

February 13, 2016

Premier Kathleen Wynne  
Legislative Building  
Queen's Park  
Toronto ON M7A 1A1

URGENT

Dear Premier Wynne:

**Re: Psychotherapy-related legislation – urgent action requested**

We are writing to draw your attention to the matter unfolding with the impending proclamation of the unlawful *controlled act of psychotherapy* at the Ministry of Health and Long Term Care. We respectfully request that you immediately instruct your Minister of Health to refrain from proclaiming the *controlled act of psychotherapy*, a component of the *Regulated Health Professions Act, 1991*.

**Because the psychotherapy legislation, once proclaimed, will have a devastating impact on millions of Ontarians, and thousands of valued healthcare practitioners – a large proportion of whom are women – we are making this appeal directly to you.**

Considering the lack of transparency in the process, the failure to bring clarity to the scope, lawfulness and effect of the *controlled act of psychotherapy* legislation to be proclaimed any day now, and the inability to gain consensus among the parties impacted by the legislation, it is imperative that this unfair process, and in particular the impending proclamation of the *controlled act of psychotherapy* cease. It is imperative that unjust legislation be set aside.

We have made significant efforts to have our position heard, and have tried to communicate directly with the Ministry of Health, to no avail. Responses from the Ministry and the College of Registered Psychotherapists (CRPO) were contradictory, incomplete, and incoherent.

We have forwarded to the Ontario Minister of Health and his Policy Analysts a document outlining how the psychotherapy-related legislation violates both the *Constitution of Canada* and the *Regulated Health Professions Act, 1991 (RHPA)*. It is attached here for your information.

Our primary concerns are:

- 1) Elimination of the safest mental healthcare, in a dangerous and blatant violation of the *Constitution of Canada* that mandates proof of inherent danger of an activity prior to imposing restrictions on personal freedoms and creating restraints in trade and commerce;
- 2) Elimination of free choice for the public who are by-passing the conventional and free mental healthcare system to access user-pay natural treatments, thereby saving the imploding Ontario healthcare system \$7-10 billion annually;
- 3) Absence of clear legislative protection ('safe harbour') for non medical-model mental health and wellness practitioners, and resulting abuse of tens of thousands of drug-less healthcare providers (mostly women) by those seeking to protect their 'turf';
- 4) International encroachment on constitutionally-protected Canadian healthcare rights and freedoms,
- 5) Creeping credentialism in healthcare, putting academic achievement ahead of proven effective, front-line healthcare provision.
- 6) The falsely implied supremacy of medical model approaches found in Ontario's healthcare regulation.

We hope the attached will empower you to protect the integrity of the *RHPA* and initiate a course correction in a situation that will otherwise subject hundreds of thousands of innocent Ontarians to unnecessary, distressful and expensive court actions to protect their freedoms and livelihoods.

Madam Premier, we are greatly concerned that Ontarians are being manipulated by international regulators and their agents, who aspire to advance the worldwide control of healthcare services.

Millions of Ontarians are concerned about:

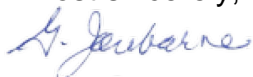
- 1) International encroachment on medical autonomy and personal liberties;
- 2) Creeping credentialism in the healthcare industry;
- 3) Perceived supremacy of the medical model.

In acting in the best interests of Ontarians, we ask that you immediately instruct your Minister of Health, Honourable Dr. Eric Hoskins, to halt all efforts to proclaim the *controlled act of psychotherapy* and to repeal it forthwith.

As well, we implore you to do the right thing for our democracy and that is to install 'safe harbour' legislation to protect non-medical model practitioners and treatments for the future.

Please feel free to contact the undersigned anytime

Most sincerely,

A handwritten signature in blue ink, appearing to read "G. Joubarne".

for Grace Joubarne and Christine Massey  
Co-founders, Stop Psychotherapy Takeover

c/o 279 Columbus Avenue  
Ottawa, ON K1K 1P3

613-422-7027

**cc:** Dr. Eric Hoskins, Minister of Health and Long-Term Care

**Attachment(s):** Cover Letter to Douglas Ross, Senior Policy Analyst and 9 Appendices

February 12, 2016

To: Policy Analysts

John Amodeo, by post  
 Douglas Ross by post  
 Stephen Cheng by post  
 Allison Henry by post  
 Lauren Egar by post  
 Derek Cheung by post

Dear Sirs and Madam:

**Re: unlawful Controlled Act of Psychotherapy**

**Because the controlled act of psychotherapy will have a devastating impact on tens of thousands of Ontario healthcare service providers – most of them women – and their clients, we are making this appeal directly to you.**

We have made significant efforts to remedy the situation described below, by communicating directly with the Minister of Health and Long Term Care (MOHLTC), Ontario MPPs and the College of Registered Psychotherapists (CRPO). Their responses have been contradictory, incomplete, and incoherent.

The serious threat posed by the controlled act to innocent Ontarians is not remotely authorized by Canada's superior laws, nor is it acceptable in a democracy. Therefore, we are asking for your help.

As you are aware, a 'consensus' was recently forced amongst 6 regulatory groups as to what constitutes the '*controlled act of psychotherapy*'. The service providers and clients who will be adversely affected by this consensus were shut out of the related discussions altogether.

You are now under enormous pressure to go along with Minister Hoskins, who is in a gross conflict of interest as a legislator due to his membership in the very medical-model group seeking to monopolize Ontario's healthcare

After years of frustration, you will be expected to finally concede to the unlawful controlled act. The techniques used to elicit your compliance will have been taught by an international agency to the shadow government operating in Ontario.

It is imperative that this process cease, and this unjust legislation be set aside (repealed), due to the lack of transparency surrounding it since its inception in 2007, the failure of its petitioners to provide the mandatory proof that *any* psychotherapy technique, let alone the entire profession needs to be regulated and 'controlled', and the

inability to gain non-coerced consensus among the only parties authorized by the proposed legislation.

Our primary concerns are:

- 1) Elimination of the safest mental healthcare, in a dangerous and blatant violation of the *Constitution of Canada* that mandates proof of inherent danger of an activity prior to imposing restrictions on personal freedoms and creating restraints in trade and commerce;
- 2) Elimination of free choice for the public who are by-passing the conventional and free mental healthcare system to access user-pay natural treatments, thereby saving an imploding system \$7-10 billion annually;
- 3) Absence of clear legislative protection ('safe harbour') for non medical-model mental health and wellness practitioners, and resulting abuse of tens of thousands of drug-less healthcare providers (mostly women) by those seeking to protect their 'turf';
- 4) International encroachment on constitutionally-protected Canadian healthcare rights and freedoms,
- 5) Creeping credentialism in healthcare, putting academic achievement ahead of proven effective, front-line healthcare provision.
- 6) The falsely implied supremacy of medical model approaches found in Ontario's healthcare regulation.

We hope the following will empower you to protect the integrity of the *RHPA* and initiate a course correction in a situation that will otherwise subject innocent people to unnecessary, distressful and expensive court actions to regain their freedoms and livelihoods.

**Appended to this document you will find:**

- 1. Appendix 1: a list of the documentation reviewed;**
- 2. Appendix 2: a clear explanation of what psychotherapy is and is not;**
- 3. Appendix 3: a table comparing the natural healthcare approach to the medical-model approach being forced on the Ontario public;**
- 4. Appendix 4: chronology of events that have resulted in what may yet turn out to be the biggest scandal in Ontario Healthcare history;**

5. **Appendix 5: contradictions in HPRAC Reports, Legislation: Gross Violations of the *RHPA***
6. **Appendix 6: gross violations of public trust and personal liberties by the *Controlled Act of Psychotherapy*;**
7. **Appendix 7: violations of superior laws and public trust by both the Transitional Council and the CRPO;**
8. **Appendix 8: Ministry Official confusions and apparent loss of compass as protectors of the entire healthcare industry;**
9. **Appendix 9: Summary and Sources**

Our documents will show that both the *Psychotherapy Act* and the *Controlled Act of Psychotherapy* were initiated, and continue to be sustained, by deliberate misinformation, half-truths, and untruths, mostly generated by those trained to do so by international regulators and their agents.

We will demonstrate that the psychotherapy-legislation cannot be made legitimate, palatable, moral or ethical, and that at least 25 references to it being entirely incoherent, unlawful, not viable and not workable are found throughout even a brief review of the available documentation.

The psychotherapy legislation (all of it) is designed to facilitate the advancement of the medical/pharmaceutical agenda worldwide, ensuring the complete replacement of the *RHPA* by International Regulatory Systems. The legislation is designed by international strategists, nurtured by Council on Licensure, Enforcement and Regulation (CLEAR)-trained members such as Joyce Rowlands, who are installed in positions of regulatory power, such as on Transitional Councils.

In addition, we will also provide the evidence that Joyce Rowlands, who also sits on a Committee of the Federation of Regulatory Colleges (FRCO), is NOT informed by our *Canadian Constitution* and *RHPA* when carrying out her duties, nor by MOHLTC bureaucrats, but by international regulations being systematically forced on Canadians through the international regulatory training centre called CLEAR.

**While MOT officials have been trying to ensure that the *RHPA* spirit and intent was honored, Joyce Rowlands, a card-carrying member of CLEAR--an *international training centre for the advancement of international regulation agendas*, was using techniques taught by CLEAR in how to undermine domestic regulations and the public's rights in order to impose 'international regulations'.**

As late as 2014 and 2015 Ms. Rowlands was writing to practitioners that

(a) they are forbidden to offer psychotherapy services unless a member or her College.

(b) controlled acts of psychotherapy were identified by the 'seriousness' of the condition treated -- with 'serious' presumably to be defined as broadly as necessary to make all treatment a controlled act;

(c) only regulated people will be permitted to offer psychotherapy or any of the safe, holistic approaches recently appropriated as psychotherapeutic techniques;

(d) a Master's degree, even in a field not remotely associated with psychotherapy, is the membership criteria because a common body of knowledge for training in psychotherapy could not be agreed upon.

(e) that psychology-based Gestalt therapy training was the only program considered 'acceptable' for admission to the College.

**An entire profession and/or treatment approach is NOT prohibited under a controlled act as Ms. Rowlands is routinely promoting...only the single acts (yet to be identified) that are the most dangerous to the public are controlled.**

**Despite this glaring fact, to the public, MS. ROWLANDS has been attempting to SINGLE-HANDEDLY CHANGE THE DEFINITION OF the term 'CONTROLLED ACT', make the entire profession of psychotherapy 'dangerous' based on the severity of the condition treated, and worse, convince the public that all non-medical treatments for mental health are 'controlled' and 'restricted to authorized providers'.**

Joyce Rowland's communications with your offices are filled with 'red-herrings', as so aptly put by **Stephen Cheng to Douglas Ross and Alison Henry in an email dated May 29<sup>th</sup>, 2015**. She has treated affected professionals in the holistic and natural healthcare industry to so many red-herrings that, to this day, we have no answers to any of the legitimate questions we have asked.

Notwithstanding that psychologists, psychiatrists and psychotherapists promote themselves as best suited and trained in treating mental health patients, statistics provided in Appendix 3 prove this is not remotely so.

**To answer Joyce Rowlands May 22, 2015 email question to Allison Henry: '*What is the problem we are trying to fix?*':**

- this unlawful legislation was passed secretly in an Omnibus Bill, with MPPs given no time to review the proposed amendments to the *RHPA*;
- the psychotherapy profession has been manufactured out of thin air, defined by appropriating the English language and holistic approaches not remotely connected with psychotherapy;
- the intent of the *RHPA* to leave the determination of who may treat them, regardless of whether their condition is seriously impairing or not, has been blatantly violated; and

- this legislation will not survive a court challenge because it violates the Constitutional rights of thousands of practitioners to offer their services as they see fit, and the rights of millions of Ontarians to medical autonomy and free choice in choosing their own healthcare.

## Satisfactory Outcome

Millions of Ontarians are now relying on you to eliminate unlawfulness in the healthcare system, protect all practitioners in keeping with the intent and spirit of the *RHPA* and the *Constitution*, and respect that there are 10,000 healthcare professionals out there (the vast majority women) that do not need and do not want to be regulated. They are counting on you to protect valued services and livelihoods from arbitrary requirements set by people who are never involved in the frontline provision of healthcare.

Until this 'problem' is fixed, effective healthcare services will be cut and become entirely unaffordable.

Holistic, traditional, energy, spiritual care and natural body therapies do not involve diagnoses, drugs, surgery or any other 'risky' activity. There is no reason why any practitioner should be forced to abandon their art, relevant education, earned titles and public respect and importance to become demoted to 'psychotherapist'.

**Thus our clearly separate, safe healthcare providers must be:**

- (a) assured that all efforts to proclaim the *controlled act of psychotherapy* will halt immediately;**
- (b) returned to a safe status by a repeal of the '*controlled act of psychotherapy*' and corresponding amendment(s) to the *Psychotherapy Act*;**
- (c) provided legislative protection -- in the form of 'safe harbour legislation' -- from integration and eventual elimination by the conventional medical industry;**
- (d) protected from encroachment and imposition by psychotherapists, psychologists and psychiatrists when their treatments overlap but they do not wish to become registered with a College, as is their right under the *RHPA*;**
- (e) treated with the same level of respect and acknowledgement by the government, as its counterpart;**
- (f) left unregulated, except by self-regulation of VOLUNTARY membership in associations to ensure purity of approach, individuality and uniqueness that the public prefers. We do not need the government or arms-length**



**regulators to dictate the human-to-human relationship between two consenting adults that is the centrepiece of mind-body-spirit therapies; and**

- (g) afforded the clear protection of Canada's superior laws, and permitted to use the title of 'psychotherapist' and promote psychotherapy services with no requirement to join any regulatory college. Additionally, the CPRO must be required to retract their Cease and Desist letters.**

Please advise if you will reflect on the incoherence of this entire psychotherapy legislation, and accept that the inability, since 2007, to achieve an authentic consensus is a signal that the legislation is ill conceived and should be set aside now, before more harm arises.

