Standards of Practice

SIXTH EDITION

CANADIAN COUNSELLING AND PSYCHOTHERAPY ASSOCIATION

L'ASSOCIATION CANADIENNE DE COUNSELING ET DE PSYCHOTHÉRAPIE

Canadian Counselling and
Psychotherapy Association

Standards of Practice

6th Edition

Approved by
CCPA Board of Directors
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Standards of Practice

The *Standards of Practice* (2021) was revised from the 2015 edition and updated by a CCPA Committee consisting of:

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This document and its companion ***Code of Ethics*** would not be possible without the collaboration, consultation, and review processes undertaken by the National Board of the Canadian Counselling and Psychotherapy Association and a diverse group of independent volunteer peer reviewers from across Canada. Of particular importance has been the nuanced reviews graciously provided by Indigenous practitioners, Elders, Knowledge Keepers, scholars, authors, and researchers throughout the development process.

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Preamble

These practice standards were developed by the Canadian Counselling and Psychotherapy Association to provide direction and guidelines to enable its members, and other counsellors and psychotherapists in Canada[1], and counsellors/therapists-in-training, to conduct themselves in a professional manner consistent with the ***CCPA Code of Ethics***. They are also intended to serve the following purposes:

- support statutory and professional self-regulation by establishing a shared set of expectations related to the many areas of counselling/therapy-related activities and responsibilities;
- protect the public by establishing a set of expectations for quality counselling/therapy services and for the maintenance of counsellor/therapist accountability;
- establish a set of expectations for ethically competent professional behaviour which counsellors/therapists may use to monitor, evaluate, and work to improve their professional practices;
- serve as the foundation for addressing professional queries and ethics-related complaints; and,
- establish expectations for counsellor/therapist education, supervision, and to provide support for ongoing professional development.

It is important to note that these practice standards are directly aligned to but distinct from the ***CCPA Code of Ethics***. They contain a set of broad professional values and principles from which counsellors/therapists make professional judgments and decisions. The ***CCPA Standards of Practice*** provide action-based guidelines. Counsellors/therapists are expected to adhere to both the ***CCPA Code of Ethics*** and ***CCPA Standards of Practice***.

These practice standards are directed primarily at the professional conduct of counsellors/therapists. However, they extend to the personal actions of counsellors/therapists when their behaviour undermines society's trust and confidence in the integrity of the profession and when there is reasonable doubt about the ability of a counsellor/therapist to act in a professionally competent and ethical manner.

The standards of practice provisions in this document are more fully understood and their nuanced application to various areas of professional practice better appreciated when used in combination with each other and with the ***CCPA Code of Ethics***. Multiple new lenses are required to make full, contextualized use of the 2021 ***CCPA Standards of Practice***. One overarching lens that has recently emerged is the expanded use of electronic and other technology for the delivery of counselling/therapy, supervision, and consultation, which poses unique risks and opportunities throughout the full range of professional practices. Other overarching lenses are those of social justice, self-reflection, and diversity. The importance of the ***Calls to Action*** by the ***Truth and Reconciliation Commission*** (2015) has been acknowledged and these 2021 practice standards begin the process of addressing these calls as well as those of the ***United***

1 Throughout this publication, the term *counsellor/therapist* shall refer to various titles used by practitioners involved in the activity of counselling including, but not restricted to, the terms psychotherapist, counselling therapist, mental health therapist, clinical counsellor, career counsellor, conseiller/conseillère d'orientation, vocational guidance counsellor, marriage and family therapist, orienteur, orienteur professionnel, and psychoéducateur.

Nations Declaration of Rights of Indigenous Peoples (UNDRIP, 2007). Approaching all clients with humility and from a place of not-knowing is a core value reflected in these standards.

Counsellors /therapists are encouraged to familiarize themselves with the TRC's reports, the Calls to Action, and the UN Declaration.

Throughout ***Standards of Practice***, there are textboxes containing informational highlights inserted to succinctly capture some core ethical concept, an ethical principle or concept from case law, and to add authentic voices to enrich meaning. These insertions are intended to reflect some of the richness and diversity of the historical and contemporary strivings that constitute the ethical and legal grounding for our professional code of conduct.

All of the practice standards are pinned to the generic entry-to-practice level as determined by the nationally validated competency profile for the counselling/therapy profession in Canada. Because the practice standards are generic in nature, they do not anticipate every practice situation, modality of practice, or address all ethical challenges with which counsellors/therapists are confronted. Therefore, the development of standards will necessarily remain an ongoing responsibility to which all counsellors/therapists can contribute. Despite the value of these practice standards, the ultimate responsibility for acting ethically depends on the integrity and commitment of each counsellor/therapist to do so.

A. Professional Responsibility

CODE OF ETHICS

A1

General Responsibility

Counsellors/therapists maintain high standards of professional competence and ethical behaviour and recognize the need for continuing education and personal care in order to meet this responsibility. (See also C1, E1, E11, F1, G2, Section I)

STANDARDS OF PRACTICE

General Responsibility

Counsellors/therapists maintain high standards of professional competence by attending to their personal well-being, participating in continuing professional education and development, and supporting the development and delivery of continuing education within the counselling/therapy profession.

Counsellors/therapists invest time and effort in understanding the ***CCPA Code of Ethics*** and ***Standards of Practice***. They avoid practice contexts and circumstances in which they would knowingly have to violate these ethical requirements. If, however, counsellors/therapists discover a conflict between existing or emerging organizational policies and their ethical obligations, they commit to educating others in the setting about the ethical dilemma and work to achieve alignment between the policies and ethically congruent practice.

Counsellors/therapists should become familiar with the ***Canadian Charter of Rights and Freedoms*** and, as relevant to their professional setting and services provided, review the following federal and provincial/territorial legislation:

- mental health acts
- child protection acts
- public schools/education administration acts
- privacy acts
- criminal codes
- marriage, divorce and matrimonial property acts
- criminal youth justice act
- freedom of information acts
- mediation acts
- professional statutory regulations

Counsellors/therapists provide fair, equitable, and timely services, using only those therapies that are legal, ethical, helpful, evidence-informed and within their scope of practice and boundaries of competence.

A2

Respect for Rights

Counsellors/therapists participate in only those practices that are respectful of the legal, civic, moral, and human rights of themselves and others, and act to safeguard the dignity and rights of their clients, students, supervisees, and research participants. (See also D1, D9, E1, Section I)

Respect for Rights

Counsellors/therapists understand and respect the rights and freedoms of those with whom they work and others, particularly those who may be disenfranchised or negatively affected by political, personal, social, economic, or familial histories that may continue to resonate across the lifespan. These circumstances may include, but are not restricted to, colonization, poverty, oppression, violence, structural injustice, systemic racism, war, or discriminatory practices.

Counsellors/therapists convey respect for human dignity, principles of equity, and social justice. They speak out or take other appropriate actions against practices, policies, laws, and regulations that directly or indirectly bring harm to others or violate their human rights.

Counsellors/therapists refrain from providing professional information to individuals who have expressed an intention to use it to violate the human rights of others. This standard of practice may NOT be interpreted or used to justify or defend any human rights violation.

Counsellors/therapists practice in a manner congruent with the overarching principles of the *Universal Declaration of Human Rights*, the *UN Convention on the Rights of the Child* and the *UN Declaration on the Rights of Indigenous Peoples* to which Canada is a signatory.

Counsellors/therapists respect due process and demonstrate commitment to the principles of social justice by honouring diversity, upholding human rights, fostering inclusivity, working to establish equity, and seeking to ensure access to resources for all. They espouse social justice perspectives and practices in all of their paid and volunteer professional activities, including counselling/therapy, assessment and evaluation, clinical supervision, consultation, counsellor/therapist education, research, and professional writing, adjudication, and review.

Fiduciary Relationship

A fiduciary relationship is one founded on trust or confidence relied on by one person in the integrity and fidelity of another. A fiduciary has a duty to act primarily for the client's benefit in matters connected with the undertaking and not for their own personal interest.

Black's Law Dictionary (2004)

A3

Boundaries of Competence

Counsellors/therapists limit their counselling/therapy services and practices to those which are within their professional competence by virtue of their education and professional experience, and consistent with any requirements for provincial/territorial and national credentials. They seek supervision, consult with and/or refer to other professionals when the counselling needs of clients exceed their level of competence. (See also C3, C4, D1, E4, E6, F1, F2, G2, G14, H4, Section I)

Boundaries of Competence

Counsellors/therapists restrict their counselling/therapy services to those areas within the boundaries of their competence by virtue of verifiable education, training, supervised experience, and other appropriate professional experience. They also restrict their services based on their role and function, their legal authority, and their jurisdiction of employment.

Counsellors/therapists who wish to extend their professional services ensure competence in any additional areas of expertise through extra verifiable education or training in these areas and provide service only after they have secured adequate supervision from supervisors with demonstrative expertise in the practice area. Supervisors should have a high level of expertise in the area that is certified by an independent process such as: certification, registration, licensing, or similar independent process that is overseen by an Elder or knowledge keeper recognized by community when the expertise is related to Indigenous competencies.

When counsellors/therapists are faced with clients whose needs exceed the counsellors/therapists' boundaries of competence, they make appropriate referrals for their clients. Counsellors/therapists provide appropriate contact and support for their clients during any transitional period associated with referring them to other sources of professional help.

When counsellors/therapists find themselves in circumstances in which access to referral agents and resources is limited, they seek consultation. For instance, rural and remote practice tends to be broader, more generalist, and more eclectic than is the case for practitioners in more densely populated areas. This is because of the wide range of client issues that must be addressed by limited resources. Counsellors/therapists living and working in rural and remote communities need to remain cognizant of the limits to their competence while working in communities that have few, if any, referral possibilities, including communities such as those that are closed, enclaved, isolated, rural, northern, or remote. Taking advantage of electronic means of consultation, referral, continuous learning, and supervision, where available, is recommended.

Since consultation with the other professional or community recognized Elders is often necessary to provide the best services for clients, all contributing helping professionals may agree, with the explicit informed consent of clients, to collaborate with each other.

Standard of Care

Counsellors/therapists provide their professional services to a level consistent with the degree of skill, knowledge, and ethics ordinarily possessed and provided by the average prudent reputable member of the profession in similar circumstances in the community.

(Adapted from Lanphier v. Phipos, 1833)

Professional Impairment

Counsellors/therapists should take steps to appropriately limit their professional responsibilities when their physical, mental, spiritual, or personal circumstances are such that they have diminished capacity to provide competent services to all or to particular clients. Counsellors/therapists in such situations must seek consultation and supervision and may need to limit, suspend, or terminate their professional services. Since impairment may affect the capacity of counsellors/therapists for personal insight and self-regulation, colleagues and others may find it necessary to contact appropriate personnel and/or a regulatory body.

A4

Supervision and Consultation

Counsellors/therapists seek supervision and consultation across the career span to support and enrich their ongoing professional development. Supervision and consultation are warranted especially when counsellors/therapists are confronted with dilemmas or uncertainties, and when they are developing a new practice area or updating knowledge and skills related to a former area of practice. (See also B10, C4, C7, Section E, Section F, I5, I9, I10)

Clinical Supervision and Consultation

All counsellors/therapists should obtain supervision and/or consultation for their counselling/therapy practices. This is particularly true with respect to doubts or uncertainties, which may arise during their professional work.

In school settings, counsellors/therapists should arrange regular, qualified supervision and/or consultation with other counsellors/therapists in their school or in their school district or region wherever possible, and make arrangements for supervision elsewhere if not locally available. Counsellors/therapists in other agencies/institutions and/or in private practice should organize their supervision with other qualified professionals who have documented and demonstrated expertise in relevant areas of practice (e.g., setting, clientele, referral issues, approaches employed).

Counsellors/therapists have an obligation to be appropriately accountable to their employers for their professional work. Supervision of counsellors/therapists should be conducted by someone other than a person who is responsible for evaluating their work (such as a person in a line management position). If such a situation cannot be avoided, then the counsellor/therapist should also have access to independent opportunities for supervision and/or consultation.

School counsellors often face challenges in the area of clinical supervision, particularly when they are the only school counsellor in the school building and do not have the opportunity to be supervised by other counsellors/therapists in their school district or region. This challenge is also true of many counsellor/therapists in private practice and in many other areas. Online supervision may offer an effective strategy for addressing these challenges.

When counsellors/therapists seek professional consultation, they make every effort to do so in ways that will protect the identity of the client. If the client's identity cannot be protected, then the client's informed consent must be sought before the consultation. When consulting, counsellors/therapists make every effort to ensure that the identity of the client will not create any dual relationship dilemmas for the person with whom they consult.

Administrative assistants, supervisors, and all others who work with counsellors/therapists' confidential records have a responsibility similar to that of the counsellors/therapists with respect to confidentiality. Counsellors/therapists must take all necessary steps to guarantee that client confidentiality is respected and maintained by others with whom they work and consult.

A5

Representation of Professional Qualifications

Counsellors/therapists claim or imply only those professional qualifications that they possess and are responsible for correcting any known misrepresentation of their qualifications by others. Counsellors/therapists working in a province or territory with professional statutory regulation ensure they adhere to the specific representation of professional qualifications requirements that have been mandated by statute and/or Regulatory College bylaw. (See also H7, I5)

Representation of Professional Qualifications

Counsellors/therapists should display their CCC certificate and/or any professional regulatory certificate in a prominent location at their work site and place their ***Code of Ethics*** in the waiting room at their work site or display it in any other manner that would allow it to be readily seen by consumers of their professional services. For Indigenous persons and other persons for whom humility may inhibit such actions, it would be appropriate to have the credentials available upon request, have a visible recognition that CCC regulations are followed, and have the ***Code of Ethics*** document on display.

Counsellors/therapists shall not use CCPA membership and/or any other professional membership as a designation on business cards, door plates, in advertisements, directories, nor use it in any other way intended to advertise their professional service unless it is clearly stipulated that the member possesses a Canadian Certified Counsellor (CCC) designation. This distinction is required because membership admission does not evaluate a member's qualifications to practice counselling/therapy, whereas the certification process does. Where provincial certification/licensure exists, counsellors/therapists may also use these designations to advertise their professional service, and

only in accordance with the statutory regulations pertaining to the use of professional designations.

When counsellors/therapists are involved in public activities, including the making of public statements, they do so in such a way that clarifies whether they are acting as private citizens, as designated spokespersons of a particular professional body, or as representatives of the counselling/therapy profession.

Counsellors/therapists shall not misrepresent nor falsely enhance their professional qualifications, experience, or performance. When counsellors/therapists become aware of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

Counsellors/therapists avoid making public statements that are false, deceptive, or misleading. For example, it would be inappropriate for graduates from a counselling/therapy specialty program housed in an educational psychology department to create and use a title such as "counselling psychologist" to refer to themselves. Associations and regulatory colleges have protected titles that must only be used by individuals with permission to use those titles. Counsellors/therapists also avoid other statements that could easily be misunderstood by virtue of what they say about their professional qualifications and services or by what they neglect to say about them.

Counsellors/therapists use the title "Doctor" or reference having a doctoral degree with respect to their professional qualifications only when their degree is in counselling/psychotherapy or some reasonably related field of study. Counsellors/therapists are responsible for identifying and adhering to any jurisdictional restrictions to using the title of Doctor.

A6

Professionalism in Advertising

Counsellors/therapists when advertising and representing themselves publicly, do so in a manner that accurately and clearly informs the public of their services and areas of expertise. Counsellors/therapists belonging to a statutory regulatory college additionally adhere to the specific advertisement requirements as mandated by statute and/or regulatory college bylaw.

Professionalism in Advertising

Advertising and public statements by counsellors/therapists should reflect honesty and accuracy. Counsellors/therapists do not make deceptive statements regarding their

- academic degrees;
- training;
- experience;
- certification, licensure, registration;
- specialty credentials;
- awards;
- professional memberships;
- university or college affiliations;

- competencies;
- areas of expertise;
- professional services offered;
- fees;
- effectiveness of services provided;
- additional service to the profession;
- publications;
- research; and,
- additional professional accomplishments.

Counsellors/therapists ensure that the content of their advertising is accurate, ethical, professional, and based on current research and scholarship and sound counselling/therapy practices.

Counsellors/therapists do not use testimonials by clients, former clients, or by relatives or friends of clients. Testimonials may be acceptable from an organization or business that receives the counsellors/therapists' services.

Professional representation and advertising (including business cards, door plates, building directories, exterior signs, etc.) must be in good taste and professional in style and tone. Counsellors/therapists strive for straightforward advertising, without the use of clichés or jargon. They describe their professional services in an unembellished manner without reference to, or claims of, particular outcomes.

Counsellors/therapists may participate in advertisements of publications for which they are authors, editors, or reviewers.

Counsellors/therapists do not participate in advertisements that, explicitly or implicitly, suggest or convey that they endorse particular commercial brands or products associated with the provision of counselling/therapy services.

Except for advertising their own professional services, counsellors/therapists do not permit their name to be associated with other advertising in such a way that implies that the counsellor's/therapist's professional expertise or professional status is relevant to the service or product advertised.

Counsellors/therapists do not communicate with, or encourage others to contact on their behalf, individuals, or families in an effort to solicit them as clients. However, they may contact for such purposes a representative or agent of potential clients, such as an employee assistance service, insurance companies, workers' compensation agencies, and so forth.

A7

Responsibility to Counsellors/Therapists and Other Professionals

Counsellors/therapists demonstrate ethical conduct, integrity, and professionalism in interactions with counsellor/therapist colleagues and with members of other professional disciplines.
(See also Section I)

Responsibility to Counsellors/Therapists and Other Professionals

When the work of counsellors/therapists shares a boundary, coincides or overlaps with the work of other professionals it is essential to offer respectful, timely, ethical, and appropriate communication in the best interest of clients and the professions. This is also true when colleagues of diverse professions present or publish discipline-specific information together in academic settings or when they work together in a variety of situations such as in multi-disciplinary institutions, when delivering team-approach services, and when serving on consultation teams, among others. Counsellors/therapists are expected to demonstrate ethical conduct, integrity and professionalism in all interactions, whether formal or informal.

Counsellors/therapists promote accurate, honest, and contextualized information related to the efficacy of various professional disciplines. They educate themselves on the distinctions between allied mental health professions.

A8

Responsibility to Address Concerns About the Ethical Conduct of Another Professional

Counsellors/therapists have an obligation when they have serious doubts as to the ethical behaviour of another helping professional, whether that individual is a CCPA member or a member of another professional body, to respectfully address the concern and seek an informal resolution with the counsellor/therapist, when feasible and appropriate. When an informal resolution is not appropriate, legal or feasible, or is unsuccessful, counsellors/therapists report their concerns to the relevant professional body. Counsellors/therapists consider whether there are any legally mandatory reporting obligations regarding the conduct of the helping professional to take appropriate action.
(See also E4, E5)

Responsibility to Address Concerns About the Ethical Conduct of Another Professional

When counsellors/therapists have reasonable grounds to believe that another counsellor/therapist is acting unethically, they have an obligation to take appropriate action. The course of action is dependent upon a variety of factors, including whether or not the counsellor/therapist whose behaviour is in question is a CCPA member. First, if it is safe and appropriate to do so, they should approach the counsellor/therapist in an effort to address the concern. To determine whether a direct approach is safe and appropriate, refer to the ***Code of Ethics*** decision-making models. Some other specific, contextual reflections may be helpful, such as:

- Does this person hold a position of authority over me?
- Does there appear to be a likelihood of aggression? Sabotage?
- Will confrontation negatively affect the workplace environment?
- Will I be putting myself or another person at risk of repercussions?
- Is there a significant risk of harm to self or others?
- Is there a safer, more effective strategy to address the conduct?

The following guidelines are suggested to assist counsellors/therapists when they have such concerns:

- When counsellors/therapists hear allegations from others about the possible unethical conduct of another counsellor/therapist, they make every effort to encourage the complainant to take appropriate action with respect to their concern, and they avoid participating in the spread of unsubstantiated information. In the case of disclosures about non-CCPA members or members who belong to more than one association or regulatory body, counsellors/therapists inform the complainant of their rights to file a complaint with that professional's association(s) or regulatory college(s).
- When counsellors/therapists are informed by clients of the possible unethical conduct of another counsellor/therapist, they assist the client in fully evaluating their concern and with their decision of whether or not to take action. In the case of disclosures about non-CCPA members, counsellors/therapists inform the client of their rights to file a complaint with that professional's association and/or regulatory college. In the case of unethical conduct by another counsellor/therapist who is a member of CCPA, such action may include contacting the ***CCPA Ethics Committee – Complaints Division***
- Counsellors/therapists report their own concerns about the unethical conduct of another counsellor/therapist who is a member of CCPA directly to the ***CCPA Ethics Committee – Complaints Division*** when they have directly observed the misconduct and they fail to achieve a satisfactory resolution of the issue with the counsellor/therapist concerned, or because the nature of the suspected violation warrants this direct action. When doing so, they take into account the limits of jurisdictional law and confidentiality of client information. Suspected statutory violations, such as child abuse, must be reported both to the local authorities and to the ***CCPA Ethics Committee–Complaints Division***. Because of the differences in provincial and territorial laws, counsellors/therapists need to be aware of which local authority is most appropriate in their area.
- When counsellors/therapists have direct knowledge that another counsellor/therapist has committed a serious ethical violation, they must report it and be prepared to participate in an ethics hearing, if asked to do so.

The ***CCPA Ethics Committee–Complaints Division*** acts only on written, signed complaints made against counsellors/therapists who are CCPA members. Any individual with reasonable grounds to suspect that a CCPA member has committed an

ethical violation may submit such a complaint. If the ***Ethics Committee–Complaints Division*** deems it appropriate to proceed with an investigation, the CCPA member who is the subject of the complaint will be informed of the nature of the details of the complaint and the identity of the individual who has submitted the complaint.

A9

Supporting Clients When Ethical Concerns Arise

When counsellors/therapists have reasonable grounds to believe that a client has an ethical concern or complaint about the conduct of a CCPA member (including oneself) or members of another professional body, counsellors/therapists inform the client of their rights and options with respect to addressing the concerns. When the concern regards a CCPA member, the counsellor/therapist informs the client of the *CCPA Procedures for Processing Complaints of Ethical Violations* and how to access these procedures.

Supporting Clients When Ethical Concerns Arise

Counsellors/therapists act in the best interests of their clients and when they have reasonable grounds to believe their client has an ethical complaint about the conduct of a CCPA member, they provide the client with a copy of the ***CCPA Procedures for Processing Inquiries and Complaints of an Ethical Nature*** or direct them to the appropriate page on the CCPA website.

Clients will have varying degrees of understanding of their role in the ethical complaints procedure. Counsellors/therapists should answer any questions clients might have and explain the procedures and the processes involved for clients so that they clearly understand. Counsellors/therapists take into consideration that clients may be particularly vulnerable at this time. Care must be taken to support the actions of the client without influencing the complaint process.

Clients should be informed that a CCPA member may break confidentiality to defend themselves to the ***Ethics Committee–Complaints Division***. Where appropriate, counsellors/therapists can support clients through the complaints process. Counsellors/therapists are advised to consider consultation and supervision.

A10

Third Party Reporting

When counsellors/therapists are required or expected to share counselling/therapy information with third parties, they ensure that details are discussed and documented with clients as part of the initial and ongoing informed consent, including the nature of information to be shared, with whom it will be shared, and when. Counsellors/therapists determine whether a formal, signed consent for release of information form is warranted. (See also B18, C8, D5, E2)

Third Party Reporting

When counsellors/therapists are requested by a third party to provide a service to an individual, organization, or other entity, they undertake at the outset to clarify the following:

- nature of the role being undertaken (e.g., assessor, expert witness, therapist, etc);
- clarification of details related to each respective role and its responsibility;
- professional relationship with each party;
- possible uses of information acquired; and,
- any limits to confidentiality.

Further, the counsellor/therapist ensures that during any and all activities related to informed consent, that there is full transparency with the client related to the role with the third party and any risks/opportunities that result from accepting or rejecting counsellor/therapist services.

A11

Sexual Harassment

Counsellors/therapists do not condone or engage in sexual harassment in the workplace, with colleagues, students, supervisees, clients, or others. These encounters may be verbal, pictorial, written comments (including but not exclusive of texting, messaging, taking photos, making posts and comments on websites, Twitter, or other platforms), gestures, unwanted sexual images, or physical contacts of a sexual nature. (See also G11, G12)

Sexual Harassment

Counsellors/therapists do not condone or engage in sexual harassment. Sexual harassment includes unwelcome sexual advances, sexual solicitation, unnecessary touching or patting, compromising invitations, the unwelcome telling of sexually explicit jokes, the display of sexually explicit materials, suggestive sexual comments and other verbal and physical behaviour directed towards a person by an individual who knows or ought reasonably to know that such behaviour is unwanted, offensive, or contributes to an unpleasant or hostile working environment.

Counsellors/therapists are expected to conduct themselves according to a high standard of ethical behaviour that prohibits actions such as sexual harassment. When counsellors/therapists are aware of sexual harassment, they act on their responsibility to address concerns about the ethical conduct of another professional.

A12

Diversity Responsiveness

Counsellors/therapists continually seek to enhance their diversity awareness, sensitivity, responsiveness, and competence with respect to their own self-identities and those of their clients. They are attuned to various effects related to diversity and how they may influence interactions with clients. (See also B9, C10, D9, E7, E12, Section I)

Diversity Responsiveness

Counsellors/therapists should grow in their understanding of diversity within Canada's pluralistic society. This counselling/therapy competency must receive attention in counsellor/therapist education programs and be part of continuing education experiences. Such understanding must be based on knowledge of diversity and of the ways in which differences based on ways in which ethnicity, language, gender identification, sexual/affectional orientation, religion, and so forth, can affect attitudes, values and behaviour.

It is incumbent on counsellors/therapists to continually work to recognize, understand, and respect the diversity within the communities in which they work and in which their clients reside. They address diversity by taking action against unequal power relationships and work with clients to locate supports and resources to enable clients to advocate for themselves and others.

A13

Extension of Ethical Responsibilities

Counselling/therapy services and products provided by counsellors/therapists through classroom instruction, public lectures, demonstrations, publications, radio and television broadcasts, computer technology, and other media must meet the appropriate ethical standards consistent with this *Code of Ethics*. (See also I5, I10)

Extension of Ethical Responsibilities

When counsellors/therapists are employed by or contracted to provide services through a third party, they take proactive steps to address any ethical or practice-based requirements of the third party that have the potential to conflict with CCPA's ***Code of Ethics*** and ***Standards of Practice***. When confronted with demands from an organization with which they are affiliated or from an employer that are in conflict with the CCPA ***Code of Ethics***, they take steps to clarify the nature of the conflict, assert their commitment to the ***Code*** and, to the extent possible, work

to resolve the conflict in a manner that will allow adherence to their ***Code of Ethics*** (See also C2).

Counsellors/therapists cooperate in ethics investigations of complaints made against them and with the appropriate related proceedings. Failure to cooperate may be considered in itself an ethical violation. However, mounting an appropriate defense against an ethical complaint and taking full advantage of the opportunities afforded in an adjudication process to do so, does not constitute non-cooperation.

Malpractice is a legal, rather than an ethical term.

