

Code of Ethics



CANADIAN COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION

L'ASSOCIATION CANADIENNE DE
COUNSELING ET DE PSYCHOTHÉRAPIE

ISBN 9780995209749



9 780995 209749

CODE OF ETHICS

The *Code of Ethics* (1999) was developed by a Canadian Counselling and Psychotherapy Association (CCPA) Committee consisting of:

Glenn W. Sheppard - Co-Chair
William E. Schulz - Co-Chair
Sylvia-Anne McMahon

The *Code of Ethics* (1999) was subsequently updated in 2007 by Glenn W. Sheppard and William E. Schulz.

The revisions in this 2020 *Code of Ethics* were prepared by a Canadian Counselling and Psychotherapy Association (CCPA) Committee consisting of:

Lorna Martin – Chair	Glenn Sheppard – Ethics Amicus
Jean Blackler	Tina Nash
Louise Blanchard	Simon Nuttgens
Jonas Breuhan	Kathy Offet-Gartner
Corrine Hendricksen-Eldershaw	Shelley Skelton

The Committee would like to thank CCPA's National Office, particularly Kim Hollihan, and the many contributors and reviewers to this living document.

Approved by CCPA Board of Directors, March 2020

Canadian Counselling and Psychotherapy Association

202-245 Menten Place
Ottawa, ON, K2H 9E8
Fax: (613) 237-9786
Toll free: 1-877-765-5565
Web: www.ccpa-accp.ca

Canadian Counselling and Psychotherapy Association
202 - 245 Menten Place
Ottawa, ON, K2H 9E8

ISBN: 978-0-9952097-4-9

Printed in Canada

Table of Contents

Code of Ethics

Preamble	iii
The Revision Process	iii
Context	iii
Phases of Revision.....	iv
Commitment to a Living, Cross-Referenced Document	v
Introduction	1
Ethical Principles	2
The CCPA Process of Ethical Decision-Making	3
1. Principle-Based Ethical Decision-Making	3
2. Virtue-Based Ethical Decision-Making	4
3. Quick Check	4
4. Wise Practices Lens	5
A. Professional Responsibility	6
B. Counselling / Therapy Responsibilities	9
C. Assessment and Evaluation	14
D. Professional Research and Knowledge Translation	17
E. Clinical Supervision Services	20
F. Consultation Services	24
G. Counsellor / Therapist Education and Training	25
H. Use of Electronic and Other Technologies	28
I. Indigenous Peoples, Communities and Contexts	30
Glossary of Terms	33

Notes:

The terms therapy/therapist have been used throughout this document as generic activities/titles that encompasses a variety of professional activities and titles used by practitioners engaged in counselling and psychotherapy in Canada.

*The articles (e.g., A1, C5, G2) contained within the **Code of Ethics** are designed to function as an integrated set of principles. Cross-referencing has been included in the document to assist readers in locating the most commonly occurring combinations of articles to support informed ethical practice. The **Standards of Practice** are also cross-referenced to the **Code of Ethics**.*

Words followed by the superscript symbol ^{} are defined in the Glossary of Terms at the conclusion of the **Code of Ethics**.*

Preamble

The *Code of Ethics* for the Canadian Counselling and Psychotherapy Association is a living document. Between revisions to the *Code*, feedback from members is accepted and compiled in preparation for reviews, updates, additions, and amendments.

The Revision Process

Approximately every five years, the Canadian Counselling and Psychotherapy Association publishes a call for Task Group members to undertake a data-informed review and revision of the existing *Code of Ethics* and *Standards of Practice*. The membership of the Task Group is strategically diverse, including scholars, practitioners, educators, ethics experts, and representatives of special interest groups, among others.

Context

The Task Group determined that one of the most important adjustments to the *Code of Ethics* in 2020 would be to include several new sections, one of which was a section to draw attention to important concepts and contexts addressed by the Truth and Reconciliation Commission. The Group wished to begin a process of development that could ensure that CCPA members understood the ethical imperative to seek knowledge and understanding and commit to self-reflection before engaging with Indigenous clients and communities. The criticality of cultural humility and recognition of cultural blindness were focal points in locating relevant research by Indigenous scholars and experts to assist with the process. Consultation with Elders and knowledge-keepers was prominent in the preferred update and review process.

