENTS AND  
16 CAREER [ INAUDIBLE ] PEOPLE -- SOME CLIENTS CAN BE  
17 DISMISSIVE OF WHAT YOU MIGHT BE BRINGING TO THEM  
18 BASED ON LOOKING YOUNGER OR NOT EXPERIENCED ENOUGH  
19 AND DOUBTING YOUR CAPACITY, YOUR ABILITY TO BE OF  
20 HELP TO THEM. THAT'S CERTAINLY, I THINK, ONE OF  
21 THE THINGS THAT CAN HAPPEN . WITH SOME CLIENTS,  
22 THEY MAY TRY TO INTIMIDATE, AGAIN, BASED ON EITHER  
23 GENDER DIFFERENCES, MALE VERSUS FEMALE, WHERE THE  
24 CLINICIAN IS FEMALE, OR THEY MIGHT BE TRYING TO BE  
25 SEDUCTIVE. THEY MIGHT BE OVERTLY HOSTILE AND SO

1 ON. AND I -- THERE'S NOT A SIMPLE ANSWER TO HOW  
2 YOU MITIGATE THOSE. I THINK, YOU KNOW, THE FIRST  
3 THING IS REALLY IMPORTANT TO BE VERY CLEAR IN HOW  
4 YOU DEFINE THE BOUNDARY. SO SOMETIMES, YOU KNOW,  
5 WHAT AN INEXPERIENCED CLINICIAN MIGHT DO IS TO TRY  
6 TO ASSUME A FRIENDLY, CHUMMY INTERACTION WITH THE  
7 CLIENT OUTSIDE OF THE CONSULTATION ROOM AS YOU ARE  
8 GOING IN. THAT CAN GIVE PERHAPS AN UNINTENDED  
9 MESSAGE. [ INAUDIBLE ] ABOUT DOING THE WORK [  
10 INAUDIBLE ] IT'S IMPORTANT TO MAINTAIN A STANCE  
11 THAT, AGAIN, MAKES IT CLEAR WHAT AND WHO YOU ARE IN  
12 THE RELATIONSHIP AND WHAT AND WHO THE OTHER PERSON  
13 IS IN THE RELATIONSHIP. SECONDLY, I WOULD SAY  
14 THAT, INITIALLY, IF YOU ENCOUNTER BEHAVIOURS THAT  
15 FEEL VERY NEGATIVE, SIMILAR TO WHAT I WAS  
16 DESCRIBING WITH THE CLIENT THAT I DESCRIBED AS A  
17 RED NECK OR I EXPERIENCED HIM THAT WAY, WHICH IS MY  
18 OWN ISSUE, YOU KNOW, GIVE THAT A BIT OF A CHANCE.  
19 IT MAY BE A FUNCTION OF THE PERSON'S ANXIETY ABOUT  
20 GOING INTO TREATMENT. IT'S A VERY ANXIETY  
21 PROVOKING EXPERIENCE FOR MANY PEOPLE. ESPECIALLY  
22 IF THEY HAVE NOT BEEN IN PSYCHOTHERAPY IN THE PAST.  
23 AND SO IT'S IMPORTANT TO ALLOW THINGS TO UNFOLD AND  
24 TO CONTINUE TO ASSUME, YOU KNOW, A REFLECTIVE  
25 EMPATHIC STANCE THAT HELPS TO ADDRESS THAT AND