A malpractice claim must meet the following conditions:

- Fiduciary relationship established (client-counsellor or client-counsellor-supervisor)
- Counsellor or supervisor conduct does not meet standard of care (breach of standard = negligence)
- Client or supervisee suffers demonstrable harm or injury
- Causal relationship confirmed (proximate cause)

DUTY→ BREACH → DAMAGE→ CAUSATION

(Truscott & Crook, 2004)

A14

Professional Will and Client File Directive

Counsellors/therapists undertake to establish a formal stand-alone agreement with a qualified practitioner to serve as executor whose sole responsibility will be to fulfil any ethical obligations including the management of client records should their practice end due to death, or incapacitation such that they are unable to do so.

Professional Will and Client File Directive

A professional will contains the name of the will executor, preferably a trusted colleague, and all the necessary coordinators so that they can be contacted when necessary.

The professional will and client file directive should also include information about the following:

- professional liability certificate and the names of any co-workers who should be notified;
- clear instructions for location of critical information including:
  - Work schedule and daily planner;
  - Instructions for access to client records;
  - Instructions for access to supervisor files (for counsellors/therapists who undertake supervision duties);
  - Instructions regarding announcement of change in circumstances via voice mail, newspaper, website, social media, answering machine, and regulatory college; and,

- codes and passwords for accessing e-mail and server accounts and information about pending billing and expenses.

Counsellors/therapists may choose to include the name of their professional will executor with appropriate disclosure as part of their informed consent.

B. Counselling Relationships

CODE OF ETHICS

B1

Primary Responsibility

Counsellors/therapists respect the integrity and promote the welfare of their clients. They work collaboratively with clients to devise counselling/therapy plans consistent with the needs, abilities, circumstances, values, cultural, or contextual background of clients. (See also C1, D2, E1, E4, Section I)

B2

Confidentiality

Counselling/therapeutic relationships and information resulting therefrom are kept confidential. However, there are the following exceptions to confidentiality: (i) when disclosure is required to prevent clear and imminent danger to the client or others; (ii) when levels of jurisprudence demand that confidential material be revealed; (iii) when a child is in need of protection; (iv) persons with diminished capacity, and as otherwise mandated by municipal, provincial/territorial, and federal law. (See also B4, B6, B13, D2, C5, D5, D8, E10, G7, H1, H4, H6)

STANDARDS OF PRACTICE

Primary Responsibility

The fact that this ethical article is first in this "counselling relationships" section underscores the need for counsellors/therapists to be mindful of their primarily obligation to help clients. Counsellors/therapists enter into a collaborative dialogue with their clients to ensure understanding of counselling/therapy plans intended to address goals that are part of their therapeutic alliance. Counsellors/therapists inform their clients of the purpose and the nature of any counselling/therapy, evaluation, training or education service so that clients can exercise informed choice with respect to participation.

Counselling/therapy plans and progress are reviewed with clients to determine their continued appropriateness and efficacy.

The counsellors/therapists' primary responsibility incorporates most aspects of CCPA's six ethical principles:

- Beneficence
- Fidelity
- Autonomy
- Nonmaleficence
- Justice
- Societal Interest

Confidentiality

Counsellors/therapists have a fundamental ethical responsibility to take every reasonable precaution to respect and to safeguard their clients' right to confidentiality, and to protect from inappropriate disclosure, any information generated within the counselling/therapy relationship. This responsibility begins during the initial informed consent process before commencing work with the client, continues after a client's death, and extends to disclosing whether or not a particular individual is in fact a client.

This general requirement for counsellors/therapists to keep all information confidential is not absolute since disclosure may be required in any of the following circumstances:

- there is an imminent danger to an identifiable third party or to self;
- when a counsellor/therapist has reasonable cause to suspect abuse or neglect of a child;
- when a disclosure is ordered by a court;
- when a client requests disclosure; or,
- when a client files a complaint or claims professional liability by the counsellor/therapist in a lawsuit.

Counsellors/therapists should discuss confidentiality with their clients and any third party payers prior to beginning counselling/therapy and discuss limits throughout the counselling/therapeutic process with clients, as necessary. This includes clients who are mandated or are incarcerated. They also inform clients of the limits of confidentiality and inform them of any foreseeable circumstances in which information may have to be disclosed. These limits include informing clients that de-identified information may be shared with their supervisor or with a consultant.

Confidentiality has a Long History

Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silence thereon, counting such things to be as sacred secrets.

(Hippocratic Oath)

Administrative assistants, supervisees, treatment teams, and all others who work with a counsellor/therapist have a responsibility similar to that of the counsellor/therapist with respect to confidentiality. Counsellors/therapists must take all necessary steps to guarantee that client confidentiality is respected and maintained by others with whom they work and consult.

People are more likely to know each other in small communities and the counsellor/therapist is more likely to meet up with clients in non-professional situations. Practitioners in small communities protect private knowledge, and ensure confidentiality in the face of intricate social networks and lines of communication that lead to the availability of informally-gained knowledge.

Counsellors/therapists need to be mindful of culturally appropriate actions that relate to confidentiality when working in rural, remote, northern, and linguistic/cultural enclaves in urban centres.

Mandated and incarcerated clients retain their autonomy and can refuse services. Counsellors/therapists have the same responsibilities for such clients regarding confidentiality and informed consent. Counsellors/therapists must ensure that the client, whether mandated or not and whether incarcerated or not, understands all reporting requirements, any information that will be shared and with whom, and the consequences if they do not take part in counselling/therapy.

Confidentiality belongs to the client, not the counsellor.

Children and Confidentiality

Counsellors/therapists who work with children have the difficult task of protecting the minor's right to privacy while at the same time respecting the parent's or guardian's right to information. Counsellors/therapists can be assisted in such dilemmas by the following considerations:

- Parents and guardians do not have an absolute right to know all the details of their child's counselling/therapy, but rather, each request should be evaluated on a 'need to know' basis.
- Each school, as well as other work environments, which provides counselling/therapy services to children, should establish a protocol that should involve counsellors/therapists and other appropriate persons in adjudicating parental or guardian requests for information about their child's counselling/therapy information.
- As a child grows and matures, the parent's right to know will diminish and may even terminate when the child achieves the capacity and sufficient understanding to give informed consent.
- Counsellors/therapists who work with children should be particularly familiar with and guided by the statutory requirements within the province/territory[2] in which they work regarding disclosure of confidential information related to children. This includes being informed of emerging ethical and legal obligations and attitudes with respect to the privacy rights of children.

When counsellors/therapists believe that a disclosure of a child's counselling/therapy information is not in the child's best interests, the following actions may be helpful:

- Invoke the protocol established within the workplace for addressing such information requests.
- Discuss the parental/guardian request for information with the child and determine their attitude with respect to disclosure.
- Explain to the parents/guardians the merits of respecting their child's desire for privacy if the child is not willing to disclose.
- Conduct a joint meeting between the child and parents/guardians, managed by the counsellor/therapist.
- Disclose information only after the client has been informed, and limit disclosure to the information requested.

2 As First Nations, Inuit, and Métis communities establish their own laws, including them will become more relevant in the work of counsellors/therapists. For example, there are territories and nations in BC and Quebec that have capacity to establish law pertaining to social services.

- In some cases, such as cases of suspected abuse, counsellors/therapists are legally compelled to deny parental requests for informational disclosure. When faced with such situations, it may be advisable for counsellors/therapists to seek legal advice. In exceptional circumstances, they also may need to be prepared to defend in court or in a similar formal proceeding their decision not to comply with parental/guardian petitions. (see also B4, B5).

In Canada, judges typically apply the Wigmore conditions in determining if confidentially obtained information should be disclosed during a legal proceeding. These are:

- Did the communication originate within a confidential relationship?
- Is the element of confidence essential to the full and satisfactory maintenance of the relationship?
- Is the relationship one which the community believes should be actively and constantly fostered?
- Will injury done to the relationship by disclosure be of greater consequence than the benefit gained to the legal proceedings by disclosure?

(Cotton, n.d.)

B3

Duty to Warn

When counsellors/therapists become aware of the intention or potential of clients to place others in clear and imminent danger, they use reasonable care to give threatened persons such warnings as are essential to avert foreseeable dangers. In cases in which it may not be appropriate or safe for counsellors/therapists to intervene directly to give warnings to threatened persons, they take appropriate steps to inform authorities to take action.

Duty to Warn

Counsellors/therapists have a duty to use reasonable care when they become aware of their client's intention or potential to place others in clear and imminent danger. In these circumstances, they give threatened persons such warnings as are essential to avert foreseeable dangers.

Under this ethical obligation, counsellors/therapists should take protective action when clients pose a danger to themselves or to others. Whereas 'duty to warn' most often refers to harm to others, counsellors/therapists in Canada typically extend this standard to include 'harm to self'. Once counsellors/therapists have reasonable grounds to believe that there is such imminent danger, they use the least intrusive steps to prevent harm.

When dealing with clients who may harm themselves or others, counsellors/therapists are guided by the following actions:

- Empower clients to take steps to minimize or eliminate the risk of harm.
- Use the least intrusive interventions necessary to fulfill the ethical responsibilities associated with the duty to warn.
- Seek collegial consultation, and when necessary, obtain legal assistance.

With respect to suicidal clients, counsellors/therapists' interventions may include such steps as:

- considering the potential advantages/disadvantages of negotiating safety plans with those evaluated to be at low risk;
- disclosing to significant others in the clients' life;
- suicide watch in institutional environments;
- suicide watch in Indigenous communities; or,
- voluntary or involuntary hospitalization.

When counsellors/therapists believe that their clients will harm an identifiable person, they should take steps to warn the individual of the potential danger. Depending on the particular circumstances, counsellors/therapists may be justified in taking any number of steps, including:

- ensuring vigilance by a client's family member;
- reporting to the police, Indigenous community health centre or nursing station; or,
- advising voluntary or involuntary hospitalization.

Counsellors/therapists should consult with colleagues when making such decisions and may need to seek legal assistance.

Counsellors/therapists may be justified in breaching confidence with clients diagnosed with communicable diseases of public health significance (as defined by the federal government) when the client's behaviour is putting others at serious risk. Counsellors/therapists adhere to governmental directives related to communicable diseases (regardless of whether the disease has been designated as a public health significance by the federal government). However, counsellors/therapists should make every effort to encourage such clients to take responsibility for informing their contacts of associated risks. With the client's informed permission, counsellors/therapists contact the client's physician, and seek the consultative assistance of a supervisor or another counsellor/therapist. Legal assistance may be needed.

"The protective privilege ends when the public peril begins."
(Tarasoff v. Regents of the University of California, 1974)

Client's Rights and Informed Consent

Informed consent is essential to counsellors/therapists' respect for the clients' rights to self-determination. Consent must be given *voluntarily, knowingly,* and *intelligently*. Counsellors/therapists must provide to clients a rationale for potential treatments and procedures in easily understood terms. Any intervention offered

B4

Client's Rights and Informed Consent

When counselling/therapy is initiated, and throughout the counselling/therapy process as necessary, counsellors/therapists inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and other such pertinent information that supports the informed decision making process.

Counsellors/therapists make sure that clients understand the implications of diagnosis, fees and fee collection arrangements, record-keeping, and limits of confidentiality. Clients have the right to collaborate in the development and evolution of the counselling/therapy plan. Clients have the right to seek a second opinion or consultation, to refuse any recommended services, and to be advised of the consequences of such refusal. (See also B2, B5, B8, B15, B18, C2, D3, D4, E2, G10, H1, H2, H3, H4)

to a client should be grounded in an established theory or have a supporting research base.

Voluntarily means that consent to participate in counselling/therapy, assessment, research or any other professional services provided by counsellors/therapists must be given freely without pressure, coercion, or without powerful incentives to do so.

Knowingly means that counsellors/therapists fully disclose relevant information to clients so that they are briefed as to what it is they are being asked to give their consent. This includes disclosing the type of information which may have to be reported to a third party and the limits to confidentiality (e.g., requirements of public health laws, warrants, and subpoenas) and checking the client's understanding through discussion, clarification, and opportunities to ask questions. Information must be given to clients in a manner which is sensitive to their cultural and linguistic needs.

Intelligently means that clients have the ability to comprehend the conditions for consent sufficiently to make an informed decision. Counsellors/therapists should not equate silence with consent.

Counsellors/therapists should respect the right of a client to change his or her mind and to withdraw informed consent.

Counsellors/therapists should respect a client's expressed desire to consult others with respect to informed consent decisions.

If a written consent form is not appropriate because of considerations relating to culture, literacy, disability, or for any other legitimate reason, counsellors/therapists should record the oral or expressed response to the informed consent process and document the reasons for it not being written. The use of an electronic signature or other expressed response to informed consent when undertaking counselling/psychotherapy using electronic or other technologies is acknowledged as a legitimate means of obtaining consent (see Section K).

Touch in Counselling/Therapy

Counsellors/therapists should always be thoughtfully aware of any *boundary crossings* in their counselling/therapy and be alert to their potential for both client benefit and harm. Such vigilance is particularly required when there is physical contact between a counsellor/therapist and client.

Although human touch can be a normalizing and nurturing experience, during counselling/therapy it must be considered with attention to the counsellor/therapist's intentions, the client's

perspective, power differentials, and such factors as age and gender differences, and the client's cultural and personal experiences with touch.

The following guidelines may assist counsellors/therapists in viewing touch from a therapeutic and client perspectives:

- What is the potentially positive role that touch might play in my relationship with this client?
- What are the potential risks?
- What is my motivation for physical contact with this client? Is it to meet my client's needs or my own?
- Will this client experience touching as therapeutic, non-erotic, non-invasive contact?
- Do I understand the client's personal history sufficiently to risk touching at this time? Touching, at least at an early stage in counselling/therapy, is contraindicated for clients who have been sexually abused or who have experienced inappropriate uses of power through touch.
- What if this client misinterprets the intention of my touching? How and when will I raise it with my client in a timely way?

When touch is integral to any therapeutic approach or technique, clients are briefed on its nature and intended purpose prior to the therapeutic touch and given appropriate control over it, including the right to decline the therapeutic approach.

B5

Children and Persons with Diminished Capacity

When working with children and/or persons with diminished capacity, counsellors/therapists conduct the informed consent process with those who are legally entitled to offer consent on the client's behalf, typically parents or others appointed as legal guardians. Counsellors/therapists also seek the client's assent to the proposed services or involvement, proportionate with the client's capacity to do so. Counsellors/therapists understand that the parental or guardian right to consent on behalf of children diminishes commensurate with the child's growing capacity to provide informed consent. These dual processes of obtaining parental/guardian informed consent and client assent apply to assessment, counselling/therapy, research participation, and other professional activities. (See also B4, D4)

Children and Persons with Diminished Capacity

It is possible that adults with developmental disabilities, critical illnesses, serious injury, or other disabling conditions may be declared by a court to be legally incompetent. Each province/territory has legislation that outlines the conditions and procedures for such a determination. When working with individuals who have been declared incompetent, counsellors/therapists should seek informed consent from legal guardians.

The parents and guardians of younger children have the legal authority to give consent on their behalf. However, the parental right to give consent diminishes and may even terminate as the child grows older and acquires sufficient understanding and intelligence to fully comprehend the conditions for informed consent. Counsellors/therapists should be vigilant to keep themselves informed of their statutory obligations with respect to the rights of children, including their right to privacy and self-determination commensurate with their ability and with regard to their best interests.

Mature Minor

However, there is a sufficient body of common law in Canada which is fairly clear in stating that regardless of age, a minor is capable of consenting or refusing consent to medical treatment if he or she is able to appreciate the nature and purpose of the treatment and the consequences of giving or refusing consent.

(Noel, Browne, Hoegg, & Boone, 2002, p. 139)

A third party, such as a Court may, by court order, require clients to receive counselling/therapy and/or to be assessed by a counsellor/therapist. Under such circumstances, counsellors/therapists should clarify their obligations, inform clients of the type of information expected by the third party, and identify the consequences, if any, of non-compliance.

Counsellors/therapists have an ethical responsibility to create and maintain client records. This duty is essential to the maintenance of an appropriate standard of care.

Counsellors/therapists should ensure clarity at the onset of employment regarding who is the guardian of client records, particularly after the counsellor/therapist's employment ends with the employer. As part of ongoing informed consent, they must disclose to the person receiving services the purpose of maintaining the records and who is the decision-maker regarding the ownership, control, access, and possession of the data.

Counsellors/therapists shall maintain counselling/therapy records with not less than the following information:

- basic information
  - name, address, telephone number of client(s)
  - name and phone number of person to contact in case of emergency
  - name of referring agent/agency;
- record of each professional contact
  - date of contact, length, name(s) of all present
  - counselling/therapy information sufficient to keep track of counselling/therapy issues and progress, correspondence, reports, third party information, informed consent forms;
- record of consultations regarding clients, including electronic consultations, telephone calls, text messages, e-mails; and,
- fees charged, if any.

B6

Maintenance of Records

Counsellors/therapists maintain records with sufficient detail and clarity to track the nature and sequence of professional services rendered. They ensure that the content and style are consistent with any legal, regulatory, agency, or institutional requirements. Counsellors/therapists secure the safety of such records and create, maintain, transfer, and dispose of them in a manner compliant with the requirements of confidentiality and the other articles of this *Code of Ethics*. (See also B2, B18, H1, H2)

Maintenance of Records

Counsellors/therapists shall maintain a written policy with respect to electronic communication with clients. This policy must be shared with clients as part of an informed consent process. (See H2)

Counsellors/therapists do not leave records on their desks, computer screens, in computer files, or in any area or medium where they can be read by others without appropriate permission to do so.

Record keeping in schools is typically regulated by the policies of school boards and centres for education. These policies may derive from provincial/territorial ministries of education and may have been developed to conform to the requirements of provincial freedom of information and privacy laws, and personal health information acts. Counselling/therapy notes should not be kept in a student's school record and should be maintained in a secure file in the counsellor/therapist's office. However, some information acquired by counsellors/therapists such as the results of psychoeducational assessments, may be placed in the student record when it has been used to inform programming decisions for the student. It is then presented in a manner to minimize misunderstandings by others. School counsellors/therapists should work to ensure clear school policies and procedures on such matters and participate in their formulation whenever possible.

Counsellors/therapists shall be familiar with any local laws and workplace policies related to record maintenance, security, and preservation. They are advised to proactively address any rules pertaining to the maintenance of records that may conflict with professional confidentiality standards and ethical conduct. When there are conflicts between institutional rules and/or workplace policies and practices and the CCPA ***Code of Ethics*** and these ***Standards of Practice***, counsellors/therapists use their education and skills to identify and resolve the relevant concerns in a manner that conforms both to law and to ethical professional practice. When necessary, they may contact their provincial counselling/therapy association and/or the ***CCPA Ethics Committee – Queries/Education Division*** for assistance.

Records may be written, recorded, computerized or maintained in any other medium so long as their utility, confidentiality, security, and preservation are assured, and they cannot be alterable without being detected.

Counsellors/therapists shall ensure the security and preservation of client records for which they have maintenance responsibility, and the records of those they supervise, for a period stipulated by law in their jurisdiction and by protocol of their employer, whichever is longest. CCPA's standard of practice is to retain records for a period of seven years after the last date of service provided, and for seven years after the age of majority for children when the stipulation in law and by employment protocol is shorter than this length of time. Additionally, counsellors/therapists take responsibility for adhering to any local policy regarding retention of records that may exceed this time limit.

Counsellors/therapists shall arrange for the secure preservation and disposition of their counselling/therapy records (in accordance with record retention requirements) in the event of cessation of their provision of professional services due to retirement, death, or other reason for departure. In some work environments, there may be ethically and legally appropriate provisions for the retention and disposal of records. In private practice, records may be transferred to another counsellor/therapist and clients appropriately notified, or clients may take possession of their records.

When counsellors/therapists dispose of records, they do so in a manner that preserves confidentiality and that follows any local regulation or policy. However, counsellors/therapists never destroy records or counselling/therapy notes after they receive a subpoena or have reason to expect receiving one. This action could be judged to be an obstruction of justice and it could result in being held in contempt of court.

Counsellors/therapists keep information contained in counselling/therapy records confidential, but they never keep secret records.

Counsellors/therapists countersign notes only when required to do so by policy or regulation. When counsellors/therapists merely review another person's note, the co-signatory's entry should read: "John Smith's student counsellor/therapist entry reviewed by Jane Doe".

Counsellors/therapists should only co-sign notes without additional explanation if they have fully participated in the activity being reported.

Counsellors/therapists working with a multi-disciplinary team, where a common recording system is used, always exercise appropriate caution when placing information in such records. They take steps to ensure that colleagues of other disciplines understand their reports and recommendations. In particular,

if there is a risk that professional observations, test scores and other personal information might be misunderstood, potentially causing harm to clients, then such information should not be entered in the common record. Also, counsellors/therapists participate in such collaborative record keeping only when they are assured that the standards of confidentiality, security, and preservation are maintained.

Administrative assistants, supervisees, and all others who work with a counsellor/therapist's confidential records have a responsibility similar to that of the counsellor/therapist with respect to confidentiality. Counsellors/therapists must take all necessary steps to guarantee that client confidentiality is respected and maintained by others with whom they work and consult.

Some guidelines for record keeping for counsellors/therapists include:

- record information in an objective, factual manner;
- include only information directly relevant to client care, treatment and planning;
- identify clearly personal impressions, observations, and hypotheses as their view;
- note and sign any subsequent alterations or additions, leaving the original entry legible and intact. Never erase, delete, use whiteout, or otherwise expunge entries. In the event that a client wishes a portion of the record to be expunged, the counsellor/therapist negotiates with the client to obtain an acceptable manner to record the required information;
- record information at the time service is provided;
- make their own entries for the services they provide;
- be brief but remember that brevity must contain substance;
- describe behaviour, avoiding the use of undefined and/or unnecessary adjectives;
- record information sufficient to support continuity of counselling/therapy service;
- record information to enhance counselling/therapy and not as a process of 'gathering evidence'; and,
- do not enter notes in a record for another person.

The right of the accused to make a full answer and defense is a core principle of fundamental justice, but it does not automatically entitle the accused to gain access to information contained in the private records of complainants and witnesses...

(R. v. Mills, Supreme Court of Canada, 1999)

B7

Access to Records

Counsellors/therapists understand that clients have a right of access to their counselling/therapy records, and that disclosure to others of information from these records only occurs with the written consent of the client and/or when required by law. (See also B4, H1)

Access to Records

Clients normally have a right of full access to their counselling/therapy records. However, the counsellor/therapist has the responsibility to ensure that any such access is managed in a timely and orderly manner, including the disposition of records when they cease practice or leave a place of employment.

Whenever possible, counsellors/therapists should retain the original counselling/therapy records but, on request, clients and others with informed consent, should receive a good quality copy of the relevant content.

If records are disclosed, any third-party information (e.g., identification of spouse, friend, combatant) should be withheld, unless prior permission has been granted, or until informed consent has been obtained directly from those sources. In some circumstances, such as when a counsellor/therapist is impaired or deceased, this may require consent from a legally appointed guardian. Also, in the absence of informal consent, a warrant will be necessary to grant access to a third party.

Parents or other legal guardians have a right of access, upon formal request, to their minor child's counselling/therapy record. However, this is not an absolute right and any such request should be managed on a 'need to know' basis and on a judgment as to what is in the best interest of the child considering the nature of the information, the age of the minor, any custodial access stipulations, and their capacity to give informed consent, since access may be challenged under the **mature minor** provision.

School counsellors/therapists should make every effort to ensure that there is a school-based procedure in place to adjudicate any requests from parents or guardians for access to counselling records.

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

"Evolving capacities" recognizes children as active agents in their own lives, entitled to be listened to, respected and granted increasing autonomy in the exercise of rights, while also being entitled to protection in accordance with their relative immaturity and youth.

(G. Lansdown, 2005, p. ix)

There may be the following exceptions to clients' full access to their records:

- when access to the information could be harmful to the client. For example, should the client's mental status be such that there is significant doubt about the client's ability to handle the full disclosure; and/or,
- when some third party information may not be shared.

In any case, counsellors/therapists should be aware that any denial of a valid request for disclosure may be challenged and ultimately adjudicated in court and/or by an arbitrator whose authority could be established under a provincial freedom of information and privacy legislation.

> The natural impulse to cooperate with law enforcement officials must be resisted. The primary response to a law enforcement officer's request for health information should be 'show me your warrant'; generally law enforcement officials are not entitled to any health information without a warrant issued by a justice….
>
> *(W. Reake, University of Alberta, Faculty of Law, 2000)*

B8

Multiple Relationships

Multiple relationships are avoided unless justified by the nature of the activity, limited by time and context, and entered into with the informed consent of the parties involved after assessment of the rationale, risks, benefits, and alternative options.

Counsellors/therapists make every effort to avoid or address and carefully manage multiple relationships with clients that could impair objectivity and professional judgment and increase the risk of exploitation or harm. When multiple relationships cannot be avoided, counsellors/therapists take appropriate professional precautions such as role clarification, ongoing informed consent, consultation and/or supervision, and thorough documentation. (See also B4, E7, F5, G4, G6, I5, I8, I9)

Multiple Relationships[3]

Multiple relationships exist when counsellors/therapists, simultaneously or sequentially, have one or more relationships with a client additional to the counselling/therapy relationship. Counsellors/therapists recognize that such multiple relationships have the potential to negatively affect their objectivity and to compromise the quality of their professional services. They understand that this potential for harm increases as the expectations for these multiple roles diverge. The power and status differential between the counsellor/therapist and client can be affected when multiple relationships exist.

Counsellors/therapists, whenever possible, avoid entering into social, financial, business, or other relationships with current or former clients that are likely to place the counsellor/therapist and/or client in a conflict of interest and/or compromise the counselling/therapy relationship. This includes relationships via social media, such as "friending", "following", or "linking" via various electronic messaging platforms. Personal profiles on social media should be kept separate from professional profiles.

Counsellors/therapists make every effort to avoid entering into counselling/therapy relationships with individuals with whom

3 In previous literature, multiple relationships have been referred to as "dual relationships". In this publication, acknowledgement is made that the term "multiple relationships" encompasses two or more roles.

they have had a previous relationship which could impair professional judgement or have the inherent potential for client exploitation.

Counsellors/therapists do not use information obtained from social media sources, the counselling/therapy process, or their relationship with clients, to obtain advantage or material benefits. Nor do counsellors/therapists behave in any way which would be an exploitation of clients.

Counsellors/therapists should avoid accepting gifts of more than token value from their clients and do not influence their clients to make contributions to organizations or causes in which the counsellor/therapist may have a personal interest. It should be noted that in some Indigenous and other communities, gifting is an important cultural attribute. Denying a gift impacts the relationship and could be seen an expression of power over and/or judgment of the gift giver. Further, some people see gifting as part of the process where the gifting is directly related to an expression of their commitment to change. Counsellors/therapists are advised to consider contextual factors when considering gifts.

In rural communities and other settings such as closed communities or remote, northern, and isolated areas, it may be difficult, unreasonable, or even impossible for counsellors/therapists to avoid social or other non-counselling/therapy contact with clients, students, supervisees, or research participants. Counsellors/therapists should manage such circumstances with care to avoid confusion on behalf of such individuals and to avoid conflicts of interest.