Within the mandate of development and revision, the Task Group chose to strengthen existing and incorporate new articles of ethics that more clearly addressed concerns related to:

- Working with Indigenous clients and communities;
- Working with persons who identify (for a variety of reasons) as marginalized, vulnerable, or disadvantaged;
- Working with clients using new technologies;
- Working with or as a supervisor or consultant.

Since the last revision of the *CCPA Code of Ethics*, there have been major shifts in the use of technology in the counselling and psychotherapy profession as well as changes in Canadian demographics and social, political, economic, and cultural awareness. There is therefore a renewed focus on these elements in the revised *Code* and those related to social justice, self-reflection, and diversity*.

Phases of Revision

The first step in the revision process involves the dissemination and review of existing codes of ethics in counselling and psychotherapy related professions from around the world. Scholarly articles and other research focused on ethics and consultations with known experts or persons with lived experience are sought out by individual Task Group members and are considered by the full Task Group.

The second step in the revision process involves members of the Task Group assembling in small groups to make recommendations pertaining to additions, deletions, and adjustments to the *Code of Ethics*. The proposed revisions are then distributed to the full Task Group.

The third step in the revision process is a full group review of the work of the sub-groups. The proposed revisions are reviewed with respect to style and content. Style refers to semantic clarity and grammatical and syntactical accuracy. Content review focuses on completeness and correctness of concepts presented; analysis of potential omissions and overlap; and alignment with CCPA bylaws and Canadian statutes.

Once the Task Group believes a first draft is ready for internal review by CCPA Chapter Presidents, Chairs of CCPA-associated committees, and National Office personnel, the first phase of review is undertaken. The preliminary draft of the revised *Code* is transmitted for feedback.

The feedback from the first phase of review is considered line by line by the Task Group. Additions, deletions, amendments, and further research are undertaken to address the needs identified in the first phase of feedback. Once revisions have been approved by the Task Group and incorporated, the next phase of review is undertaken.

The second phase of review is extended to a broader group of reviewers associated with the counselling and psychotherapy profession. The feedback from the second phase of review is considered by the Task Group using the same processes as the first phase. Revisions are approved and made by the Task Group, leading to the third and final phase of review.

In the third phase of review, the proposed *Code of Ethics* is presented to the CCPA Board of Directors for its approval.

Upon confirmation of final approval of the revisions to the *Code of Ethics*, the Task Group draws upon the revised document to guide revisions to CCPA's *Standards of Practice*. A similar process of multi-phase review and feedback is undertaken.

Commitment to a Living, Cross-Referenced Document

CCPA is committed to the concept of living documents with respect to the *Code of Ethics* and *Standards of Practice*. This commitment includes ongoing cross-referencing within the *Code of Ethics* and between the *Code of Ethics* and *Standards of Practice* to ensure currency and consistency. A glossary of terms has been included in the revised *Code of Ethics* to clarify commonly used terminology.

CCPA is also committed to the use of technology to enhance and further develop the *Code of Ethics* and *Standards of Practice*. Electronic versions of the documents contain hyperlinks to allow readers quick access to cross-referenced components.

Introduction

This *Code of Ethics* expresses the ethical principles and values of the Canadian Counselling and Psychotherapy Association and serves as a guide to the professional conduct of all its members. It also informs the public, which they serve, of the standards of ethical conduct that members are responsible to uphold and for which they are held accountable. The *Code* reflects such values as integrity, competence and responsibility with an understanding of and respect for the cultural diversity, systemic issues, and the social contexts in Canada. It is part of a social contract, based on attitudes of mutual respect and trust, by which society supports the autonomy of the profession in return for the commitment of its members to act ethically in the provision of professional services. The *Code of Ethics* is designed to be used in combination with the *Standards of Practice* as well as other sources of information such as recent literature and research, legal statutes, cultural knowledge keepers, and other practice guidelines.

Members of CCPA have a responsibility to ensure that they are familiar with this *Code of Ethics*, to understand its application to their professional conduct, and to strive to adhere to its principles and values. Counsellors/therapists should also use the *CCPA Professional Standards of Practice*, as well as other sources of information to assist them in making informed professional decisions. These sources of information include the laws, regulations, and policies, that are professionally relevant to their working environment.

Members are accountable to both the public and their professional peers and are therefore subject to the complaints and disciplinary procedures of the Canadian Counselling and Psychotherapy Association. Violations of this *Code*, however, do not automatically imply legal liability. Such a determination can only be made by legal and judicial proceedings. This peer review process is intended to enable the Association to advise and to discipline its members in response to substantiated complaints originating either with professional peers or the public.