Will you support the free choice of Ontarians to engage the professionals they wish by now advocating for the immediate repeal of the controlled act of psychotherapy and the installation of 'safe harbor' legislation to protect holistic, energy, traditional and spiritual care practitioners from being threatened repeatedly by those seeking to protect and expand their 'turf'?"

Please advise as soon as possible and preferably before April 1<sup>st</sup>, 2016, how and when the above outcomes are intended to be achieved by your office, in the highest good of all Ontarians.

Most Sincerely,

Original signed: 

for Grace Joubarne, Christine Massey

Co-founders, Stop Psychotherapy Takeover and Mind-Body-Spirit Practitioners

**cc:** Dr.Eric Hoskins, Premier Kathleen Wynne, all Ontario MPPs

**Attachment(s):** 9 Appendices

## Appendix 1

### **Documentation Reviewed**

- relevant communication that occurred amongst recipients of this email letter between December 21, 2014 and June 5, 2015.
- All available CRPO communiqués and letters to practitioners.
- all HPRAC Reviews and Reports, and all available related documentation available since the 1980's when the Provincial Government took action with the intent of preventing the monopolization of healthcare through exclusivity of scopes of practice.
- *Health Care Consent Act* and the *Regulated Health Professions Act, 1991*, and relevant guideline information.
- *Constitution of Canada* and the *Charter of Rights and Freedoms*, as well as Supreme Court Decisions on medical autonomy.
- *Competitions Act* and relevant trade and commerce documentation.
- the *Health Professions Procedural Code*, which clearly does not give any College power over anyone but it's membership. *Regulations Act* (in force until 2009)
- Various relevant studies, academic articles.
- Information about CLEAR and TISA.

## Appendix 2

### Facts About Psychotherapy

- Psychotherapy was NEVER a profession—it was ‘talk therapy’; NEVER had a unique set of criteria, NEVER reflected a standard approach from professional to professional; NEVER involved any specialized education. To this day there is no post-secondary educational degree in psychotherapy offered at any brick and mortars University. Nonetheless, the main criteria for membership with the CRPO is a Master’s degree.
- Psychotherapies are categorized in several different ways. A distinction can be made between those based on a medical-model and those based on a humanistic model. In the medical-model the client is seen as unwell and the therapist employs their skill to help the client back to health. The extensive use of the DSM-IV, the diagnostic and statistical manual of mental disorders, is an example of a medically exclusive model utilized by psychologists and psychiatrists. The humanistic or non-medical model in contrast strives to depathologise the human condition and is used primarily by non-regulated psychotherapy practitioners.
- Unlike holistic, energy, traditional and spiritual care professions, psychotherapy has never been well-defined or involved specific training and experience.
- Until 2005-2006, ‘psychotherapy’ was a synonym for talk therapy; since then psychologists have been trying to embellish the medical-model activity to give it some legitimacy as a separate profession that they can control at arm’s length to prevent the public from learning that in fact, the usual medical-model controllers are actually also the controllers of this new ‘profession’, with international regulators guiding the folding of Ontario healthcare of all kinds into the world-wide medical-model regime.
- To this day, psychotherapists have been unable to legitimately identify a core body of knowledge common to all psychotherapy practice, reaffirming the findings of HPRAC, Alliance of Psychotherapy Training Institutes (APTI), and lay psychotherapy advocates themselves.
- That psychotherapy was never a profession is confirmed in the memorandum from APTI to the Ontario Government Social Policy Committee, dated April 23, 2007: *“This legislation will make possible the establishment of common training and competency standards. In so doing it will give identity to psychotherapy as a professional field. This is a move whose time is come. “...it has been impossible until now to draft a curriculum for training in psychotherapy that would be acceptable across the broad range of its modalities, traditions, and approaches.”*
- Psychotherapy was historically practiced by psychologists and psychiatrists; according to many in the mental health field, medical-model psychotherapy, for all

intents and purposes, died a natural death and was seen as not revivable by many, especially after the abuse scandals involving psychologists in the early 1990's. Academic articles were published in recent years in professional magazines such as *Psychology Today* on the matter of it not being ethical for psychologists to be involved in mind-body-spirit therapies, thus the need for psychologists to exert power at arms length by manufacturing a new profession.

- Psychotherapy was never presented to the Ministry as involving any approach but psychodynamic, cognitive-behavioural, strategic/systems, expressive and experiential orientations...there was no reference to mind-body-spirit approaches.
- To this day, the Registrar of the CRPO has been entirely unable or unwilling to describe the 4 core competencies claimed to be a key requirement of a psychotherapy professional. However, **only** the medical-model of psychotherapy is represented in the CRPO standards of practice. This is consistent with the fact that humanistic, non-medical psychotherapists were entirely left out of all discussions around legislative framework.
- To this day, no psychologist, psychiatrist or College official has been able to identify a single act in the realm of psychotherapy activity that would constitute a 'dangerous' activity.
- Until 2006, psychotherapy was defined in professional textbooks, including Dictionaries of Psychology as being a 'psychological intervention'. In 2006, just in time for the passing of the legislation in a huge Omnibus Bill, the Dictionary of Psychology suddenly re-defined psychotherapy as a composition of over 300 approaches that mind-body-spirit professionals have used for decades, centuries and in some case thousands of years, and incidentally the very approaches psychologists condemned as quackery.
- *Elements common to all types of formal psychotherapy training include the ability to: listen and understand clients and patients and attend to nonverbal communication, develop and maintain a therapeutic alliance with patients and clients, understand the impact of the therapist's own feelings and behaviour so they do not interfere with treatment, and recognize and maintain appropriate therapeutic boundaries. (New Directions, 3.5 Education and Training, p. 209)* In other words, the requirements for psychotherapists are the same as required in the mind-body-spirit professions that are already established, some for the past several thousand years already.

### APPENDIX 3

#### Comparison of Medical-Model and Holistic, Traditional, Energy/Spiritual Mental Healthcare

<u>Comparison</u>	<u>Medical Model Approach</u>	<u>Holistic, Traditional, Spiritual, Energy, Body Approaches</u>
Scandals	Serious, including deliberate creation of false memories of Satanic cults, sexual abuse, multiple personalities in 1990.	None
Involvement in torture, mind-control experiments	Epidemic, including psychologist design of Guantanamo torture program	None
Lawsuits, legal actions, sexual abuse against practitioners	Massive numbers	None
Taxpayer funding for approach	100%	None
Cost to taxpayer	50% of taxes	None
Costs to maintain bureaucratic system of government regulation	Massive	None Like-minded association in voluntary-membership organizations, paying modest fees that are not passed on to the public.
Contribution to economy independent of tax-payer funding	None	\$7-10 billion annually
Employers	Mostly government funded	All non-government funded small business, mostly women
View on emotional suffering	A psycho-medical problem to be resolved with chemicals, harmful diagnoses and theories of brain function	A natural reaction to the bumps and bruises of life that resolve with natural, life-sustaining mind-body-spirit approaches devoid of judgment, diagnoses and chemical interventions.
Suicide rate among professionals	Physicians are more than twice as likely as the general population to commit suicide; psychiatrists are four times as likely	No evidence of any

Suicide contemplation, attempts	1 in 4 psychologists consider suicide at least once and 1 in 16 have attempted at least one time to kill themselves.	No evidence of any
Suicide details	Of the physicians who committed suicide, 42% were being treated by a conventional mental health professional at the time of death.	N/A
Rates of addictions, substance abuse, depression, and divorce	Higher for conventional health care professionals than the general population. The biggest names in psychology/psychiatry who used psychotherapy/talk-therapy, including Freud and Jung, suffered unresolved serious mental issues, addictions, and are still today defining 'normal' for the rest of society.	Unavailable
Sexual abuse of patients	<p>A source of serious concern for both the public and the authorities.</p> <ul style="list-style-type: none"> <li>• A woman is statistically at greater risk of being raped while on a psychiatrist's couch than while jogging alone at night through a city park.</li> <li>• In a British study of therapist-patient sexual contact among psychologists, 25 percent reported having treated a patient who had been sexually involved with another therapist.</li> <li>• A 2001 study reported that one out of twenty clients who had been sexually abused by their therapist was a minor, the average age being 7 for girls and 12 for boys, the youngest child was three.</li> </ul>	No history of such

Response to sexual abuse of patients	Typically treated as 'professional misconduct' by licensing bodies, resulting in a temporary suspension of license to practice	Offenders are treated the same as the general population
Core requirements	Psychotherapist, psychologist or psychiatrist: pathologization of suffering and reaction to life, drug therapy, talk-therapy based on psychological theories of brain function, diagnoses and patient compliance with treatment.	Empathy, non-judgement, desire to empower clients, encourage responsibility, and share wisdom, knowledge  The core requirements of a psychotherapist, psychologist or psychiatrist are considered detrimental to effective mind-body-spirit healing
Regulatory redundancy	Massive	None
Suicide of patients	Countless veterans in conventional treatment (especially on psychiatric drugs)	No history of such
Mass school shootings, massacres, homicide, other violence	Most involve killers treated within conventional mental health system, typically on psychiatric drugs	No history of such
Adverse events resulting from treatment (deaths, complaints, disabilities, hospitalization)	The overall incidence of adverse events of 7.5% in one study suggests that, of the almost 2.5 million annual hospital admissions in Canada similar to the type studied, about 185,000 are associated with an adverse event and close to 70,000 of these are preventable. In Canada the reporting of adverse events is entirely voluntary. Researchers believe that only about 10% of adverse events are actually reported. Prescription drugs, used as prescribed, are the fourth leading cause of death in Canada – leading to approximately ten thousand deaths per year and causing 100,000 serious injuries. 70% of these deaths are preventable.	No history of such
Provision of well-established mind-body-spirit treatment	In these rare instances, the therapy is typically carried out in public institutions and with public funding, by practitioners from regulated	Always

approaches that are not regarded as 'psychotherapy' or medical-model	professions, such as medical doctors, social workers and psychologists	
Curing of mental illness	No evidence of any patient having been cured of any mental illness In a study of 17,000 Canadian children treated with psychiatric drugs for mental health issues, not a single one had improved, there was no evidence that their school work benefited and in most cases family relationships deteriorated. Many children committed suicide.	Documentation from pre-pharma days show greater than 90% success rates in curing mental illness, even as severe as depression and schizophrenia through natural, empathic treatments at facilities such as Soteria House and Quaker Hospitals
Worsening of mental illness caused by treatment	Common	No history of such
Scientific support	None, for any mental illness diagnosis, for effectiveness of any mental illness treatment in curing mental health issues, for evidence that any psychological theory is correct. Most studies show that placebo is more effective than conventional treatments for mental illness.	Hundreds of studies have shown the effectiveness of natural, empathic and holistic approaches to mental wellness, including Barrio studies from 1967 and 1970 proving that hypnosis resolves many issues, both emotional and physical, significantly more cost-effectively than psychiatric, psychotherapeutic treatments. Natural therapists have the benefit of the absence of conflict of interests and shoring up by government agencies; their success is dependent entirely on the client's assessment...it is truly an evidence-based industry.
Attitude towards placebo effect	Placebo efficiencies are dismissed.	The entirely safe placebo effect is harnessed; it's effective use is key to holistic approaches.
Use of nocebo (inert substance or interaction that creates a harmful effect)	Routinely utilized to keep patients compliant	None



Invasive procedures or testing	Typical	None
World-wide use	Only 20-30% of the world's population use western medicine	70-80% of the world's population rely on and prefer natural, drugless healthcare.
Training in nutritional and lifestyle approaches	MDs receive virtually none Psychotherapy training in any conventional institute or university is inherently informed by the medical-model approach to healthcare, institutionalized by David Rockefeller when once he directed all curriculums at those institutions to eliminate all natural approaches to healthcare.	Most natural therapists advocate and/or teach healthy nutritional and lifestyle choices, ensure all available information is shared about quality of food, chemicalized foods and beverages, since, as many studies show, mental health issues are often resolved by making such natural changes. Training for much of mind-body-spirit practice includes the kinds of learning and principles of evaluation that a university setting is not designed to provide. The personal and experiential nature of all holistic healthcare training cannot be pursued in that environment, given that since 1930, medical-model educational facilities have suffered holistic, non-drug approaches poorly. Many have training in medicine and earned medical degrees. Many studies have shown that improving a child's learning and home environment, including their unhealthy diets typically result in well-adjusted, healthy, balanced children with normal responses to life, resiliency and resourcefulness.
Impetus for regulation	Public's perception: efforts by psychologists and psychiatrists to protect their 'turf' via coercion and manipulation of clients into using their services, in the face of public migration to natural approaches after the scandals of the 1990s involving these professionals were made public	Little desire for regulation