Lack of anonymity requires rural counsellors/therapists to think carefully as they develop new social networks. Boundary management is a challenge in small communities as multiple relationships are inevitable. Practitioners discuss these overlapping relationships in session; ignoring multiple relationships, or not addressing the possibility of overlapping relationships, can lead to a fracture in the client relationship. A nuance of this same caveat applies to counsellors/therapists living and working in northern and remote areas of Canada, and counsellors/therapists who live and work within unique cultural and linguistic groups that have formed enclaves in urban centres.

As a routine, counsellors/therapists should discuss with their clients the manner in which they intend to respond to them should they meet outside their counselling/therapy workplace, and their intention to avoid behaviour in such circumstances that could have

the potential to embarrass clients or inadvertently call attention to their status as a client and/or to their counselling/therapy issues.

When a counsellor/therapist becomes aware that a multiple relationship exists with a client, or when a conflict of interest occurs, the counsellor/therapist shall take steps to resolve the situation in the best interest of the client and in a manner consistent with the ethical principles of the ***CCPA Code Ethics***.

When counsellors/therapists become aware that they may be expected or required to perform potentially conflicting roles, such as when one person involved in group, marital, relationship, couples, or family counselling/therapy seeks private time with the counsellor/therapist, and/or when an anticipated request to be a court witness compromises counselling/therapy, then the counsellor/therapist undertakes to clarify roles, including withdrawing from roles when appropriate.

When counsellors/therapists work with individuals who have a relationship with each other, such as parents and children, or adult partners, they take initiative to identify who the clients are and the expected roles for the relationship with each and clarify the expected use of any information that may be generated (see B13).

Counsellors/therapists should consult when they are uncertain about the appropriateness of multiple relationships with a client. They should remember that if such a relationship is justified that it should, if it were to become necessary, stand up to the scrutiny of peer review.

B9

Respecting Inclusivity, Diversity, Difference and Intersectionality

Counsellors/therapists actively invest in the continued development and refinement of their awareness, sensitivity, and competence with respect to diversity (between groups) and difference (within groups). They seek awareness and understanding of client identities, identification, and historical and current contexts. Counsellors/therapists demonstrate respect for client diversity and difference and do not condone or engage in discrimination. (See also C10, E6, E12, Section I)

Respecting Inclusivity, Diversity, Difference, and Intersectionality

Counsellors/therapists strive to deepen their understanding of their own worldview and to appreciate how their cultural and other life experiences have influenced their values, beliefs and behaviours, including any stereotypical and prejudicial attitudes. Additionally, counsellors/therapists strive to recognize the intersection of their own worldview with that of their clients' worldviews and potential effects that could be positive, neutral, or negative to the counselling/therapy process.

Counsellors/therapists engage in education, training, and other learning experiences that will augment their competencies in working with clients of diverse backgrounds. As they actively seek to broaden their diversity perspectives and to consider other worldviews, they also aim to refrain from imposing their own values. Counsellors/therapists consider how clients' diversity

contexts shape their concerns and inform potential interventions. They are attentive to the effects of systemic racism, historical trauma, and both overt and covert discrimination.

Counsellors/therapists strive to understand how such factors as gender identity/expression, ethnicity, culture, and socio-economic circumstances may influence personal development, career choices, help-seeking behaviours, and attitudes and beliefs about mental health problems and help-intended interventions.

Counsellors/therapists strive to understand and respect the helping practices of Indigenous peoples and the help-giving systems and resources of minority communities.

Counsellors/therapists are aware of the barriers that may hinder members of Indigenous and minority groups from seeking or gaining access to mental health services.

Counsellors/therapists are sensitive to and acknowledge their clients' religious and spiritual beliefs and they incorporate such beliefs into their counselling/therapy discourse with clients.

Counsellors/therapists are aware of and sensitive to cultural biases that may be inherent in certain assessment tools and procedures and particularly those associated with certain counselling/therapy practices.

The geopolitical location of their practice may require counsellors/therapists to devote additional time and effort to increasing their knowledge in order to respond appropriately to the particular needs of their clientele.

B10

Consulting with Other Professionals

Counsellors/therapists may consult with other professionals about their work with clients. Consultation is to be undertaken in a de-identified manner unless clients have offered consent in writing to have their identity revealed. Counsellors/therapists exercise care in choosing professional consultants to avoid any conflict of interest. (See also A4, E2, Section F, Section I)

Consulting with Other Professionals

Counsellors/therapists make an effort to consult only with professionals they believe to be knowledgeable and trustworthy.

When consulting regarding any of their clients, counsellors/therapists protect their client's identity, if possible, and limit the sharing of information only to the degree necessary to facilitate the consultation.

When counsellors/therapists have to disclose the identity of a client about whom they are consulting, they obtain from the client written and time-limited informed consent.

Counsellors/therapists avoid consulting with one another about a client if they have reason to believe or to suspect that the person may have a prior or current relationship to the client, either directly or indirectly, such that disclosing the client's identity will place that other person in a conflict of interest or in a problematic dual relationship.

When counsellors/therapists consult in the interests of their clients, they remain accountable for any decisions they may take based on such consultations.

B11

Relationships with Former Clients

Counsellors/therapists remain accountable for any relationships established with former clients. Relationships could include, but are not limited to, those of a social, financial, business, or supervisory nature. Counsellors/therapists are thoughtful and thorough in their consideration of potential post-counselling/therapy relationships. Counsellors/therapists seek consultation and/or supervision on such decisions. Relational accountability also applies to electronic interactions and relationships. (See also B12)

Relationships with Former Clients

When clients end their counselling/therapy sessions, counsellors/therapists remain accountable for ensuring that any future non-counselling/therapy relationship, including friendship, social, financial, or business, are free of any power differentials or other encumbrances. Counsellors/therapists are cautious when entering any such relationship with former clients and assess whether or not the issues and relational dynamics present during the counselling/therapy have been fully resolved and properly terminated. They are mindful of and appropriately address any power differentials that may arise. Counsellors/therapists also consider the potential ethical actions required should future counselling/therapy be required for the former client.

Counsellors/therapists do not use knowledge from a prior counselling/therapy relationship to re-establish contact, and intentions for a post-termination relationship must not originate in the counselling/therapy relationship. Counsellors/therapists should always seek consultation on such a matter and have the burden to ensure the ethical appropriateness of any such relationships.

B12

Sexual Contact

Counsellors/therapists avoid any type of sexual contact with clients and they do not counsel persons with whom they have or have had a sexual or intimate relationship. Counsellors/therapists do not engage in sexual contact with former clients within a minimum of three years after terminating the counselling/therapeutic relationship.

If the client is clearly vulnerable, by reason of emotional or cognitive disorder, to exploitative influence by the counsellor/therapist, this prohibition is not limited to the three-year period but extends indefinitely. Counsellors/therapists,

Sexual Contact with Clients

CCPA and all allied professional organizations, have an ethical prohibition against sexual involvement with clients. Sexualizing the counsellor/therapist-client relationship is always inappropriate regardless of the client's behaviour, or any counselling/therapy ideology or personal belief system that might be invoked to justify such behaviour. This prohibition also means that counsellors/therapists refrain from counselling/providing therapy to individuals with whom they have been sexually intimate, and it extends to former clients unless certain specific conditions are met.

Counsellors/therapists are prohibited from being sexually intimate with former clients even after the three-year period following counselling/therapy termination unless:

- counselling/therapeutic contact was brief and non-intensive;
- the client is not vulnerable to exploitation by virtue of their mental health status;

in all such circumstances, clearly bear the burden to ensure that no such exploitative influence has occurred and seek documented consultation for an objective determination of the client's ability to freely enter a relationship or have sexual contact without impediment. The consultation must be with a professional with no conflict of interest with the client or the counsellor/therapist. This prohibition also applies to electronic interactions and relationships. (See also A11, B12, G11, G12)

- no knowledge is used from the counselling/therapy experience with the client to re-establish contact; and,
- the possibility of a post-termination relationship did not originate in the counselling/therapy relationship.

Counsellors/therapists who establish intimate relationships with former clients three years after counselling/therapy termination have the responsibility to demonstrate that there was no exploitation and no advantage taken because of the prior counselling/therapy relationship. In such circumstances, counsellors/therapists should always seek consultation and have the burden to ensure that no such exploitation influences occur.

Counsellors/therapists understand that a client's response to touch and references to sexual issues can be influenced by gender, cultural and religious background, and personal sexual history, including any traumatic sexual experiences.

The following guidelines assist counsellors/therapists in avoiding boundary violations with respect to intimate and sexual matters in their counselling/therapy:

- Be vigilant about setting and maintaining counsellor/therapist-client boundaries in counselling/therapy.
- Seek out consultation or supervision whenever a sexual attraction to a client is likely to interfere with maintaining professional conduct.
- Avoid making sexualized comments about a client's appearance or physical attributes.
- Be alert and sensitive to client differences and vulnerabilities with respect to their sexuality.
- Avoid exploring client sexual history or sexual experiences unless it is germane to the goals of counselling/therapy for the client.
- Avoid disclosures about the counsellor/therapist's sexual experiences, problems, or fantasies.
- Respond to any seductive or sexualized behaviour on behalf of clients in a professional manner consistent with the goals of counselling/therapy and seek consultation or supervision when needed.

> Boundary violations are acts that breach the core intent of the professional-client association. They happen when professionals exploit the relationship to meet personal needs rather than client needs. Changing that fundamental principle undoes the covenant, altering the ethos of care that obliges professionals to place clients' concerns first. In fact, all of the boundaries in a professional-client relationship exist in order to protect this core understanding.
>
> *(Peterson, 1992, p. 75)*

B13

Multiple Clients

When counsellors/therapists agree to provide counselling/therapy to two or more persons who have a relationship (such as spouses/life partners, or parents and children), counsellors/therapists clarify at the outset who the client is and the nature of the relationship with each of the other parties. This clarification includes confidentiality limits, risks and benefits, and what information will be shared, when, how, and with whom. (See also B2, F5, I8, I9)

Multiple Clients: Couple, Family, and Group Counselling/Therapy

Counsellors/therapists realize the unique ethical challenges associated with multi-persons counselling/therapy, such as with couples, family, and group counselling/therapy. For example, individuals continue to have their own rights and responsibilities, including their right of access to the counselling/therapy records generated by these counselling/therapy services.

Clients should understand and consent to the limits on confidentiality before participating in such services. When clients from group, couples, or family counselling/therapy are seen by the counsellor/therapist on an individual basis, apart from joint sessions, these sessions should be treated as confidential unless there is consent that communication may be shared with the other partner, group, or family members.

When counsellors/therapists begin multi-persons counselling/therapy, they clarify goals, the nature of the particular type of counselling/therapy service and address issues of informed consent and the unique limits on confidentiality. Counsellors/therapists explain and advocate for the principles and practice of confidentiality but, in the final analysis, they can only guarantee their own commitment to it.

When engaged in multi-person counselling/therapy, counsellors/therapists make every effort to avoid or minimize having private, confidential contact with individuals concurrent with their membership in couples, family, or group counselling/therapy. Such efforts can minimize the potential for side taking, client secret sharing, triangulation and other challenges associated with individual access to the counsellor/therapist. Counsellors/therapists must not enter multiple counselling/therapy relationships where their effectiveness and objectivity could be compromised.

Counsellors/therapists may decline to accept a client for couples or family counselling/therapy if the individual counselling/therapy relationship has progressed to the point where the counsellor/therapist may be biased or will risk being seen by others as being so. Counsellors/therapists must remain particularly aware of potential conflicts of interest, including impartiality, when working with others who share a close personal relationship with the client.

B14

Multiple Helpers

Counsellors/therapists who, after entering a counselling/therapy relationship, discover that the client is already engaged in another counselling/therapeutic relationship, are responsible for discussing with the client issues related to continuing or terminating counselling/therapy. It may be necessary, with client consent, to discuss these issues with the other helping professional. (See also I9)

Multiple Helpers

Collaboration and consultation with other professionals is often needed to best serve the needs of clients. Some common professional partners are:

- social workers;
- child and adolescent treatment workers;
- medical personnel;
- psychologists;
- psychiatrists;
- parole and probation officers;
- pastors and other religious leaders; and,
- school clinical staff (such as speech-language pathologists, rehabilitation specialists, occupational therapists, school psychologists).

Drawing on the expertise, perspectives, and values of other professional helpers enhances services for clients and provides opportunities for "wraparound" service for particularly vulnerable clients.

As indicated in this ethical article, it is vital that counsellors/therapists working with the same client discuss issues related to multiple helpers. When a client has more than one counsellor/therapist, it is each counsellor/therapist's responsibility to discuss this issue with the client and the other helper(s). The helpers may agree to collaborate in the interest of the client with each contributing their expertise to address different or complementary aspects of the client's needs. If one of the counsellors/therapists does not want another counsellor/therapist working with a particular client, the client may have to choose with which counsellor/therapist to discontinue service.

B15

Group Counselling/Therapy

Counsellors/therapists have the responsibility to screen prospective group members and to engage them in an informed consent process prior to the first group session. This responsibility is especially important when group goals focus on self-understanding and growth through self-disclosure. Counsellors/therapists inform clients of group member rights, issues of confidentiality, and group techniques typically used. They take reasonable precautions to address potential physical and/or psychological harm resulting from interaction within the group, both during and following the group experience. (See also B4)

Group Work

In addition to the responsibilities listed in ethical article B15, counsellors/therapists who engage in group work must have established competencies in the area (i.e., through training and supervised practice in group work) and, prior to beginning the first session, ensure that all group members understand and agree to additional aspects of group counselling/therapy work. Counsellors/therapists discuss aspects of group work to:

- clarify the differences between individual counselling/therapy, where the focus is on the individual, and group counselling/therapy, where the focus is on the group dynamics among group members;

- explain the responsibility of each group member to accept differing opinions among group members, and refrain from abusive or aggressive language or behaviour;
- emphasize that group counselling/therapy at all times is voluntary;
- explain how confidential information, legal limits to confidentiality, and different values will be handled in group work;
- discuss expectations regarding group member socialization outside of group sessions; and,
- explore, prior to the beginning of group sessions, the typical feelings of loss experienced by many group members when group sessions conclude.

B16

Referral

Counsellors/therapists determine their ability to be of professional assistance to clients. They avoid initiating a counselling/therapy relationship or refer an existing client for whom the counselling/therapy relationship does not productively pursue the client's goals. Counsellors/therapists suggest appropriate alternatives, including making a referral, co-therapy, consultation, supervision, or additional resources. Should clients decline the suggested referral, counsellors/therapists are not obligated to continue the relationship. (See also G14)

Referral

When counsellors/therapists recognize that the needs of a client are beyond their scope of practice or boundaries of competence, they collaboratively undertake a referral process with the client. Counsellors/therapists make an effort to become knowledgeable about community resources and to establish and maintain relationships with mental health practitioners and other professionals in their community sufficient to make informed client referrals when appropriate.

When counsellors/therapists pay for, receive monies from, or divide fees with another professional, except in an employer-employee relationship, the remuneration to each person is for services rendered (e.g., counselling/therapy, assessment, consultation) and is never a financial benefit for the referral itself.

B17

Closure of Counselling/Therapy

Counsellors/therapists begin closure of counselling/therapy relationships, with client agreement whenever possible, when (a) the goals of counselling/therapy have been met; (b) the client is no longer benefiting from counselling/therapy; (c) the client has not paid the counselling fees formerly discussed, agreed to, and charged; (d) client insurance will not cover further reimbursement and the client is unable or unwilling to

Closure of Counselling/Therapy

Counsellors/therapists must strive to protect the best interests of clients when services to clients have to be interrupted or prematurely terminated.

Counsellors/therapists anticipate the closure phase in their counselling/therapy relationship and they provide timely opportunities for their clients to deal with the end of counselling/therapy and associated issues of loss or separation.

When counsellors/therapists decide that they have to prematurely end a counselling/therapy relationship, they make every effort to avoid the client feeling abandoned by giving sufficient notice to the client, if at all possible, discussing with the client the reasons for the decision, assisting with the search for another counsellor/therapist, and providing emergency contact information.

commit to out-of-pocket payment for service; (e) previously disclosed agency or institutional limits do not allow for the provision of further counselling/therapy services; or (f) the client or another person with whom the client has a relationship threatens or otherwise endangers the wellbeing of the counsellor/therapist. Counsellors/therapists make reasonable efforts to facilitate appropriate access to alternative counselling/therapy services when client need is ongoing and service provision has ended.

B18

Mandated Clients and Systems Approaches

Counsellors/therapists recognize that there is a heightened fiduciary duty when undertaking services with mandated clients and in systems of care contexts. Counsellors/therapists understand the highly probable likelihood that counselling/therapy notes may be shared with third parties and seek to proactively identify systemic expectations surrounding such information sharing with third parties. Clients are fully informed and educated throughout counselling/therapy processes of this potential eventuality and the consequences thereof. (See also A10, B2, B4, B6, B7, C8)

> Because counsellors always anticipate termination as a phase or stage in the counseling relationship, they need to raise and discuss the issue of termination with the client well in advance of the last session. This allows ample time to plan for the client's transition to functioning without the counselor and to deal with the natural and appropriate issues of separation and loss.
>
> *(Remley and Herlihy, 2001)*

Mandated Clients and Systems Approaches

Issues of confidentiality and limits to privacy are key imperatives when counsellors/therapists provide services within systems and/or with mandated clients. Counsellors/therapist take particular and proactive care in clarifying the limits to confidentiality and undertaking risk/benefit analyses with clients to allow them the greatest amount of personal autonomy possible within the confines of the particular mandated context. Counsellors/therapists discuss required limitations to privacy and issues of confidentiality in a deliberate, ongoing, and clearly documented manner.

Mandated clients and others within systems of care may be particularly vulnerable to exploitation and/or coercion. It is the responsibility of counsellors/therapists to ensure full professional understanding of their own role and function, including reporting requirements before proceeding with a mandated client or working within a system.

The right of mandated clients to self-determination and therefore their right to voluntarily, knowingly, and intelligently provide informed consent for counselling/therapy services is not diminished by virtue of mandate or system requirements. It is the responsibility of counsellors/therapists to ensure that when clients consent to services, they note client awareness and understanding of the likelihood that counselling/therapy notes will be shared with third parties, including other practitioners in a circle of care and, in the case of detained or incarcerated clients, persons in authority. The results of this likely sharing of information must be discussed and understood within the context of limits to privacy and informed consent.

Clients must always be given the choice of engaging in counselling/therapy services and be fully aware of the consequences of both accepting and refusing services. In cases in which the mandated client and/or client within a system is not competent to fully understand the limits to privacy and provide informed consent, assent must be sought and consent provided on their behalf by a legally appointed individual.

C. Assessment and Evaluation

CODE OF ETHICS

C1

General Orientation

Counsellors/therapists ensure that they have received adequate and appropriate education and training to regarding the nature and purpose of assessment and evaluation. They are committed to employing assessment and evaluation measures and strategies that will best serve the needs of individual clients and their contexts. (See also A1, B1, E1, H4)

C2

Informed Consent for Assessment and Evaluation

Counsellors/therapists inform clients about the purpose of assessment and evaluation in counselling/therapy and the rationale for proposing specific approaches and measures. Counsellors/therapists provide sufficient detail to permit informed consent, including discussion of (a) any formal measures to be employed, (b) assessment timeline and processes, (c) risks and benefits, (d) alternatives, (e) financial costs (when applicable) and (f) when, how, and with whom the findings will be shared. (See also B4, E2)

STANDARDS OF PRACTICE

General Orientation

Counsellors/therapists consider and determine the potential benefits and risks of assessing and evaluating clients using a variety of measures on an ongoing basis. They are particularly attentive to the nature and purpose of assessment and evaluation tools and their impact on the specific contexts and needs of the client. When counsellors/therapists include formal assessment instruments as part of their professional practice, they ensure that their knowledge and training pertaining to the effective and appropriate use of assessment and evaluation tools is current and directly related to the instruments being used. When counsellors/therapists are unsure of their foundational knowledge and/or skills or have limited experience in conducting assessments, they seek supervision and consultation prior to test administration. In all cases, the counsellor/therapist seeks to ensure fair, effective, and appropriate assessment and evaluation processes that are rooted in the context of the individual client and the perceived need for additional information to support effective, professional counselling/therapy.

Informed Consent for Assessment and Evaluation

Because counsellors/therapists assess and evaluate clients using a variety of measures on an ongoing basis, it is important to engage in informed consent at each stage of process. When counsellors/therapists include formal assessment instruments as part of client services, they provide information about the purposes of the assessment prior to test administration. This professional practice allows clients and counsellors/therapists the opportunity to discuss options freely, to support informed decision making and later, to orient the client to the assessment and evaluation results, the meaning of which can then be placed in proper perspective along with other relevant information.

Counsellors/therapists take this responsibility to inform clients about associated costs (if any), the purpose of any assessment and evaluation procedures, and the meaning of assessment and evaluation results in a language and at a language level that the client understands. This responsibility includes explanations related to the length of assessments, the timeframe for receiving results, and when, how, and with whom the findings may be

shared. Counsellors/therapists ensure the client is fully aware of risks, benefits, and alternatives to formal assessment and evaluation.

It is also important that counsellors/therapists ensure that any testing used for counselling/therapeutic purposes generates information which is relevant to assist clients in self-understanding, and in making personal, educational, and career decisions. Counsellors/therapists use assessments that are:

- current and appropriate to the setting;
- valid and reliable for the counselling/therapy purpose;
- fair and just, taking into consideration the client's uniqueness; and,
- appropriate to the client's language preference and competence.

The focus must always be on respecting the rights of clients and their best interests when they use, interpret, and develop evaluation and assessment instruments and procedures.

Counsellors/therapists share with clients, in client-appropriate language, the test results and interpretation, and any information about the degree of confidence which can be placed in them. They ensure clients understand the context of results in connection to other assessment measures such as:

- discussions during counselling/therapy sessions with the client;
- clinical interviews;
- discussions with family members, employers, teachers and other informants;
- observational data; and,
- client self-reports.

C3

Assessment and Evaluation Competence

Counsellors/therapists practice within the boundaries of their competence and employ only those assessment and evaluation approaches and measures for which they have verifiable (i.e., documented and demonstrable) competence and meet established professional prerequisites and standards. (See also A3, E6)

Assessment and Evaluation Competence

Counsellors/therapists who administer, interpret, and use the results of assessment and evaluation instruments and procedures do so only when they have the relevant and appropriate education, training, and supervised experience. This applies to all testing, and particularly to projective tests and tests of personality, neuropsychological functioning, and individual tests of intelligence.

Established psychometric and evaluative procedures must be followed when adapting, developing, distributing, or using evaluation and assessment instruments and procedures, particularly formal assessment measures.

Counsellors/therapists accept responsibility for conducting formal mental health status and custody evaluations only when they have expertise in those areas of evaluation and only when they are prepared to appear as a witness, should they be required to do so.

When counsellors/therapists provide assessment and evaluation services to individuals whose differences of age, disabling condition, language and culture, they ensure their actions are within their competence to do so by virtue of appropriate education, or supervised experience.

The strengths and limitations of test results are reported by counsellors/therapists in cases where the validity and reliability of a test instrument is not established for particular clients (such as certain minority populations, particular age groups, and specific linguistic or cultural groups).

C4

Administrative Conditions and Procedures

Counsellors/therapists ensure that evaluation and assessment instruments and procedures are administered and supervised under established conditions consistent with professional standards. They note any departures from standardized conditions and any unusual behaviour or irregularities which may affect the interpretation of results. Prior to engaging in formal and informal assessment processes, counsellors/therapists are attentive and sensitive to the client's contexts including familial, communal and cultural identity and/or membership, to ensure fair and valid assessment practice. (See also A3, A4, D10, E5, E8)

Administrative and Supervisory Conditions

Counsellors/therapists ensure adequate supervision of the administration of tests and other assessment instruments and procedures except when they are specially designed and clearly intended for self-administration.

They also refrain from using evaluation and assessment instruments and procedures, especially formal assessment tools, that may reasonably have the potential to produce harmful or invalid results due to situations such as:

- conditions contrary to the test administration manual requirements;
- a client's recent exposure to test items;
- test anxiety (when the instrument is not designed to detect anxiety);
- stress, injury, or environmental conditions (for which the test is not designed to detect, [e.g., conducting an aptitude test following a major accident or recent death of a parent]); or,
- information suggesting test results will be used to violate the fundamental rights of the client or others.

Counsellors/therapists permit persons whom they supervise to use only evaluation and assessment instruments and procedures for which they are competent, and such persons have a similar obligation to practice within their area of competence. However, in training environments, students with the prerequisite preparation and with close supervision may administer instruments as part of their progression to full competence.

Counsellors/therapists avoid multiple relationships when they agree to conduct independent assessments or evaluations. For example, counsellors/therapists refrain from conducting custody evaluations when they have a prior or current relationship with the children and/or their guardians.

C5

Technology in Assessment and Evaluation

Counsellors/therapists recognize that their ethical responsibilities are not altered, nor in any way diminished, by the use of technology for the administration, scoring, and interpretation of assessment and evaluation instruments. Counsellors/therapists retain their responsibility for the maintenance of the ethical principles of privacy, confidentiality, and responsibility for decisions regardless of the technology used. (See also B2, E8, Section H)

Use of Technology in Assessment and Evaluation

Counsellors/therapists recognize that their ethical responsibilities for counselling/therapy remain intact when using technology, and that there are additional risks associated with the use of technology in the administration, scoring, interpretation, and evaluation of test instruments.

Ultimately, it is the counsellor/therapist who is responsible for the selection, administration, scoring and interpretation of test instruments, whether or not technology is used. To address the unique risks associated with the use of technology, it is important that counsellors/therapists:

- ensure clients understand the test requirements, can use the computer equipment required to complete a computer-generated test instrument, and have no personal factors that would render such a mode of testing inappropriate;
- ensure the computer and associated technology are in good working order;
- supervise clients when a computer-generated test instrument is being used (unless the instrument is specifically designed as a self-administered test);
- adhere to copyright and other intellectual property rights when using computer-generated tests, results, and interpretations;
- inform clients of the process that will be used for scoring test results;
- obtain appropriate authorization from the client to transmit information to an automated or external scoring service; and,
- document the source of the results when reporting.

Whenever automated, web-linked, or external test scoring and interpretation services are used to determine results of a test instrument, counsellors/therapists only use reputable companies and programs that ensure client confidentiality and that provide evidence of valid and reliable scoring and interpretation procedures. Counsellors/therapists also retain responsibility for professionally assessing the electronic evaluations to detect any results that seem inadequate or erroneous.

C6

Appropriateness of Assessment and Evaluation

Counsellors/therapists ensure that evaluation and assessment instruments and procedures are valid, reliable, and appropriate to both the unique needs of the client and the intended purposes. Counsellors/therapists consider all factors (e.g., social, cultural, identity, ability, language fluency, etc.) which may influence the assessment/evaluation process when determining its use. (see B9, D9, E8, Section I)

Appropriateness of Assessment and Evaluation

Counsellors/therapists should review any available information on the reliability, validity, and the reference group, for any assessment instruments or procedures, particularly formal assessment tools, as part of determining their appropriateness for use with an individual or group.

