Leadership at the Margins: Regulated or Unregulated?

Rev. Shane Sinclair & Rev. Dr. Philip Behman

College Development Committee - ARCAPPE
Winnipeg
Feb 16, 2006
College Development

Motion November 2003 ARCAPPE Annual Meeting:

(Neil Elford/Zinia Pritchard) the Alberta Region of CAPPE/ACPEP request the National Board of CAPPE/ACPEP approve the members in Alberta establish a provincial college of spiritual health practitioners to be recognized as regulated health professionals in the province of Alberta.
Board Meeting Ottawa February 2004:

Motion affirmed

ARCAPPE Annual Meeting November 2004:

College Development Committee struck

Rev. Dr. Philip Behman (Chair)
Rev. Shane Sinclair
Sister Liz Lynch
HPA QUESTIONNAIRE RESULTS
DEMOGRAPHICS

- Total of 110 ARCAPPE members
- N=53
  - 47 ARCAPPE Annual Meeting – Pre/Post Test
  - 40 Chaplains, 7 Pastoral Counsellors
  - 57 Mail-outs to ARCAPPE members who did not attend the meeting (6 Responses)
### Likert Scale

1=Very Low, 2-Low, 3-Moderate, 4-High, 5-Very High, N/A (Not Applicable)

1. How important for you and your role is knowledge of the Health Professions Act (Alberta)?

<table>
<thead>
<tr>
<th>ARCAPPE PRE-TEST</th>
<th>CHAPLAINS</th>
<th>COUNSELORS</th>
<th>MAILOUTS</th>
<th>TOTAL</th>
<th>ARCAPPE POST-TEST</th>
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</thead>
<tbody>
<tr>
<td>3.32</td>
<td>3.36</td>
<td>3.71</td>
<td>4</td>
<td>3.41</td>
<td>3.60</td>
</tr>
</tbody>
</table>

2. What is your level of understanding of the Health Professions Act?

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<thead>
<tr>
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<tbody>
<tr>
<td>2.25</td>
<td>2.30</td>
<td>2.26</td>
<td>2.66</td>
<td>2.31</td>
<td>2.81</td>
</tr>
</tbody>
</table>
3. What level of understanding do you have of the Health Professions Act as it relates to College Development for your profession?

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<tbody>
<tr>
<td>2.00</td>
<td>1.98</td>
<td>2.43</td>
<td>2.33</td>
<td>2.04</td>
<td>3.09</td>
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4. Do you think we (Chaplains, Pastoral Counselors, etc.) should be regulated by the Health Professions Act (i.e. become a regulated health profession)?

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<tbody>
<tr>
<td>3.79</td>
<td>3.51</td>
<td>4.57</td>
<td>3.67</td>
<td>3.77</td>
<td>3.09</td>
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</tbody>
</table>
5. Do you support ARCAPPE putting energy and resources into the development of a Provincial College?

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<tr>
<td>3.79</td>
<td>3.51</td>
<td>4.57</td>
<td>3.60</td>
<td>3.77</td>
<td>2.844</td>
</tr>
</tbody>
</table>

5 years in profession 4.04
< 5 years in profession 3.18

6. Is the Health Professions Act and College Development essential to the development of your profession?

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<td>2.31</td>
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</table>
7. Do you feel that our current CAPPE certification standards are enough to adequately regulate our profession to prevent harm to patients and families?

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<tbody>
<tr>
<td>3.46</td>
<td>3.51</td>
<td>3.31</td>
<td>3.50</td>
<td>3.46</td>
<td>3.66</td>
</tr>
<tr>
<td>5 years in profession</td>
<td>3.70</td>
<td>&lt; 5 years in profession</td>
<td>3.13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Qualitative Responses
1. Do you feel there is a specific activity in your professional role that is potentially harmful to patients and families?
<table>
<thead>
<tr>
<th>Themes</th>
<th>Pre-Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>• Yes, spiritual abuse through hidden agendas</td>
</tr>
<tr>
<td></td>
<td>• Proselytization</td>
</tr>
<tr>
<td>Insensitivity</td>
<td>• Yes, when we become insensitive to faith and cultural diversity</td>
</tr>
<tr>
<td>(Latrogenic</td>
<td>• Any human interaction is potentially harmful</td>
</tr>
<tr>
<td>Suffering)</td>
<td>• Hurtful comments</td>
</tr>
<tr>
<td>Ethical Issues</td>
<td>• Unethical business practices as a pastoral counsellor</td>
</tr>
<tr>
<td></td>
<td>• Using patient for out financial advantage</td>
</tr>
<tr>
<td></td>
<td>• We have easy access to patient files</td>
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<tr>
<td></td>
<td>• Many things are potentially harmful – all as far as I know can be avoided by adhering to ethical practice within the scope of practice and our code of ethics.</td>
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</tbody>
</table>
Theme