Public preference	<p>The public is increasing disillusioned, distrustful, and unwilling to risk harm, and or wasted time and effort via medical model treatment</p> <p>Nine years ago, in 2005 alone, more than 1.2 million adults aged 18 or over consulted an Ontario alternative health care provider, representing about 13% of the total population of Ontario.</p>	<p>During the latter half of 2005 and first half of 2006, at about the same time medical/ pharmaceutical lobby groups accelerated their efforts to 'regulate' alternative and holistic practitioners, more recent studies were suggesting that out-of-pocket expenditures on alternatives were doubling every decade.</p> <p>An extrapolation for the Ontario population based on Fraser Institute Public Policy Sources: 13% of the Ontario population were using alternatives by 2005, suggesting that some \$4-5 Billion out-of-pocket was spent on alternative treatments in 2005-6, in Ontario alone, saving the imploding healthcare system billions.</p> <p>Almost ½ of the natural health services and natural health providers were located in Ontario by 2005-2006, when at least \$3-4 Billion or more of spending on natural therapies was and is found in Ontario.</p> <p>At the rate the expenditures were doubling, a decade later in 2014-15, it can be expected that Ontario residents have spent close to \$8-10 Billion on alternatives annually.</p> <p>In 2006, alternative therapy providers were the major expenditure component, making up 72 % of average per capita expenditure. Books, classes, equipment, etc., was the next largest category at 13 %, with herbs and vitamins only slightly smaller at 12%. Expenditures on special diets were the smallest expenditure per capita at just 3 %.</p> <p>In 2005 the vast majority of religious/spiritual workers are located in Ontario with 5,443 being</p>
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		employed in micro and small religious/spiritual practices.
Coercion of Patients	Commonly threaten withdrawal of service if patient seeks non-conventional assistance; label patient as 'non-compliant'	Extremely rare
Education, standardization	Forced indoctrination; arbitrary academic credentialing; Master's Degrees that are of no practical benefit to any patient and are often the default position during College Registration Psychotherapy: Common requirement at CRPO now a Master's Degree in anything.	Standardization is enhanced with individualization and uniqueness of the practitioner Relevant education that directly and practically impacts the client; no arbitrary requirements
Comfort of clients in disclosing use of other approach	2/3 of people who use complementary and alternative medicine do not tell their medical doctor	Clients of natural practitioners unafraid to share if they are utilizing conventional practitioners
Practitioner income	Mostly from provincial and private insurance reimbursement	Paid out of pocket by clients
Attitude and approach to client's self-reliance	Patients are encouraged to rely on the practitioner	Self-reliance and education is thoroughly encouraged
Individualized treatment	Treatments are based on a medical-model, cookie-cutter approach dictated by a regulatory college, without exception	Practitioners are free to tailor treatments as they and their clients see fit
Professional identity	Psychotherapy has no clear professional identity; loosely associated practices of talk therapy with no common denominator, often subsumed under other already-regulated professions such as psychology, medicine, nursing, social work, and sometimes practiced under pastoral ministries, sometimes under its own general name or variants thereof	Many clear professional identities, in order to offer the public the most comprehensive treatment options possible; all treatments have their own unique identity, clear sets of requirements in training and skill set Active associations and affiliations of national and international organizations that are among the most developed and respected in the field of natural healthcare. Specific titles, specific skill sets and identifying core competencies
Length of treatment	Psychotherapy is designed to be a long-term intervention, often years	Designed to work quickly; long-term reliance on the therapist is discouraged

Self-employment in the private sector	Minimal; most practitioners employed by large 'healthcare system' employers	Primarily; thousands of small to medium-sized businesses
Public Complaints	Serious and numerous	None
Involuntary treatments	Becoming epidemic	None
Cutback to services	Routine	None: increased demand results in increased services
Foundation	Psychotherapy founded on 'theoretical' orientations	Founded on training and approaches passed down through decades, centuries and even thousands of years in their pure form

## Appendix 4

### **Chronology of Events Culminating in the Present Monopolization of Ontario Mental Healthcare**

This chronology lays out how the psychotherapy controlled act legislation evolved despite **many ministry officials and legal experts reiterating countless times in many documents that the legislation did not meet the criteria set out in the *RHPA* and that it was not viable.**

1. The specific intent of the *RHPA* is to ensure that overlap of treatments and approaches would be encouraged and protected, and all but the most dangerous of healthcare services be would be self-regulated by means of VOLUNTARY membership, with no restrictions on any practitioner who did not wish membership.

What has been permitted to evolve in the last 10 years with this psychotherapy-related legislation, where slick wording and appropriation of the English language has manufactured a previously non-existent profession into one with exclusive domain over what long-established professionals have been doing for decades-- obviously with much support of the public--IS CLEARLY THE EXACT OPPOSITE of the intent of the *RHPA*.

2. In 1990-1997, psychologists and psychiatrists, using talk therapy (psychotherapy), psychoactive drugs (sodium pentothal) and hypnosis suggestion, with the full knowledge and endorsement of their regulatory bodies, caused hundreds of thousands of cases of false memories of sexual abuse, satanic cults and multiple personalities. In 1991, psychologists convinced the government to pass the *Hypnosis Act, 1991* that gave themselves and psychiatrists exclusive authorization to use hypnosis in Ontario.

The result: epidemics in suicides among patients, and families irreparably destroyed by the hundreds of thousands, with many lawsuits. It was soon uncovered that all of these memories were actually deliberately installed in vulnerable patients by psychologists and psychiatrists. By 1995 the scam stopped. In 1997 the *Hypnosis Act* was repealed and hypnosis services returned to public domain, where there has never been a reported case of abuse of patients by unregulated hypnotists and hypnotherapists.

This scandal severely harmed the psychology profession and they never really recovered public trust. Concurrently, psychologists were creating and overseeing the now exposed Guantanamo torture programs, all with the blessing, again of their regulatory body.

Continuing control over public choice therefore required the creation of a brand-new profession from one of their most failed (and as seen above, most abused) psychological interventions, the 'psychotherapy' profession, while all the same having full control over the mental healthcare scene in the background, from the framing of the legislation to the imposition of international regulatory standards on the ensuing College of Registered Psychotherapists.

3. Until 2001, HPRAC members were focussed on keeping non-regulated and non-conventional treatments in the public domain. In the 2001 HPRAC Report, one gradually sees government advisors 'pulling their punches' on the legality of what was proposed, and more 'pressure' by psychologists and psychiatrists was applied to create a new profession out of thin-air.

Following are excerpts from HPRAC documentation showing that there was diminished and almost 'passing' interest in the superior laws and personal liberties of all healthcare professional, and rapidly increasing determination to find ways to make every healthcare provider into a viable target for regulation.

HPRAC became increasingly more populated by those who had no practical skills or knowledge in frontline healthcare provision, but who were historically well connected to pharmaceutical drug companies and their allies, such as those companies that invested in drug companies.

It was clear not a single member of HPRAC was aware of the ways, means, and great contribution to the healthcare industry, of holistic, spiritual, energy and traditional healthcare providers, who would rather go underground at great personal expense than be forced to give up their many years of study and earned titles or call themselves 'psychotherapists'.

4. In 2001, while most vulnerable to influence by those professing to be the 'experts' in mental health care and obviously profoundly ignorant of the false memory scandal and Guantanamo torture programs, HPRAC reported being told by one psychologist that psychotherapy could be harmful. Shortly thereafter, a handful of psychologists joined the chorus.

Apparently HPRAC neglected to demand EVIDENCE of harm by layperson psychotherapists, instead, setting off on a wild hunt for 'unregulated' practitioners to regulate. Worse, they were not told that the ONLY professions with a history of abusing patients with psychotherapy, which was merely talk therapy, were psychologists and psychiatrists themselves. Talk therapy/psychotherapy without the concurrent use of psychoactive drugs and hypnosis cannot be harmful.

5. **The 'psychotherapy' Ministerial referral to HPRAC in 2001 differed from other ministerial referrals in that no sponsoring organization was seeking**

**regulation.** That should not be surprising, since psychotherapy by that time was discredited, entirely unable to show any proof of efficacy and had just been used to abuse patients by those already regulated...psychologists and psychiatrists.

The referral came directly from the Minister, influenced by psychologists without any reference to evidence of risk of harm to the public and despite many lawyers outlining that this would interfere with the provision of overlapping treatments by the broader healthcare industry.

**This suggests that only a handful of psychologists and the Minister at the time, wanted this psychological intervention to be deemed dangerous without any PROOF in direct violation of the Constitutional imperative for absolute proof of high risk to the general public before ANY personal liberties can be imposed upon.**

HPRAC clearly went through the motions of referring to the spirit and intent of the *RHPA* in the reports of 2001 and 2006, however, they also repeatedly resorted to a default position: psychotherapy must be regulated, somehow, someday, even if it makes no sense and in their own words, was not viable.

6. Following the Minister/psychologist unusual and unsponsored 'referral' came a repeated dismissal of all legitimate disagreements with this legislation from lawyers and mental health professionals of all kinds for the next 8 years.
7. From 2001-2006, psychotherapy remained, as always, a psychological talk therapy technique typically practiced by psychologists, and therefore regulated under the *Psychology Act, 1991*. Until 2006, psychotherapy was defined in Psychology textbooks and dictionaries as a psychological intervention, with no references to any particular interest in, expertise with, or requirements for education in genuine and traditional spiritual care, energy and body treatments, dietary supplementation and education, holistic education. Unregulated psychotherapy practitioners were making inroads into organizing a *self-regulated, voluntary membership association*.
8. In a September 30, 2005 CAPT Presentation to the HPRAC Public Consultation, T. Philip McKenna, Ph.D, then President of CAPT and currently member of the CRPO Board and a prominent advocate for the *psychological* intervention of psychotherapy stated (underline ours for emphasis):

*"We are naturally apprehensive that the drive for regulation, which did not come from us, might end in the exclusion of those who train and practice in the tradition where historically psychotherapy arose as a distinct new profession.*

*Might we suspect, therefore, that the drive for regulation is coming more from a desire to secure prestige for psychotherapy in the health field, than*

from a political response to actual harm being done to the public? **For certain obvious things are missing from HPRAC's work:**

- 1) There is no actual survey of the psychotherapies being practiced in Ontario.
- 2) There is no attempt to outline a body of knowledge or a consensus about actual practice.
- 3) There is no survey of the public who are clients of psychotherapy about what forms they want, what has benefited them, what harm they have experienced.
- 4) There is no data about harm done by psychotherapists in Ontario.

**CAPT recommends that regulation be deferred until such studies and consultations are done. We urge HPRAC to make this recommendation to the Minister.** In the complex process of psychotherapy in any of its forms, **it is impossible to isolate one or a set of acts that could be called "psychotherapy."** The ghost behind this question is the medical model of treatment. **CAPT urges HPRAC to recommend to the Minister that psychotherapy should not be a controlled act.**

It is therefore absolutely clear that no one, including the main stakeholders, psychotherapists, saw any harm in psychotherapy practice and all lamented the unsubstantiated allegations that psychotherapy, in the absence of deliberate abuse, was 'risky' without a single iota of evidence as required by constitutional imperative.

The Oral Presentation to HPRAC went on to elucidate the frustration around how psychotherapy was being manipulated by those with self-interest agendas:

*"From its beginning, psychotherapy emerged in opposition to its parent fields of medicine and religion ... I wish to comment on a bias in the HPRAC discussions that has confused and bewildered us. It has to do with the matter of training for psychotherapy proper.*

*Regularly, the discussion about it slips off onto academic qualifications instead. I mean "instead" because there is such evasion around what training for psychotherapy in whatever its forms should look like. Conversations often end in stalemates about necessary academic degrees. One keeps having to say, "No, no, we mean training for psychotherapy."*

In fact, as observed in the original framework of the legislation on the subject of the scope of practice of psychotherapists, HPRAC's New Directions report had tried to put teeth in the scope of practice because **they considered a controlled act of psychotherapy incoherent.**

*The scope of practice they suggested was the following: Psychotherapy is the provision of a psychological intervention or interventions delivered through a therapeutic relationship for the treatment of cognitive, emotional or behavioural disturbances. (9.8, p.221).*

Having none of that, since the agenda was to broaden its control over ALL of



mental healthcare, psychologists ensured that the term 'psychological intervention' was changed to 'psychotherapeutic techniques' when there was no definition of psychotherapeutic techniques formally recognized at the time, but nonetheless was being concocted surreptitiously in the background in the form of the Dictionary of Psychology, 2006 definition as comprising some 300 approaches of other unrelated professions. To this day, 'psychotherapeutic technique' is still not defined in the legislation for the victims, both public and professional, of this travesty, however the scheme has left psychologists and international regulators with an open door to define these terms as broadly as required to eliminate all competition to drug company monopolization.

9. As aptly described by T. P. McKenna, a prominent practitioner of psychotherapy and faculty member of a Training Centre in SOME REFLECTIONS ON BILL 171 January 1, 2007: *"The legislators have seemingly taken advice from that tradition of practice that is quite confident about the accuracy and reliability of preliminary diagnosis and the prediction of consequences. There is, however, much controversy about the current theory and practice of diagnosis."*

Despite this controversy and ever increasing evidence that mental illness diagnoses are detrimental to recovery, the CRPO's standards of practice require 'education' and 'competency' in diagnoses and even referral to those who are trained to diagnose.