Tailored assessment and evaluation plans that are developed by counsellors/therapists to address the unique needs and contexts of clients, must take into account client age, culture, linguistic background, education, and abilities (e.g., cognitive, intellectual, mobility, sensory). The selection of formal assessment and evaluation measures entails appraisal of strength and currency of validity and reliability data, and confirmation of content and procedural appropriateness with respect to populations for which norms have been established.

Counsellors/therapists take steps to ensure that tests, when used, are relevant and appropriate to assessment and decision-making processes, and that they are not used to support or to defend recommendations, evaluations, and other decisions that should be based on other criteria. They use multiple sources of information rather than relying on a single measure when assessing clients' abilities, skills, and general attributes.

Counsellors/therapists accurately describe all criteria used in an evaluation process and are prepared to provide the rationale for selecting any and all criteria. When they use assessment and evaluation instruments and procedures to classify individuals into various groups, such as therapeutic or educational programs, counsellors/therapists do so only when they can demonstrate that the instruments and procedures used have the capacity to reliably support such differential selections.

Counsellors/therapists recognize that substantial alterations to assessment instruments or adaptations to procedures in terms of administration, language, or content may invalidate them, and before using an altered or adapted instrument, they must be confident that no such invalidation has occurred.

C10

Sensitivity to Diversity when Assessing and Evaluating

Counsellors/therapists consider the potential influence of diversity factors on client performance and determine whether appropriate accommodations can be made to administration and interpretation or whether alternative assessment measures and approaches are warranted. Counsellors/therapists proceed with particular care and caution in the selection, administration, and interpretation of assessment measures and procedures when clients are members of groups not represented in standardization processes for formal instruments and procedures. (See also A12, B9, E12, Section I)

Sensitivity to Diversity When Assessing and Evaluating

Each formal standardized assessment and evaluation test instrument has a specific focus and typically uses norms that are based on large populations. Counsellors/therapists must be cautious when judging and interpreting the performance or test results of minority group members and any other persons not represented in the group on which the evaluation and assessment instruments and procedures were standardized.

For instance, counsellors/therapists ensure that when an assessment instrument or procedure is translated from one language to another, its reliability and validity for the intended purpose in the new language group are established.

Counsellors/therapists must also take into account the potential effects of such unique factors as:

- age;
- culture/ethnicity;
- worldview;
- language preference/language level;
- disability/chronic or underlying illnesses or conditions;
- gender identity/expression;
- sexual/affectional orientation;
- religion;
- history (including sensitivities based on prior cultural stigmatization or misuse of testing results);
- socio-economic background; and,
- readiness to be assessed and/or receive results of an assessment.

Counsellors/therapists typically use more than one method of assessing and evaluating all clients. When clients belong to a minority group or clients who require sensitivity to their diversity, it is essential to consider multiple assessment methods.

When counsellors/therapists use assessment instruments and procedures to assist with decisions related to work assignment, career advancement, eligibility for school programs or training opportunities, and so forth, they must be confident of the appropriateness and differential power of the instruments and procedures to contribute to such decisions.

C7

Reporting Assessment and Evaluation Results to Clients

Counsellors/therapists clearly specify with whom, when, and how results of assessment and evaluation will be shared as part of the informed consent process. Results are presented to clients in a timely manner, in language appropriate to clients' developmental, cognitive, intellectual, and linguistic abilities. Counsellors/therapists provide clients with the opportunity to pose questions and seek clarification. (See also B4, B5, E8)

C8

Reporting Assessment and Evaluation Results to Third Parties

The nature and extent of information to be shared with third parties is determined on a need-to-know basis that has prior informed consent and maintains client best interests as the priority. Reports summarize the referral issue(s), nature and purpose of assessment undertaken, procedures followed, measures implemented and the rationale for their selection, and results and findings. Report conclusions and recommendations clearly arise from the assessment results and findings. Reports are written in an objective and professional tone, avoiding the use of professional jargon in favour of language that can be understood by a wide reading audience. (See also A10, B19, E10)

Reporting Assessment and Evaluation Results

A major role of counsellors/therapists following the administration of an assessment and evaluation instrument, is to report on results in a meaningful way for clients. Counsellors/therapists take care in their language use and select a language level that facilitates a discussion of findings. Counsellors/therapists take steps to ensure that score profiles and test report forms, including computerized reports and materials, are clear and provide appropriate interpretations based on known information.

When counsellors/therapists provide interpretations of subscores, score differences, or score profiles, they should provide sufficient information to justify such interpretations.

When counsellors/therapists use computerized scoring and/or interpretations of assessment results, they retain undiminished responsibility for the accuracy of the scoring and the appropriateness of the interpretations.

Counsellors/therapists accept responsibility for the accuracy of their statements with respect to evaluation and assessment information, and they avoid knowingly contributing to unwarranted assumptions about such information and about the use and potential of assessment instruments and procedures.

Counsellors/therapists report findings of assessment and evaluation results in language understandable to the recipients of the report. They ensure reports clearly convey the meaning reasonably derived from the raw assessment and evaluation data and offer clients the opportunity to discuss openly all aspects of the findings.

Reporting Assessment and Evaluation Results to Third Parties

Counsellors/therapists adhere to provincial and federal law when releasing assessment and evaluation data to other professionals, the courts, external agencies, and clients. This includes copyright law. Additionally, counsellors/therapists follow policies and procedures within their employment setting when determining to whom data may be released.

Prior to the administration of an assessment and evaluation test instrument, counsellors/therapists arrange for a release to be signed by the client or signing authority that includes to whom data may be released and whether third party disclosure of results is acceptable.

Counsellors/therapists may have legitimate reason to choose to withhold test data. Some situations that may precipitate this choice are:

- potential for harm to the client or others;
- potential for misuse of the data;
- there is no client release and no requirement by law or court order; or,
- no qualified person is available to receive and use the information for the benefit of the client.

Counsellors/therapists do release test data:

- as a condition of the client's right to personal health information and/or as articulated in a release form;
- as a condition of their internship training or clinical supervision;
- in accordance with the law in response to attorney requests, subpoenas, and court orders;
- as a condition of an investigation into the conduct of the counsellor/therapist; or,
- to consult with another professional, while protecting the privacy and maintaining the confidentiality of the client.

Although counsellors/therapists may release test data, they must not release test material protected by intellectual property rights or copyright law. At all times, counsellors/therapists consider the best interests of the client whenever releasing data, and make every attempt to ensure clear understanding of information and its implications.

C9

Integrity of Instruments and Procedures

Counsellors/therapists attend to the integrity and security of assessment manuals, protocols, and reports, consistent with any legal and contractual obligations, and with particular attention to the appropriate use and storage of instruments. They refrain from appropriating, reproducing, or modifying established content and procedures without the express permission and adequate recognition of the original author, publisher, and copyright holder. When the reliability, validity, usefulness, and value of a measure depend on its novelty to clients, counsellors/therapists appropriately limit client exposure to the instrument according to the timeline and manner specified in the test manual.

Counsellors/therapists ensure that they have provided for the security and maintenance of evaluation and assessment results in their professional will and client file directive.

Integrity of Instruments and Procedures

Counsellors/therapists take every precaution to ensure that the integrity of evaluation and assessment instruments is maintained. Some common strategies to safeguard psychological tests and other assessment instruments are listed below.

- maintain strict test security protocols.
- select test instruments that have parallel versions.
- administer tests only under prescribed standardized conditions.
- when all modes are equal, select the assessment and evaluation method that allows for test-retest possibilities.
- release only test results; never test materials.
- disallow duplication of test materials or recordings of assessment sessions that may reach the public domain.

Clients who have familiarity with test items or who have been coached on test items or techniques have an unfair advantage that affects the validity and reliability of test results. Counsellors/therapists take ethical steps to protect test security and do not release to test-takers, parents, or to others, test items, scoring protocols, or any other testing material.

Tests administered through the Internet are particularly vulnerable to breaches of integrity. Additional precautions should be taken to ensure that tests conducted over the Internet have maintained their reliability and validity.

D. Professional Research and Knowledge Translation

CODE OF ETHICS

D1

Researcher Responsibility

Counsellors/therapists plan, conduct, and report on research in a manner consistent with relevant ethical principles, standards of practice, federal and provincial laws, institutional regulations, cultural norms, and, when applicable, standards governing research with human participants. These ethical obligations are shared by all members of the research team, each of whom assumes full responsibility for their own decisions and actions. Before engaging in any study involving human participants, the principal researcher seeks independent ethical review and approval. (See also A2, A3, I3, I6, I8, I9, I10)

STANDARDS OF PRACTICE

Researcher Responsibility

Counsellors/therapists plan, conduct, and report on research in a manner consistent with relevant ethical principles, standards of practice, federal and provincial laws, institutional regulations, cultural norms, and, when applicable, standards governing research with human participants (i.e., the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2 (2018)*). Before engaging in any study involving human participants, the principal researcher seeks independent ethical review and approval. These ethical obligations are shared by all members of the research team, each of whom assumes full responsibility for their own decisions and actions. Members of the research team ensure that all obligatory responsibilities, including appropriate communication, are fulfilled.

Counsellors/therapists, when planning, conducting, and reporting on their research are guided by a commitment to the following ethical principles:

- respect for human dignity;
- respect for vulnerable persons;
- respect for informed consent;
- respect for justice and diversity;
- respect for confidentiality and privacy; and,
- respect for the need to minimize harm and to maximize benefits.

Counsellors/therapists who conduct qualitative or mixed methods research studies recognize the power imbalance between the researcher and the participant(s) and take special precautions to protect participants. These precautions may be viewed in Chapter 10 of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2 (2018)*.

Although the power imbalance is minimized, participants view the researcher as knowledgeable about the research process including methods used, sampling, data collection, analysis of interviews, and the dissemination of the final product.

Counsellor/therapist researchers pay particular attention to the self-other relationship through the following practices:

- conduct reflexive analysis of one's part in the research process and identification of how one's beliefs and values, and one's position, may affect the research outcomes;
- ensure transparency of the research process;

- demonstrate a willingness to change the research process in response to issues arising during the research experience;
- provide descriptions of context that are explicit and favour depth more than breadth;
- seek feedback from participants about their understanding of the research process;
- continue to review the consent of participants throughout the research in order to provide protection and freedom to choose participation; and,
- conduct ongoing checks on informed consent.

Participants frequently make known more about themselves in qualitative and mixed methods studies than they would in quantitative studies. Informed consent is ongoing and renegotiated throughout the research process including: time of access in the data collection stage, member-checking stage, and potentially through the analysis stage, as well as in the publication of findings. Particular attention is paid to these issues in Chapter 9 and 10 of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2 (2018)*. Three key issues are:

- issues of representation: how researchers represent the other in research publications;
- issues of legitimation or the question of the researcher's right to write about others; and,
- multiple role relationships with participants.

> The more adept we are at creating a sense of connection and engagement, the more we need to be attentive to issues of power, influence, coercion, and manipulation. And, we need to be attentive to crossing the boundary from pursing inquiry to providing therapy.
>
> *(Haverkamp, 2005, p. 152)*

Counsellor/therapist researchers pay particular attention to cultural competence prior to, during, and after their study. Of particular note are additional requirements for studies related to persons of indigenous descent. The *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2 (TCPS2, 2018)* now includes Chapter 9 that emphasizes the need for researchers to ensure equitable partnerships between the study subjects and the researcher when the subjects are First Nations, Inuit, and Métis people. The collaborative approach required for research involving Indigenous persons safeguards cultural values and contributes to mutually beneficial research. The unique *TCPS2* policy outlines specific guidelines regarding Ownership, Control, Access, and Possession (OCAP) and

requires researchers to create a plan which outlines community engagement including how respect for local protocols, teachings, and governance will be adhered to and gleaned.

D2

Welfare of Research Participants

Counsellors/therapists are responsible for protecting the welfare of participants throughout research activities. They acknowledge and address the inherent risks involved in working with human participants and take reasonable precautions to avoid causing harm. Plans for addressing and mitigating inherent risks are included in protective actions. Counsellors/therapists recommend referrals to other helping professionals or resources when warranted and do not engage in providing counselling/therapy to those with whom they are engaged in research activities. (See also B1, I8)

Participant Welfare

Counsellors/therapists are responsible for protecting the welfare of participants throughout research activities. They acknowledge and address the inherent risks involved in working with human participants and take reasonable precautions to avoid causing harm. Plans for addressing and mitigating inherent risks are included in protective actions at the preliminary ethics application stage and throughout the duration of the research. Counsellors/therapists recommend referrals to other helping professionals or resources when warranted and do not engage in providing counselling/therapy to those with whom they are engaged in research activities.

Counsellors/therapists must carefully assess all anticipated risks for potential participants in their research studies. Such risks could include: physical, psychological (i.e., increased anxiety), social, and economic factors. Counsellors/therapists act to minimize any such consequences for those who participate in their research projects.

Some helpful questions for counsellors/therapists to ask themselves are:

- Have I approached potential participants in a fair and non-coercive manner?
- Is the compensation for participation appropriate and reasonable?
- Have I afforded children or persons with diminished capacity the opportunity to "assent" to the research?
- Have I offered opportunities to debrief research results with participants?
- Have I supervised others involved in the research (e.g., graduate students) in order to prevent violation of participants' rights?

D4

Informed Consent of Research Participants

Counsellors/therapists inform all research participants of the purpose(s) of the research being undertaken. In addition, participants are made aware of any experimental procedures, possible risks, disclosures and limitations on confidentiality. Participants are also informed that they are free to ask questions and to discontinue at anytime. (See also B4, B5, E3)

Informed Consent and Recruitment of Research Participants

Before undertaking research activities, counsellor/therapist researchers should undertake a risk assessment of their competence to embark on the research and ensure that sufficient consultations have taken place about potential ethical issues prior to and throughout the research process.

Counsellors/therapists must submit their research proposals that involve human subjects to institutional or organizational review boards, and initiate such research only after approval is granted and in a manner consistent with the approved research protocols.

In research that requires an extended researcher-participant relationship or in the case of research that involves the disclosure of sensitive or disturbing information, the principal researcher and research associates seek out ongoing supervision.

Once research is approved, counsellors/therapists must take steps to ensure that participants are fully informed of the processes involved in participation, any associated risks and benefits, safety protocols that will be in place (if any), and potential timelines and access to results. They must also be made aware of limitations on confidentiality and have the capacity to end participation without penalty at any time. These steps must be undertaken in language that participations can easily understand to ensure that informed consent is possible.

D3

Voluntary Participation

Counsellors/therapists who are conducting research give priority to informed and voluntary participation. Researchers may proceed without obtaining the informed consent of participants if approved or exempted by an independent ethics review. (See also B4)

Voluntary Participation

Counsellor/therapist researchers invite individuals to participate without manipulation, undue influence, or coercion. They carefully consider any impediments or potential challenges that may accompany participation from the perspective of the subjects prior to approaching individuals for study. Guidelines for counsellors/therapists to inform and support subjects in freely choosing to participate are:

- clarify the rights of participants. Inform them that their participation is voluntary and should they consent to participate they may decide not to continue at any time;
- inform individuals that a decision not to participate or to discontinue participation will be accepted without prejudice and without affecting pre-existing entitlements to benefits or services;
- avoid the excessive use of inducements and be particularly careful with the use of rewards related to the participation of children. When children are involved, and if practical, such rewards should be given following participation; and,

- avoid exerting pressure or undue influence on those who might be vulnerable by virtue of their circumstance or limited competence to give consent, such as prisoners, patients, children, individuals with cognitive or neurological disabilities.

Some research, such as archival research, studies based on Statistics Canada data, and the like, do not require informed consent; the availability of anonymous data can make it impractical to do so. However, in making such a decision, counsellors/therapists ensure that they respect all relevant regulations and fulfill any institutional or agency requirements.

> Respect for human dignity requires that research involving humans be conducted in a manner that is sensitive to the inherent worth of all human beings and the respect and consideration that they are due. In this Policy, respect for human dignity is expressed through three core principles – Respect for Persons, Concern for Welfare, and Justice…These principles are complementary and interdependent.
>
> *(Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2010, p. 14)*

Research and Counsellor/Therapist Education

Counsellor/therapist educators understand the status and power differential between themselves and their students. They avoid, whenever possible, any dual relationship with students who participate in their research projects. Any duality of relationships should be recognized, acknowledged, and managed in a manner that clarifies the various roles and responsibilities and avoids any disadvantage to students.

When students in counsellor/therapist education programs agree to participate as research associates or assistants to research projects managed by counsellor/therapist educators, the primary researcher should:

- initiate an open discussion to clarify expectations prior to beginning a working relationship on the research;
- clarify roles and responsibilities, including any limits to intellectual property and areas of collaboration;
- reach agreement as to the nature of acknowledgments for the completed research work and for any subsequent publications; and,
- establish procedures for managing any problems.

Counsellor/therapist educators avoid relating student grades to research participation unless there are clear and equivalent alternatives that are fully explained and just as readily available.

D5

Research Participant Right to Confidentiality

Counsellors/therapists maintain the confidentiality of the identity of research participants. They do not disclose in publications, presentations, or public media, any personally identifiable information about research participants, unless otherwise authorized by the participants, consistent with informed consent procedures. (See also A10, B2, D6)

Research Participant Right to Confidentiality

Information obtained about participants in the course of conducting research must be kept confidential. The following guidelines will enable counsellors/therapists to manage their research so as to minimize any threats to confidentiality:

- restrict data collection to information relevant to the questions and hypotheses being addressed in the research project;
- use data coding systems and scoring protocols that avoid the use of participant names;
- keep in a secure place all material that could identify participants, such as test results, audio/video tapes, computer disks, and reports, and permit access only to the researcher and their associates;
- take steps to protect participants' anonymity when information from a research study is being reported or distributed. Any disclosure that identifies participants is possible only with the prior consent of the participants, or in the event of a clear or imminent danger of harm to self or others; and,
- when working with Indigenous groups, prior permission from the community(ies) involved must be given regarding the disclosure of any sacred teachings and/or the group(s) or location(s) as outlined in chapter 9 of the *TCPS2* policy which provides specific guidelines regarding Ownership, Control, Access, and Possession (OCAP). Researchers must demonstrate respect for these requirements in order for the research to be considered ethical and responsible.

Use of Confidential Information for Didactic or Other Purposes

Counsellor/therapist researchers take appropriate actions to prevent their data from being released in any form that allows for participants' identities to be known. This includes professional writing, non-fiction works, and multi-media presentations, among others. The use of pseudonyms does not guarantee anonymity. Postal codes and/or other geographic markers applied to case records can be used to identify individuals. Researchers should ask themselves:

- Is there a way to group data in a way to conceal identities?
- How can I disguise personal details so that individuals are not recognizable to others?

Some strategies to protect subject identities include:

- aggregate data into groups;
- eliminate personal information; and,
- develop vignettes or composites.

In the case of participants who desire to have their identities known, the researcher has the responsibility to present all the potential drawbacks in removing anonymity; however, the researcher cannot be held responsible for participants who choose to disclose their identities.

Clinical case studies that are used as a means of developing practice-related knowledge and education for counsellors/therapists present particular ethical challenges. "[T]he rich detail that makes case reports so useful also makes them subject to complex questions about the ethics of publishing or otherwise disseminating them" (Gavey & Braun, 1997, p. 399). The client-therapist relationship demands conscientious attention to the rights of the client to consent, confidentiality, and anonymity.

Seeking consent to document a case after an individual has entered counselling/therapy requires the counsellor/therapist to undertake a thorough risk assessment that asks the questions, "How free is the client to refuse in these circumstances? What are the benefits to the client? How will I monitor the impact of a dual relationship?"

Some reasonable steps in seeking consent for the use of case studies include:

- Seek out ongoing consultation with a supervisor and with the research ethics committee prior to engaging in research with clients.
- In contacting past clients for permission to use clinical case materials, ask the question, Will this process stimulate painful memories or issues that threaten the client's ability to be in command of that experience?

D6

Research Data Retention

Counsellors/therapists who conduct research are obligated to retain their research data and to make it available in a de-identified format in response to appropriate requests from qualified fellow researchers for the purposes of replication or verification. Counsellors/therapists are obligated to follow the data destruction schedules of the agency or institutional ethics review board. (See also D4, D5)

Research Data Retention

Counsellors/therapists who conduct research are obligated to retain their research data and to make it available in a de-identified format in response to appropriate requests from qualified fellow researchers for the purposes of replication or verification. Counsellors/therapists are obligated to follow the data collection and storage guidelines, and destruction schedules of the agency or institutional ethics review board.

Further Research

Data is retained in raw form for other researchers to re-analyze or verify. Data must be retained in such a manner as to protect the anonymity of participants.

While counsellor/therapist researchers have an obligation to assist others by providing them with original data so that studies may be replicated or research verified, they also have legal rights pertaining to intellectual property.

When counsellors/therapists release original data to researchers, they take responsibility for verifying the qualifications and intentions of the researcher requesting the data.

D7

Research Sponsors

When counsellors/therapists are the recipients of funding or other resources to support their research, they clearly acknowledge sponsors and the nature of the support in their application for ethics review and in any publications arising from the research. They also complete and submit in a timely manner any research-related reports requested by sponsors.

Research Sponsors

Counsellor/therapist researchers offer general feedback on the progress of research to sponsors if requested, however the confidentiality of subjects is always maintained.

Regardless of the findings of sponsored research, researchers have the obligation to release their results accurately. This obligation ensures academic integrity and increases the knowledge base of the profession. It can sometimes require courage when findings are inconsistent with a particular sponsor's activity or research agenda.

Upon completion of the study, researchers provide a summary of findings and conclusions to the sponsor in a timely manner and acknowledge all forms of dissemination that arise from the research. Sponsors are acknowledged in all publications and presentations.

D8

Review of Scholarly Submissions

Counsellors/therapists who review applications or manuscripts submitted for research, publication, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted the materials. (See also A2, B2, I7)

Review of Scholarly Submissions

Counsellors/therapists who act as reviewers of research proposals, manuscripts, books, awards, multi-media presentations, and the like, adhere to the expectations regarding confidentiality and respect the proprietary rights of those whose work or submissions are being reviewed.

Reviews are carried out in a timely manner.

Reviewers agree to review materials only when the subject matter falls within their areas of expertise.

D9

Reporting Research Results

When reporting the results of their research, counsellors/therapists document any variables and conditions that might affect the outcome of the investigation or the interpretation of the results. They provide sufficient detail for others who might wish to replicate the research. (See also A12, C4, C6, E6, I2)

Reporting Research Results

Counsellors/therapists have an obligation to present their research findings in an accurate manner and in a language with sufficient disclosure to minimize misunderstanding.

Counsellors/therapists provide sufficient detail in their research results for other researchers who may wish to replicate the study.

Counsellors/therapists, when disseminating the results of research on sensitive issues, take steps to minimize misinterpretation or to avoid inappropriate exploitation by those with a political agenda.

Counsellors/therapists have the courage and obligation to present their research findings even when they are incompatible with their own beliefs, or when they may run counter to institutional, social, or programmatic practices, or to prevailing interest and ideologies.

If, upon publication, counsellors/therapists determine that errors have been made in their published research, steps are taken to correct such errors, for example, in a correction erratum.

D10

Acknowledging the Contributions of Others

Counsellors/therapists appropriately acknowledge the contributions of others to research investigations and/or scholarly publications. When the contributions are substantial in nature, counsellors/therapists identify contributors as co-investigators or co-authors. They also give due credit by offering oral and written acknowledgment of contributions. Counsellors/therapists also acknowledge the historical contributions of those whose prior research and publication significantly influenced the current study or publication. When a publication is based primarily on a student thesis or dissertation, the student is listed as principal investigator and author. (See also G13, I8)

Acknowledging Research Contributions

Counsellor/therapist researchers often collaborate in conducting research and in publishing results of research. When there are multiple authors, counsellors/therapists ensure that due credit is given to all individuals who contributed to the research.

Some methods of acknowledging contributions include:

- joint authorship;
- footnote statements;
- formal acknowledgement pages; and,
- textual references to prior work on the topic.

Authorship issues can arise at any time during the process of conducting research and publishing findings. Some helpful strategies to resolve issues related to appropriate authorship are:

- Instigate student and faculty member meetings to discuss authorship prior to the research project or writing of an article not based on thesis or dissertation. Questions to ask include: When the study is completed and getting ready to be published, who should be the authors and in what order will their names appear? How can multiple authors be acknowledged and how is order determined?
- Ideas to resolve conflict could include: putting the names of all co-authors in alphabetical order.
- Designate no major contributor. Instead, rotate the names of co-authors on a series of articles.

D11

Submission for Publication

Counsellors/therapists do not simultaneously submit copies of the same creative work, or manuscripts that are highly similar in content, for consideration by two or more publishers. In addition, manuscripts or other creative material already published in whole or in substantial part should not be submitted for publication without the express permission of the original publisher.

Submission for Publication

Counsellors/therapists submit a manuscript for publication to one journal at a time. Identical or essentially identical manuscripts that have been previously published in whole or in substantial part must be submitted with acknowledgement to and the permission of the previous publication in which they were published.

In situations where more than one author is involved in the creation of a manuscript, each author is responsible for maintaining communication with the other author(s) to ensure ethical submission of the manuscript.

E. Clinical Supervision Services

CODE OF ETHICS

E1

General Responsibility

Clinical supervisors demonstrate professionalism, integrity, and respect for the rights of others, with priority accorded to the welfare of supervisees' clients and, more generally, to protection of the public. Counsellors/therapists who enter into this professional role exhibit ethical attunement and commitment to conducting themselves in a manner that is consistent with the *CCPA Code of Ethics* and *Standards of Practice.* (See also A1, A2, B1, C1, F1, G1, I8)

STANDARDS OF PRACTICE

General Responsibility

Clinical supervisors respect the people whom they supervise and adhere to all the articles and standards outlined in the ***CCPA Code of Ethics*** and ***Standards of Practice***. Clinical supervisors constantly work towards improved self-understanding to eliminate blind spots, identify and address growth areas, and minimize needs for personal control and power. The standards for the formal supervision process can be applied to the broader concept of maintaining a practice of supervisory experiences across one's professional lifetime.

- Clinical supervisors ensure that the supervision process facilitates self-awareness, knowledge of counselling/therapy, and counselling/therapeutic skills.
- Counsellors/therapists who are responsible for a supervision program ensure that the supervision process addresses counsellor/therapist certification and requirements for membership in professional counselling/therapy organizations and regulatory colleges.
- Clinical supervisors infuse multicultural and diversity competencies into their education and supervision practices.
- Because supervisees[4] are vulnerable during the supervision process due to power differences, intimate and personal relationships between clinical supervisors and supervisees are inappropriate, and social relationships must be managed in a manner that does not compromise the primary professional relationship.
- Clinical supervisors have established a foundation of competency in this specialty area of counselling/therapy practice. They verify that their clinical supervision education, training, and experience will meet the qualifications required by a supervisee's employer, professional association, or regulatory college. They also ensure that their education, training, and experience align with the supervisee's practice milieu, including clientele demographics, referral issues, and approaches to counselling/therapy being implemented.