Although a code of ethics is essential to the maintenance of ethical integrity and accountability, it cannot be a substitute for the active process of ethical decision-making. Members increasingly confront challenging ethical demands and dilemmas in a complex and dynamic society to which a simple and direct application of this code may not be possible. Also, reasonable differences of opinion can and do exist among members with respect to how ethical principles and values should be rank ordered when they are in conflict. Therefore, members must develop the ability and the courage to exercise a high level of ethical judgment. For these reasons, the *Code* includes a section on ethical decision-making.

This *Code* is not a static document but will need revisions over time because of the continuing development of ethical knowledge and the emergence of consensus on challenging ethical issues. Therefore, members and others, including members of the public, are invited to submit comments and suggestions at any time to CCPA by contacting the National Office at <https://www.ccpa-accp.ca/contact-us/>.

Ethical Principles

The expectations for ethical conduct as expressed in this *Code* are based on the following fundamental principles:

- a) Beneficence** - Being proactive in promoting the best interests of clients.
- b) Fidelity** - Honouring commitments to clients and maintaining integrity in counselling relationships.
- c) Nonmaleficence** - Refraining from actions that risk harm and not willfully harming clients.
- d) Autonomy** - Respecting the rights of clients to agency and self-determination.
- e) Justice** - Respecting the dignity of all persons and honouring their right to just treatment.
- f) Societal Interest** - Upholding responsibility to act in the best interests of society.

The CCPA Process of Ethical Decision-Making

This brief overview of approaches to the process of ethical decision-making is provided to offer direction to counsellors/therapists when faced with making ethical decisions and resolving ethical dilemmas.

1. Principle-Based Ethical Decision-Making

- Step One** – What are the key issues in this situation?
- Step Two** – What ethical articles from the *CCPA Code of Ethics* are relevant to this situation?
- Are there policies, case law, statutes, regulations, bylaws or other related articles that are relevant to this situation?
- Step Three** – Which of the six ethical principles are of major importance in this situation? (This step also involves securing additional information, consulting with knowledgeable colleagues or the CCPA Ethics Committee, and examining the probable outcomes of various courses of action.)
- Step Four** – How can the relevant ethical articles be applied in this circumstance?
- How might any conflict between ethical principles be resolved?
- What are the potential risks and benefits of this application and resolution?
- Step Five** – What do my feelings and intuitions tell me to do in this situation? (See also *Virtue-Based Ethical Decision-Making*.)
- Step Six** – What plan of action will be most helpful in this situation?
- Follow up to evaluate the appropriateness, adequacy, and effectiveness of the course of action taken. Identify any adjustments necessary to optimize the outcome.

2. Virtue-Based Ethical Decision-Making

A virtue ethics approach is based on a belief that counsellors/therapists as virtuous persons have the ability to make ethical decisions that are informed by their understanding of the interests of others, a capacity to subordinate self-interest in the pursuit of just outcomes, an acceptance of complexity, and a commitment to natural justice. Although there is no step-by-step methodology for this approach, the following questions may help with the process of context-specific, virtue-based ethical decision making:

1. What emotions and intuition am I aware of as I consider this ethical dilemma and what are they telling me to do?
2. How can my values best show care for the client's wellbeing?
3. How will my decision affect other relevant individuals in this ethical dilemma?
4. What decision would I feel best about publicizing?
5. What decision would best reflect who I am as a person and practitioner within cultural/intercultural contexts?

3. Quick Check

1. **Publicity** Would I want this ethical decision announced on the front page of a major newspaper?
2. **Universality** Would I make the same decision for everyone? If every counsellor/therapist made this decision, would it be a good thing?
3. **Justice** Is everyone being treated fairly by my decision?

4. Wise Practices Lens

Counsellors/therapists are encouraged to approach all ways of knowing when engaging in decision-making. Using *Etuaptmumk*² (two-eyed seeing) is of immense assistance. This way of perceiving situations refers to “learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing and from the other eye with the strength of Western knowledges and ways of knowing...and learning to use both eyes together for the benefit of all.” (Marshall, A., 2004, <http://www.integrativescience.ca/Principles/TwoEyedSeeing/>).

Richard Wagamese, of the Ojibway Nation, reminds readers of the importance of relationship in decision-making:

We are born into a state of relationship, and our ceremonies and rituals are guides to lead us deeper into that relationship with all things. The big lesson? Relationships never end; they just change. In believing that lies the freedom to carry compassion, empathy, love, kindness and respect into and through whatever changes. We are made more by that practice. (Wagamese, R., 2016, p. 44).