10. **Systematically, all the stakeholders were ignored, dismissed out of hand and the legislation pushed through as psychologists wanted it. Prominent unregulated practitioners and trainers in the use of psychotherapy themselves were completely shut out of discussions about the framing of the legislation.**

**When lay psychotherapists -- as distinct from psychiatrists, psychologists, social workers and medical doctors using psychotherapy -- requested self-regulation without the interference of the medical-model dictates, they were summarily ignored and their entirely separate activity was rolled into the model of psychotherapy demanded by medical-model advocates. Lay psychotherapists needed the time to create their own clear and careful system of self-regulation, in accordance with the intent of the *RHPA*...they were denied.**

Sharon McIssac-McKenna in a presentation to HPRAC, September 2005 highlighted that practicing psychotherapists themselves were deliberately shut-out of the process, and the effort to restrict them from all discussions about what was supposed to be their own profession:

*"The evasion about specific psychotherapy training keeps recurring like a sort of symptom. Explain why the HPRAC meetings in July, from which the*

*Discussion Paper emerged, did not invite the major training institutes to collaborate? These were intensive discussions about regulation, to which training is key. We schools are in the business of training; we work on it all the time. We graduate practicing psychotherapists. We don't have arcane titles--the Centre for Training in Psychotherapy. When we asked to participate, we were told it was by invitation only and already set. Why did this occur?*

And yet another comment about the woeful lack of respect for the public's right to decide healthcare for themselves:

*"Finally, there is another striking bias laming the HPRAC process. One other large stakeholder, namely the people who come to us for psychotherapy, has remained a mute participant. The discourse speaks about the public, speaks for the public, but what does the public itself have to say? The dearth of feedback directly from the public is a major failure. There is a tendency to underestimate them. The public must be considered as partners and agents."*

**If the words of the public are not heard, certainly the government cannot remain deaf to the fact that the people who are putting their money where their mouths are not invited.**

11. Up until 2005-2006, psychologists had relentlessly expressed disdain and contempt for mind-body-spirit treatments and their training involved techniques for discouraging patients from becoming interested in mind-body-spirit treatments. This is well documented in many academic articles of the time, some of which openly questioned the ethics of psychologists being involved in mind-body-spirit treatment at any time.
12. In 2006-2007 the psychotherapy legislation was buried in the huge Omnibus Bill 171. As the only MPP to notice the legislation in the 11<sup>th</sup> hour before the vote complained (as recorded in Hansard), there was no time for consideration of the implications of this legislation, let alone time to seek public consultations before the vote.
13. The effort to spirit-wash medical-model psychotherapy into the proper 'profession' to regulate entirely harmless but effective spiritual care professionals, all manner of new 'titles' started to emerge, an example being what is now promoted by the CRPO as the be-all-end-all spiritual care, 'spiritual psychotherapy'.
14. It appears HPRAC and Ministry officials were never apprised of the fact that while pretending to have difficulty 'defining' psychotherapeutic techniques, in fact, the same instigators of this psychotherapy-related prohibitive legislation had started to define psychotherapy as over 300 approaches that holistic, spiritual care and energy practitioners utilize daily, in their Dictionaries of Psychology,

**2006. It was not a coincidence that the first re-definition of psychotherapy as a profession occurred in 2005-2006 apparently without the knowledge of HPRAC, just before the legislation was passed in 2007.**

15. From 2007, once the psychotherapy legislation was secretly passed into law, the Transitional Council of the College of Registered Psychotherapist, headed by Joyce Rowlands, set about making all professionals who were NOT psychotherapists, had never provided psychotherapy and had no interest in becoming psychotherapists or using psychotherapy, such as spiritual care providers, family therapists and marriage counsellors, believe that they must join the new College in order to be able to continue their careers in their chosen profession.

In the case of family therapists and marriage counsellors, two members of the Ontario Marriage and Family Therapist Association sat on the Transitional Council promoting to their membership that it was inevitable that family therapists and marriage counsellors would be regulated by psychotherapists. If they wanted to continue working in their preferred professions using their titles as Family Therapists and Marriage Counsellors they must join the new College.

We were advised by numerous Family Therapists that the OMAFT membership was not consulted, there was no vote of the OMAFT membership and the membership was never advised that these two board members were being paid a per-diem rate for 4 years to bring the entire profession of family therapy and marriage counseling under the control of the new College of Psychotherapy.

In other words, there was an undeniable conflict of interest, wherein OMAFT board members were presenting that they were working in the best interests of OMAFT members, while in fact apparently being paid to advance the agenda of the Transitional Council. All officials neglected to advise these victims that the law itself protected the right of any healthcare provider to be free of forced membership, especially into an organization that had nothing to do with them.

This was tantamount to electricians being forced into regulation by plumbers, just to ensure they could continue to earn a living.

This is also what happened with the Spiritual Care profession, where an executive of the Canadian Association of Spiritual Care (CASC) was suddenly advising their members to refer to themselves as Psychotherapists and their spiritual care activities as 'psychotherapy', once they were convinced that forced membership into this new psychotherapy profession was inevitable.

As it turned out, the scopes of practice of all those who joined the CRPO, including but not limited to family therapists, marriage counsellors, spiritual care workers and anyone else who were misled into believing that their professions

would be 'protected' by the new College of Registered Psychotherapists, ended up being entirely thrashed when the scope of practice requiring training and proficiency in diagnosis and pharmaceutical drugs was revealed. These were never activities within the realm of consideration of family therapists, marriage counselors, grief counselors and spiritual care professionals.

Worse, it is understood that Catholic and Protestant spiritual care workers have an exemption from the controlled act, while all other spiritual care workers must have the default 'Masters degree or equivalent' to join the College as a Registered Psychotherapist in order to practice spiritual care and to practice spiritual care as per College dictates.

This leaves clients who have no interest in religion or in being diagnosed with a mental illness, with only 3 options for spiritual care: the Catholic, Protestant or Registered Psychotherapy approaches to spiritual care, even though statistics show the public has never been less interested in 'religion', or psychotherapy, migrating to non-religious spiritual, body and energy approaches instead.

16. Transitional Council was established in 2009 with a person at the helm who is trained not in upholding Canadian values, but in imposing International Regulatory schemes on Ontarians. The influence of legitimate psychotherapy professionals was almost entirely dissolved by the all powerful agenda of the unaccountable Transitional Council to advance the monopolization of all mental healthcare in the hands of the medical-model cartel.
17. By 2009, as highlighted in the Fraser Institute Reports released on the issue of regulation of 'alternative' therapies and approaches, the PUBLIC stated loud and clear as it paid in the billions out-of-pocket for drug-free therapy and healthcare, that it did not want government, and especially self-serving interest groups, to decide for them what was 'standard' and appropriate experience or acceptable training in the practitioner they alone should choose.
18. In December 2012, an academic paper addressed the entire matter of psychologists interfering in mind-body-spirit healthcare treatments, outlining the ethical problems with this new involvement and noting that it was impossible to determine the efficacy of psychotherapy. Aside from the highlight that there is NO scientific evidence of efficacy of psychotherapy, these are some of the more candid truths about the profession of psychology in *Why Psychotherapy Efficacy Studies Are Nearly Impossible, December 24, 2012 by David M. Allen, M.D:*  
  
page 892: *Psychology has had a long history of being neglectful, if not outright antagonistic, to issues related to spirituality and religion, often finding those who are spiritual or religious as being deluded or at least not as psychologically healthy and advanced as they could be (e.g., Ellis, 1971; Freud, 1927/1961). While Freud called*

*religious interests “neurotic” (p. 43), Watson (1924/1983) referred to religion as a “bulwark of medievalism” (p. 1).*

page 894: *Too often in the past, highly religious or spiritually minded persons usually were pathologized by professional psychology and individual clinicians. They were often considered defended, insecure, deluded, and thought to be suffering from some important psychological dysfunction needing treatment (e.g., Ellis, 1971; Freud, 1927/1961).*

19. In 2013, Psychologists released the 1<sup>st</sup> edition of the Dictionary of Clinical Psychology that yet again defined psychotherapeutic techniques as comprising far more than talk therapy, but in fact, most approaches that many other holistic professionals utilized successfully, efficiently and cost-effectively for decades, if not centuries.

By repeating misrepresentations and untruths, the new profession of psychotherapy as invented and fully controlled by psychologists directed by international regulators and their agents, was now being defined entirely by psychologists in a manner that implanted in the public mind that this new definition of psychotherapy was always the case.

The trappings of legitimacy sought to establish in the public mindset that psychotherapy was always a highly evolved profession, even though, without piggy-backing on the long traditions and successes of the well-defined mind-body-spirit professions, psychotherapy was practically non-existent as a unique therapy, and fully non-existent as a separate profession from psychology and psychiatry.

20. As Ministry bureaucrats were trying to get a definition and clarity on the *controlled act of psychotherapy*, it is apparent that you too noticed how Joyce Rowlands was sending up ‘red herrings’, and keeping you going around in circles. The fact was that at the same time, she was leading the public to believe that all had already been decided, and she was telling practitioners it was up to all professionals to figure out for themselves if they complied with the very controlled act that in fact, had still not been defined.

**In fact, while Ms. Rowlands was leading the public and distressed professionals to believe that answers actually existed, she was advising you that maybe the wording of the controlled act would have to be changed.**

21. In July 2015, psychologists loaded to Wikipedia the expanded list of the new definition of psychotherapeutic techniques. Incredibly it even claimed the game of chess as a therapy. This was of course to bolster acceptance of psychotherapy as a ‘stand-alone’ holistically-based profession by reinforcing misrepresentations

of psychotherapy as a long-standing, well-established profession. And clearly, *there is still no unique set of skills or knowledge required...the broad definition encompasses the whole range of human-to-human interaction and the entire field of mental, spiritual and psychological healthcare.*

22. On September 5, 2015, on behalf of all holistic, traditional, spiritual care and energy/body practitioners, a letter was forwarded by Stop Psychotherapy Takeover Co-founders that contained a number of questions that should long ago have been answered without having to ask.
- 23. On October 26, 2015, Joyce Rowlands, Registrar of the College of Registered Psychotherapists responded with a blanket dismissal of all legitimate questions. If a regulatory body is to enforce a law, then it should be able to answer any questions relating to the activity permitted or restricted by a practitioner captured by that law. In fact, while she was claiming to have been advised not to answer any questions, not even the one requesting she clarify where and how exactly the Stop Psychotherapy Takeover organizers were misleading the public as alleged in her website communiqué, she would not respond.**
24. In October 2015, distressed professionals learned that the Minister of Health, himself a prominent member of the very medical-model industry that had been working to eliminate non-drug practitioners since the early 1900's, was forcing the 6 authorized groups to divvy up the spoils of a truly unlawful legislation so that he could quickly have it proclaimed and enforced.

This was despite the countless legal advisements since 2005, that this controlled act was incoherent, not remotely viable and would interfere with personal liberties, would put holistic practitioners out of work and violated the RHPA and Constitution of Canada.

Worse, this legislation was being implemented without accountability by a Transitional Council headed by a person trained in INTERNATIONAL regulation, as though Ontario was governed by a shadow INTERNATIONAL government and not our ELECTED provincial government...which is the exact agenda of trade deals.

## Appendix 5

## **Contradictions in HPRAC Reports, Legislation: Gross Violations of the RHPA**

**In not one HPRAC report to the Ministers of Health was there any recognition or acknowledgement of the existence of a non-medical approach to mental and emotional wellness that is saving the imploding Ontario medical-model healthcare system \$7-10 billion annually.**

**We are increasingly able to show the public that HPRAC, like many of the leaders of the various Colleges, are medical-model advocates, with ties to international training agencies funded by those seeking to reduce all healthcare of the world to one option.**

HPRAC members have lacked practical frontline experience in healthcare provision--this gave psychologists the opportunity they needed to push their innuendos (psychotherapy is dangerous) as fact, while relying on HPRAC being negligent in not demanding the compulsory PROOF of harm and risk to the public that the *Constitution of Canada* mandates before legislation and regulation can be imposed on the public.

To protect 'turf' the instigators of this psychotherapy legislation established a brand new profession out of mid-air, defined it to include the activities of their competition, set about legitimizing the new profession by establishing The Canadian College of Professional Counsellors and Psychotherapists (CCPCP) in 2006, and published a new definition of psychotherapy in the 2006 Dictionary of Psychology to plug the holes that highlighted the non-existence of this profession as found in the HPRAC Report, 2001.

1. **In HPRAC's 2006 Report, page 12** lies a bald-faced misrepresentation of the facts: *"For many of these people [immigrants], the use of safe complementary or alternate care is part of their experience, cultural heritage and way of life, and a preferable method of treatment over conventional medicine. They do, however, expect that practitioners who are providing their care are qualified and meet the standards of practice of the alternate form of medicine. Like others, they reject a caveat emptor approach to their health care."*

These sorts of baseless innuendos from an advisory council that was tantamount in composition to an entirely medical-model advocacy group, are what causes endless and damaging, unnecessary and costly 'regulation' of people's lives and livelihoods. What others reject a caveat emptor approach to their own healthcare choices and freedoms exactly?

There is absolutely no evidence whatever that the population that prefers non-western medicine rejects a caveat emptor approach. In fact as far as immigrants:

- (a) they arrive in Canada from areas where there is no regulation and interference in healthcare provision;
  - (b) their voluntary, out-of-pocket investment in approaches to non-drug, holistic therapies for mental health in the billions of dollars annually despite the availability of 'free' healthcare, sends a clear signal they want to make their own decisions and choices in practitioner and treatment;
  - (c) only 54 people showed up for consultations with HPRAC despite wide publication, clearly indicating that the public is not interested in the government's version of 'safe and effective';
  - (d) the vast majority of clients of non-medical-model approach professionals do not advise their medical doctor of their utilization of natural healthcare approaches;
  - (e) there is NO evidence that the public wants standards in natural healthcare set by the medical-model advocates such as psychiatrists, psychologists and MDs.
2. The **2006 HPRAC Report, on page 216** noted: *"A controlled act of psychotherapy would provide the highest level of regulation and public protection. The disadvantage is that it would require a precise definition of the act of psychotherapy comparable to the wording of the 13 existing controlled acts under the statute. This is not viable, because psychotherapy is a process and cannot be characterized as a single act."*

Mental healthcare is already severely regulated and since it has become severely regulated by psychologists and psychiatrists, suicide rates have doubled (see Appendix 3).