4 The term supervisee includes, but is not limited to: practitioner, practicum student, intern, and all counsellors/therapists in an ongoing supervision process throughout their career. The term "supervisee" does not apply to individuals undertaking consultation services.

- Clinical supervisors should provide on-going appraisal of supervisee performance and progress through a variety of formative and summative assessment approaches such as self-reflection, self-assessment, and supervisor assessment. Ongoing feedback should be a part of the overall assessment-feedback-evaluation-reporting process.
- Supervisees are entitled to remedial assistance, including a written remedial plan, should they experience difficulties at any time during their supervision.
- Clinical supervisors consider the welfare of clients when supervisees are unable to demonstrate adequate competence in counselling/therapy due to academic or personal limitations and efforts at remediation have not been successful. Such supervisees should address issues related to competence before continuing the counsellor/therapist supervision process.
- Prior to beginning supervision, clinical supervisors ensure that supervisees are aware of required competencies and competency level, and processes and timeline for assessment, feedback, evaluation, and reporting.

Clinical supervisors document and demonstrate theoretical, conceptual, and clinical skill competence in the areas of counselling/therapy that they are supervising. They remain abreast of relevant and current developments presented in the research and practice literature.

- Clinical supervisors infuse multicultural and diversity competencies into their supervision practices.
- Clinical supervisors must have a breadth and depth of experience in counselling and psychotherapy.
- Clinical supervisors understand the process of counsellor/therapist development and its relation to theories, methods, and techniques of supervision.
- Clinical supervisors have skills in case conceptualization and case management.
- When clinical supervisors engage in distance supervision, they develop an agreement with sufficient detail, orientation, and discussion to ensure competent, ethically appropriate, and low risk participation for both themselves and their supervisees.
- Clinical supervisors work with supervisees in developing a clinical supervision plan/agreement/contract that will guide their work together. These documents should include, but are not limited to:
  - names of the clinical supervisor and supervisee;

  - contact information for the clinical supervisor and supervisee;
  - brief professional disclosure statement for the clinical supervisor, including education, experience, and credentials;
  - supervision location;
  - supervision schedule (anticipated dates, session duration, supervision period);
  - fees (payment and collection processes);
  - learning goals and objectives determined by the supervisee and clinical supervisor (informed by requirements and recommendations of professional association, regulatory body, specialty area of practice, etc.);
  - roles, rights, responsibilities, and requirements of the clinical supervisor;
  - roles, rights, responsibilities, and requirements of the supervisee;
  - assessment, feedback, evaluation, and reporting process (including criteria for evaluation and reporting method, frequency, recipients);
  - procedures to follow in the event of client emergency (including alternate contact if supervisor not available);
  - avenues for resolving conflict between supervisor and supervisee;
  - remedial processes;
  - self-care plan; and,
  - plans for transfer of supervision records in the event of supervisor relocation, retirement, incapacitation, or death.
- A clinical supervision contract/plan/agreement should be reviewed at various points over the course of the supervisory relationship to confirm that the clinical supervision goals are still relevant and realistic.
- Clinical supervision records should be retained in a secure manner and for a period consistent with statutory regulation and jurisdictional legislation pertaining to statutes of limitation.
- Clinical supervisors address any conflicts of interest and adhere to all CCPA Codes of Ethics pertaining to multiple relationships prior to engaging in a supervisory relationship.

> Supervisors of counselling practitioners must be imbued with the empathy, openness, and flexibility expected of the counselling and psychotherapy profession. The respect for and sensitivity to the unique and specific complexities of each supervisee is an…ethical imperative when one takes on the role of supervisor.
>
> *(Shepard & Martin, 2012, p. 30)*

E2

Informed Consent

Clinical supervisors embark on an informed consent process with supervisees that begins with the first contact and continues throughout the period of supervision. The notions of participating voluntarily, knowingly, and intelligently apply to clinical supervision. Informed consent involves identifying, discussing, and verifying understanding and acceptance of, the roles, rights, responsibilities, and requirements of clinical supervisors and supervisees.

Supervisors make supervisees aware of all expectations and requirements (e.g., furnishing recordings of counselling sessions and copies of counselling/therapy documentation for review) prior to, or no later than, the outset of supervision.

In clinical supervision, informed consent also applies to clients. Clients must be made aware when counsellors/therapists are concurrently participating in clinical supervision and should be provided with details about the identity of and contact information for the clinical supervisor, the nature and purpose of the clinical supervision, and the degree to which their counselling/therapy information will be shared with the clinical supervisor and any other individuals (e.g., other students in a practicum class, other supervisees in group supervision). Supervisors ensure that clients have offered specific informed consent for audio or

Informed Consent and Confidentiality

Supervisors only disclose information with permission provided by supervisees, or when legally required to do so. Also, in educational institutions or training environments where there may be multiple supervisors, disclosures maybe appropriate, with permission, to other supervisors, or administrators who share responsibility for the education or training of the supervisee. Counsellors/therapists must make clients clearly aware of the supervision process, and be provided with contact information for the supervisor.

Clinical supervisors inform supervisees of exceptions to confidentiality. These exceptions occur when:

- legal requirements demand that confidential material be revealed;
- disclosure is required to prevent clear and imminent danger to the client or others, such as:
  - a child is in need of protection; and/or
  - others are threatened, placed in danger or there is a potential for harm;
- administrative assistants and other professionals have access to files;
- clinical supervisors listen to or view recordings of supervisees' counselling/therapy sessions;
- consulting with other professionals; and,
- counselling/therapy information is given to parents or legal guardians.

Clinical supervisors inform supervisees that there are limits to confidentiality in the process of supervision. These include:

- non-adherence to the ***CCPA Code of Ethics*** and ***Standards of Practice***, and non-acceptance of policies at a counselling/therapy placement setting;
- revelations that would require the supervisor to act on the duty to warn; and,
- disclosure of unresolved personal issues that have clear implications for student counselling/therapy competence.

video recording and review of their counselling/therapy sessions, as well as review of documents in their counselling/therapy files (unless carefully deidentified).

Clinical supervisors enter into clinical supervision relationships and processes voluntarily, knowingly, and intelligently. They confirm and communicate awareness and acceptance of the roles, rights, responsibilities, and requirements that accompany their agreement to serve as clinical supervisor. (See also A10, B4, B10, C2, G14, H1, H2)

As previously mentioned under General Responsibility, informed consent must be revisited between the clinical supervisor and supervisee regularly as well as when the counsellor/therapist-client role changes (such as supervision of individual counselling/therapy to couples, family, or group counselling/therapy, or taking on the role of a professional assessor).

E6

Boundaries of Competence

Counsellors/therapists who conduct clinical supervision appraise their theoretical, conceptual, clinical/technical, diversity, and ethical competencies in both counselling/therapy and clinical supervision from the standpoint of suitability and sufficiency for the counselling context of supervisees. They limit their involvement as clinical supervisors to their verifiable (i.e., documented and demonstrable) competencies and seek supervision of supervision or refer supervisees to other appropriately qualified clinical supervisors when another area and/or higher level of expertise is warranted. (see also A3, B9, C3, G2, I4)

Boundaries of Competence

Clinical supervisors should be competent in theoretical, conceptual, and practical teaching/learning methodology as well as be successful practitioners who can demonstrate their counselling/therapy skills and give examples of counselling/therapy effectiveness. Furthermore, clinical supervisors should limit their involvement to areas of their competency. Required areas of competency include, but are not limited to:

- awareness of ethical issues and ethical responsibilities;
- skill in counselling/therapy practice;
- knowledge of the theory and practice of counselling/therapy;
- knowledge of the theory and practice of various forms and modalities of supervision (e.g., group, virtual, telephonic); and,
- knowledge of, and sensitivity to, multicultural and diversity issues.

E3

Ethical Commitment

Clinical supervisors are conversant with ethical, legal, and regulatory issues relevant to the practices of counselling/therapy and clinical supervision. Clinical supervisors model and underscore the importance of ethical commitment and accountability by involving supervisees in review and discussion of the *CCPA Code of Ethics* and *Standards of Practice* (and any other professionally relevant codes and standards). Clinical supervisors discuss direct and vicarious liability with supervisees and employ risk management strategies. (See also D4, F2, G1, G3, I8)

Ethical Commitment

Clinical supervisors ensure counselling/therapy supervisees are aware of legal obligations (local, municipal, provincial, and federal), their ethical responsibilities as expressed in the ***CCPA Code of Ethics***, and the requirements of any statutory regulatory body in which they may be a member. Additionally, the six principles (beneficence, fidelity, autonomy, nonmaleficence, justice, and social interest) on which the ***Code*** is based, should be examined and understood, and the processes of ethical decision making should be studied and practiced. As well, issues surrounding multiple relationships should be discussed and understood.

Specifically, it is the responsibility of clinical supervisors to:

- explore specific challenges within the counselling/therapy setting that cover all aspects of ethical decision making not just those that might arise as part of clinical supervision;
- continually engage with supervisees to increase awareness of their professional and personal responsibility for their own ethical behaviour;
- ensure that supervisees have available the ***CCPA Code of Ethics*** and ***Standards of Practice***;
- introduce supervisees to ethical decision-making processes that take into consideration counsellor/therapist differences, diversity of clients, counselling/therapy settings, and legal issues; and,
- infuse the discussion of ethics into all supervision sessions, so that supervisees recognize the importance of ethics in all aspects of counselling/therapy.

E8

Program Orientation

Counsellors/therapists responsible for clinical supervision take responsibility for the orientation of supervisees and relevant professional partners to all core elements of such programs and activities, including clear policies pertaining to assessment and evaluation tools, record keeping and reporting, appeals, and fees with respect to all supervised practice components, both simulated and real. (See also C4, C5, C6, C7, G3, G5, G7, I8)

Clarification of Roles and Responsibilities

Prior to agreeing to provide supervision, clinical supervisors clarify the respective responsibilities and obligations of both parties, including attention to the:

- collaborative nature of clinical supervision and its various dimensions;
- evolving supervision contexts and developmental needs of supervisees across the career span;
- use of a signed informed consent including but not limited to a supervision consent form, and permission to record form;
- influence of power differentials within the supervisory relationship;

- benefits and potential detriments of non-professional relationships to the supervisory process (e.g., support during stressful situations, membership in professional organizations, conflicts of interest);
- supervisor's responsibility to the supervisee, and to their clients. This includes the boundaries and responsibilities for the supervisor, particularly how any serious concerns about the nature or quality of the counselling/therapy service being supervised will be addressed. Opportunities for securing remedial assistance and the creation of a remedial plan should be discussed;
- levels of counselling/therapy competence expected from supervisees, and the methods of appraisal and evaluation;
- requirement for self-disclosure and self-growth activities throughout the period of supervision;
- rationale for regular review of the counselling/therapy work of supervisees;
- limits to confidentiality when reporting to a supervisor, including both the supervisor's obligation for statutory reporting (such as in the case of child abuse) and supervisee disclosure to clients that the counsellor/therapist reports to a supervisor;
- type of information that will be reported to the supervisee's licensing agency (if any); and,
- privacy rights of all counsellors/therapists-in-practice. Clinical supervisors do not require supervisees to disclose personal information unless the requirement for disclosure is clearly identified in registration materials, or the disclosure is required to obtain supports for the supervisee during supervision (such as accommodations for special needs).

Clinical supervisors ensure that they create a supportive supervisory relationship that includes a supervision contract. This formal contract for clinical supervision services must include details related to:

- regular, timely supervision;
- acceptable levels and qualities of the services being rendered, and requisite professional disclosure permissions to allow pertinent information sharing;
- methods and procedures related to monitoring and evaluation for competency deficits and/or professional impairment;
- list of supervisory sessions for supervisees that reflects their caseload;

- protocols and practices that ensure maximum competent use of technology (when utilized), protects personal security, and minimizes threats to the confidentiality of both parties (see Section H); and,
- discussion of start and end dates, absences and supervisor availability including supervisee access to supervisors during emergencies, evening shifts, and holidays.

E4

Welfare of Clients and Protection of the Public

Client welfare and protection of the public are the primary considerations in all decisions and actions of supervisees and clinical supervisors. Responsibility for safeguarding extends beyond the immediate clients of supervisees to protection of other members of the public who might be affected by supervisees' comportment and competence.

Clinical supervisors are particularly mindful of the CCPA ethical principle of societal interest and its call for responsibility to society. The professional mandate to accord primacy to the wellbeing of clients of supervisees and protection of the public aligns with the crucial gatekeeping role that clinical supervisors fulfill. Clinical supervisors educate and redirect supervisees, override supervisee decisions or actions, and/or intervene to prevent or mitigate harm to clients or members of the public. (See also A3, A8, B1)

Welfare of Clients and Protection of the Public

Counsellor/therapist clinical supervisors must, at all times, keep in mind that they are ultimately responsible for the actions of their supervisees, and the welfare of clients must be their main concern. Clinical supervisors model appropriate counselling/therapy, and ethically and legally harmonious practice. To ensure the welfare of clients, clinical supervisors:

- help supervisees understand how ethics and standards of practice can be applied to inform their conduct;
- engage in ongoing informed consent processes;
- provide regular, timely, and growth-focused assessment and feedback;
- adhere to standards for the services being rendered (as identified in the supervision contract), and requisite permissions, to allow pertinent information sharing; and,
- monitor and document for competency deficits and/or professional impairment.

Gatekeeping

In addition to the primary function of supervision to support the growth and development of counsellors/therapists, is the crucial role of gatekeeping. Clinical supervisors must continuously determine the competency of supervisees. Clinical supervisors assess the preparedness of supervisees to work independently with the public. They consider the degree to which levels of competence of any supervisee may pose a potential risk to clients or to society and create and undertake a remedial plan to address deficits. Clinical supervisors document and communicate areas of concern, based on contractual agreements.

Clinical supervisors are required to indicate how and when this appraisal and results of any remedial processes will be reported to education and training programs, credentialling bodies, or employers. Clinical supervisors may deem it advisable to encourage supervisees to revisit their career goals, reassess the fit of the career path aspired to, and contemplate alternative career

options when remedial planning does not result in the supervisee meeting minimal competency levels.

E8

Program Orientation

Counsellors/therapists responsible for clinical supervision take responsibility for the orientation of supervisees and relevant professional partners to all core elements of such programs and activities, including clear policies pertaining to assessment and evaluation tools, record keeping and reporting, appeals, and fees with respect to all supervised practice components, both simulated and real. (See also C4, C5, C6, C7, G3, G5, G7, I8)

Clinical Supervision Orientation

Supervisees are oriented to the nature of the supervision, whether in an individual setting or within a program. Clinical supervisors discuss with potential supervisees all salient components of supervision prior to the commencement of the supervision process. Clinical supervisors must:

- determine the degree of supervisor-supervisee compatibility, including expectations, fees, accessibility to meet in-person supervision requirements (where required), knowledge, and experience in the area of practice, and other criteria that may be important to the successful completion of supervised practice;
- in the case of supervision within an academic program, orient the student before the program begins, in order to acquaint students with all elements of the counselling/therapy program (see Section F);
- provide a detailed description of all elements and activities of the supervision process, including pertinent Acts, regulations and policies on the processes used in the supervision process, (e.g., use of simulated and real clients);
- provide complete descriptions of the expectations of supervision. Within a program, the course outlines indicate the nature of the course, the teaching format, assignments, and grading system. These descriptions include the type and level of counselling/therapy skills, attitudes, and knowledge required for successful completion of the counselling/therapy program. For individual supervision processes, clinical supervisors provide specific details via contractual agreement;
- maintain policies on evaluation, remediation, dismissal and due process;
- share information on the various supervision settings available (and the practica requirements for various sites if supervision is occurring within a program), including ongoing performance appraisal and scheduling of supervision and evaluation sessions;
- review ethical issues: clinical supervisors inform supervisees (and students and prospective students within a program) of their ethical obligations as counsellors/therapists, counsellor/therapist educators, and supervisors;

- provide information on components where role playing and other simulated activities are used in supervision; and,
- use policies to address serious unresolved personal issues with implications for supervisees' counselling/therapy competence and the welfare of their clients.

E9

Fees

Clinical supervision is a specialty area of professional practice with a substantial corpus of requisite knowledge and skills. Clinical supervision competencies are distinct from and complementary to those associated with the practise of counselling/therapy. When clinical supervisors offer their services outside of assigned duties in a paid position/employment contract, it is ethically congruent to charge a fee for these services. Details about fees are included in the supervision plan/agreement/contract and are discussed as part of the informed consent process. Supervisees are apprised of the rates, payment schedule, method of payment, and collection processes (if applicable).

Fees

When fees are charged for supervision, the clinical supervisor ensures they are managed in an ethical manner consistent with acceptable accounting standards of practice. For example, supervision fees cannot be claimed as counselling/therapy fees through healthcare providers.

- Consideration should be given to:
  - the supervisee's ability to pay over the duration of the supervision period; and,
  - the number of hours required to complete reports and forms in addition to the number of hours dedicated to the supervision process.
- Fees can sometimes be a barrier to obtaining and maintaining supervision. It is therefore important for practical as well as ethical reasons that the supervision contract should contain specific details such as:
  - the fee amount and when the fee is due;
  - method of payment; and,
  - consequences resulting from unpaid fees.
- Addressing questions or concerns regarding supervision fees as they arise reduces the potential for disagreement or misunderstanding.

Relational Boundaries

Supervisors provide clear direction regarding boundaries among all persons associated with the supervisory process. For counsellors/therapists-in-practice, these directions on relational boundaries include communication with cooperating counsellors/therapists at employment sites and counselling/therapy supervisors.

Multiple relationships should be avoided whenever possible because they have the capacity to impair judgment, create confusion, and cause potential conflicts of interest. When multiple relationships cannot be avoided, they must be managed carefully with full awareness of the complexities and potential challenges.

It is therefore not typically good practice for a line-manager or clinical service administrator to be a clinical supervisor for

E7

Relational Boundaries

Counsellors/therapists who offer clinical supervision invest in the establishment, maintenance, and clarification of appropriate relational boundaries with their supervisees. They acknowledge the inherent power and privilege associated with the role of clinical supervisor regardless of supervisees' developmental status (e.g., pre-service vs in-service). Counsellors/therapists underscore the professional nature of the relationship and convey their commitment to establishing a supervisory climate and culture of safety, trust, honesty, respect, and valuing. Dual or multiple relationships with supervisees are explicitly identified as such and are navigated with care and caution so as to guard against any potential for impaired objectivity or exploitation. (See also A11, B8, G4, G6, G11, G12, Section I)

a counsellor/therapist. Should such situations be unavoidable, every care must be taken to:

- seek guidance from certifying body/regulatory college;
- understand, respect, and document the various roles, boundaries, and the benefits and risks in such a circumstance;
- provide full disclosure of complexities and potential challenges of the boundary concerns; and,
- agree to a proactive plan for addressing conflicts of interest.

Caution should be exercised to avoid relationships beyond the supervisee-supervisor relationship during the supervision process (see section on multiple relationships). Social relationships must be managed in a manner that maintains the integrity of the primary professional relationship. Multiple relationships can result in exploitation or biased judgment. Boundary setting for such relationships is critical to manage conflicts. Such potential conflicts could include:

- supervision by peers located at the same regular worksite;
- supervision by immediate or extended family;
- counselling/providing therapy to friends, relatives, former or current partners, or associates of supervisees;
- having a business or financial relationship with a supervisee;
- having a casual, distant, electronic, or past relationship;
- accepting gifts from supervisees;
- experiential components of supervision (e.g., group work, triage meetings, sweat lodges); and,
- supervisees for whom the counsellor/therapist supervisor had a prior teaching, supervisory, or administrative responsibility.

It is important to note that some potential relationships that may present themselves as multiple relationships may not be clearly unethical. When multiple relationships cannot be avoided, clinical supervisors must be diligent in articulating the expectations, responsibilities, and relational boundaries for the supervisor and supervisee.

Clinical supervisors must be aware of relationships that may include mutual active participation in professional communities, associations, institutions, or other entities. Documenting these pre-existing relationships is important to balancing the risks and benefits of multiple relationships with practitioners.

Extending counselling/therapy boundaries may also occur during the supervision process by offering additional support during stressful times, using informal networks to access innovative counselling/therapeutic practices, and providing research, and sharing workplace, safety, and health information. When an extension of the counselling/therapy boundaries is considered, clinical supervisors take the professional precaution of re-engaging their supervisee in discussions such as informed consent and appropriate documentation.

Clinical supervisors should also be aware of potential beneficial interactions with supervisees, such as mentorship opportunities, or offering support (either professional or personal) during stressful times.

E10

Due Process and Remediation

Counsellors/therapists responsible for clinical supervision and their supervisees recognize when such activities evoke significant personal issues and refer to other sources when necessary to avoid counselling/providing therapy to those for whom they hold administrative, evaluative, and/or subordinate responsibilities.

Counsellors/therapists responsible for clinical supervision and their supervisees ensure that any professional experiences which require self-disclosure and engagement in self-growth activities are managed in a manner consistent with the principles of informed consent, confidentiality, and safeguarding against any harmful effects. Counsellors/therapists remain cognizant of their power and privilege throughout the supervision process. (See also B2, C8, G9, G10)

Due Process and Remediation

Remediation strategies must be directly related to the definable challenge(s) faced by supervisees, taking into account their learning style and resources available. This experience should be developed collaboratively, with the challenge(s) identified (for example theoretical, conceptual, clinical/technical, diversity, ethical, interpersonal, and professional). Method(s) and evaluation of remediation must be identified, and outcomes well-documented and undertaken in a timely manner. Consequences for not meeting the outcomes should also be defined. Clinical supervisors and supervisees are reminded of the supervisors' gate-keeping role.

Micro Remediation takes place naturally throughout the supervision process. However, remediation may also be required on a more significant scale due to a variety of reasons.

Micro Remediation strategies might include:

- an in-depth review of the ***Standards of Practice;***
- supervisor/supervisee consulting with a person;
- specific knowledge;
- role-playing;
- taking a workshop;
- observation;
- readings;
- research;
- self-care/personal counselling/therapy; and,
- consulting with another supervisor and/or regulatory body.

Macro Remediation strategies might include:

- preparing a research paper on the topic; and,
- taking a topic specific course/training.

The legal concept of due process has its origins in the English Magna Carta and the US Constitution. It was intended to ensure fair treatment of citizens if the state intervened to limit or deny their freedoms, or to seize their property. The rules and procedures of due process are now a well-established aspect of jurisprudence and is respected whenever there is an adjudication of a complaint against a citizen. These are also embodied in the ***CCPA Procedures for Processing Complaints of an Ethical Nature***. They include the following due process provisions:

- the members knowing the nature and the source of the complaint made against them;
- provision of an opportunity to be heard;
- access to the materials used in all deliberations;
- provision of the reasons for judgements made;
- the right to appeal; and,
- doing all in a reasonable time limit.

Self-Development and Self-Awareness

Clinical supervisors should provide opportunities for supervisees to relate their professional practice to relevant counselling/therapy theory; relevant cultural, historic, environmental and community contexts; and to participate in reflective activities intended to promote personal development, insight, and self-awareness as individuals in a helping profession. Clinical supervisors are similarly encouraged to engage self-development and self-awareness activities for continuing development. Such activities could include:

- mindfulness;
- effective use-of-self sessions;
- human relations and communications courses;
- individual counselling/therapy;
- social justice;
- mediation training;
- meditative retreats;
- healing circles;
- cultural awareness courses and groups;
- travel;
- volunteering; and,
- working with a wide variety of people in counselling/therapy roles in diverse environments.

> Emotional competence reflects our awareness and respect for ourselves as unique, fallible human beings. It includes self-knowledge, self-acceptance, and self-monitoring. We must know our own emotional strengths and weaknesses, our needs and resources, our abilities and limits for doing clinical work.
>
> *(Pope and Vasquez, 2016)*

E11

Self-Care

Counsellors/therapists responsible for clinical supervision encourage and facilitate the self-development and self-awareness of supervisees. They do so to support integration of supervisees' professional practice and personal insight with the delivery of counselling/therapy skills in an ethical, legal, and competent manner and with sensitivity to the culturally diverse context in which they work. (See also A1, G8)

Self-Care

The very qualities that facilitate empathic connection in the helping professions also increase the risk for psychological distress the can result in burnout, compassion fatigue, secondary trauma, and vicarious trauma. Investment in self-care can prevent or mitigate the harmful effects that can sometimes be associated with caring for others. Consequently, the exercise of self-care is a crucial consideration for clinical supervisors and supervisees. Beyond representing sound practice, self-care is an ethical requisite. Clinical supervisors and supervisees are called to engage in self-care not only to nurture their own wellbeing, but to safeguard the wellbeing of those with whom they interact professionally. Attention to self-care also may reduce the risk of ethical complaints and litigation.

In order to decrease the risk of psychological distress, burnout, and vicarious trauma, supervisees and supervisors must practice self-care by setting appropriate boundaries. This is of particular importance to individuals working in small communities who are in regular contact with local residents, when not in their professional role. Because rural, remote, and northern-based counsellors/therapists tend to be isolated from professional development opportunities and ongoing face-to-face supervision, continuing education, debriefing with peers or consultants, and supervision can be accessed through electronic means.

Clinical supervisors do not counsel supervisees. Nonetheless, they do have an important responsibility to educate supervisees regarding appropriate pathways to self-care and prevention of impairment and conveying a positive attitude about participation in personal therapy. When supervisees have personal issues that would benefit from counselling/therapy, clinical supervisors provide these practitioners with referral options for counselling/therapy, and pertinent counsellor/therapist resources, including self-care.

Engaging in ongoing clinical supervision throughout one's career is considered best practice in the counselling/therapy profession. It contributes to self-efficacy, increases competency development

opportunities, supports personal well-being, and provides essential networking possibilities; all of which are supportive of safe, effective, timely, and current service delivery for clients.

E12

Diversity Responsiveness

Counsellors/therapists responsible for clinical supervision display sensitivity and responsiveness to individual differences that reciprocally shape the supervisory relationship, such as personal and professional beliefs and values, cultural factors, and developmental stage.

Counsellors/therapists who conduct clinical supervision continually seek to enhance their diversity awareness, sensitivity, responsiveness, and competence. They promote awareness and understanding of the self-identities of clients, supervisees, and clinical supervisors and explore with their supervisees the potential influence on counselling and clinical supervision of the various aspects of difference and diversity. (See also A12, B9, C10, Section I)

Diversity Responsiveness

Clinical supervisors strive to grow in their understanding of diversity within Canada's pluralistic society. This understanding should be infused along a continuum, beginning with the counsellor/therapist education program, and continuing through the supervision process, and all other education experiences across the counselling/therapy career. Such understanding should be based on the recognition of diversity, and of the ways in which ethnicity, language, gender identity and expression, sexual/affectional orientation, religion, among other differences, can affect attitudes, values, and behaviour.

Clinical supervisors recognize the impact of diversity contexts on such components as service delivery, relationships, and professional or academic opportunities. They address the situation or take action to support supervisees in self-advocacy or assist them in locating supports and resources that would enable them to advocate for themselves and others.