1 REDUCE THAT ANXIETY PROVIDING, AGAIN, THE KIND OF  
2 EDUCATION, PSYCHOEDUCATION ABOUT HOW THERAPY WORKS  
3 AND WHAT THEY EXPECT FROM THERAPY. REALLY IMPORTANT  
4 TO ORIENT PEOPLE TO THE PROCESS IF IT'S UNFAMILIAR  
5 TO THEM AS A WAY OF LESSENING THAT ANXIETY. IN  
6 DOING THAT, YOU CAN MITIGATE THE MORE NEGATIVE  
7 BEHAVIOURS THAT COME. IF NEGATIVE BEHAVIOUR  
8 PERSISTS, WHETHER IT'S SEDUCTIVE OR DEMEANING OR  
9 DISMISSIVE OF THE CLIENT DESPITE YOUR BEST EFFORTS  
10 TO TRY TO ADDRESS THE ISSUES, TO SPEAK ABOUT THEM,  
11 YOU SOMETIMES COME TO A POINT WHERE YOU ARE TO SAY  
12 THAT THE RELATIONSHIP IS NOT NECESSARILY A WORKABLE  
13 AND THERAPEUTIC RELATIONSHIP AND THEN TAKE THE  
14 STEPS NECESSARY TO REFER THE PERSON TO SOMEONE ELSE  
15 WHO THEY MAY FEEL IS BETTER SUITED. BEFORE DOING  
16 THAT, IT'S IMPORTANT TO META COMMUNICATE ABOUT  
17 WHAT'S HAPPENING AND DO SO IN A WAY, THIS IS A  
18 REALLY CRITICAL POINT, ONE FOR DISCUSSION, TO DO SO  
19 IN A WAY THAT DOESN'T BLAME THE PATIENT. SOMETIMES  
20 WE DRAW ON THAT AS PART OF TRYING TO, AGAIN,  
21 ESTABLISH THAT BOUNDARY AND DEMONSTRATE WHO WE ARE  
22 IN THE RELATIONSHIP. BUT TO BE CRITICAL OF THE  
23 PATIENT OR TO BE PATHOLOGIZE THE BEHAVIOUR AND SO  
24 ON, AGAIN, WILL BE MORE LIKELY TO PERPETUATE THAT  
25 FRACTURE IN THE ALLIANCE. AND SO IT REQUIRE

1 DELICACY AND DOING IT IN A WAY THAT REFLECTS  
2 RESPECT AND TRUST.

3 >> THIS IS MORE OF A COMMENT THAN THAT  
4 QUESTION BUT IT'S SOMETHING THAT MAY LEAD TO  
5 FURTHER COMMENT. IF IDEA THAT A RELUCTANCE TO  
6 ENGAGE IN PERSONAL THERAPY REFLECTS A TEN DAN SI TO  
7 CONCEPTUAL THERAPY THAT ADDRESSES MENTAL HEALTH  
8 PROBLEMS RATHER THAN SOMETHING THAT MAY ADDRESS  
9 MENTAL HEALTH ISSUES BUT ALSO JUST THE EXPERIENCE  
10 OF EMOTIONAL SUFFERING THAT'S DISTRESSING BUT NOT A  
11 MENTAL HEALTH PROBLEM AS STRICTLY DEFINED. SO  
12 THAT'S A COMMENT THAT WAS JUST RECEIVED.

13 >> AND THAT WAS WELL SAID. THAT'S --  
14 THERAPY IS NOT JUST BECAUSE YOU HAVE SOME DEFICIT.  
15 THERAPY CAN BE AN EXPERIENCE THAT IS DIRECTED  
16 TOWARDS ENHANCING AND PROMOTING GROWTH. AND LIKE  
17 YOU INDICATED IN THE COMMENT, PART OF LIFE IS  
18 EXPERIENCING SUFFERING AND SUFFERING ALONE CAN HAVE  
19 A VERY ERODING IMPACT ON RESILIENCE. SUFFERING IN  
20 THE PRESENCE OF ANOTHER, HAVING ANOTHER WILLING  
21 PARTICIPATE WITNESS TO OUR EXPERIENCE OF SUFFERING  
22 GOES A LONG WAY TO MAKING THAT BEARABLE. AND  
23 THERAPY CERTAINLY CAN PLAY THAT ROLE AND IT HAS  
24 DONE SO IN MANY INSTANCES. PEOPLE THAT COME TO ME,  
25 WE CERTAINLY SEE THAT IN THE EXPERIENCE OF GRIEF.