**The point that all policy makers have neglected is that the foundational element of the *RHPA* was that no healthcare activity was to be the sole purview of a single group, and certainly no single act was to be prohibited except the most dangerous, without the mandatory PROOF that interference was justified in the first place. Instead we now see the exact opposite situation...as much regulation as possible and all activity corralled as a single act made the exclusive domain of one 'profession', where a profession can be manufactured out of thin air to prevent others from doing the act.**

**In his email dated May 29<sup>th</sup>, 2015 to Allison Henry and Stephen Cheng, Douglas Ross** attached 'Key Points for Discussion at a May 8<sup>th</sup> meeting with CRPO', wherein he notes that the Ministry expects the public to *be protected from unauthorized providers* and have a transparent understanding of what services they can expect from their mental health provider. This is not the purpose of a 'controlled act', which is a severe prohibition of a healthcare service that has been PROVEN to be inherently dangerous.

**The intent of the *RHPA* is not to protect the public from *unauthorized providers*, with authorization being conditional upon joining a College with arbitrary membership qualifications and bizarre, impractical educational**



requirements. Its intent was to let the public decide who they consider 'authorized' to treat them. The *RHPA* intent was to prevent arbitrary 'authorization systems', to ensure that professions operate by means of self-regulated VOLUNTARY membership (exceptions only in the case of truly dangerous activities), to protect the purity of professions of all kinds and an abundance of choice for the public.

3. At **page 8 of the New Horizons Report, HPRAC** has also twisted the intent of the *RHPA* further, by suggesting that a 'system of controlled acts' was required, when in fact, this is the exact opposite of what was intended. It also left out the salient point of self-regulation -- that it was to be by VOLUNTARY membership only.

Since 1991, controlled acts have been systematically used to eliminate from the healthcare industry, highly successful non-medical model healthcare professionals to ensure monopolization, all under the pretext of protecting the public. ...the very antithesis of what the *RHPA* intended before it was high jacked. If the public is willing to pay \$7-10 billion annually (per Fraser Studies 2005) out-of-pocket, then this and only this should be the measurement of safety...the public's measurement.

**The architects of the *RHPA*, 1991 made it clear that only the 2-4 most dangerous of healthcare activities would be regulated by controlled acts. Instead, here HPRAC is suggesting an entire system of controlled acts to control all activities and to circumvent the imperative that professions remain in the public domain as self-regulated associations of VOLUNTARY membership. Naturally it is impossible to have a profession be both self-regulated with VOLUNTARY membership and entirely regulated by prohibitions at the same time.**

It is clear from **pages 148-149 of the New Horizons HPRAC Report, 2006**, that when integration and regulation started to impose on natural approaches and professions, the goal became to dilute and eventually eliminate them altogether. The *RHPA* sought to prevent that from happening, by ensuring that overlapping scopes of practice would be encouraged and PROTECTED.

4. According to **page 212 of the 2006 HPRAC Report**, *"Elements common to all types of formal psychotherapy training include the ability to: listen to and understand clients and patients and attend to nonverbal communication, develop and maintain a therapeutic alliance with patients and clients, understand the impact of the therapist's own feelings and behaviour so they do not interfere with treatment, and recognize and maintain appropriate therapeutic boundaries."*

**These are elements central in all mind-body-spirit approaches...thus, to suggest that medical-model informed-and-influenced psychotherapists should have regulatory power over other professions is a violation from the outset.**

5. Further, the **HPRAC, 2006 Report** stated: “Concerns were expressed to HPRAC that a controlled act of psychotherapy would stifle the evolution of a dynamic and maturing discipline.” Tens of thousands of people are asking “What discipline?” “What evolution”? *Psychology Today* even ran articles on the failure of psychotherapy as a *psychological* intervention and how it cannot be revived. What this controlled act would do is stifle the entire mind-body-spirit healthcare industry, until the entire public is forced to accept unscientific mental illness diagnoses and scientifically proven brain-damaging drugs.
6. **At page 219 of the 2006 HPRAC Report** we find an interesting comment “A protected title or titles must be understandable to the public, and there should be a recognized link between the title(s) and the services being provided.”

Yet with this *Psychotherapy Act* and the *Controlled Act of Psychotherapy*, we have seen family therapists and marriage counsellors and so many others, such as spiritual care workers, not remotely associated with psychotherapy, coerced into joining the College to ensure they could continue to earn their living. Now they must use the title Registered Psychotherapist.

Furthermore, how is a client, expecting spiritual care or family therapy or hypnotherapy, to know that instead, they are being ‘diagnosed’ and provided ‘psychotherapy’ according to some arbitrarily-set, medical-model standard at the College?

Under the *RHPA*, title protection is supported by “holding out” restrictions. These restrictions prohibit persons, other than members of a regulatory College, from representing themselves as members of that College, either directly by using the protected title, or indirectly by using words or conduct to suggest they are authorized to identify themselves as members of the College.

**This provision has been entirely twisted and expanded by the College of Registered Psychotherapists to mean that no one other than a member of a regulatory College can represent themselves as a psychotherapist or hold out that they are qualified to offer psychotherapy. The College has unlawfully threatened psychotherapists with prosecution who were promoting their psychotherapy services, but NOT holding themselves out as being members of the CRPO. This is a gross restraint of trade and commerce; the exact opposite of the intent of the *RHPA* and the *Constitution of Canada*.**

7. According to **HPRAC, 2006**, ‘there was a great deal of public confusion about the roles and qualifications of practitioners – psychiatrists, psychologists, psychotherapists and other disciplines – offering psychotherapy’.

**There is NO confusion amongst the public that mind-body-spirit modalities are not psychotherapy, psychiatry or psychology. However, the determination of psychologists and psychiatrists to regain ‘turf’ by blurring the distinctions has**

**resulted in two entirely different models of mental healthcare being merged into one as 'psychotherapy', with the proven safest set of professionals being forced to accept what is totally foreign in their practices...the medical model of treatment, the proven dangerous model.**

**Mind-body-spirit practitioners are NOT doing psychotherapy and there is no justification to be forcing anyone to accept regulation by the most unsafe among us...and judging by recent reports of those in the field, by the most cost-ineffective. Most holistic, traditional, energy and spiritual care professionals have followed detailed and erudite training in our chosen professions that have nothing to do with medical-model treatment. This training does not involve accepting indoctrination to human concepts such as 'unscientific mental illness diagnoses', Masters degrees, and the moral judgements of one over another.**

8. In the case of psychotherapy, HPRAC, in 2006, claimed that throughout it's consultation process, a large majority of stakeholders clearly stated that there is risk of harm associated with the practice of psychotherapy. In fact, this was a gross misrepresentation of the true facts. This myth was promoted by psychologists and psychiatrists, with all others left wondering where the PROOF of such 'danger' was to be found.

The Fraser Institute Reports proved that there is NO risk of harm by lay psychotherapists, and there has been NO incidence of harm by holistic, energy, spiritual care and traditional practitioners, thus this fact alone shows that psychotherapists/ psychologists should never be permitted to have any influence, let alone regulatory power over ANY provision of a psycho-social-spiritual intervention, even and especially in cases of substantial thought, mood, perception, orientation or memory disorder that even might grossly impair judgement.

9. While HPRAC were aware that there was little or no professional psychotherapy training, and little or no harmonization or standardization, and not a single self-regulating voluntary association of psychotherapists, they failed to recognize the reasons why this was the case:

- psychotherapy was not only merely a psychological intervention, but one that influential professional magazines had already determined could not be revived;
- psychiatrists and psychologists were the only advocates for psychotherapy legislation (and eventually the ONLY ones permitted to frame the legislation);
- while psychotherapy was not meeting public needs, the natural, holistic, traditional, spiritual and energy approaches were thriving...there is thus no connection between the two approaches;

- the statistics were showing that the public was abandoning psychotherapy altogether--the vast majority of patients never returned to a psychotherapist after the first session and of those that did, the majority did not return after the 2nd.
- while psychotherapists may overlap in their work with those of non-psychotherapists and non-psychologists, the *RHPA* makes it clear they cannot lawfully make what other professionals do their exclusive domain, especially after spending a century calling it quackery.

Yet, all this was missed in the all important rush to

- (a) violate personal liberties
- (b) protect the medical-model status quo, which clearly the public is increasingly willing to pay out-of-pocket to avoid despite it being 'free', and
- (c) to satisfy the international agenda to monopolize healthcare as a world-governed service.

10. The **HPRAC Report, 2006** also summarized the intent of the *RHPA*: "Anyone, with or without credentials, may practice psychotherapy and call him/herself a psychotherapist."

Clearly, the *RHPA* was designed specifically to encourage all practitioners to promote and practice their chosen profession freely and call themselves what they wish in order to keep healthcare services in the public domain...and to do so without imposition of self-interest groups. While giving lip service to this intent of the superior laws, throughout its reports, HPRAC also saw this as a detriment to its new goal of ensuring that NO ONE should be free of the shackles of regulation and oppression. It simply resorted to increasingly ignoring the *RHPA* to satisfy the Minister's wishes.

Worse, all semblance of VOLUNTARY membership has evaporated because to earn a living a professional now must join a College, pay high membership fees and support an entire bureaucracy that does absolutely nothing for the final outcome of patient care, and even less for the practitioners themselves.

Not a single bureaucrat asked if there were any spiritual care workers, family therapists, hypnotherapists, etc who had any desire to be associated with psychotherapy, to be forced to refer to themselves as Registered Psychotherapists, or to submit to the scope of practice they so abhor.

'Title protection' has now expanded from protecting Registered professional titles to prohibiting all use and references to a profession if one is not Registered with a College...again a gross violation of the spirit and intent of the *RHPA*.

In fact, the Psychotherapy-related legislation has gone one step further and banned the use of the term psychotherapist and prevented non-registered psychotherapists and those performing overlapping therapies from doing so...again a complete

violation of the spirit and intent of the *RHPA*, which highlighted the need to allow freedom of professions to share overlapping scopes of practice without restriction, except in the 2-3 most dangerous areas of healthcare.

11. The Legislature's Standing Order 106(H), provided terms of reference under the *Regulations Act* at the time. These outlined the requirements of regulations under a statute. The *Regulations Act*, was fully in force all the years this unlawfulness was being concocted, but as we see also mostly entirely violated. **HPRAC itself, in it's 2006 report at page 66**, highlighted that:

- Regulations should not contain provisions initiating new policy, but should be confined to details to give effect to the policy established by the statute.

*[yet, there is no policy behind the controlled act, except the well-publicized globalist agenda to disrupt and monopolize human-to-human interactions world-wide]*

- They should be in strict accord with the statute conferring of power, particularly concerning personal liberties.

*[in fact, this legislation wholly eliminates directly and indirectly all personal liberties and freedoms, from freedom of association to freedom to compete in an open marketplace]*

- Regulations should be expressed in precise and unambiguous language.

*[eight years after passing, hundreds of thousands of dollars are being spent trying to define the main terms and the CRPO continues to be obfuscating, without telling us they too don't know what to do with their new, all power-full toy that gives them the tools they need to remove 'undesirables' from the industry, even if the most important party (the public) wants them around]*

- Fines, imprisonment or other penalties should not be imposed by regulation, and regulations should not shift the onus of proof of innocence to a person accused of an offence.

*[with this legislation comes threat of a \$25,000 fine and prison time! By virtue of refusing to join an undemocratic, unwarranted, harmful College in the first place, an unregulated practitioner is deemed automatically guilty...just ask those who received cease and desist letters from the CRPO, not because they had referred to themselves as Registered Psychotherapists, but because they continued to offer psychotherapy and refer to themselves as psychotherapists (as the RHPA intended would happen in a self-regulated VOLUNTARY membership system of regulation).]*

12. The *RHPA, 1991* at no time indicated that the public's basic human right to choose healthcare treatments for 'serious' conditions should be eliminated in favor of allowing self-interest groups to monopolize healthcare.

**There is no provision in the *RHPA* or the *Constitution of Canada* that remotely refers to the treatment of a 'serious' condition as being the purview of any particular person or profession. The choice in practitioner and approach for any seriousness of condition is entirely the decision of the public itself at all times.**

## Appendix 6

## **Gross Violations of Public Trust and Personal Liberties by the Controlled Act of Psychotherapy**

The controlled act of psychotherapy seeks to control an entire profession—a profession yet to be defined. This is absolutely not what was intended by the superior laws and in particular the *RHPA, 1991*. **ACTs or TECHNIQUES proven to be dangerous** were to be controlled, not entire professions. Further, the *RHPA* was explicit that professions that overlap could not be restricted from offering their services.

The public is VERY clear that medical-model psychotherapy and psychology, no matter how creatively defined is NOT spiritual care, NOT hypnotherapy, NOT counselling, NOT energy treatment, NOT family therapy, NOT meditation, NOT Buddhism, NOT dietary supplementation and definitely NOT holistic education.

From psychotherapist Philip McKenna's article **SOME REFLECTIONS ON BILL 171**, January 1, 2007: *"The 4th of these, the controlled act, was a surprise, considering that **New Directions** (the HPRAC advice to the Minister) had stated: The problem, however, is that the RHPA's controlled act approach is unworkable for psychotherapy. This is because it is impossible to single out a clearly discernible act that forms part of the practice of psychotherapy (and is unique to it) that serves to create risk of harm for patients. (p.220)*

The spirit of Bill 171 was expressed in the **Compendium** (p.48): *The Ontario legislative framework for regulated professionals is not intended to judge or compare the value of one health care profession over another or test the theory of certain health care practices over others.*

**The Constitutional imperative that EVIDENCE of harm exists BEFORE personal liberties are imposed upon was NEVER enforced before the legislation was permitted to be buried in a huge Omnibus Bill.** Claims such as *'the public requested....'*, do not meet the standards for evidence, especially since only 54 private citizens showed up to HPRAC consultations. The other several million Canadians were never consulted about why they choose to pay out-of-pocket for holistic treatments when 'free' mental healthcare is available on every corner.