F. Consultation Services

CODE OF ETHICS	STANDARDS OF PRACTICE
F1 **General Responsibility** Counsellors/therapists provide consultative practices and services only in those areas in which they have demonstrated competency by virtue of their education and experience. (See also A1, A3, E1, I5)	**General Responsibility** When counsellors/therapists provide consultation practices and/or services to an individual, organization, or other entity, they undertake at the outset to clarify the nature of the role expected, the relationship with each party, the possible uses of any information acquired, and any limits to confidentiality. Specifically, counsellors/therapists taking on consultation services must: • provide services only in areas where they have expertise gained through education and experience. Counsellors/therapists practice in new areas only after specific training and supervision; • discuss the fact that all consultative relationships are voluntary, may be formal or informal, and may be free of charge or for fee; • seek agreement from all involved in the consultation regarding each individual's rights to confidentiality, need for confidentiality, and any limits to confidentiality. Information is disclosed only when clients have given permission for disclosure; • respect privacy in a consulting relationship, and provide information only to individuals involved in the case; • not discriminate on the basis of disability, sexual/affectional orientation, culture or ethnicity, religion/spirituality, gender or socioeconomic status; • recognize the need for continuing education. Consultants should have an ongoing program to build their skills and to keep aware of multicultural and diverse populations; • clarify policies for creating, maintaining, and disposing of records. Keep records in a secure location; and, • take constructive action to change any inappropriate policies or practices in an organization that places restraint on their ability to act in an ethical manner.

When engaging in informal consultation, offer suggestions and ideas rather than definitive advice. Otherwise, you may be stepping into the role of a formal consultant or supervisor.

(Wheeler, N. May, 2020. Counseling Today, p. 14)

F2

Undiminished Responsibility and Liability

Counsellors/therapists who work in agencies or private practice, whether incorporated or not, must ensure that there is no diminishing of their individual professional responsibility to act in accordance with the *CCPA Code of Ethics*, or in their liability for any failure to do so. (See also A3, E3)

Undiminished Responsibility and Liability

Counsellors/therapists work in multiple settings across Canada. Practitioners who work in private practice are required to research, on a regular basis, the legality of incorporation in their particular jurisdiction. For instance, at the time of writing, counsellors/therapists in private practice, who are registered with the College of Registered Psychotherapists of Ontario (CRPO) and who are practicing through a "professional corporation" must be incorporated under the provisions of the Ontario Business Corporations Act ("OBCA") and apply for a certificate of authorization from CRPO. This may change over time. Counsellors/therapists are responsible for remaining current on their obligations.

It is the responsibility of counsellors/therapists in all jurisdictions in which they provide services to adhere to the legal requirements of that jurisdiction. To clarify, counsellors/therapists providing services in a regulated environment (e.g., at time of writing: Ontario, Québec, Nova Scotia, New Brunswick), must determine whether incorporation is permitted under the business corporations act and the regulated health professional act in their particular jurisdiction (see https://www.ccpa-accp.ca/profession/).

Members of CCPA who wish to establish private practice agencies, whether incorporated or not, and those members who work at such agencies, should:

- ensure that their counselling/therapy will in no way diminish their individual responsibility to behave professionally in accordance with the ***CCPA Code of Ethics*** and ***Standards of Practice***. Nor can it, in any way, limit a member's professional liability for any failure to act accordingly;
- clarify that the professional relationship, with respect to the provision of counselling/therapy services, is with the individual counsellor/therapist rather than with the agency (for practitioners working within agencies or institutions);
- disallow an agency employer to limit a CCPA member's professional responsibility and liability with respect to their counselling/therapy services;
- understand that professional liability insurance is for the CCPA member and not the agency, although an agency may decide to pay the liability insurance fee on behalf of a member; and,
- respect privacy and limit discussion from a consulting relationship to persons clearly involved with the case.

F3

Consultative Relationships

Counsellors/therapists ensure that consultation occurs within a voluntary relationship between a counsellor/therapist and a help-seeking individual, group, or organization, and that the goals are understood by all parties concerned. Consultation requires that informed consent (including limits to liability) be incorporated as an integral and ongoing process. (See B10)

Consultative Relationships

Consultative relationships are voluntary arrangements between professionals in which the consultant provides a service, such as sharing of skills, providing opinion, problem solving, and brainstorming. The professional receiving the consultation has the right to accept or reject the opinion/advice of the consultant. The consultative relationship is distinct from a supervisory relationship (see Section E: Clinical Supervision Services).

Counsellors/therapists engaging in consultative relationships ensure that the practitioner offering consultation provides informed consent that includes a clear understanding of the limits of the relationship, the consultant's area(s) of competence, whether it is a formal or informal undertaking, limits to liability, and any fee structure which may accompany the service.

Counsellors/therapists providing consultation services ensure that the practitioner seeking consultation clearly understands that the consultant does not take on the legal responsibility or liability for decisions made by the counsellor/therapist. In fact, there is no requirement for the practitioner to accept or act upon the advice of the consultant.

Counsellors/therapists should discuss the goals and clarify aspects of the relationship, typical practices, and the limits of confidentiality. Consultants must pay particular attention to the following factors influencing consultative relationships:

- provide consultative services only in those areas in which they have demonstrated competence by virtue of education and experience;
- ensure that everyone knows that all aspects of consultative relationships are voluntary;
- avoid any circumstance where the duality of a relationship (professional or private) or the prior possession of information could lead to a conflict of interest; and,
- provide clear, written, professional boundaries.

Fees and Billing Arrangements

Similar to clinical supervisors, consultants make every effort to assist those receiving services in understanding any fee structures and billing arrangements that may exist for the consultation service. When there are fees attached to the service, consultants must:

- present both their fees and billing for their services in a clear and transparent manner prior to any consultation service being provided;
- anticipate, discuss, and clarify when there may be a limitation on their services because of some financial or other constraint and any subsequent adjustments to service as early as feasible; and,
- under no circumstances should consultants submit their billing invoice as a surrogate for professional services provided by another service provider.

Informed Consent

Consultants should provide verbal and written information on the obligations, responsibilities and rights of both counsellors/therapists and consultees. This information should include:

- clear goal statement;
- limits of confidentiality, including the requirement to report child abuse or neglect, or to report according to 'duty-to-warn' provisions;
- potential risks and benefits of consultation;
- costs of the consultation (if any); and,
- statement as to who will receive feedback, including treatment plans, session notes, and specific actions.

Respect for Privacy

Consultants respect the privacy of clients by limiting any discussion of client information obtained from a consulting relationship, to individuals who have clear and current involvement with the case. Any data, whether written, recorded, or oral, is restricted to the purpose of the consultation. Every effort is made to protect client identity, and to avoid undue invasion of privacy. Consultants should:

- establish appointment and waiting room practices, which minimize the opportunities for clients to meet and identify with others as co-workers, friends, neighbours, and so forth;
- not identify anyone who is receiving consultation services, when contacted by unknown callers or by others, unless there is client authorization to do so;
- verify the identity of telephone callers whenever confidential client information is to be provided or discussed;
- prior to accepting a video call:

  - ensure only authorized individuals are on the call;
  - determine whether or not the call may be audio-recorded;
  - confirm how recordkeeping will be taken and securely maintained; and,
  - protect the privacy of all parties;
- maintain a professional manner and caution that protects the dignity and privacy of the client, when discussing client information in a telephone conversation. The consultant avoids informality, speaking off the record, or saying anything that they would not want their client to hear;
- take appropriate precautions when using faxes, e-mails, electronic platforms, personal messaging devices, and cellular phones in their professional practice. Such means of communication should only be used for the exchange of confidential information, when its security can be assured; and,
- avoid playing confidential voice mail messages in a manner which may be overheard by others.

Recordkeeping for Consultation Services

Records of all consultations, whether pertaining specifically to the counsellor/therapist or regarding clients, must follow guidelines for good record keeping (B6). Consultation records include informal or formal discussions through a variety of modalities including in person or via distance using telephonic or electronic means. Text messages, e-mail messages and other text-based or video-based platforms are included in the record keeping process. For voluntary, informal consultation, the legal status for recordkeeping is unclear. Counsellors/therapists should be fully transparent with individuals with whom they consult regarding what is appropriate in their particular setting and region of Canada, taking into consideration the level of informality or formality of the consultation services being provided.

F4

Conflict of Interest

Counsellors/therapists who engage in consultation avoid circumstances where the duality or multiplicity of relationships or the prior possession of information could lead to a conflict of interest.

Conflict of Interest

Conflicts of interest can arise when there are hidden agendas or multiple relationships. Conflicts typically arise when two professionals in consultation have concerns or aims that are incompatible, or when a professional is in a position to personally benefit from actions or decisions made in their official capacity. Consultation occurs only on a voluntary basis, and the goals of the consultation must be fully understood by all parties concerned. The potential problems of conflicts of interest can be avoided with careful explanations of the goals, informed consent,

confidentiality limitations, and uses of information. Counsellors/therapists do not engage in consultations when there is a multiplicity of relationships, or when prior possession of information could lead to a conflict of interest.

Counsellors/therapists refrain from recruiting or accepting as clients in their private practice, individuals for whom they may have professional obligations at places where they are employed.

F5

Sponsorship and Recruitment

Counsellors/therapists providing consultation services present any of their organizational affiliations or memberships in such a way as to clarify any related sponsorships or certifications to address potential conflicts of interest. Counsellors/therapists do not recruit clients to their counselling/therapy practice as a consequence of their consultation services. (See also B8, B13)

Sponsorship and Recruitment

Many members of the public do not fully understand issues related to sponsorship and recruitment. Counsellors/therapists should make every attempt to avoid misunderstandings.

- Consultants do not engage, directly of through agents, in recruiting additional business from clients.
- Consultants do not take payment for referring clients.
- Consultants do not endorse products in which they have a financial interest.
- Counsellors/therapists do not accept consulting contracts when competing professional relationships (legal, personal, financial) could impair their objectivity.
- Counsellors/therapists should not advertise association with an established organization when they have only worked a short period of time for the organization.
- Consultants should not use membership in a professional organization on a business card, if the membership is intended to imply endorsement.
- Canadian Counsellor Certification (CCC and CCC-S) shows that a counsellor/therapist has met certain training criteria, and "CCC" and/or "CCC-S" can be used on business cards and letterhead.

G. Counsellor/Therapist Education and Training

CODE OF ETHICS

G1

General Responsibility

Counsellor/therapist educators conduct themselves in a manner consistent with the *CCPA Code of Ethics* and *Standards of Practice*. They adhere to current CCPA guidelines and standards with respect to education and training of aspiring counsellors/therapists. (See also E1, E3, G3, I4)

STANDARDS OF PRACTICE

General Responsibility

This article is a broad statement that implores counsellor/therapist educators to respect the people whom they educate and train, and to adhere to all the articles and standards outlined in the ***CCPA Code of Ethics*** and ***Standards of Practice***. Counsellor/therapist educators must constantly work towards improved self-understanding to minimize biases and counter tendencies toward personal control and power.

Some of the general responsibilities and issues for counsellor/therapist educators and heads of counselling/therapy departments include:

- develop the counselling/therapy program, and consider the requirements for CACEP accreditation;
- ensure that the counsellor/therapist education program includes courses and practica that foster counsellor/therapist self-awareness, and that target disciplinary competencies and professional identity;
- ensure that the courses and practica meet those criteria required for future workplaces, fulfill counsellor/therapist certification, and/or regulatory college requirements, and meet the requirements for membership in professional counselling/therapy organizations;
- infuse multicultural and diversity competencies across all coursework and training experiences, with particular attention on populations identifying as Black, Indigenous, and/or Persons of Colour (BIPOC);
- commit to recruiting and retaining diverse faculty and students;
- provide counsellors/therapists-in-training with on-going performance appraisal throughout their counselling/therapy program;
- facilitate or arrange referrals for remedial assistance, should students experience difficulties in their counselling/therapy program;
- adopt policies to address serious unresolved personal issues that have implications for students' counselling/therapy competence, and the welfare of their clients; and,
- raise awareness of students regarding the methods of evaluation, and the competency level expected of students prior to training.

G2

Boundaries of Competence

Counsellor/therapist educators are aware of and operate within their boundaries of verifiable competence with respect to teaching content, methods, and mode of delivery (e.g., traditional, online, blended). Counsellor/therapist educators are required to acquire any necessary skills and knowledge prior to undertaking teaching students to ensure that competence can be demonstrated. (See also A1, A3, E6, H6, I4, I5)

Boundaries of Competence

Counsellor/therapist educators should be competent teachers and practitioners who can demonstrate their counselling/therapy skills, and give examples of counselling/therapy effectiveness. Furthermore, counsellor/therapist educators and clinical supervisors should limit their involvement to areas of competency. These areas of competency include:

- awareness of ethical issues and ethical responsibilities;
- skill in counselling/therapy practice;
- knowledge of the theory and practice of counselling/therapy;
- maintenance of an on-going research program (counsellor/therapist-educators);
- regular participation in counselling/therapy conferences and workshops;
- knowledge of, and sensitivity to, multicultural and diversity issues; and,
- recognition of requirements for and use of appropriate supervision when commencing practice in newly acquired competency areas.

Level of Competence

Every person who enters into a learned profession undertakes to bring to the exercise of it a reasonable degree of care and skill. He does not undertake, if he is an attorney, that at all events you shall gain your cause, nor does a surgeon undertake that he will perform a cure; nor does he undertake to use the highest possible degree of skill. There may be persons who have a higher education and greater advantages than he has, but he undertakes to bring a fair, reasonable, and competent degree of skill…

(Lanphier v. Phipos, 1833)

Note: This quotation was written in 1833; the authors acknowledge that the use of non-inclusive pronouns does not align with CCPA policy.

Ethical Orientation

Counsellor/therapist educators have the responsibility of making counselling/therapy students aware of legal principles and their ethical responsibilities as expressed in the ***CCPA Code of Ethics***. Additionally, the six principles (beneficence, fidelity, autonomy, nonmaleficence, justice, and social interest), on which the ***Code*** is based, should be examined and understood, and the processes of ethical decision making should be studied and practiced. As well, counsellor/therapist educators should be cognizant of ethical tensions associated with multiple relationships.

G3

Ethical Orientation

Counsellor/therapist educators ensure that students and trainees become familiar with the *CCPA Code of Ethics, Standards of Practice,* regulatory college acts and policies (if applicable), and relevant case law and legal statutes. They clarify respective expectations of counsellor/therapist educators and students/trainees/supervisees to uphold these ethical and legal responsibilities. Counsellor/therapist educators' model and promote safe, ethical conduct, professional attitudes and values and ensure adequate knowledge of regulatory features of the profession. (See also E3, E8)

G4

Clarification of Roles and Responsibilities

Counsellor/therapist educators who occupy multiple roles in the education and training of students/trainees undertake at the outset to clarify the respective roles and accompanying responsibilities. Counsellor/therapist educators also acknowledge the inherent power and privilege they hold and convey their commitment to using these advantages to enhance the experience of supervisees/trainees. (See also B8, E7, G9, G13)

Specifically, it is the responsibility of counsellor/therapist educators to:

- provide specific course(s) in counselling/therapy ethics that includes a wide range of ethical issues, and not just those that might arise as part of clinical supervision;
- make students aware that they are responsible for their own ethical behaviour;
- ensure that students have an e-copy or hard copy of the ***CCPA Code of Ethics*** and ***Standards of Practice***;
- introduce students to ethical decision-making processes that take into consideration counsellor/therapist differences, diversity of clients, counselling/therapy settings, and legal issues; and,
- infuse the study of ethics into all courses in counselling/therapy, so that students recognize the importance of ethics in all aspects of counselling/therapy.

Clarification of Roles and Responsibilities

Before the counsellor/therapist education of students begins, counsellor/therapist educators should state clearly to students their respective responsibilities and obligations. This should include taking the opportunity to:

- clarify the power differential between counsellor/therapist educators and students. Some non-professional relationships can be beneficial, and need to be discussed. Examples of possible non-professional positive interactions include providing support during stressful situations and membership in professional organizations;
- clarify the levels of counselling/therapy competence expected from students, and the methods of appraisal and evaluation;
- address the requirement for not grading self-disclosure and self-growth activities;
- clarify the inappropriateness of romantic interactions or relationships between counsellor/therapist educators and students; and,
- describe the privacy rights of all counsellors/therapists-in-training. Trainees should not be required to disclose personal information unless the requirement is identified in admissions materials or the material is necessary to obtain assistance for the trainee.

G5

Program Orientation

Counsellor/therapist educators orient students/trainees/supervisees to the content, sequencing, and requirements, and expectations of the program, including all supervised practice components (both simulated and real). Any requirements or expectations related to self-disclosure and personal counselling are communicated prior to admission to the program. (See also E8)

Program Orientation

Department and counselling/therapy program chairpersons and counsellor/therapist educators responsible for the counselling/therapy program must orient future and current students to the nature of the counselling/therapy program. Counsellor/therapist educators provide prospective students and counsellors/therapists-in-training with information on:

- admission requirements, including not only minimum admission requirements, but typical grades and other criteria that recently admitted students obtained to gain admission;
- orientation before the program begins in order to acquaint students with all elements of the counselling/therapy program;
- detailed description of all elements and activities of the counselling/therapy program, including a clear policy on supervised practice components, both simulated and real;
- complete descriptions of program and course expectations. The course outlines would indicate not only the nature of the course, but the teaching format, assignments and grading system. These descriptions would include the type and level of counselling/therapy skills, attitudes and knowledge required for completion of the counselling/therapy program;
- current employment opportunities for counselling/therapy graduates;
- policies on evaluation, remediation, dismissal, and due process;
- information on the various supervision settings available and the practicum requirements for the various sites, including ongoing performance appraisal and scheduling of supervision and evaluation sessions;
- ethical issues: students and prospective students are told that they have the same ethical obligations as counsellors/therapists, counsellor/therapist educators, and supervisors;
- information on program components where role playing and other simulated activities are used; and,
- policies to address serious unresolved personal issues with implications for students' counselling/therapy competence.

G6

Relational Boundaries

Counsellor/therapist educators acknowledge the inherent power and privilege imbalances associated with their positions and the influence that these exert on their relationships with students/trainees/supervisees. Counsellor/therapist educators therefore exercise care and caution in establishing such relationships and ensure that appropriate relational boundaries are clarified and maintained. Dual and multiple relationships are avoided unless justified by the nature of the activity, limited by time and context, and entered into by the parties involved only after assessment of the rationale, risks, benefits, and alternative options. (See also B8, E7, I2)

Relational Boundaries

Clear boundaries should be established and maintained between counsellor/therapist educators and counsellors/therapists-in-training. Multiple relationships should be approached with caution, and should only be engaged in if justified by the nature of the activity. Discussion between participating parties should occur prior to engaging in multiple roles and should indicate understanding and agreement with respect to purpose and duration of roles that extend beyond usual roles.

Multiple relationships can take many forms, including personal relationships with students, becoming emotionally or sexually involved, and combining the role of counsellor/therapist educator and counsellor/therapist. These types of relationships can impair judgment, and have the potential for conflicts of interest.

Other areas where multiple relationships can result in exploitation or biased judgment include:

- having a business or financial relationship with a student;
- attending conferences, workshops, etc., with a student;
- having a recent casual, distant, electronic, or past relationship;
- accepting gifts from students; and,
- students of counselling/therapy, with whom the counsellor/therapist educators have teaching, supervisory, or administrative responsibilities.

On the other hand, counsellor/therapist educators must be aware of the importance of beneficial interactions with students. These might include visiting a student in a hospital, offering support during stressful times, mentorship opportunities, or co-presenting at a conference.

Sometimes, multiple relationships are not clearly unethical. In smaller counsellor/therapist education programs, counselling/therapy supervisors may be advisors, teachers, and supervisors. If this situation cannot be avoided, great care must be taken by counsellor/therapist educators to explain the expectations and responsibilities for each role.

G7

Confidentiality

Counsellor/therapist educators honour the confidentiality of information obtained about students/trainees/supervisees, subject to any safety-related exclusions and mandatory reporting requirements discussed during the orientation and/or informed consent process. Students/trainees/supervisees are apprised in advance of any limits to confidentiality related to policies for assessment, feedback, evaluation, and performance reporting. (See also B2, E5, E8, I7)

Confidentiality

Counsellor/therapist educators and trainers should inform students and trainees of exceptions to confidentiality. These exceptions occur when:

- legal requirements demand that confidential material be revealed;
- a child or dependent adult is in need of protection;
- others are threatened, placed in danger, or there is a potential for harm.

G8

Self-Development and Self-Awareness

Counsellor/therapist educators encourage and facilitate the self-development and self-awareness of students and trainees to help promote ongoing integration of personal insight with professional practice. (See also E11, I3, I8)

Self-Development and Self-Awareness

Counsellor/therapist educators and trainers promote activities that enhance the personal development, insight, and self-awareness of students and trainees. Such activities should be tailored to individual needs, and may include participation in activities ranging from journal-writing and mindfulness sessions to individual counselling/therapy sessions and meditative retreats (see Section E for a list of sample activities).

G9

Dealing with Personal Issues

Counsellor/therapist educators are attentive to any indicators that learning activities have evoked significant psychological and emotional distress for students/trainees/supervisees. They recommend referrals to other helping professionals or resources when warranted and do not engage in providing counselling to those for whom they hold administrative or evaluative responsibility. (See E10, G4)

Dealing with Personal Issues

Counsellor/therapist educators do not counsel counsellors/therapists-in-training. Nonetheless, they do have an important responsibility to educate them regarding appropriate pathways to self-care and prevention of impairment.

Counsellor/therapist educators should convey positive attitudes about students' participation in personal therapy. When counsellors/therapists-in-training have personal issues that would benefit from counselling/therapy, counsellor/therapist educators and supervisors should provide these trainees with information regarding acceptable counsellor/therapist resources.

It is important to note that some potential multiple relationships are not clearly unethical. For example, in smaller communities, clinical supervisors may be neighbours, former advisors, former teachers and colleagues. When multiple relationships cannot be avoided, clinical supervisors must be diligent in articulating the expectations, responsibilities, and boundaries for the supervisor and supervisee.

G10

Self-Growth Activities

Counsellor/therapist educators, trainers, and supervisors ensure that any learning experiences requiring self-disclosure and participation in self-growth activities are managed in a manner consistent with the principles of informed consent, confidentiality, and safeguarding against harmful effects. (See B4, E10)

Self-Growth Activities

Counsellor/therapist education programs delineate the nature and type of self-growth activities in their admissions, and counselling/therapy program materials. Self-growth activities provide students with opportunities to examine themselves in relation to the counselling/therapy profession, and should provide insight on their counselling/therapy and work with clients and others.

Levels of self-disclosure should not be linked to evaluation and grades. As well, students should be told that some disclosures

might require counsellor/therapist educators or supervisors to act on ethical obligations.

A few examples of self-growth activities are:

- volunteering;
- member of a growth group;
- human relations courses;
- multicultural groups;
- family reconstruction sessions;
- role plays; and,
- psychodramas.

Self-growth and professional learning extends beyond the classroom and counselling/therapy programs. Continuing education and personal care is a general responsibility of all counsellors/therapists (see A3).

G11

Sexual Contact with Students and Trainees

Counsellor/therapist educators do not engage in intimate contact of a romantic and/or sexual nature with current students/trainees/supervisees. They embark on such relationships with former students/trainees/supervisees only after thoughtful and thorough consideration of the potential influence of power and privilege imbalances and the potential for perceived or actual pressure or coercion, lack of objectivity, exploitation, and harm. (See A10, A11, B12, E7)

Sexual Contact with Students and Trainees

Since power differences between counsellor/therapist educators/trainers and counsellor/therapists-in-training contribute to increased vulnerability, sexual relationships are prohibited. A sexual relationship can be pursued after the education/training relationship has been terminated when the following can be demonstrated:

- remnant power and privilege dynamics do not compromise the voluntariness of the former counsellor/therapist-in-training's participation;
- there is no possibility of the formal educational relationship recommencing;
- the former student/trainee does not feel pressured or coerced into engaging in the sexual relationship;
- there are no additional associated vulnerabilities that could compromise the former student's free and consensual participation in a sexual relationship;
- no foreseeable exploitation or harm would come to the former student/trainee by virtue of engaging in the sexual relationship.

The onus of such making such determinations lies solely upon the counsellor/therapist educator who must execute an objective and carefully considered decision-making process that is supported by relevant consultation.

G12

Sexual Intimidation or Harassment

Counsellor/therapist educators are attentive to any potential for sexual intimidation or harassment of students/trainees/supervisees, including unnecessary queries related to gender identity, sexual orientation, and sexual behaviour. They do not engage in nor ignore sexual intimidation or harassment, which may be evidenced directly or indirectly, in person or using technology (including, but not restricted to, social media, text messaging, email transmission, and telecommunication). Counsellor/therapist educators promote prevention through education and expressed expectations and take an active role in intervention when concerns arise. (See also A11, B12, E7)

Sexual Intimidation or Harassment

Sexual intimidation or harassment in all forms is a serious offence that results in immediate and long-term physical, social, and emotional consequences. Offences of this nature can be implicit or explicit, planned, or spontaneous, and perpetrated in-person or through technology. The offender's intent, even if avowedly benign, does not in any way excuse or diminish the wrongness of the act or the effects of the offence. Offending behaviour of this nature will sometimes be denied or minimized according to inappropriate claims such as:

- the act was an attempt at humour;
- the offended person is oversensitive;
- the offended person was flirtatious;
- the offending person was experiencing mental health concerns at the time of the offence;
- the offending person was intoxicated at the time of the offence; and,
- the offended person did not protest or resist the offender's behaviour.

Justifications, such as these, are indefensible and thus do nothing to absolve instances of wrongdoing. Counsellor/therapist educators are also morally and ethically obligated to support students/trainees who identify that they have experienced sexual intimidation or harassment, and strive to use disciplinary skills and knowledge to foster a safe learning environment for all.

G13

Scholarship

Counsellor/therapist educators promote and support engagement in scholarly activities such as research, writing, publishing, and presenting. When collaborating with students/trainees/supervisees on such activities, counsellor/therapist educators only take credit for their own work and give credit to students/trainees/supervisees commensurate with their contributions. (See also D10, G4)

Scholarship

Counsellor/therapist educators are ideally positioned to mentor, encourage, and support student research and scholarship activities such as co-writing, research assistantships, teaching assistantships, and presenting at conferences all contribute to student development as researchers and authors. In all such instances, counsellor/therapist educators take steps to ensure that students are treated fairly and equitably throughout conjoint scholarly activities through ensuring the following:

- student participation is freely chosen with no evidence of pressure or coercion;
- students are given due credit for their contributions proportionate to their participation;
- counsellor/therapist educators only take credit for scholarly work where they have made a significant contribution; and,

- counsellor/therapist educators are sensitive to power difference that can deter students from expressing dissatisfaction with conjoint scholarly activities or perceptions of unfairness.