Harmful Attributes vs.
Harmful Activities

Post-Test Responses

• 7 Participants – “No”, i.e. no specific activity that is potentially harmful
• If a person is certified by CAPPE then I trust that the person is adequately regulated . . . It is those who have not been certified that I don’t know about
• Potentially, but not likely
• Harmful individuals – the damage that can be done through individual counseling
2. For your profession, what do you see are the positive effects of being a regulated profession?
Themes

Credibility / Respect

Common Standard

Accountability

Protection of the Public

Pre-Test Responses (Including Mailouts)

- Standing amongst professional peers from other disciplines
- Being seen and recognized as highly educated professionals by other professionals
- To bring our status on part with other disciplines
- Recognition by third party programs

- Common Standards, regulated body of knowledge

- Greater confidence by the public
<table>
<thead>
<tr>
<th>Theme</th>
<th>Post-Test Responses</th>
</tr>
</thead>
</table>
| Recognition & Credibility | • Recognition of profession  
• Recognition by government and insurers |
3. For your profession, what do you see are the negative effects of being regulated as a profession?
Themes

Time, Energy & Money

Pre-Test Responses
(Including Mailouts)

• “Cost” – 22% of respondents
• The energy and commitment required
• Time consuming (i.e. +/-5 years) and money
• Do we fit? Why are we working so hard to fit? Couldn’t we invest the same amount of energy to a more focused development and derive greater benefit? What are we fixing?
• The educational bar being raised to high
• To be a part of a union is also to be regulated as a professional and far easier and possibly more important to establish than a college
<table>
<thead>
<tr>
<th>(Question 3 Con’t – Themes)</th>
<th>(Question 3 Con’t – Pre-Test Responses (Incl. Mailouts))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>• We may be limited by secular authorities</td>
</tr>
<tr>
<td></td>
<td>• Government may require items that we do not find important and vice versa</td>
</tr>
<tr>
<td></td>
<td>• Another layer of accountability added to what currently exists</td>
</tr>
<tr>
<td>Themes</td>
<td>Post-Test Responses</td>
</tr>
<tr>
<td>Costs</td>
<td>• “Cost” – 63% of respondents</td>
</tr>
<tr>
<td>Restrictive</td>
<td>• Huge costs of maintaining a college</td>
</tr>
<tr>
<td></td>
<td>• Exclusion of community clergy</td>
</tr>
<tr>
<td></td>
<td>• “Watchdog” looking over our profession</td>
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</tbody>
</table>
Background:

- Literature – government documents (HPA, GOC, US), economics, law, organizational documents, health related journals.
- Dialogue with key Stakeholders
  - Georgeann Wilkin (Director Health Professions and Telehealth, Alberta Health and Wellness)
  - Dona Carlson (Senior Health Professions Consultant, Alberta Health and Wellness)
  - Professional Chaplain associations and their leaders within Canada (Alberta & Nova Scotia specifically) and the U.S.
Who are Professional Chaplains and Pastoral Counsellors in Canada?

- Canadian Association for Pastoral Practice and Education (1965)
  - Code of Ethics, Standards of Practice
  - “They [Professional Chaplains] provide supportive spiritual care through empathic listening, demonstrating an understanding of persons in distress” (The White Paper on Chaplaincy, 2000)
Why the HPA?

- Background to HPA
  - Health Workforce Rebalancing Committee
- Public protection
  - Fundamental principle within the HPA
Public Protection

• “The primary purpose of the establishment of self-governing professions is the protection of the public” (Casey, 1994, p. 1.3)

• “The primary purpose of regulation is to protect the public from the unsafe practice of occupations that the public may find difficult to judge.” (Handelsmann & Uhlemann, 1998, p. 318)
Why the HPA?

• Public protection
  – Fundamental principle within the HPA
    • Restricted Activities
    • Protected Titles
• Self-Governance
  – HPA does not govern the professions, the government provides the framework, but the professions govern themselves.
    • Increased Transparency of Professions
    • Decreased Professional Self Interest- greater utilization of health professionals knowledge.
Scope of Practice

• “Under the new legislation, health professionals are not bound by exclusive scopes of practice, but by their capabilities and the range of service they can provide in a safe and competent manner, subject to the standards of their regulatory college”.

   (HPA Handbook, p. 11)
What is a Restricted Activity?

- “A restricted activity is a procedure or service that requires specific professional competence to be performed safely”
  
  (HPA Booklet, p. 11)

- Restricted Activities are not bound by scope of practice but by competencies
  - Increased overlap
Who can perform Restricted Activities?

• Regulated Health Professions
• Ministerial Regulation
  – ex. AADAC addictions counselors
• Practitioners under supervision
• Exceptions
Psychosocial Interventions

• “To perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs
  • Judgment
  • Behaviour
  • Capacity to recognize reality, or
  • Ability to meet the ordinary demands of life
Non-Restricted Activities under the HPA

“(2) Despite subsection (1), the following are not restricted activities:

(a) activities of daily living, whether performed by the individual or by a surrogate on the individual's behalf,

(b) giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups, and

(c) drawing venous blood.”

(Government Organization Act (RSA 2000, Schedule 7.1 2(2))
Chaplaincy & Pastoral Counselling???

- “Giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups”.