As psychotherapist Philip McKenna noted: *"The legislation is caught in something of a post modern dilemma. It does not wish to give state sanction to anything as true, yet it gives complete power to the Transitional Council to prescribe what are acceptable therapies."*

**So, now we see how the CRPO was given power to decide spiritual care standards, where the scope of practice of previously highly regarded, well-defined professions, such as family therapy, are in fact devalued and eliminated and the conventional medical model is forced on others. Family therapists, lay psychotherapists, counselors, holistic practitioners of all kinds do not subscribe to the medical-model of healthcare, yet now the control act makes it impossible to offer any but medical-model approaches in a medical-model framework dictated by those trained by International agencies in how to force compliance with their own standards on the public.**

*A controlled act of psychotherapy* violates the intent and spirit of the *RHPA*, which is to leave as much healthcare choice in the public domain as possible. Controlled Acts were to be minimal in number and implemented only for restricting PROVEN dangerous activities, not entire professions, especially safe ones.

Instead, all human interaction for the purpose of wellness is being authorized to only 6 specific professional groups, as all healthcare services and approaches are forced to comply with the medical-model by way of controlled acts that deliberately eliminate mind-body-spirit practitioners from the industry...unless they abandon their training, titles and chosen careers.

**The *RHPA* does not allow a controlled act to be determined by the definition of various terms used in a profession's legislation.** Only an identifiable act, technique or activity proven to be inherently risky to the public was to be restricted to specific professionals.

Yet, we see relentless efforts to give Colleges unfettered power over non-members to the point where the English language and common terms are fully appropriated as they are today in psychology and now psychotherapy and where the promotion of one's practice results in a 'cease and desist' letter, even if the practitioner is not using the term 'Registered' before their professional title.

The Ministry is now encouraging the CRPO to define the terms such as 'psychotherapeutic techniques' and 'serious' as though defining terms would automatically make all psychotherapy 'dangerous' and to be controlled.

It can be proven that the intensity of 'controlled act' regulation since 2001 has in fact created a most dangerous, unaffordable, unaccessible, healthcare system where conventional medical treatment has become the leading cause of death, disability and addiction.

The unlawful psychotherapy-related legislation has attempted to corral all human-to-human interactions as the sole domain of self-interest groups to treat, without any scientific evidence that these self-interest groups have proven themselves to be efficient, effective or even the preferred practitioners of the entire population AND



without any evidence whatever that a therapeutic relationship with drugless practitioners would be remotely dangerous or of risk to the public.

In summary the 'controlled act of psychotherapy' is a Trojan horse designed to facilitate the complete take-over of all human-to-human interactions by the medical/pharmaceutical cartel. While the present Minister of Health insists he is ensuring options in healthcare, in fact, he has increased the options available in where to get drugs, meanwhile diluting and eliminating non-drug approaches through many ruses, the psychotherapy-related legislation being a significant one.

## Appendix 7

**Gross Violations of Public Trust by Transitional Council and CRPO**

The Transitional Council of the College of Registered Psychotherapists was given the powers “*to do anything that is necessary or advisable for the implementation of this Act . . .*” (Schedule Q 11.3, p.140). *Two things were mentioned specifically: the prescribing and prohibition of therapies; and issuing certificates of registration to psychotherapists.*”

Allowing one group of people to prescribe and prohibit therapies in what is supposed to be a free marketplace, is a direct violation of the *RHPA*, which was intended to encourage a free marketplace of healthcare services.

Everything was left to the determination of the Transitional Council (TC). All the issues of training standards, qualification for certification, and grandfathering in many briefs to HPRAC and the MOH were in the end left to the regulation of the T.C. Worse, the TC would encroach on all other modalities of healing that had nothing whatever to do with psychotherapy, to the point where many professionals were misled and coerced into joining the new College and having to succumb to psychotherapy scopes of practice and titles just to continue to earn a living (eg. Family therapists, spiritual care workers and marriage counsellors).

Skillfully, Joyce Rowlands, a card-carrying member (not just a graduate of their courses) of CLEAR, kept us going around in circles, just as she did you. For this she was costing taxpayers over \$100,000 annually, plus expenses. Ms. Rowlands appears to many of us well-skilled in obfuscation, skirting the truth, withholding essential information while claiming to be transparent and pretending that victims don't count.

Her modus operandi appear to be to refuse to answer questions in a truthful way, instead condemning as 'unsavory activists', those professionals and Canadians fighting for their very livelihoods, careers and personal liberties. Her constant refrain, 'our lawyers advised us not to answer' is a disgrace.

As you can see in an **email letter dated June 27, 2014 to the Canadian Reiki Association, Joyce Rowlands, Subject: Bill 171- Psychotherapy Takeover**, Ms. Rowlands states that (underlining is our emphasis):

*“When the new College is fully established, anyone who wishes to:*

- ☐ *use the title Registered Psychotherapist (RP) or Psychotherapist, and any abbreviation of those titles;*
- ☐ *hold him/herself out as qualified to practise psychotherapy; or*
- ☐ *engage in the controlled act of psychotherapy*

...will be required to be registered with the new College or one of the other colleges whose members are authorized to perform the controlled act of psychotherapy...

...In other words, only regulated professionals will be able to: treat using psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder... that may seriously impair [their]...functioning.

In so far as any treatment method may be considered a psychotherapy technique, that activity would be restricted if/when used to treat an individual's serious disorder that may seriously impair...etc. Please note that the controlled act of psychotherapy is defined in terms of the seriousness of the condition of the person being treated, not in terms of the particular technique used to treat the person.

Unregulated people will be able to provide services, as long as they do not engage in the controlled act, i.e. treat individuals with serious disorders...; do not use any restricted title or abbreviation; and do not hold themselves out as qualified to practice psychotherapy.

... All of our members will be authorized to do the controlled act; only unregulated people will be prohibited from doing it. The latter will need to be sure they are not in breach of the legislation. We will not be regulating particular treatment techniques; rather we will be regulating members of the College. We will also have the power to take action against unregulated people who use a restricted title or abbreviation, hold themselves out as qualified to practice psychotherapy or engage in the controlled act, i.e. treat individuals who have serious disorders.

Incidentally, registration does not require a master's degree per se, but rather completion of:

- ☐ a coherent program in psychotherapy offered at the master's level a masters'
- ☐ a master's program central to the practice of psychotherapy, or
- ☐ an equivalent program.

The transitional Council has developed a process for Reviewing and Recognizing education & training programs; detailed information is posted on our website. To date, one program has been recognized as preparing students with required entry-to-practice competencies; it is an independent program outside the college and university system (Gestalt Five-Year Program). Other programs are currently under review, or in the process of completing applications for review."

All the while that Ms. Rowlands was unable to determine for you what a controlled act of psychotherapy was, she was so dishonest as to suggest to frantic professionals, in writing, that she had all the answers, but we have to figure it out for ourselves!

**In her 2014 letter, Ms. Rowlands was insisting that the controlled act is defined by the term 'serious disorder', yet in December 2015, they are still trying to define a**

controlled act of psychotherapy for the Minister and the *RHPA* does not permit an act to be deemed 'controlled' based on the seriousness of the condition, but only on the danger posed by the treatment.

It is a gross violation of the *RHPA* that Ms. Rowlands advises unregulated practitioners that they cannot hold themselves out as qualified to provide psychotherapy services. Under the *RHPA* anyone can hold themselves out as qualified to practice psychotherapy. They cannot hold themselves out as qualified to engage in the controlled act...the controlled act is NOT the entire practice of psychotherapy ...it is ONE act (obviously yet to be identified). The rest of the acts involved in psychotherapy, however it is defined, is NOT controlled and not restricted to 'authorized' persons.

In her letter, Ms. Rowlands is insisting that an applicant have a program in psychotherapy at the master's level, which is entirely unavailable, or a master's program central to the practice of psychotherapy, which is equally non-existent, or an equivalent program, which is entirely non-existent. In fact, any Master's degree in any field not remotely associated with psychotherapy is sufficient.

**By 2014, Gestalt is the ONLY program acceptable as 'recognized' education. It is strictly and always has been a psychology treatment...medical-model psychology treatment. If psychotherapy is a separate profession, why is the basic educational program, 8 years after the profession is manufactured, still from the psychology profession?**

Ms. Rowlands has advised your office that they are organizing 'training programs', but not telling you that Gestalt is strictly psychology-related, non-university degree training, which means that if psychotherapy is a separate profession from psychology as implied by the legislation, then there is a huge problem that cannot be dismissed when the central psychotherapy educational criteria is psychology training.

It appears that government staff have been informed exclusively by conventional medical-model advocates and those like Joyce Rowlands who are trained and directed by an International monopolization agency, in how to present entire enslavement as 'protection', while hiding the fact that our healthcare system has never been more dangerous to Canadians.

In fact, many College Registrars have a history of employment in strategic positions with the pharmaceutical industry and its allies. For example, Shenda Tanchak, the ringleader in the new Ontario Clinic Regulations scheme, appears to have been parachuted from executive positions with the College of Physicians and Surgeons of Ontario into the role of Registrar of a much smaller College of Physiotherapists, with the apparent sole purpose of initiating and advancing the Ontario Clinic Regulations, at arms length of the CPSO.

These proposed Ontario Clinic Regulations are admitted by the College registrars involved, to be designed to openly and completely eliminate all unregulated professionals from the marketplace and to subject regulated professions to warrantless searches of property, financial records, and to investigations of moral character and 'suitability' for work in their chosen profession.

As only one of many examples of what has been forced onto the broader healthcare industry, this is an excerpt from an article written by Robert Bond, Ontario representative of the Canadian Society of Spiritual Counselors that pretty much sums up the moral and ethical bankruptcy highlighted by this legislation and how spiritual care workers were being forced to become psychotherapists and join a College that has no moral and ethical reason to exist in the first place:

*"There is a story behind this predicament, whose highlights read like this: In the autumn of 2005, the Ontario Coalition of Mental Health Professionals (OCMHP) submitted an extensive position paper to the Ministry of Health and Long Term Care (MOHLTC), arguing for the regulation of psychotherapists by Title Protection, and debating against regulation by way of a Controlled Act. In 2006, the Health Professions Regulatory Advisory Committee (HPRAC) wrote its official recommendation to the MOHLTC, also arguing against regulation via Controlled Act and, on their part, suggesting regulation via an Enforceable Scope of Practice (which suggestion the OCMHP vigorously opposed). In spite of every audible-to-the-public voice then directed towards the Minister's ear clearly singing the same "No Controlled Act" song (and you may remember the summer and autumn of 2006 were full of OCMHP lobbying), lo and behold the 2007 legislation was built upon a Controlled Act!*

*Concluded by us at the OCMHP table was the realization (with multiple pieces of evidence provided by our lobbyist) that the fiercest voice heard by the Minister, somewhere in the back hallways, was actually that of the MOHLTC's College of Psychologists, whose overarching interest was 'turf protection': If Psychologists could have kept everyone but Psychologists from doing (their version of) psychotherapy, they would have been very satisfied. What they did achieve were (a) regulation of psychotherapy via Controlled Act, and (b) a Controlled Act written using a DSM framework."*

And then further on, showing how spiritual counsellors were being groomed to 'takeover' spiritual counseling within the CRPO: *"This means, from a CASC perspective, that only Specialists in Pastoral Care and Pastoral Counselling (or their equivalent) will be up-to-provincial-standards (as regulated by the CRPO). Which is the situation our own Standards have intended all along: one where certified specialists, held to account by regular peer review, or else students under supervision, are the practitioners of pastoral care and pastoral counselling in our land."*

**In other words, the CRPO's view of spiritual care, based entirely on the medical-model, which is the centrefold in this legislation, will be foisted on an entire**

**population, whether or not they like it. Spiritual care is a very personal matter and placing the standards squarely in the hands of those who intend to build careers pontificating to others about how spiritual care should be provided and received, is beyond dictatorship and religious/spiritual persecution. If a pastor or spiritual care provider does not subscribe to the CRPO/CASC standards, they would be witch-hunted to elimination by those who have a vested interest in forcing all others to succumb to 'spiritual care standards'. This alone violates what it means to be a democracy.**

As you may know, some in the conventional medical world have been systematically portraying any healthcare professional who has not succumbed to forced regulation under the ruse of 'protecting the public', as dangerous, and not equally important to the safe and cost-effective provision of healthcare services. Licensing and forced membership has never ensured competency and efficiency, good morals or ethics.

While Ms. Rowlands cannot answer your questions and as one of you pointed out, she tends towards using 'red herrings', **she has made claims that Stop Psychotherapy Takeover's information was misleading and erroneous, while refusing to advise just how the information is misleading and incorrect. She has repeatedly responded to legitimate enquiries by referring to the controlled act, while withholding that the controlled act itself is still not clarified.**

**In the same breath that suggests anyone and everyone could potentially be captured by the psychotherapy-related legislation, Ms. Rowlands has refused to state just who is affected, claiming that it is up to drugless practitioners to determine that for ourselves!** This has been regarded as the height of deceit and arrogance by thousands of practitioners, including those regulated.

**In fact, Ms. Rowlands has even refused to advise what the 4 entry-to-level core competencies for joining the College are, thus suggesting that the 2,000 members who were grandfathered did not meet any particular competencies, but did have the arbitrary conventional 'education' and a Master's degree, something that can be shown to be entirely irrelevant in the actual provision of effective therapy.**

The documentation we have acquired clearly shows that the College of Psychotherapy and particularly its predecessor the Transitional Council have repeatedly sent the message to practitioners that Registered Psychotherapists will have the exclusive right to provide family therapy, marriage counseling and spiritual care. Thus, in order to preserve their livelihoods, many people very unwillingly joined the College who had Master's degrees, when this was apparently NOT the stated intent of the government, notwithstanding that it was the stated goal of globalist regulators. Certainly it was not the intent of the *RHPA* itself.