G14

Establishing Parameters of Counselling/Therapy Practice

Counsellor/therapist educators confirm that students/trainees/supervisees inform clients of their status as students/trainees/supervisees and take steps to ensure that boundaries of competence and appropriate parameters of practice are honoured. (See also A3, B16)

Establishing Parameters of Counselling/Therapy Practice

Applied practice and experience is a core requirement for counselling/therapy students/trainees. When engaged in such practices, counsellors/therapists must, from the outset of the counselling/therapy relationship, inform their clients of this status. As part of the informed consent process, and in addition to indicating their student status, clients should be informed of the following:

- the name of the student's home institution and supervisor, and contact information for both;
- the student's level of experience and program year (e.g., 1st year, 2nd year, etc.);
- the duration that the student will be at their practice placement;
- the risks and benefits of receiving services from a student;
- the right to request another non-student counsellor/therapist;
- whether the counselling/therapy will entail use of a one-way mirror, co-therapy, or other intrusive supervisor practices; and,
- any requirements for audio or video recording, including how provisions for anonymity and confidentiality will be upheld.

In addition to ensuring that a student's clients are fully informed of their student status, it is equally important that students themselves are not asked or expected to practice beyond their developmental status and associated competency level. Student referrals should be carefully vetted to ensure, to the greatest degree possible, that the presenting concern(s), and clinical presentation of potential clients, fall within the student counsellor/therapist's evolving level of competency. Failure to meet this obligation can result in significant harm to both clients and students.

H. Use of Electronic and Other Technologies

CODE OF ETHICS

H1

Technology-based Administrative Functions

As part of the informed consent process, counsellors/therapists indicate to clients at the outset of services whether digital records will be kept. If electronic record keeping is to be implemented, counsellors/therapists ensure that digital security measures necessary to protect client confidentiality and privacy are in place (e.g., encryption, firewall software). (See also B2, B4, B6, B7, E2)

H2

Permission for Technology Use

Counsellors/therapists seek client informed consent prior to using Internet-based communication

STANDARDS OF PRACTICE

Technology-Based Administrative Functions

Many administrative functions involved in the practice of counselling and psychotherapy can now be carried out electronically (e.g., scheduling, billing, test administration, record keeping). Although there are risks associated with any approach to such functions, there are specific risks that arise through technology. Counsellors/therapists therefore must implement processes and procedures to mitigate such risks. Chief among these include the following:

- ensuring that necessary digital security measures are used, and routinely updated according to the developer's recommendations;
- ensuring that one has necessary skills and knowledge to use technology in a way that maintains its ethical integrity; this requirement extends, as well, to one's employees and supervisees;
- ensuring that clients are aware of and understand how technology will be used in one's practice;
- ensuring that clients are aware of any benefits and risks associated with using technology, and provide alternatives if requested. For example, if a client were to decline using email for correspondence, then telephone should be offered as an alternative; and,
- ensuring clients are aware of limitations when using technology for communication. For example, using email to set-up appointments would be limited to this function, and thus would not involve sharing lengthier therapeutic content.

Using technology-based administrative functions[5] does not in any way alter or diminish established ethical standards for record keeping, privacy, confidentiality, etc.

Permission for Technology Use

Specific risks arise when using internet-based communications with clients. For example, privacy and/or confidentially could be breached because of something the practitioner, or client, did or did not do. Or, it could happen that misunderstandings

5 The Canadian Counselling and Psychotherapy Association hosts the Technology and Innovative Solutions Chapter whose mission is devoted to legal and ethical use of technology in the provision of counselling and psychotherapy services. Guidelines for the use of technology, basic technological competencies and a checklist for appropriate use of technology is located at https://www.ccpa-accp.ca/chapters/technology-counselling/

with clients (e.g., email, texting, and related forms of digital communication). Counsellors/therapists take necessary precautions to avoid accidental breaches of privacy or confidentiality when using Internet-based-communication devices and apprise clients of associated risks. (See also B4, B6, E2)

H3

Purpose of Technology Use

Counsellors/therapists clarify under which circumstances and for which purposes technology-based-communication will be used (e.g., setting up appointments, counselling sessions, record-keeping, billing, assessment, third-party reporting) and they review their related policy as part of the informed consent process with clients. (See also B4)

H4

Technology-Based Service Delivery

When technology-based applications are incorporated as a component of counselling/therapy programs and services, counsellors/therapists ensure that (a) they have demonstrated and documented competence through appropriate and adequate education, training, and supervised experience; (b) necessary digital security measures are in place to protect client privacy and confidentiality; (c) technology applications are tailored or

occur regarding the purpose and extent to which internet-based communications will be used (e.g., a client emails during non-office hours expecting an immediate reply or sends a crisis text, hoping for an interference reply).

To mitigate such ethical concerns, it is important that counsellors/therapists have a clear policy regarding the use of internet-based communications which is conveyed in an informed consent process prior to using such technologies with clients. At minimum, counsellors/therapists should convey the following:

- in what instances these communications will be used (e.g., scheduling versus therapy);
- what technologies will be used (text, email, other online messages apps);
- any risks to privacy/confidentially associated with the particular technology being used; and,
- anticipated response times.

To further decrease the possibility of an accidental breach of confidentiality/privacy, counsellors/therapists should only use dedicated computers/phones/devices to carry out their technology-based communications with clients.

Purpose of Technology Use

Many aspects of professional practice can now be facilitated or administered through technology. Counselling/therapy clients have an ethical right to know in advance what technologies will be used, and how they will be used, along with salient risk and benefits associated with this use. This information should be conveyed at the outset of the professional relationship though an informed consent process, and revisited if parameters of the original technology use are altered.

Technology-Based Service Delivery

Technology is now routinely incorporated into counselling/therapy services and programs. It can be used in part, or in full, to facilitate therapeutic conversations, specific model-driven interventions, assessment procedures, wellness, tracking, and consultation/supervision processes. The rapid pace of innovation and shifting consumer preferences requires counsellors/therapists to adjust their ethical practices to accommodate changes in technology as they evolve.

Counsellors/therapists should be responsive not only to the client's general preferences regarding their counseling/therapy,

matched to unique client concerns and contexts; (d) research evidence supports the efficacy of the technology for the particular purpose identified; (e) decisions to implement new and emerging technologies that are not yet accompanied by a solid research foundation are based on sound clinical judgment and the rationale for their selection is documented; (f) client preparedness to use the specific technology-based application is assessed and education and training are offered as warranted; and (g) informed consent is tailored to the unique features of the technology-based application being used.

In all cases, technology-based applications do not diminish the responsibility of the counsellor/therapist to act in accordance with the *CCPA Code of Ethics* and *Standards of Practice*, and, in particular, to ensure adherence to the principles of confidentiality, informed consent, and safeguarding against harmful effects. (See also A3, B2, B4, C1, C5)

H5

Technology-Based Counselling/Therapy Education

Counsellor/therapist educators who use technology to provide or enhance instruction in fully online or blended counselling/therapy programs have demonstrated competency in this mode of delivery through their education, training, and/or experience.

but also to the way in which it is delivered. Preferences for technology-based services should be accommodated in all instances, unless the service provider has not developed the means or competency to provide such services.

Technology-Based Counselling/Therapy Education

Many counsellor/therapist education programs now provide course delivery and associated administrative support fully or partially online. Digital platforms can be used for synchronous and asynchronous forum-based instruction, audio/video lectures, instructor/student communication, examinations, assignment delivery and grading, skills practice, and applied practice.

Because delivering counsellor/therapist educations programs using online technologies differs significantly from traditional face-to-face programs, educators must possess additional competencies associated with distance delivery.

Example competencies include:

- knowledge of distanced pedagogy, and the ability to design coursework consistent with this pedagogy;
- ability to facilitate text-based learning through discussion forums and related digital platforms;
- ability to facilitate social presence within online discussion forums and related digital platforms;
- ability to deliver lectures using audio and video digital platforms; and,
- knowledge and competent use of technologies themselves.

Given that technology-based distance education is still relatively new to many counsellors/therapists, those coming to this work may not have had the opportunity to learn about distance pedagogy during their own education and training. In many instances it will therefore be necessary to develop competency through a combination of activities such as self-learning, mentorship, conferences/workshops, or certificate.

H6

Personal Use of Technology

In their use of social media and related technology in their personal lives, counsellors/therapists monitor the style and content of their communication for ethical congruity and professionalism. They attend to privacy/security features, continue to honour client confidentiality, demonstrate respect for and valuing of all individuals, and represent themselves with integrity. (See also B2, G2)

Personal Use of Technology

Broad and quickly changing social media technologies require counsellors/therapists to remain vigilant with respect to associated ethical concerns. Foremost in this regard is ensuring that one's online presence is consistent with the ethical commitments and values of the profession (e.g., humility, respect, integrity, self-awareness). Posting messages, photos, and other online content on social media sites should be done with discretion to ensure that nothing that is made public is offensive, distasteful, knowingly inaccurate, or inflammatory. Additionally, vigilance extends beyond the active posting of items by counsellors/therapists. It is not acceptable to passively research clients' or supervisees' online activities.

Professional boundaries should be established and maintained when receiving social media requests both from former and current clients. In such circumstances, clients should be educated regarding the ethical limitations associated with social media use.

Counsellors therapists ensure that they are aware of security and privacy settings associated with social media platforms, and adjust settings to reduce the potential for unintended sharing of content, or breaches of confidentiality/privacy.

H7

Jurisdictional Issues

Counsellors/therapists who engage in the use of distance counselling/supervision, technology, and social media within their therapeutic practice understand that they may be subject to laws and regulations of both the counsellor's practicing location and the client's place of residence. Counsellors/therapists ensure that clients are aware of pertinent legal rights and limitations governing the practice of counselling/supervision across provincial/territorial lines or international boundaries. (See also A5)

Jurisdictional Issues

When counsellors/therapists provide services from a distance using technology, they must be aware of, and comply with, laws and regulatory requirements that affect their practice across national and international jurisdictions. In some instances, counsellors/therapists will be required to register where the client is located; this requirement should be identified and addressed prior to engaging in professional services.

When providing services to clients at a distance, counsellors/therapists must also take steps at the outset to ensure that appropriate protocols have been established for responding to emergency situations and reporting issues, including risk of harm to self or others and child protection. Counsellors/therapists should also have knowledge of additional local resources that may need to be utilized to complement their services.

Counsellors/therapists should consult with their insurance providers to ensure that liability coverage extends to the service being offered and the identified jurisdiction.

In all instances of service provision across jurisdictional boundaries, the following jurisdictional issues should be discussed, understood, and documented prior to engaging services:

- whether third-party payers will cover out-of-jurisdiction technology-based services;
- what regulatory body and/or professional organization should be contacted if an ethical concern arises;
- names and contact information for crisis and protection services; and,
- what steps will be undertaken should technology fail during service provision.

I. Indigenous Peoples, Communities, and Contexts

For you today, my friends, I raise sacred smoke. For you who are troubled, confused, doubtful, lonely, afraid, addicted, unwell, bothered or alone, I raise sacred smoke. For those of you who are in sorrow, grief or pain, I raise sacred smoke. For those who work with people, for change, for spiritual evolution, for the upward and outward growth of our common humanity and the well-being of our planet, I raise sacred smoke. For those of you in joy, in the glow of small or great triumphs, who live in love, faith, courage and respect, I raise sacred smoke. And, in the act of all of this, I raise it also for myself.

(Wagamese, R. 'Reverence'. In Embers: One Ojibway's Meditations, *2016, p. 86)*

CODE OF ETHICS

I1

Awareness of Historical and Contemporary Contexts

Counsellors/therapists understand the impacts of the helping profession in contributing to the historical, political, and socio-cultural harms endured by Indigenous Peoples in Canada. Counsellors/therapists seek knowledge to understand and articulate the effects that colonization has on Indigenous Peoples. (See also A1, A2, A7, A12, B1, B9, E12, F14, I3)

STANDARDS OF PRACTICE

Awareness of Historical and Contemporary Contexts

Counsellors/therapists have a responsibility to understand as much of the contexts facing their clients as possible. This includes a responsibility to understand the historic and ongoing negative impacts the counselling/psychotherapy profession has had upon Indigenous individuals and communities. In taking the deliberative act of facing uncomfortable truths and pursuing knowledge and awareness of both historical and contemporary contexts, counsellors/therapists increase their ability to respond ethically and effectively.

The impact of colonialism echoes into today and will continue to echo into the future for all persons in Canada. The historic and contemporary injustices placed upon the Indigenous Peoples of these lands have been and continue to be horrific, unconscionable, and centered in the belief that there can be a moral distinction between culturally different human beings. That false distinction led to extensive and continuous harm to the individual, the family, the community, the nation, and the culture of Indigenous Peoples. That harm, perpetrated by individuals, families, communities, religious groups, governments, social services, and by the very counselling and psychotherapy profession represented in these ***Standards of Practice***, must be addressed.

Understanding and engaging with the consequences of suppression, forced assimilation, genocide, and isolation are crucial in being able to work effectively, ethically, and authentically within Indigenous communities.

"Colonization attacks individuals on the emotional, physical, mental and spiritual levels….These processes also tear apart Aboriginal communities and families….Once Aboriginal persons internalize the colonization processes, we feel confused and powerless since we are pressured to detach from who we are and are left with no means to alleviate the pressure. Aboriginal families who have internalized the colonization processes and adapted to the hierarchal system are shells of violence, objectification and isolation. Relationships between emotionally isolated individuals are based upon their attempts to attain the lost sense of belonging and love. As Aboriginal people move further into internalizing the colonization processes, the more we degrade who we are as Aboriginal people."

(Michael Hart (Kaskitémahikan) as quoted by Jim Silver. In Racism in Winnipeg, *2015)*

I2

Reflection on Self and Personal Cultural Identities

Counsellors/therapists reflect on and understand their own identity (social/self-location) as it relates to the shared Canadian history of colonialism and the impacts therein. They explore issues of internalized racism, unexamined privilege, questioning assumptions and previous learning. (see also A12, B1, B9, C10, E12, G6)

Reflection on Self and Personal Cultural Identities

Counsellors/therapists must engage with and take steps to understand their own relationship to colonialism, be it as a settler, an Indigenous person, an immigrant, or a combination thereof. Self-reflection is necessary for counsellors/therapists to be more prepared to acknowledge and address their own sense of internalized racism, incorrect assumptions, and biased attitudes. This, in turn, enables counsellors/therapists to provide cross-cultural support with increased confidence, compassion, and cultural humility.

While potentially uncomfortable and unsettling, an unflinching examination of one's own identities in relation to a shared history of colonialism is the cornerstone of ethical and effective practice within Indigenous communities. To work well within Indigenous contexts, counsellors/therapists must recognize and understand the biases and limitations associated with all therapeutic approaches. This recognition is required to avoid replicating or echoing past harmful practices, policies, and applications of the counselling/therapy profession.

Counsellors/therapists consider social- and self-location when reflecting critically on the genesis and intersection of their own identities relative to colonialism, power, and privilege. This vital process is a complex and unique experience for each practitioner. While there is no prescribed approach to take, understanding the shared history of colonialism within Canada, the impacts of residential schools, the Indian Act, and personal connections to Canadian history is an important first step.

Another part of the process in alleviating the emotional suffering of Indigenous Peoples is validating the existence of not only the traumatic history but the continuing oppression.

(Braveheart, Chase, Elkins and Altschul, 2011, p. 287)

I3

Recognition of Indigenous Diversity

Counsellors/therapists recognize that although Indigenous Peoples within Canada may share values and beliefs and exhibit similarities in cultural practices, it is crucial to acknowledge Indigenous diversity at individual, community, and Nation levels. This diversity precludes pan-Indigenous assumptions about cultural teachings, identities, and practices. The onus is on counsellors/therapists to proceed from a stance of not knowing and openness to exploring. (See also A2, A3, A12, B1, B9, C6, C10, D1, E12, G8, I1)

Recognition of Indigenous Diversity

While many Indigenous groups and Nations within Canada may share similarities and thematic overlap in their stories, values, perspectives, or practices, it is crucial that counsellors/therapists understand that there is no pan-Indigenous identity; Indigenous people are incredibly diverse not only between different groups or Nations, but also between communities. Because cultural knowledge differs significantly across Indigenous contexts, care must be taken to learn and respect the specific customs, values, and principles relevant to one's practice setting.

Counsellors/therapists are best served by assuming they know truly little about each unique group or community, and proceed from a place of not knowing; to engage with each new experience with humble intent to learn anew. This echoes into the practitioner's practice and approaches both consciously and unconsciously. Contextually rich cultural teachings, stories, values, imagery, medicines, traditional knowledge, and many other aspects of Indigenous culture do not mean the same things, and assuming so leads to culturally insensitive practice.

> The soul of a nation is in its people and the spirit of Canada is variegated and sublimely diverse. What makes us strong is our diversity, our differences, but what pulls us together, ties us into a shared destiny, is the straining of our human hearts – the secret wish for a common practical magic.
>
> *(Wagamese, R.* 'The Question'. *In* One Native Life, *pp. 89-90)*

I4

Respectful Awareness of Traditional Practices

Counsellors/therapists seek to become familiar with shareable traditional teachings, values, beliefs, approaches, protocols and practices relevant to Indigenous communities with which they are involved. (See also A1, A3, A7, A12, B1, B9, E6, E12, G1, G2)

Respectful Awareness of Traditional Practices

Indigenous Peoples may have traditional practices that belong to specific families, communities, Nations, or other types of groups; this knowledge may be sacred and only for specific knowledge-keepers, or it may be readily shared. An awareness of these kinds of practices does not equate with permission to use them. While interest in and respect for the Traditional practices of Indigenous groups is appropriate, counsellors/therapists must adhere to an approach that seeks only information that is willingly shared, and utilize such knowledge only with the appropriate permissions and guidance of the community one serves. Respect is an essential quality; the counsellor/therapist must respect individual as well as cultural differences, respect client goals, and their preferred processes.

There is a distinct line between appropriating the practices of others and the culturally relevant incorporation and respectful use of specific teachings, values, or beliefs. The line between these two very different outcomes is permission and training.

Counsellors/therapists prioritize building relationship with appropriate knowledge-keepers within community to learn culturally relevant information. However, counsellors/therapists err on the side of caution in using only those practices that are specifically and unmistakably shared with them for the specific purposes of incorporation into their practice.

Counsellors/therapists are required to specifically ask and to seek clarification with appropriate, knowledgeable community members.

> The ability to develop a practice based on cultural foundations is of utmost importance to Indigenous healing… Indigenous people have a desire for an approach to health care that is based upon traditional healing and wellness. As we continue to decolonize and heal from the devastation that has visited our lives, Indigenous peoples continue to journey forward bringing ceremony and culture to future generations. As Elders, knowledge carriers and wisdom translators continue to enlighten those seeking cultural teachings, the experience of wellness spreads throughout Turtle Island. Indigenous strategies to helping and healing will bring comfort, nurturing and peace to those seeking balance and harmony.
>
> *(Linklater, R.* 'Resilience'. *In* Decolonizing Trauma Work. *p. 164)*

I5

Appropriate Participation in Traditional Practices

Counsellors/therapists seek clarity and confirmation through the use of cultural guides to determine when it is appropriate for them as to participate in or otherwise engage with traditional Indigenous approaches and practices. They proceed only with the express agreement of recognized traditional teachers, Indigenous Elders, and healers (where appropriate) and with attention to the ethical consideration of both clinical and cultural boundaries of competence. (See also A3, A4, A7, A12, A13, B1, B8, B9, E12, F1, G2)

Respectful Participation in Traditional Practices

Counsellors/therapists only participate and/or incorporate practices with the expressed agreement of recognized traditional teachers, Elders, Knowledge Keepers, and Healers when appropriate. In addition, clear reflection and care is given to the appropriate use and relevance of these practices with any client, regardless of permission; just because a counsellor/therapist knows a practice does not mean the use of the practice is always relevant or appropriate.

Counsellors/therapists who are interested in learning, or perhaps even incorporating Traditional practices into their own practice must first consider whether appropriate participation is feasible and adopt a humble, not-knowing approach. Great care must be taken to seek clarity and confirmation that participation and use of specific teachings or materials is appropriate and permitted. Permissions given apply only to the scope, times, specific techniques, and contexts discussed during that same permission. It is important when participating in Indigenous ceremonies that counsellors/therapists carefully observe local protocols.

The use of a specific technique rests within the parameters given at the time of learning. Without further discussion or permission, it is not ethically applicable in other situations or approaches.

> Respect is not something you earn. It's not something you aspire to or ask of others. It isn't your right or what you should expect of people. Respect, in the Ojibway world, is the ability to honour all of Creation. It is something that you offer and something that you carry within you. The spiritual blessing of respect is harmony and the spiritual by product is community. When you choose to honour all of Creation and, in turn, allow yourself to express it in your actions, you live respectfully, and because all things move in a circle, you will become respected.
>
> *(Wagamese, R.* 'Minwaadendamowin: Respect'. *In* One Drum – Stories and Ceremonies for a Planet. *p. 180-181)*

The use of cultural guides, individuals or groups with which the counsellor/therapist has a mutually agreed upon relationship for the purpose of cultural learning and sharing, is of crucial importance in practicing within Indigenous communities and contexts. Simply witnessing or being aware of a practice does not equate with permission to incorporate or use that same practice.

I6

Strengths-Based Community Development

Counsellors/therapists seek to understand and acknowledge the strengths, resilience, and resources within Indigenous communities. They support and contribute to programs and services that promote community development. (See also A12, B1, B9, D1)

Strengths-Based Community Development

Counsellors/therapists must look to the strengths, resilience, and resources within community that already exist. The practitioners' understanding of Indigenous communities must be through a strengths-based lens. The communal strengths and resources are often exist despite significant social and economic obstacles, and are generally directly aligned with the needs and leadership within community. Counsellors/therapists first look to what exists, and determine if supporting those initiatives would be more effective and ethical than attempting to intervene or develop new programming within or for a community.

Counsellors/therapists support and contribute to existing programs and services where it is appropriate, invited, and effective to promote community strength. Appropriate cross-cultural practice, sometimes referred to as a two-eyed seeing approach, is a matter of increasing the counsellor's/therapist's connection and relationship within these same communities.

> Indigenous peoples are consistently marginalized by many of the systems and institutions of the dominant society, and they have a deep mistrust of these institutions as a result. However, community hubs are designed with input from the community itself. Hubs are spaces where people can get their needs met, creating health equity, social justice, cultural reclamation, and a sense of community wellness and belonging. They are by far the best model for addressing intergenerational trauma within Indigenous communities.
>
> *(Methot, S.* 'Killing the Wittigo'. *In* Legacy Trauma Story and Indigenous Healing. *p. 293)*

I7

Relevant Cross-Cultural Practice

Counsellors/therapists recognize that relevant cross-cultural practices have limitations. Prior to use, they consider the advantages and disadvantages of using such practices. Counsellors/therapists seek culturally appropriate education and training, consider the potential results of using such practices, and collaborate with clients in determining use or applicability. (See also A3, A7, A12, Section B, Section C, Section D, G2)

Relevant Cross-Cultural Practice

Counsellors/therapists recognize that all approaches, techniques, practices, assessments, and materials may have limited or no relevant application to Indigenous clients and communities. Considerable effort must be extended by counsellors/therapists to understand the specific advantages and disadvantages of any therapeutic element or non-Indigenous approach. Care should be taken to establish whether a particular therapeutic approach has demonstrated efficacy with Indigenous clients, and whether standardized assessments include relevant norms. Finally, use of Western therapeutic approaches should only be used if they are culturally sensitive and clearly benefit the client. Regular process checks are important to ensure that clients are benefitting from the direction/course of therapy.

Counsellors/therapists seek out culturally appropriate education and training from resources that have considerable community support, or are recognized and approved as emblematic of the values, perspectives, and approach of the particular Indigenous groups they seek to support. In pursuing this education, careful consideration is given to the potential consequences and perspectives that clients may have of the counsellor/therapist's application of acquired knowledge. Key self-reflection questions include: Does this knowledge and education benefit the client? Does the client show confidence that the practitioner can use this knowledge and education effectively? Does the client seem comfortable with the practitioner's integration of this knowledge and education into work with them?

> Western ways of helping, particularly psychotherapy, entails a linear passage of time in which the client's/community's concern or problem can be resolved. In Indigenous thinking, this idea of passing time for resolving concerns makes no sense. Instead, Indigenous healing holds intensity as the factor of importance (Duran & Duran, 2000, p. 92). We need to consider the perspective of local community values and aspirations and recognize that family and social network approaches which emphasize the relational self may be more constant with Indigenous cultures (Kirmayer, Brass, & Tait, 2000).
>
> *(Michael A. Hart (Kaskitémahikan).* Cree Ways of Helping: An Indigenist Research Project*, 2017)*

I8

Relationships

Counsellors/therapists seek to build relationships with Indigenous Communities that are based on mutual benefit, respect, and cultural humility. (See also A7, A12, B1, B8, B9, B13, B14, C10, D1, D2, D10, E1, E3, E5, E8, E12, G8)

Relationships

Counsellors/therapists understand that relationship forms the foundation of interactions within Indigenous individuals, communities, and contexts. This relationship must be mutually agreed upon, beneficial, and mutually respectful. In building these relationships, the intention and purpose of the counsellor/therapist's efforts must be made clear.

Counsellors/therapists do not build relationship only for their own benefit and leave, but to engage in clearly meaningful and long-standing connection, wherein learning and cultural exchange occur as a by-product of such a relationship. Relationship is about connection and respect for the benefit of the client, not gaining resources or information solely for the practitioner's use.

Relationships take time, effort, humility, and perseverance. Many Indigenous communities have been the subjects of research, policy, and approaches that appropriate their resources and knowledge to be used for other means, and, therefore may be rightly cautious in accepting new people without time and energy given to build rapport, and develop strong and trusting relationships.

Counsellors/therapists must be prepared to explain who they are, where they come from, the values they represent, the intentions they have, and their reasons for wanting to provide services to Indigenous clients. They must be especially prepared to prove their authenticity through their actions over time.

> We are all related. That's what my people understood from the earliest times. At the core of each of us is the creative energy of the universe. Every being and every form shares that kinetic, world-building energy. It makes us brothers, sisters, kin, family. Ojibway teachings tell us that we all come out of the earth, that we belong here, that we share this planet equally, animals and people.
>
> *(Wagamese, R.* One Native Life*, 2018, p.143)*

I9

Culturally Embedded Relationships

Counsellors/therapists understand the distinct cultural and ethical differences of dual relationships, multiple relationships, gifting, and Traditional Knowledge keeping. Cross-cultural contexts take priority over rule-based contexts in these cases. Counsellors/therapists

Culturally and Ethically Reciprocal Relationships

Counsellors/therapists understand that within Indigenous communities and contexts, cultural differences exists regarding multiple relationships, gifting, and traditional knowledge-keeping. When confronted with tensions or questions within these areas of ethical practice, counsellors/therapists must use the CCPA's ethical decision-making process (see ***Code of Ethics***, pp.2-4) to arrive at an ethically defensible decision or position that balances local Indigenous cultural beliefs and moral values, with the ethical principles and standards contained with the ***CCPA Code of Ethics***. Counsellors/therapists should take

thoughtfully consider cross-cultural contexts when engaging in ethical decision making and seek consultation and supervision as warranted to ensure culturally appropriate outcomes. (See also A2, A4, A7, A12, B1, B8, B9, B10, B14, D1, E7, E12)

extra care to engage in broad consultation as part of the decision-making process.