  (Government Organization Act (RSA 2000, Schedule 7.1 2(2))

- “What chaplains do is counselling and it is not a restricted activity and it is not a therapeutic relationship”

  (Personal telephone communication with Georgeann Wilkin, March 11, 2004)
Are chaplains and/or pastoral counsellors performing current restricted activities under the HPA?

• “To perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs
  • Judgment
  • Behaviour
  • Capacity to recognize reality, or
  • Ability to meet the ordinary demands of life
Can chaplains or pastoral counsellors cause sufficient harm and therefore should be regulated under the HPA?

- Palliative Care Scenario
- Psychiatric Unit
- Harm as related to Health Delivery

“Contributing to Health is different then delivery of health. We know that poverty, education contribute to health, but this is different then health delivery. So teachers contribute to health but they don’t deliver health. The key for psychosocial interventions is 1) When 2) What Purpose”. (Georgeann Wilkin, March 19, 2004)
Key Issues Chaplains and Pastoral Counsellors Need to Address when considering regulation:

Is it in the publics interest that professional chaplains and/or pastoral counsellors be regulated under the HPA?:

• The primary purpose of regulation is to protect the public from the unsafe practice of occupations that the public may find difficult to judge. However there is a basic tension in all regulation between the government's interest in protecting the public and the professions own political and economic interests”. (Handelsmann & Uhlemann, 1998, p. 318)

• “Public protection may be the only reason that is either necessary or sufficient as a justification for regulation. Organizations should be honest and clear about the goals they wish to achieve”.

(Handelsmann & Uhlemann, 1998, p. 328)
Professional Self Interests

• “the pressure on the legislature to license an occupation rarely comes from the member of the public who have been mulcted or in other ways abused by members of the occupation… the pressure invariably comes from the members of the occupation”. (Friedman, 1982, p. 140)

• “One of the primary forms of recognition comes from state governments through regulation… for many emerging professions, securing regulation (especially licensure) in all the states has become a goal because of the associated benefits- such as reimbursement from federal programs or insurers- that often come with licensure”.

(Dower, O’Neil & Hough, 2001, p.12)
Economic and Political Benefits to being Regulated

• Monopoly
  • “The result is invariably control over entry by members of the occupation itself and hence the establishment of a monopoly position.” (Friedman, 1985, p. 148)

• Capture Theory
  • “Professions capture government and use the power of government to enforce entry requirements and other standards that they set themselves.” (Handelsmann & Uhlemann, 1998, p. 321)
Key Issues Chaplains and Pastoral Counsellors Need to Address when considering regulation:

What level of regulation do professional chaplains and pastoral counsellors feel is sufficient to protect the public?

Certification, registration or licensure?

- **Licensure** (regulation under HPA): “A scope of practice is defined for a given profession, minimum qualifications are outlined, and those who do not meet those qualifications are not allowed to practice” (Handelsmann & Uhlemann, 1998, p. 320).

- **Certification**: “those who do not meet these qualifications are not barred from providing services. In this approach, consumers remain free to buy services from unregistered or uncertified practitioners, and they enjoy the benefit of knowing which providers have met certain qualifications” (Ibid, p. 320)
Key Issues Chaplains and Pastoral Counsellors Need to Address:

Costs Associated with Regulation:

- Cost of forming a College- Time, Human Resources & Money.
  - 5 – 10 year process- mostly voluntary
  - Financial cost of setting up and maintaining college
    - Ex. Alberta Denturist Society/College
      » 200 members- $100 annual membership (prior to seeking regulation), now $2000 under regulation.
  - Disciplinary Hearing Costs – can easily cost $50,000 - $100,000
    - “Responding to complaints, even frivolous ones, is an onerous task” (Handelsmann & Uhlemann, 1998, p. 325)
- Ultimately applying for regulation does not guarantee success
  - Ex. 5 counselling groups in B.C. were denied regulation in 1997 (Handelsmann & Uhlemann, 1998, p. 329)
- Financial Costs are, however, secondary to public safety
Things to Consider:

- Realize that not being regulated does not mean chaplains or pastoral counsellors are not recognized as professionals-unregulated professionals.
- Determine whether chaplains and pastoral counsellors deliver health or contribute to health in their practice? (i.e. Is certification enough)?
- Define what is the distinct profession- who would we include in the task force?*
Things to Consider:

- Identify the risk to the physical, psychological or *spiritual* health and safety of the public from incompetent, unethical or impaired practice of the profession.* (As it relates to health delivery)
- Carefully consider all costs involved
- Determine the qualifications and minimum standards of competence for persons practicing the profession*
- Clearly demonstrate the benefits to the public, including the availability of practitioners and the enhancement of quality of service as a result of regulation*
Final Thoughts:

• Approach regulation with caution and make an informed decision rather than a quick fix
  - (Handelsmann & Uhlemann, 1998, p. 315)
• Determine whether chaplaincy and/or pastoral counsellors performs any additional activities that should be considered restricted activities by the Health Professions Advisory Board.
  – Spiritual therapy, Spiritual Direction, etc…
References