The cost to these coerced practitioners of joining the CRPO will be passed on to the patient/client, driving mental healthcare costs even higher and out of reach for millions.

Worse than this coercion, is the fact that the above groups were told that to preserve their earned titles and scopes of practice (as Family Therapists and Marriage Counsellors and Spiritual Care workers), they had to become Registered Psychotherapists!

Once they joined, they learned that they not only had to use the title Registered Psychotherapist first, but they had to subscribe to the scope of practice of a medical-model psychotherapist and not of a family therapist, a marriage counselor or spiritual care worker.

Without this coercion, there would have been under 50 members of the College by this date, because the other 2,000 were those grandfathered who mostly felt forced to join to continue their livelihood.

While **Doug Ross's email to John Amodeo dated on or about June 1, 2015** reminds the CRPO that those who do not wish to become members of the College of Registered Psychotherapists cannot be prevented from offering psychotherapy or calling themselves psychotherapists, that is exactly what has happened...cease and desist letters went out to many lay practitioners who have offered their version of psychotherapy treatments, some for decades, immediately upon the *Psychotherapy Act* being proclaimed on April 1, 2015. They were not using the title Registered Psychotherapists or holding themselves out to be Registered Psychotherapists and thus their livelihoods were unlawfully interfered with.

Practitioners who have had no interest in psychotherapy, have never referred to themselves as psychotherapists and who work in professions not remotely associated with psychotherapy have been coerced into joining the College of Registered Psychotherapists in an attempt to legitimize its existence...yet it's own Registrar has refused to advise what the core competencies of a psychotherapist are, as late as September 2015.

## Appendix 8

## **Ministry of Health Officials' Confusion and Distraction from the Superior Laws**

**While your various communications make it clear that it was never the intention of Ministry officials that approaches utilized by thousands of other genuine drugless professions be caught in the net of this psychotherapy legislation, it is also clear that it is unaware that the entire purpose of this unwarranted and unlawful legislation in the first place was to capture and eliminate all competition to psychiatrists and psychologists using techniques taught by an international regulatory agency training centre called CLEAR.**

### **Purpose of a Controlled Act**

What the current Ontario Minister of Health seems to be suggesting is that anyone who is not regulated is unauthorized and therefore a danger to society...yet the *RHPA* insisted that most professions remained 'unauthorized ' and self-regulated by means of VOLUNTARY membership.

Mr. Ross in his 2015 email communication stated: *'By definition, controlled acts are those acts considered to carry an inherent risk of harm in the course of providing healthcare to a patient. ONLY those acts that are inherently dangerous are restricted, leaving as much healthcare as possible in the public domain.*'

There has never been any evidence put forward that psychotherapy by laypersons is dangerous, or that the holistic, energy and spiritual approaches now appropriated and redefined by psychologists as psychotherapeutic techniques are dangerous or that they should even be included in the definition of psychotherapy. Opinions of psychologists with a self-serving agenda is not evidence that meets the Constitutional imperative for evidence.

And while your collective communications make it clear that it was never the intention of the government to regulate non-drug, non-diagnosis reliant mental health professions that were proven by at least two Fraser Institute studies in 2005-2006 to be 100% safe and valued by the public, the fact is that many such professionals continue to be coerced by the various Colleges into joining the College as a condition of being able to continue to earn their living, in direct violation of the *RHPA*, 1991 intent to ensure that ONLY the 2-3 most dangerous professions and activities be restricted by means of a controlled act.

**Further, only the dangerous activity that forms part of a healthcare professionals practice is to be controlled, not their entire practice of otherwise safe approaches.**



The Minister is well aware that he is insisting that 6 self-interest groups agree among themselves as to how to 'control' and therefore restrict and monopolize healthcare activities that have been deemed by legislation to be the purview of any practitioner who wishes to offer such a service, with the exception of 2 or 3 of the most dangerous of activities (psychiatry, dentistry, surgery, etc).

Naturally, figuring out how to make such egregious violations court-proof is 'difficult'. But, it is supposed that if there are enough meetings to the point of frustration, that eventually everyone will lose sight of what is really at stake and just agree to anything...which is what is being nurtured now, after 8 years of grappling with the untenable.

If *core bodies* of knowledge do exist for psychotherapy, they do not remotely resemble the core body of knowledge, experience, and wisdom required to be an effective and successful mind-body-spirit practitioner. The foundational elements, educational and experience qualifications for psychotherapy are not shared by mind-body-spirit modalities. But regardless, neither psychotherapy by unregulated professionals or mind-body-spirit services provided by holistic professionals are remotely 'dangerous'.

### Legal Protections Unlawfully Overridden by Definition of Terms

In his email dated **May 29, 2015 to Douglas Ross and Allison Henry, Mr. Cheng** suggests that our Constitutional rights, personal liberties, rights under the *Competition Act* and the *RHPA* have been reduced to breaking down the component pieces of the psychotherapy controlled act to satisfy the criteria before an activity can be deemed a controlled act of psychotherapy.

Mr. Cheng has decided that to satisfy the criteria for an activity to be deemed a controlled act of psychotherapy, the group must define 'treatment', 'psychotherapeutic technique', 'therapeutic relationship', 'serious disorder of thought' and 'seriously impair insight'.

This is truly bizarre, since defining of terms is not a criterion remotely required by the ***RHPA*** or *Constitution of Canada* as legitimate reasons for imposing on personal liberties or restricting the right of one person to offer treatments to another willing individual.

**REGARDLESS WHETHER THOSE TERMS ARE DEFINED, ALL PROFESSIONALS ARE WITHIN THEIR RIGHTS TO PROVIDE THE TREATMENT AS THEY SEE FIT TO THOSE WHO WANT THEIR SERVICES.** Definitions of words and appropriation of the English language cannot be used to prohibit others from having a therapeutic relationship with another willing individual.

**Self-interest groups have distracted the discussion away from how personal liberties are being violated with impunity, by suggesting that the lines in**

**healthcare should be drawn using words such as ‘serious’, ‘treatment’, therapeutic relationship and so on—all to be defined by self-interest groups directed by those with international interests--while the *RHPA* does not delineate by way of those terms.**

Whether or not the words ‘serious’, ‘treatment’, ‘therapeutic relationship’ or ‘psychotherapeutic techniques’ are defined, the public still has the final say as to treatment and practitioner and there is no lawful way to violate the Constitution and the *RHPA* to allow only certain professions to offer treatment for serious conditions.

EVERYONE has the basic human right to form a therapeutic relationship with another willing person, without any imposition of government or ill-advised college interference. This medical autonomy doctrine has been upheld repeatedly by the Supreme Court of Canada.

**While the Ministry is ‘seeking the working group’s decision as to how to define ‘treatment’, ‘psychotherapeutic techniques’, ‘therapeutic relationship’, ‘serious disorder’ of thought and ‘seriously impair’, the *Constitution* and the *RHPA* itself forbids imposition of these definitions on the rest of the population, without scientific and valid PROOF that the public is in danger without these definitions and impositions.**

Further, Mr. Cheng seems unaware that controlled acts are not about using arbitrary self-serving definitions of common terms, or about appropriating the English language to advance an agenda, but about restricting ONLY those specifically identifiable acts (regardless their names) proven to be dangerous to the public. Psychotherapy, no matter how defined, and treatment by non-drug therapies by any means is NOT dangerous and this has been proven more than once. **Obviously deliberate abuse of any patient by means of any activity does not make the activity dangerous, but rather the practitioner...as we have seen with the scandals of the 1990s.**

In other words, you cannot clarify a controlled act that cannot legitimately exist in the first place, no matter how many approaches you appropriate from non-psychotherapy practices to try to create the profession of psychotherapy and no matter how many English terms you appropriate and manipulate to force monopolization of healthcare on the public. THE ONLY ESSENTIAL CRITERIA FOR IMPLEMENTING A CONTROLLED ACT IS PROOF OF HIGH RISK OF HARM TO THE PUBLIC of the activity itself, even if it is a component of many professions.

The controlled act is not about prohibiting all professionals from engaging in a profession, but only about restricting specifically definable acts that many professionals may engage in to certain presumably trained professionals... in the case of psychotherapy, there is no act that is dangerous and psychotherapists are not trained for any activity in particular...as we have already established.

## Scopes of Practice

**In his email dated May 24<sup>th</sup>, 2015 to John Amodeo, Douglas Ross** advises *“I asked her [Joyce Rowlands], again, how she as the regulator plans on distinguishing between a non-psychotherapist performance of the CA and other practice and she was unable to tell me. This I think is the salient point. What criteria will the College use to hold mental health services up against when fulfilling their legislated duty?”*

This dilemma exists because there is no recognized ‘psychotherapy’ performance and because in the background, out of sight of regulators, psychologists have stealthily started to redefine ‘psychotherapy’ from one of many *psychological* interventions to a full-blown profession encompassing over 300 other regularly practice mind-body-spirit approaches used daily by non-psychologists and non-psychiatrists, sometimes as far back as thousands of years—NONE of which are dangerous as proven by studies.

In a **CRPO communique dated December 10, 2014**, the CRPO states: *‘The scope of practice of psychotherapy will not be exclusive to members of the new College of Registered Psychotherapists of Ontario or to members of other colleges.’* Then just below it states *“Any person can provide services that fall within the scope of practice of psychotherapy, so long as they do not...hold themselves out as qualified to practice as a psychotherapist in Ontario or perform the controlled act of psychotherapy.”*

**If you can explain how on one hand psychotherapy will not be the exclusive domain of College members, but on the other hand it will be, you will indeed work miracles. As reiterated on the bottom of Page 3 of the email from Douglas Ross to John Amodeo dated June 1, 2015, and we quote: “While the title is currently restricted to members of the College of Registered Psychotherapists only, practitioners may continue to provide psychotherapy services to patients. FURTHERMORE, NOTHING PREVENTS THEM FROM PROMOTING THOSE SERVICES TO THE PATIENTS AND THE PUBLIC.”**

Thus as you can see, on one hand it is plain that under the law, anyone can call themselves psychotherapists and offer psychotherapy services, they cannot refer to themselves as *Registered Psychotherapists*...that is fair. Despite this clarity, in an apparent case of the tail wagging the dog, the College insists that no one can hold themselves out as qualified to practice as a psychotherapist or perform the controlled act of psychotherapy. How does one offer psychotherapy services exactly, without holding themselves out??

In **Doug Ross’s email to John Amodeo dated on or about June 1, 2015**, he provides ‘thoughts for consideration before the June 5<sup>th</sup>, 2015 meeting’. One of those thoughts is a reiteration that ‘Scopes of practice provide a description of a profession’s activities.

and that profession **does not have exclusive right** to provide services within its scope of practice.'

Yet, in this legislation and during continuing discussions between CRPO and MOHLTC, we have a situation where CRPO has been permitted and even encouraged to make regulations that prohibit discussion, assessment or treatment of any other willing human being in Ontario for cognitive, mental, emotional, social function, thinking or reasoning issues, except by those 'authorized' by a self-interest group, despite the fact that hundreds of other professionals can treat the same conditions, no matter how serious, at least as effectively and in most cases more effectively than the self-interest groups...this is evidenced by the statistics themselves.

**The College of Psychotherapy has coerced family therapists and marriage counsellors, as well as spiritual care workers into joining their College, in direct violation of the *RHPA*, but also in direct contradiction to your own statements that it was not the intention of the government that such groups be forced to become registered by the College.**

### Failure of MOHLTC Officials to Demand Proof of Risk of Harm

Carrying the deliberately muddled water even further, MOH officials have appeared to entirely ignore powerful, legitimate and timely studies by the Fraser Institute in 2005-2007, not to mention the fact that the public puts their money where their preferences lie, showing that non-drug therapies are safe, natural and it is unnatural and damaging to regulate them.

- a) **You have all agreed, albeit unwittingly, to make-believe that something unlawful, unjustified, unwarranted and antidemocratic can be explained and made palatable to the public if you have enough meetings and agreements among you – and if a forced 'consensus' is reached by a certain date—that is dictatorship. You can agree amongst yourself, but it cannot be made legitimate or lawful as long as our *Constitution* is still in place.**
- b) ALL high risk techniques that MIGHT be used by those few who refer to themselves as psychotherapists, such as electroshock and drug therapy, are already controlled by other legislation. Just because a few psychotherapists in the psychiatry professions use dangerous techniques does not mean all those who treat the same patients with non-drug, non-psychiatric approaches should be 'controlled' or 'restricted' in any way.