1           THERE'S NO PATHOLOGY THERE. I MEAN, CERTAINLY  
2           THERE'S COMPLEX GRIEF. THAT'S A DIFFERENT ISSUE.  
3           NORMAL EXPERIENCES OF GRIEF, WHEN YOU HAVE BEEN  
4           WITH A PARTNER FOR 30, 40, 50 YEARS AND YOU LOSE  
5           THAT PERSON AND YOUR SENSE OF IDENTITY HAS SOMEHOW  
6           BEEN TURNED UPSIDE DOWN OR HAS BECOME MORE  
7           CONFUSED, AGAIN, THERE'S NO PATHOLOGY THERE. IT'S  
8           A VERY -- A HUMAN [ INAUDIBLE ] AND [ INAUDIBLE ]  
9           IS -- I THINK A WONDERFUL [ INAUDIBLE ].

10                   >> OKAY. THIS IS A QUESTION THAT I  
11           GUESS WOULD GO BACK TO RICK. WHAT ARE OUR  
12           OBLIGATIONS TO CLIENTS IF WE TAKE SICK LEAVE AND  
13           BELIEVE WE MAY NOT RETURN TO OUR PRACTICE,  
14           SPECIFICALLY HOW DO WE HANDLE TERMINATION IN THIS  
15           CASE?

16                   >> IT'S A FAIRLY GENERAL QUESTION. IT  
17           WOULD DEPEND ON HOW ABRUPTLY ONE IS GOING TO HAVE  
18           TO TERMINATE WITH THE CLIENT. THE REGULATION DOES  
19           INDICATE THAT ONE SHOULDN'T TERMINATE A NEEDED  
20           NECESSARY SERVICE UNLESS THE CLIENT HAS BEEN GIVEN  
21           REASONABLE OPPORTUNITY TO FIND ALTERNATIVE SERVICES  
22           OR YOU HAVE GIVEN THEM REASONABLE NOTICE ABOUT THE  
23           NEED TO TERMINATE SERVICES. SO I GUESS THAT WOULD  
24           BE THE BEST ADVICE, WOULD BE TO IF ONE KNOWS THAT  
25           ONE IS GOING TO BE HAVING TO TAKE A LEAVE OR MAYBE

1 LEAVE PRACTICE COMPLETELY, THAT ONE TRIES TO  
2 PROVIDE AS MUCH NOTICE AS ONE CAN. THIS IS ONE OF  
3 THOSE SITUATIONS WHERE THE REGULATION TALKS ABOUT  
4 REASONABLE NOTICE BUT THERE'S NO DEFINITION OF  
5 REASONABLE. REASONABLE WILL DEPEND ON  
6 CIRCUMSTANCES, HOW LONG YOU HAVE BEING SEEN THE  
7 CLIENT, THE SERIOUSNESS OF THE NATURE OF THE  
8 DIFFICULTIES OF THE CLIENT, DEPENDING ON A VARIETY  
9 OF THINGS. BUT THE BOTTOM LINE IS THAT ONE  
10 SHOULDN'T JUST DROP A CLIENT COLD TURKEY HOPEFULLY  
11 EVEN IF IT'S AN ILLNESS, ONE WOULD BE IN A POSITION  
12 TO PROVIDE SOME, EVEN LIMITED, AMOUNT OF TIME FOR  
13 -- LIMITED AMOUNT OF NOTICE TIME.

14 >> OKAY. THERE HAVE BEEN A COUPLE OF  
15 CLARIFICATIONS AROUND THE ISSUE OF BIPOC MEMBERS  
16 AND THE ADDITIONAL STRESSES. AND THE ORIGINAL  
17 QUESTION WAS MORE ABOUT PSYCHOLOGISTS OF COLOUR  
18 OPERATING WITHIN A CULTURAL FRAME WORK DESIGNED BY  
19 AND FOR WHITE CANADIANS. THE WRITER IS ASKING  
20 ABOUT WHAT THE COLLEGE'S PLANS ARE TO ADDRESS OR  
21 ACKNOWLEDGE IT. BUT I WOULD LIKE TO ADD A LITTLE  
22 BIT OF AN ANSWER TO THE FIRST PART BECAUSE I HAVE  
23 THE BENEFIT OF ACTUALLY SEEING THEM, THE QUESTIONS  
24 IN WRITING. AND I THINK THE WRITERS ARE CORRECT IN  
25 THERE'S AN ADDITIONAL BURDEN ON THE PEOPLE WHO