Indigenous communities value and perceive multiple relationships in a unique manner. In some communities, it is culturally appropriate and relevant to have counsellors/therapists engage not only in the helper role, but as a member of a larger community, even as an extension of their family, or as a participant in many other practices or events. In other communities, there are different contexts that result in different roles and relationships for counsellors/therapists. In addition, gifting and sharing of knowledge, materials, food, and other practices are deeply embedded cultural and relational components and ought to be respected according to the norms of specific communities in which the counsellor/therapist is working. Counsellors/therapists follow protocols as shared in these situations by those in the communities with whom they interact.

Counsellors/therapists seek consultation and supervision from others to ensure culturally appropriate outcomes.

> The phrase 'all my relations'…it's hugely important…It points to the truth that we are all related, that we are all connected, that we all belong to each other…From our very first breath we are in relationship. With that indrawn draft of air we become joined to everything that ever was, is and will be. When we exhale, we forge that relationship by virtue of the act of living. Our breath commingles with all breath, and we are a part of everything. That's the simple fact of things. We are born into a state of relationship with all things.
>
> *(Wagamese, R.* 'Harmony' in Embers: One Ojibway's Meditations'*, 2016, p.36 & 44)*

I10

Appropriate Use

Counsellors/therapists acknowledge and honour the understanding that when working with members of Indigenous communities, the adoption or incorporation of Indigenous perspectives, knowledge, artifacts, story making, research, and historical discoveries, must first serve and be approved by the Indigenous community(ies) from which such ideas originate. (See also A2, A3, A4, A7, A12, A13, Section D)

Appropriate Use of Traditional Knowledge and Cultural Teachings

Counsellors/therapists understand and honour that adoption or incorporation of Indigenous perspectives or materials must directly serve the community within which such knowledge originates. The practitioner's learning and education from a community benefits that same community. Counsellors/therapists must recognize, prior to working with members of Indigenous communities, that too often these communities have welcomed guests, shared their perspectives, and shared traditional knowledge only to have those cultural objects or ideals taken, misused, or even changed to suit the needs or perspectives of the visitors.

The use and incorporation of cultural teachings is based on the understanding that such information belongs to the people from which it originates, and any outside use or extrapolation of that knowledge ought to be done so with extreme care, permission from the community from which it originates, and a careful reflection upon whether such use is culturally relevant, ethical, and appropriate.

What is the greatest teaching in life? You have to make your own moccasins…You make them from the hide of your experience, all the places you have walked. You sew them with the thread of the teachings, the lessons embedded in all the hard miles. You stitch them carefully with the needle of your intention – to walk a spiritual path – and when you've finished, you realize that Creator lives in the stitches. That's what helps you walk more gracefully.

(Wagamese, R. Harmony in Embers: One Ojibway's Meditations*, 2016, p.36 & 44)*

I11

Honouring Client Self-Identification

Counsellors/therapists consider Indigenous peoples within the context of their culture and history, dependent upon the client's wishes to identify with and participate in their own cultural practices. Counsellors/therapists encourage the client to direct the level of cultural involvement or talk within the therapeutic session. (See also A2, A12, B1, B9)

Honouring Client Autonomy

Counsellors/therapists recognize and understand that many Indigenous people may not wish to pursue support and therapy within an Indigenous context or utilizing Indigenous practices, beliefs, or embedded techniques. Despite the outward appearance of a client, the inclusion of culturally enhanced approaches is dependent on the client's desire to pursue such therapeutic interventions. Many clients may wish to not engage in culturally enhanced therapy and the inappropriate assumptive use of such techniques, without consultation, could undermine the therapeutic alliance.

Counsellors/therapists avoid making cultural assumptions by carefully and respectfully inquiring which culturally informed approaches, if any, the client feels most comfortable. This inquiry occurs throughout all informed consent processes. Given that many groups have different practices and approaches, this is especially crucial to avoid pan-Indigenous bias.

Counsellors/therapists avoid making errors based on bias and empower clients to direct their own level of cultural involvement within the therapeutic process, including session to session adjustments as become apparent.

I start with recognizing that I have to understand the perspectives that the individual has on the world and how they fit into the world and then how they think about healing, about their own healing…From that, I discover how much they're informed by either a more linear perspective on the world versus a more wholistic perspective on the world, or both…being wholistic means to first acknowledge that there is more than one way of thinking in the world; there is more than one perspective to inform us about the world. This approach is very client-centered and is not concerned with applying a method to the person accessing therapy. Rather this approach invites the client into a healing relationship that recognizes their experience and incorporates a style that is familiar to the client.

(Linklater, R. 'Respecting Different World Views'. *In* Decolonizing Trauma Work. *p. 78-80)*

J. Practice Standards as the Beginning of a Journey with Indigenous Peoples and Communities

> "What we hope to achieve in this journey is to educate the people so that they do their part, individually, as peoples, to protect mother earth and all the waters that flow for future generations.
>
> "Each line of the wampum belt represents each of our laws, governments, languages, cultures, our ways of life. It is agreed that we will travel together, side by each, on the river of life… linked by peace, friendship, forever. We will not try to steer each others' vessels."
>
> *(Edwards, J. Onondaga Nation Council of Chiefs)*

The nuance and considerations of what it takes to work ethically, "in a good way", within Indigenous communities and contexts is a long overdue venture for many counsellors/therapists. Much of what we learn, and how we grow from those learnings, stem directly from the courage of Indigenous peoples and communities to trust others with their truths, and walk with those new to Indigenous ways of being. The 2020 ***Code of Ethics*** directs counsellors/therapists to take a stance of cultural humility, and recognize cultural blind spots when engaging in counselling/therapy with individuals with diverse backgrounds. It encourages cultural safety training. Much of what counsellors/therapists have yet to learn regarding Indigenous peoples and communities has not yet been articulated or expressed in ways that can be incorporated, or included in standards of practice, without running the risk of echoing years of appropriation and forced inclusion.

Standards of practice are designed to inform practitioners of the expectations for professional conduct, and are directly linked to a code of ethics. They are used as a baseline to determine whether practitioners have acted with ethical integrity and accountability. It is therefore critically important to openly and honestly emphasize that the 2021 practice standards related to work with Indigenous peoples and communities are the first steps in a long journey. Until now, through omission, there was a deafening absence of recognition for the unique and rich history of Indigenous people that informed much of their present day needs. There is, therefore, a choice to be made in 2021: remain silent or say something, even if that message has flaws or room for improvement. What all counsellors/therapists do know is that approaching clients with humility, and from a place of not-knowing, is a core value reflected in our profession and in its ethical codes and standards.

The first steps of a very long and complex journey are always the most perilous. This is true of any counsellor/therapist beginning to build a therapeutic alliance with any client. With Indigenous peoples and communities, it is essential that practitioners recognize the historical and present-day oppression, micro-aggressions, discriminatory actions, systemic racism, and traumas that accompany individuals identifying as Indigenous. This backdrop is as true as the vitality, tenacity, and resiliency they may possess.

For practitioners beginning a journey with Indigenous peoples and communities, the ***Standards of Practice*** (Section I, 2021) offer professional standards that support an approach in good faith. These ***Standards***, as all standards of practice, are evolutionary and will be shaped not only by time, but by the inclusion and shared work of many voices to come. The 2021

Standards are a baseline from which we expect all CCPA members to take first ethical steps to begin a long journey in a good way. Over time, and with the support of Elders, Indigenous practitioners, researchers, and allies, these ***Standards*** will grow, develop, and inform our work as counsellors/therapists. Section I of the 2021 ***Standards of Practice*** hopes to provide the groundwork for ethical practices and inspire a much larger conversation of what it means to work well within Indigenous contexts, what our ***Code of Ethics*** and ***Standards of Practice*** can become as we engage with a process of discovery and shared knowledge that places Indigenous and non-Indigenous ways of knowing and being in collective alignment towards harmony.

The process of change, and the inclusive cycle of reiteration, are prominent in the development of effective practice standards. The 2021 ***Standards of Practice***, by including specific ***Standards*** for practitioners working with Indigenous peoples and communities, strives to be a change agent, while deeply understanding that this is only where we begin our journey.

K. Obtaining Ongoing Informed Consent

Counsellors/therapists have an ethical responsibility and legal obligation to ensure that the rights of clients to informed consent are honoured prior to, and throughout the duration of counselling/therapy (see Section B). This important responsibility is mandated regardless of the age of the client; the modality of practice; the frequency, duration or intensity of the counselling/therapy, or the means by which the service is provided (e.g., face-to-face, telephonic, electronic, technologic). Obtaining ongoing informed consent from the client has a value-added feature. Dr. Glenn Sheppard, Ethics Amicus for CCPA, writes in his Notebook (June, 2020):

> *The process of acquiring consent from clients can be an important first step in establishing a positive therapeutic involvement. It can give an implicit message that the service to be delivered will be based on a relationship of respect and collaboration. Pinals (2009), based on her research, concluded that, "Informed consent can enhance the therapeutic alliance and help improve treatment adherence".*

As stated in Section B of the ***Standards of Practice***, respect for the autonomy and self-determination of clients is displayed through the counsellor/therapist's deliberate search for informed consent. "Consent must be given voluntarily, knowingly, and intelligently" (p. 25).

Counsellors/therapists are reminded that informed consent is an ongoing process within the therapeutic setting. It "is not static but rather a dynamic one that may change over time. This could be because the counsellor/therapist wishes to engage in a different intervention approach or therapeutic activity" (Sheppard, 2020). This dynamic approach allows the opportunity and freedom for clients to adjust their consent, repeal their consent, or provide their consent for proposed and/or ongoing counselling/therapy.

It has long established at common law in Canada that health care practitioners, including counsellors/therapists, must obtain the consent of a client before any treatment is provided. Legally, it is understood that consent must be sought in a direct manner (or through a guardian or substitute decision-maker). The "reasonable person" doctrine in law requires that the practitioner provide to the client sufficient information that a reasonable person would require to make a decision about the treatment. Additionally, the practitioner must also answer any questions the client, guardian, or substitute decision-maker might have regarding the treatment.

The increased use of electronic and other technologies for counselling/therapy has led to some adjustments to the more historic methods for indicating that obtaining consent has been obtained. Historically, practitioners obtained evidence of consent in writing, or verbally, prior to and during counselling/therapy. In counselling/therapy, the responsibility to obtain informed consent remains unchanged today. What has changed is the acceptable means by which the indication of consent may be received. Verbal consent (in situations in which the client is unable to offer written expression), and expressed consent (in situations in which the client is unable to verbalize consent, but can clearly indicate a willingness to proceed [such as through ASL, a speech-generating device, or computerized symbol board]), are acceptable means by which to obtain consent. In cases in which a written consent is not feasible, it is important for

counsellors/therapists to clearly indicate in the client's file when and how informed consent was provided. Generally, both handwritten and electronic signatures are now legally acceptable means by which practitioners may receive an indication of consent. In all cases, counsellors/therapists are advised to research the laws for consent in their particular jurisdiction. For those practitioners who provide services through electronic and other technologies, it is important to research not only the laws for consent in the jurisdiction in which they have an office, but also the jurisdictions in which their clients may reside.

References: Sheppard, G.W. (2020) *Let's Give Informed Consent the Attention It Requires,* COGNICA, 52,3, 7-8

Pinals,D. (2009). *Informed consent: Is your patient competent to refuse treatment?* Current Psychiatry, 8(4), 33-43.

L. Guidelines for Dealing with Subpoenas and Court Orders

Counsellors/therapists may receive formal notice from a court to provide information. Such notices are either subpoenas or court orders. A subpoena is a legal command to provide information or to give testimony at a hearing or trial. Sometimes it can require both testimony and disclosure of specific documents. This is called *subpoenas duces tecum*. Lawyers have to make an application to the court in order to obtain subpoenas, and they must specify clearly the information being requested, and why they deem it relevant to the particular case. Subpoenas are sometimes part of a 'discovery' search for information, which may prove helpful to a hearing or trial. Court orders are orders issued by a judge presiding at a hearing or trial. Such orders must be responded to right away. A challenge to a court order would require an appeal to a higher court, and this would obviously require legal assistance. Not all requests for information from legal counsel are subpoenas. It is important for counsellors/therapists to discern formal notices from court versus requests for information.

In Canada, unlike the United States, there is no counsellor/therapist-client privilege. There is virtually no information generated within counselling/therapy relationships which is outside the reach of the courts. However, judges are typically sensitive to counsellors/therapists' ethical responsibilities to protect their clients' confidentiality, and do not require a breach confidentiality unless there are compelling reasons to do so. Judges often apply the Wigmore criteria to enable them to adjudicate whether the breaching of confidentiality is warranted in a particular instance.

The following guidelines, although not legal advice, may prove helpful should counsellors/therapists receive a subpoena or court order:

- Always make a timely response to subpoenas and court orders. Counsellors/therapists are encouraged to consult with a lawyer before making any release of 'subpoenaed' information. Counsellors/therapists are also reminded that a decision to comply with such requests will not leave them legally vulnerable to a charge of breach of confidentiality. Nevertheless, disclosure should be restricted to only the information requested, and disclosing additional information may be seen as a confidentiality violation. Also, counsellors/therapists who are required to testify, should not bring client records unless explicitly told to do so.
- If counsellors/therapists work for an employer, they should inform the appropriate manager when they receive a subpoena or court order. They may also be eligible to access employer-supported legal assistance if needed.
- Never destroy information in response to a subpoena or court order, or to an expectation of receiving one. Such conduct, if proven, may be judged as obstruction of justice or contempt of court.
- Counsellors/therapists should consult their clients when in receipt of a subpoena or court order. After all, 'confidentiality' belongs to the client not to the counsellor/therapist. Therefore, arguments advanced to court by a client or by the client's lawyer may receive a more sympathetic hearing. For example, a client may have reason to object to the scope of a subpoena.

- Be reluctant to disclose third party information from a record, such as reports from other professionals. If this information is requested, then a subpoena may need to be issued to the person(s) who wrote the report.

Through consultation with the individual issuing the subpoena or court order, it is sometimes possible to have a summary of a client record accepted rather than the complete record. In any case, copies of records are usually acceptable rather than the originals.

Sometimes, there are requests for informational disclosure, which may have significant negative consequences. For example, court disclosure of test items, psychometric protocol, and other testing data may seriously affect the validity of a test and its integrity as a psychometric instrument. This is the type of request to which counsellors/therapists may decide to resist compliance, nevertheless, they will need to make a formal response indicating the rationale for any concerns. It is appropriate to seek legal counsel in advancing any such objections to the court. There are a number of court decisions in Canada that support the withholding of such psychometric information. However, lawyers are best equipped to assist in presenting such legally-based arguments. Sometimes, through negotiations with the requestor of the subpoena, a counsellor/therapist's concerns about the disclosure of certain information will be respected, and more restricted boundaries set for the request.

There may be compelling reasons for counsellors/therapists, in response to a particular subpoena, to file a motion to have it cancelled or modified. This will require the assistance of a lawyer. Also, counsellors/therapists may seek the guidance of the court on a particular subpoena. For example, with respect to a demand for certain psychometric information, counsellors/therapists could argue that a disclosure would adversely affect third party interests, such as those of test publishers, and the public, who wish to preserve the validity and integrity of certain psychometric instruments. This too, could result in a more restricted disclosure than initially requested. Sometimes, subpoenas are very broad, in order to maximize access to information without much sensitivity to the nature of the information being requested.

In the final analysis, unless there is the likely event of a subpoena or court order being completely withdrawn, counsellors/therapists must comply in a timely manner with the original or modified subpoena or order, with or without the client's consent, or face the prospect of being found in contempt of court.

M. Guidelines for the Conduct of Custody Evaluations

Child custody evaluations can be a high-risk practice area because they typically occur within an adversarial circumstance in which there is an increased probability that one or more parties will be dissatisfied by an evaluation report. Custody evaluations are typically used in legal disputes around a child's access, care, and relationship with biological, foster and adoptive parent(s), and/or with any legal guardian. Counsellors/therapists are advised to consider the following before engaging in this practice area, and when conducting these evaluations:

Before engaging in this practice area, members are reminded of their ethical obligations, as expressed in articles A3 ***Boundaries of Competence, Supervision and Consultation***, and C4 ***Administrative and Supervisory Conditions*** of the ***CCPA Code of Ethics*** and ***Standards of Practice***, to have the knowledge, skills and supervised practice necessary for the competent conduct of custody assessments.

Always give priority to the best interests of the child in all custody evaluations.

Ensure that no prior or current relationship with the children and adults primarily involved in the custody evaluation remains, other than the role of evaluator.

Counsellors/therapists must provide objective and impartial assessments that must not be compromised by the perspective of the individuals or agency requesting the evaluation or those paying for it. Ideally, custody evaluations should be court-ordered, or mutually agreed upon by participants.

Secure a signed agreement before beginning the evaluation which clarifies such aspects as:

- financial arrangement;
- who will be seen;
- time frame; and,
- who will receive copies of the report.

Counsellors/therapists should obtain informed consent from the adults involved, and from older children to the extent possible. This should include informing participants as to who will receive the report, and the associated limits to confidentiality.

When counsellors/therapists, during the course of their custody evaluations, have reasonable grounds to suspect child abuse, they must fulfill their statutory obligations to report it to the appropriate authorities.

Counsellors/therapists should keep complete records of the evaluation process.

Counsellors/therapists should restrict comments and recommendations to those that can be substantiated by the sources of data obtained and the integration of all available information.

Other considerations include:

- avoid confusing therapeutic and assessment roles;
- seek to ensure at the outset of the assessment that equal opportunity for the disputing parties to present their views has been offered;
- ensure balanced access to the key parties;
- avoid discussion of events, observations, or conclusions until the report is completed; and,
- fastidiously record all contacts or events (who, duration, content, etc.).

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Glossary of Terms

Assent

Assent, in the context of counselling/therapy, refers to an agreement by a client to participate in an activity. It is specifically made between the client and the practitioner in cases in which the client has not yet reached the legal age of consent or who, for a variety of reasons, may be unable to understand the potential consequences of an agreement to participate, or not be competent to provide legal consent (e.g., persons with a cognitive or intellectual disability, serious mental illness, young children).

Assessment

Assessment refers to evaluative measures used by the counsellor/therapist to assist in individual treatment planning. It includes a wide variety of methods or tools but does not typically include formal evaluative measures such as standardized tests for diagnostic purposes.

Clinical Supervision

Clinical supervision refers to a formal arrangement between a clinical supervisor and supervisee to embark on a supervisory relationship and process. Reciprocal informed consent commences with the development of a supervisory plan/agreement/contract and includes discussion of the proposed supervision schedule (e.g., anticipated dates, session duration, supervision period); fees (if applicable, including payment and collection processes); learning goals and objectives; roles, rights, responsibilities, and requirements of each party; assessment, formative and summative feedback, evaluation, and reporting processes; procedures to follow in the event of a client emergency (including alternate contact if the supervisor is not available); avenues for resolving any conflict between the supervisor and supervisee; remedial processes; and plans for transfer of supervision records in the event of supervisor relocation, retirement, incapacitation, or death.

Colonialism

The historical positioning of a settling nation as the prevailing political and governing force of a Nation and its attendant attitudes of superiority without consideration of the pre-existing inhabitants of the land with their own set of cultural rules and governance structure and processes.

Competence

Competence refers to the array of professional knowledge, attributes, skills, and experience that allows a counsellor/therapist to engage in meaningful therapeutic interventions in a variety of situations. The professional knowledge, skills and attributes are held within a professional competency profile and work together with a professional code of ethics and standards of practice. The measure of competence is often determined by the actions of the counsellor/therapist based on appropriate education, training, and supervision in modalities of practice and areas of service delivery.

Confidentiality

Confidentiality refers to an agreement between the practitioner and the client to keep client information private unless and until there is a legal requirement to disclose such information or the client provides express permission to do so. Confidentiality includes not acknowledging that an individual is a client, not providing contents of the counselling/therapy session or assessment results to a third party without explicit permission from the client, and not using insecure technology such as non-private/not secure voicemail or email to reveal information pertaining to the client.

Consultation

Consultation is an arrangement between professionals in which the consultant provides a service, such as sharing of skills, providing opinion on a case, problem solving, and brainstorming but the professional receiving the consultation has the right to accept or reject the opinion of the consultant. A consultant does not take on the legal responsibility or liability for decisions made by the therapist. Consultation also may be undertaken as a formal arrangement with fee requirements.

Cultural Competence

Cultural competence refers to the ability of counsellors/therapists to be aware of and sensitive to their personal worldviews and the potential interaction with and impact on alternate or intersecting worldviews held by others. It includes the acknowledgement and exploration of differing worldviews, power differentials, and historical impacts in counselling/therapy relationships.

Cultural Guide

A cultural guide refers to an individual who:

1) identifies as a person belonging to and knowledgeable in the specific beliefs, languages, practices and expressions considered unique to members of a specific ethnicity, cultural group or nation, and
2) identifies as a person willing to navigate the cultural divide between members and non-members of a specific ethnicity, race, or nation for which they are knowledgeable.

In some cultural groups, a cultural guide will have been identified and designated by Elders, mentors, or leaders and/or have training as a cultural guide.

Diminished Capacity

Diminished capacity refers to the inability of an individual to form a considered opinion or render a decision. Diminished capacity may be transient, temporary, or permanent.

Diversity

Diversity refers to various differences which include but are not restricted to: age and generation, sexual/affectional orientation, gender identity/expression, biological heritage/genetic history, ethnicity (includes culture; individual may identify multiple ethnic affiliations), cultural background (shared beliefs, practices, traditions), geographic history, linguistic

background, relational affiliation/orientation, religion/spirituality, educational status, occupational status, socioeconomic status, mental health, physical health, physical (dis)ability, sensory impairment and/or (dis)ability, learning differences and/or (dis)ability, intellectual (dis)ability, historical issues of prejudice, discrimination, oppression, collective trauma, current issues of prejudice, discrimination, oppression, collective trauma.

Due Process

Due process refers to procedures used to provide fair treatment of an individual, particularly in terms of appropriate access to information necessary for an informed decision prior to taking action. The purpose of due process is to address potential power imbalances and to afford all persons of their legal right to fair treatment.

Emotional Competence

Emotional competence reflects the counsellor/therapist's awareness and respect for themselves as unique, fallible human beings. It includes innate and learned (honed) awareness, knowledge, and skills, including (a) recognition and interpretation of emotions in self and others, (b) effective communication of emotions, (c) accurate empathy, (d) self-regulation of emotions, and (e) constructive responding when others experience heightened and/or uncomfortable emotions.

Ethnicity

Ethnicity refers to an individual's sense of belonging to or identifying with a social group that has in common one or more of the following identifiers: nationality, tribal/band membership, religion/spirituality, origins, customs, language, or culture.

Evaluation

In the context of counselling/therapy, evaluation has two meanings.

1) Evaluation refers to judgments made following an assessment of a client. It includes the analysis of findings following an assessment process in anticipation of forming a treatment plan.
2) Evaluation also typically refers to the use of formal assessment instruments such as standardized tests, whereas assessment typically refers to informal measures (see Assessment). In this meaning, evaluation is generally more summative in nature and assessment is more formative in nature. In this case, evaluation also refers to the collection process as well as the analysis and treatment planning decisions.

Fiduciary Responsibility

A duty to act for someone else's benefit, while subordinating one's personal interests to that of the other person." (Black's Law Dictionary, https://thelawdictionary.org)

Humility

Conducting oneself with modesty and a sense of not-knowing when engaging in counselling/therapy from a cross-cultural perspective.

Impairment, Professional

Professional impairment refers to the inability of the counsellor/therapist to provide competent care to clients and/or to engage in competent business practices pertaining to the care of clients in relation to professional competency profiles, standards of practice, and codes of ethics. Impairment may be permanent, temporary, or transitory. Impediments to competent practice may arise out of personal, social, cognitive, psychological, and/or medical life events and conditions.

Indigenous

Refers to individuals identifying as First Nations, Inuit, and/or Métis.

Informed Consent

Informed consent refers to the ongoing process of obtaining permission from the client to begin, continue, adjust, or end treatment. In all cases, the client must be advised of the potential advantages, disadvantages, and consequences of granting or not granting permission to proceed. It is the responsibility of the counsellor/therapist to ensure the client is provided with the opportunity to discuss options and pose questions prior to agreeing or disagreeing to a course of action.

Mandated Client

Involuntary clients, or mandated clients are those who come to treatment under the coercion of a legal body or pressure from significant others, family members and institutions such as child protective services (Rooney, 2009; Regehr & Antle, 1997; Pope & Kang, 2011; Trotter, 2006).

Professional Disclosure Statement

In the context of the counselling/therapy profession, a professional disclosure statement provides clients with information pertaining to the practitioner's professional background and the limitations of the counselling/therapy relationship. The document outlines professional background, practices, and preferences, and typically includes all factors that are relevant to the proposed counselling/therapy or clinical supervision. The professional disclosure statement is unlike informed consent. Informed consent is an ongoing discussion negotiated between the practitioner and client throughout the therapeutic process (see informed consent).

Professional Will

A professional will refers to a legal document created by a counsellor/therapist to clarify the practitioner's desires regarding the disposition of clients, files, and business matters should the counsellor/therapist become impaired, incompetent, or die. The professional will articulates the process by which a practice would close in the event of an unforeseen event that causes the practitioner to be unable to attend to matters related to the closure of a practice or the end of professional services.

Risk Management

Risk management, in the context of counselling/therapy refers to the processes undertaken by the practitioner to minimize potential negative effects for clients, self, others, and practice-related business ventures while simultaneously maintaining a professional standard of care.

Sexual Harassment

Sexual harassment is any conduct, comment, gesture, or contact of a sexual nature that is likely to cause offence or humiliation to any employee; or that might, on reasonable grounds, be perceived by that employee as placing a condition of a sexual nature on employment or on any opportunity for training or promotion. (https://www.canada.ca/en/employment-social-development/services/labour-standards/reports/sexual-harassment.html)

Sexual Intimidation

Sexual intimidation is just one form of sexual harassment; it occurs when one person engages in behavior or makes comments intended to intimidate another person. These actions are typically offensive due to their sexually inappropriate or otherwise gender related content. (https://www.newyorkcitydiscriminationlawyer.com/sexual-intimidation.html)

Social Justice

In the context of counselling/therapy social justice involves, "advocating for clients within their many social systems, modeling empowering behaviors by teaching clients how to access services, and encouraging clients to become advocates for themselves within their communities (Toporek et al. 2005). The goal of advocacy counseling is to increase clients' feelings of self-empowerment and belongingness (Lewis & Bradley, 2000; Lewis et al., 2003). Specific techniques of advocacy counseling involve, but are not limited to, encouraging clients to join self-help groups; imposing class advocacy, which involves speaking out on clients' rights (Lee & Walz, 1998); and consulting with individuals, communities, and organizations. According to Kiselica (1999) and Lee (1999), counsellors who ascribe to a social justice model understand and validate their clients' reality and empower their clients to take a more active role in resolving their own issues." (Priya Senroy, March 18, 2014, https://www.ccpa-accp.ca/what-is-a-social-justice-approach-to-advocacy-counselling/)

Supervisee

Supervisee is a term used to describe a counsellor/therapist in training or a professional counsellor/therapist whose counselling/therapy skill development is being supported and overseen in a formal collaborative supervisory relationship by a qualified professional.

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