**Those who are supposed to be protecting the ENTIRE healthcare industry from monopolization, have entirely missed the mark, even though the results of**

- (a) regulating according to the failed medical- model, and

**(b) the resurgence in popularity of non-medical model have shone a spotlight on the fact that:**

- the public is tired of being told what to do about their healthcare issues by those in conflicts of interest, and**
- the public does not need or ask for government interference in their choice of human being to obtain healthcare from.**

**Ontarians are paying out-of-pocket to avoid the medical system and that is a sign that you are not doing your jobs to protect what the public wants...less government interference, more public choice and a free marketplace to let the cream of practitioners rise to the top naturally. This was the entire intent of *the RHPA, 1991*, until it became subtly hijacked by those who never worked a day as a practitioner.**

HPRAC and Ministry officials are apparently not aware that major studies have proven that:

- . mental illness diagnoses are 'opinions' and not supported by scientific evidence and therefore should not be forced on any practitioner in a free country;
- . mental illness diagnoses have been shown to be clearly detrimental to the recovery of mental health patients and therefore those practitioners who subscribe to labelling should not be permitted to force the use of diagnoses on those professionals who do not use diagnoses in their work as the College of Registered Psychotherapists is presently doing;
- . empathic and non-drug therapies have historically been far more successful in assisting people to heal themselves, with drug therapy resulting in addictions and catastrophic outcomes on a well-documented basis, therefore it violates everyone's rights to healthcare of their choice by positioning psychologists/psychotherapists/psychiatrists as arbiters of what others should experience in healthcare.
- . many non-drug therapies are far superior in safety and efficacy to drug treatments and diagnosis-based treatments in treating mental illness, therefore the implication that the conventional medical advocates should be in charge of dictating for the entire healthcare industry what is 'proper and safe' treatment is abhorrent to refugees of the conventional system;
- . medical autonomy has repeatedly been upheld by the Supreme Court of Canada as being a Constitutional right and therefore even if the issue a client faces is SERIOUS, they get to decide who treats them and how.
- . the professionals you deem 'unqualified', because they do not care to be associated with psychotherapy, psychology or psychiatry have succeeded despite not having the benefit of preferential treatment from a system rigged for corporate profits and creeping

credentialism at the profound expense of the clients/patients--a system whose health insurance policies ignore that these safe treatments save the taxpayer some \$10-\$14 Billion annually and are free-choice, paid for out-of-pocket.

### Arbitrary Standards for Admission

Arbitrary minimum academic standards for admission make no sense, in that there is NO proof whatever that

- (a) master's degrees or the equivalent have helped anyone heal of any emotional, cognitive, mental, social functioning, thinking or reasoning issue,
- (b) that a master's degree is remotely required by those professionals who rely on relevant mind-body-spirit training.

'Creeping credentialism' has allowed the CRPO to maintain its existence by grandfathering anyone and everyone with any Masters or equivalent degree, and moreover in fields not remotely related to the practice of psychotherapy.

**Thus the CRPO is not a College of psychotherapists, but a hodgepodge of some 2000 members who pay membership fees to a bureaucracy comprised entirely of unrelated disciplines with unrelated academic qualifications...all because the members were threatened with an end to their livelihood by an unaccountable organization directed by an international agency whose mission is world-wide privatization of healthcare in the hands of the medical pharmaceutical complex.**

## Appendix 9

**Summary and Sources**

**IT IS IMPOSSIBLE TO OBEY A LAW OR KNOW HOW IT AFFECTS YOU WHEN EVERYTHING ABOUT IT, FROM THE OUTSET, HAS BEEN KEPT SECRET TO AVOID SUPERIOR LAWS.**

Since 2001, the mantra in Ontario seems to be that if a healthcare profession exists, it must be regulated in the image of the proven most unsafe, ineffective and expensive healthcare model in the world.

For 11 years or more now, and to this day, everything about Ontario's psychotherapy legislation has been kept secret, and millions of affected Ontarians are subjected to mental distress and torment. How, everyone asks, can this possibly be happening in Canada in 2016?

It is abundantly clear that with regards to the psychotherapy legislation:

1. The spirit and intent of the *RHPA*, 1991 were completely ignored, and in fact violated in the manufacture of the psychotherapy-related legislation by psychologists in order to 'protect their turf'. Basing their decisions on innuendo and engaging in a huge departure from the intent of the *RHPA*, Ministry officials appear to have neglected to ensure that there is a LEVEL playing field for all practitioners and instead have portrayed unregulated professionals as second-class.
2. It was never the intent of the *RHPA* to regulate all professions or entire professions by means of controlled acts.
3. The *RHPA* was clear: one profession or group was not to have power over other professions, yet with this psychotherapy legislation, we find hundreds of professions being threatened and eliminated by psychologists/psychotherapists. All human mental, emotional, cognitive, social functioning, thinking and reasoning conditions have been made the sole purview of those very professions that the public are leaving in droves.
4. **The fact that the public has felt the need to resort to Internet information is indicative of how increasingly unsafe they feel as the system becomes more regulated and therefore taken out of their personal realm of control and away from otherwise normal marketplace forces.** The disconnect between what the public wants and what they are getting is profound.
5. The HPRAC Report of 2006 managed to almost completely twist the intent of the *RHPA* that called for as little regulation as possible, into a call for regulation of

every living human being who offers a mental healthcare service to others--which is the stated agenda of the global regulators, at the same time that psychologists published a new, all-encompassing definition of psychotherapy in the 2006 Dictionary of Psychology

6. HPRAC saw fit to decide for the public that proper and safe care meant medical-model healthcare, entirely ignoring the statistics showing that conventional mental healthcare is a failure and responsible for a doubling of suicides.
7. **HPRAC, in its 2006 Report, also remarked “Over the past 15 years, patients have become increasingly involved in managing their own care.”**

What HPRAC neglected to say was that as a result of this increased public vigilance and sense of responsibility for their own health, the migration to holistic, energy, body, spiritual care and traditional approaches to health was profound and a clear threat to the imploding ‘conventional system’. This should have been the sign heeded that there must be solid protection for the ‘other medicine’...safe harbour legislation, as it found in a number of USA states to keep the medical model from eliminating the drug-less options.

Considering that only 20-30% of the world relies on western medical approaches, it means that some 80% rely on tried and true, drugless approaches passed down through the centuries. Yet, not a single policy maker or legislator in Ontario has sought to protect the practitioners that these 80% rely upon, to ensure they are not creatively eliminated from the healthcare system by the 20% driven by an international corporate agenda.

8. In that same **HPRAC Report of 2006, page 7**, HPRAC members suddenly engaged in wordsmithing to change the intent and spirit of the *RHPA*...in ways that are subtly but profoundly damaging to our democracy: “*The Regulated Health Professions Act, 1991 provides a mechanism for self-regulation of the health professions and helps protect patients and the public by ensuring that practitioners meet agreed standards of practice and competence*”. **The intent of the *RHPA* was never to force standards of practice and competence for anything but a handful of inherently dangerous acts, or to force ‘consensus’ but to leave this to the public in an open marketplace.**
9. It is patently harmful to remove natural options from the pallet of healthcare services, since many people found resolution for their issues only once they abandoned the conventional treatments they had tried. Terrorizing the public by leaving them with no choice but life-long diagnoses that have no scientific basis, and the spectre of life-long drug treatment and long talk therapy, is inhumane.
10. Natural treatments do not involve drugs, surgery, or invasion of the human body. And because they do not coerce patients but instead assist in self-healing, they



cause no psychological harm, as do conventional treatments that leave a person with a life-long, harmful label, damage from the effects of drugs and so on. It is in fact a blessing for the public that there is an entire healthcare industry that is not involved in diagnoses and drug prescribing, since that situation alone offers real choice.

11. Psychotherapy was originally to be defined as ‘the provision of a psychological intervention or interventions, delivered through a therapeutic relationship, for the treatment of cognitive, emotional or behavioural disturbances’ as set out in the **HPRAC 2006 Report**. Subsequent to the interference of international regulators it became an all encompassing mental health intervention that casts such a wide net that all mind-body-spirit approaches are captured as psychotherapy.
12. In fact, the present Minister of Health is now ordering ‘consents’ to declaration of what constitute ‘controlled acts of psychotherapy’ when this should have been an element already decided BEFORE the legislation was tabled IF the true reason for the legislation was to protect the public from a dangerous activity.
13. It is widely remembered that most conventional medicine advocates do not subscribe to the principles behind the art of mind-body-spirit approaches and have actively demeaned, dismissed and worked to diminish the value and importance of not only a choice in healthcare that is polar opposite to the conventional western approach, but a basic human right for the public. As no one has ever been maimed or killed by mind-body-spirit approaches, it behooves the government to ensure that practitioners are not boxed into a system that insults their views and beliefs, and violates their principles—nor those of the public that embraces them.

Academic papers have been written about how it is unethical for the psychological professions to offer mind-body-spirit approaches, since they spent decades ridiculing them in the media and to the public. Yet psychologists and psychiatrists alone framed this legislation.

14. **The public is not abandoning conventional medicine because they are being duped by natural practitioners, but because they see the results for themselves of both. Therefore, to force what the public wants into the very same regulatory system that has resulted in making people turn away from conventional medicine is unjust, unlawful and extremely harmful.**
15. The public’s right to monitor for themselves a practitioner’s qualifications and standards and to hold practitioners accountable to the marketplace has been entirely undermined.

We are seeing totally inexperienced regulators now deciding for the public what the public should want, and who is safe and effective...worse, most of the

regulatory bureaucrats are in a conflict of interest, as they have no practical knowledge of mind-body-spirit arts and sciences and substantial ties to conventional medical approaches and companies who invest in drug/chemical companies.

16. Because unregulated practitioners operate in the free marketplace, they are 100% accountable to the public, which is far more decisive and free of conflicts of interest than college regulators. If a practitioner is not efficient, effective and if he/she does not meet the standard of the PUBLIC, the practice will experience a natural death. The *RHPA* intended it to remain that way. Instead, we now see arbitrary 'standards of practice' and 'codes of conduct' forced on those who have shown themselves to be quite satisfactory to who should be the final arbiters...the public.

The 'high minimum standards' dictated by the College of Psychotherapy are abhorred by those who prefer mind-body-spirit approaches. Alternative approaches are sought out specifically because they do not adhere to high minimum standards for drugs and diagnoses...which both lack any evidence of long-term safety and benefit to the mental health patients. Holistic practitioners, to survive in the open marketplace must adhere to the highest of standards at all times.

**Regulation (imposition) of private interactions and commerce based on what MAY cause harm is a violation of the *Constitution*, which requires that regulation be imposed only after substantial EVIDENCE of actual harm has been submitted by the petitioner (in this case psychologists).** Yet, especially with this psychotherapy-related legislation, illusions, opinions, innuendos and daydreams that there may be harm from natural healthcare approaches, some thousands of years old, is all that it took to eliminate thousands of valued and important practitioners from the marketplace, most with many years of study, experience and loyal clientele.

The *Psychotherapy Act* and especially the *Controlled Act of Psychotherapy* are the embodiment of what has happened to the *RHPA*. They are a true disgrace and severely undermine public confidence that the public is protected from the agenda of Big Pharma. Regulations and policy have thrown the public under the bus, and commoditized human life from cradle to grave for the sole profiteering agenda of the medical/pharmaceutical complex.

**Psychotherapy is NOT dangerous when practiced by laypersons, and there has been no PROOF provided that it is. Thus the *Psychotherapy Act*, founded on 'opinion' and hidden agendas is unlawful, especially since unregistered psychotherapists are now prevented from offering their services.**

**The impositions on personal liberties and the deliberate restraint of trade and commerce under the guise of protecting the public is actually endangering Ontarians who want their own free choice...not free choice after their preferred practitioners have been eliminated by self-serving groups of medical model advocates.**

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February 13, 2016

Honourable Dr. Eric Hoskins  
Ontario Ministry of Health and Long-Term Care  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4

URGENT

Dear Dr. Hoskins:

**Re: controlled act of psychotherapy—grounds for repeal**

We are writing to respectfully request that you halt further activities geared to proclaiming the *controlled act of psychotherapy*, a component of the *RHPA*. We understand that a secret ‘consensus’ agreement between 6 healthcare professional groups has been submitted to your office as a basis for the proclamation.

Considering the lack of transparency in the process of initiating, promoting, framing and passing of this legislation, the failure to bring clarity to the scope and effect of the psychotherapy-related legislation, and the inability to gain consensus among the parties impacted by the legislation over the last 5 years, it is imperative that this unfair process cease, and this unjust legislation be set aside.

We have made significant efforts to have our position heard, and have communicated directly with your office and with the College of Registered Psychotherapists (CRPO). Responses were contradictory, incomplete, and incoherent.

**Because the legislation, once proclaimed, will have a devastating impact on millions of Ontarians – a large proportion of whom are women – we are making this appeal and offering conclusion evidence that this psychotherapy legislation is unlawful and extremely damaging to our democracy.**

We have forwarded a copy of our documentation outlining how the psychotherapy-related legislation violates both the *Constitution of Canada* and the *Regulated Health Professions Act, 1991 (RHPA)* to MOHLTC Policy Analysts. We have provided documentation of the improper behavior of the CRPO.

We have also written to the Premier directly to intervene in this matter before many thousands more people are harmed. A copy of our letter to the Premier, as well as a copy of our documentation to MOHLTC analysts are attached here for your information.

Minister, Ontarians are greatly concerned that we are all being manipulated by international regulators and their agents, who aspire to advance the worldwide control of healthcare services.

Millions of Ontarians are concerned about:

- 1) International encroachment on medical autonomy and personal liberties;
- 2) Creeping credentialism in the healthcare industry;
- 3) Perceived supremacy of the medical model and gross violations of the *RHPA*.

Please act in the best interests of Ontarians by immediately taking steps to halt all proclamation of the controlled act of psychotherapy and to repeal this unlawful and damaging legislation.

**As well, we implore you to do the right thing for our democracy and that is to install 'safe harbour' legislation to protect non-medical model practitioners and treatments for the future. It is your mandate to act in the best interests of ALL Ontarians, and given that the livelihoods and wellbeing of over 10,000 professional healthcare providers is at stake, as well as the millions of clients they serve, we trust you will live up to your responsibilities.**

Please feel free to contact the undersigned at anytime.

Most Sincerely,



for Grace Joubarne and Christine Massey  
Co-founders, Stop Psychotherapy Takeover  
c/o 279 Columbus Avenue  
Ottawa, ON K1K 1P3  
613-422-7027

**Attachments:**

Letter to Premier Wynne

Letter and 9 attachments to Douglas Ross, Senior Policy Analyst