1 ALREADY HAVE MORE BURDENS THAN THE MAJORITY. AND I  
2 THINK, YOU KNOW, THERE IS AN ADDITIONAL CHALLENGE  
3 AND I THINK -- I LOOK BACK TO DR. MIKAIL'S ADVICE  
4 THAT WHEN YOU ARE DEALING WITH CHALLENGES, THE  
5 APPROPRIATE THING TO DO IS GET AS MUCH SUPPORT AS  
6 YOU CAN AND THE KIND OF SUPPORT THAT YOU ARE GOING  
7 TO PERSONALLY FEEL TO BE HELPFUL. THERE WAS SOME  
8 INFORMATION IN THE RECENT UPDATE OR HEADLINES THAT  
9 THE COLLEGE IS PLANNING TO ADDRESS THE ISSUE AND IT  
10 IS, YOU KNOW, LOOKING INTERNALLY AT WHAT THE BEST  
11 AND MOST USEFUL WAY OF PAYING MORE THAN LIP SERVICE  
12 TO THE ISSUE, BUT I DON'T KNOW WHETHER OR NOT,  
13 RICK, YOU WANT TO SAY ANY MORE THAN THAT?

14 >> YEAH, I THINK I WANTED TO SAY THAT I  
15 AM LOOKING TO PULL TOGETHER INITIALLY A SMALL  
16 WORKING GROUP OF INDIVIDUALS WHO REPRESENT  
17 DIVERSITY AND ASK THEM TO BE OF ASSISTANCE IN  
18 COMING UP WITH SOME KIND OF A PLAN. MY IDEA AT  
19 THIS POINT, I CERTAINLY WANT TO DOES IT WITH THIS  
20 WORKING GROUP -- DISCUSS IT WITH THE WORKING GROUP,  
21 IS FIRST LOOK INTERNALLY. ARE THERE THINGS WITHIN  
22 THE COLLEGE PROCESSES THAT WE SHOULD BE SERIOUSLY  
23 CONSIDERING AND LOOKING AT. AND THEN THE SECOND  
24 STEP IT WOULD BE LOOK MORE EXTERNALLY [ INAUDIBLE ]  
25 WE CAN SUGGEST OR DO REGARDING THE WIDER

1           PROFESSION.

2                           >> BEFORE WINDING UP, I DO -- A COUPLE  
3           OF PEOPLE ASKING FOR INFORMATION ABOUT WHAT THE  
4           CHIEF MEDICAL OFFICER OF HEALTH HELP LINE IS. WE  
5           WILL PUT THIS UP -- IT IS VERY EASY TO FIND IF YOU  
6           CAN FIND DIRECTIVE 2 OF THE CHIEF MEDICAL OFFICER  
7           OF HEALTH. THERE'S A FEW LINKS TO THAT ON THE  
8           SECTION OF OUR WEBSITE DEALING WITH COVID-19. HERE  
9           IS THE HELP LINE NUMBER, 1-866-212-2272. AND THE  
10          EMAIL ADDRESS IS EMERGENCYMANAGEMENT.MOH AT  
11          ONTARIO.CA. THEY MAY BE ABLE TO POINT YOU IN  
12          BETTER INFORMED DIRECTIONS WE CAN ABOUT THE SCIENCE  
13          OF COVID-19 AND THINGS LIKE THAT BECAUSE OUR  
14          EXPERTISE REALLY IS IN, YOU KNOW, PROFESSIONAL  
15          ETHICS AND WE ARE BASICALLY GETTING OUR INFORMATION  
16          FROM THE SAME PLACES THAT MEMBERS ARE. SO I'M  
17          GOING TO WIND UP THE MORNING BY LETTING YOU KNOW  
18          THERE ARE A FEW QUESTIONS THAT WE WILL HAVE TO  
19          SEARCH THROUGH AND GET ANSWERED. THEY WERE COMING  
20          IN FAST AND FURIOUS TOWARDS THE END. BUT WE WILL  
21          MAKE SURE THAT THE QUESTIONS ARE ANSWERED AND ARE  
22          ON THE WEBSITE. I WOULD LIKE THE THANK DR. MORRIS  
23          FOR GIVING US MORE TO THINK ABOUT IN TRICKY ISSUES.  
24          I WOULD ALSO LIKE TO PARTICULARLY THANK DR. MIKAIL  
25          FOR GIVING US HIS TIME AND I NEED TO APOLOGIZE FOR



1 NOT INTRODUCING HIM PROPERLY AT THE VERY BEGINNING.  
2 THERE WAS JUST -- FOR ME, TOO MUCH GOING ON IN  
3 TERMS OF MULTIPLE SCREENS AND VARIOUS OTHER EXCUSES  
4 I COULD GIVE BUT I'M NOT GOING TO FALL ON THOSE AND  
5 JUST SAY WE ARE ALL VERY FORTUNATE. USUALLY THE  
6 INTRODUCTIONS GIVE YOU A HINT ABOUT WHETHER OR NOT  
7 A PERSON IS LISTENING TO OR NOT. AND I THINK IT  
8 WAS VERY QUICKLY ESTABLISHED THAT HE IS AND THAT WE  
9 HAVE HAD THE PRIVILEGE TO LISTENING TO SOMEBODY  
10 WITH 30 YEARS' EXPERIENCE AS AN ACTIVE CLINICIAN,  
11 RESEARCHER, CONSULTANT, EDUCATOR, OF MANY HEALTH  
12 PROFESSIONALS OF DIFFERENT KINDS. HE'S BEEN  
13 ACTIVELY INVOLVED IN MANY PROFESSIONAL  
14 ORGANIZATIONS AND IS A FORMER PRESIDENT OF THE CPA,  
15 HAS CONTINUED TO TO RUN A CLINICAL PRACTICE WHILE  
16 HE'S BEEN A TEACHING SENIOR GRADUATE STUDENTS, HAS  
17 WON MANY AWARDS. WE ARE FORTUNATE TO HAVE HAD HIS  
18 TIME THIS MORNING. HE'S GIVEN US IMPORTANT  
19 INFORMATION BASED IN EMPIRICAL DATA AS WELL AS  
20 HONEST AND CANDID REFLECTION AND I THINK FOR ME,  
21 ANYWAY, MOST IMPORTANTLY HAS LEGITIMIZED THE NEED  
22 FOR THOSE LOOKING AFTER OTHERS WHO ARE CARRYING A  
23 LOT OF STRESS TO REFLECT ON WHAT WE NEED OURSELVES.  
24 SO WITH THAT, I WILL SAY THANK YOU VERY MUCH.  
25 THANK YOU ALL OF YOU FOR JOINING US THIS MORNING.

1 AND, YOU KNOW, EVEN THOUGH IT HAS NOT BEEN  
2 BIDIRECTIONAL, THERE'S BEEN SOME SENSE, ANYWAY, FOR  
3 ME AND PROBABLY MANY OTHERS OF SOME SENSE OF  
4 COMMUNITY AND COMMON PURPOSE. PLEASE WATCH OUT FOR  
5 YOUR EVALUATION SURVEYS, WHICH SHOULD ARRIVE VERY  
6 SOON. WE READ THEM. WE RECOGNIZE THERE WERE SOME  
7 TECHNICAL ISSUES. THE QUESTIONS PROBABLY, YOU  
8 KNOW, IT'S MUCH EASIER TO HANDLE QUESTIONS WHEN  
9 PEOPLE ARE LIVE AND IN THE ROOM. THERE WERE A LOT  
10 OF QUESTIONS. WE WILL, AGAIN, MAKE SURE THAT  
11 ANYTHING UNANSWERED WILL BE ANSWERED. AND I WOULD  
12 JUST LIKE TO REMIND YOU TO TAKE CARE AND STAY WELL  
13 AND LOOK FORWARD TO SEEING YOU AT THE NEXT BARBARA  
14 WAND SEMINAR WHICH WILL BE IN DECEMBER OR JANUARY.  
15 THANK YOU VERY MUCH.

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