The “wise practices lens” model of decision-making (Wesley-Esquimaux & Snowball, 2010, p. 230) is a decision-making strategy that practitioners may find helpful. The model uses teachings from the seven sacred values that include courage, honesty, humility, respect, truth, love, and wisdom (Baskin, 2007).

For a more comprehensive treatment of ethical decision-making, members are directed to the CCPA publication, *Counselling Ethics: Issues and Cases*, available from the CCPA National Office.

2 Pronunciation: ad oo **apt** mumk

A. Professional Responsibility

Counsellors/therapists are expected to conduct themselves with integrity, professionalism, and ethical care in all aspects of their work with clients, clients' families, colleagues, communities, and the public. This responsibility includes engaging in appropriate, contextualized professional development and self-care practices to maintain optimum capacity.

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)

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)

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)

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)

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)

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.

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)

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)

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.

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)

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)

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)

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)

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.

B. Counselling / Therapy Responsibilities

The specific responsibilities of counsellors/therapists vary across time and multiple geographic, environmental, social, cultural, economic, and political contexts. Despite the variety of situations in which counsellors/therapists may find themselves, their responsibility for safeguarding the welfare of clients, maintaining their trust, and protecting their personal data is constant across time and consistent across contexts.

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, B18, C5, D5, D8, E10, G7, H1, H4, H6)

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.

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)

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)

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)

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)

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)

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)

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)

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)

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, 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)

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)

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)

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)

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)

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 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)

C. Assessment and Evaluation

Assessment and evaluation are foundational components of counselling/therapy. These may be undertaken formally and informally, and in structured and unstructured formats. Ethically congruent assessment and evaluation require counsellors/therapists to be particularly attentive to informed consent processes, confidentiality and third-party sharing of information, boundaries of competence, and diversity*. When employing standardized measures in formal assessment and evaluation, counsellors/therapists must ensure that they are adequately trained to select and administer appropriate measures, to interpret and report on the results, and to seek consultation* or supervision* when unsure.

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)

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)

C4. Administrative Conditions and Procedures

Counsellors/therapists ensure that assessment and evaluation 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)

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)

C6. Appropriateness of Assessment and Evaluation

Counsellors/therapists ensure that assessment and evaluation 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)

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, B18, E10)

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 novelty² 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.

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)

2 In the context of assessment and evaluation, novelty refers to unfamiliarity with test content and procedures in order to ensure the reliability, validity, usefulness, and value of a measure. Because repeated exposure to a test may artificially inflate scores, yielding assessment outcomes that are inaccurate and unfair (e.g., due to practice effects), minimum test-retest intervals are specified for some measures.

D. Professional Research and Knowledge Translation³

Critical to the expansion of the evidence-informed foundation for the practice of counselling/therapy is the undertaking of scholarly research and knowledge translation. Counsellors/therapists adhere to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, using Ownership, Control, Access, and Possession (OCAP) principles for Indigenous Peoples, and demonstrate ethical congruence as they engage in research and share research findings in oral, written and visual formats. (See also Section I)

D1. Researcher Responsibility

Counsellors/therapists plan, conduct, and report on research in a manner consistent with relevant ethical principles, professional 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)

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)

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)

3 Knowledge Translation in this document refers to the dissemination of research findings through a variety of communication modalities such as oral traditions, media, print, presentation, practical use, among others.

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)

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)

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)

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.

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)

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)

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)

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.

E. Clinical Supervision Services

There are a number of contexts in which counsellors/therapists may offer clinical supervision[†]. They may undertake a clinical supervisory role with pre-service counsellors/therapists who are completing practica or internships. They also may enter into clinical supervision[†] relationships with in-service counsellors/therapists who are (a) pursuing certification, licensure, or registration; (b) required to engage in clinical supervision[†] as part of an employment contract; (c) seeking to update competencies or to develop new competencies in a particular area of counselling/therapy practice; (d) fulfilling sanctions imposed by an ethical or other professional body; or (e) choosing to participate in clinical supervision[†] and consultation[†] as a valued and valuable practice across the career span.

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)

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/therapy 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 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)

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)

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)

E5. Welfare of Supervisees

Clinical supervision* gives priority to supervisee wellbeing and providing opportunity to experience success. Clinical supervisors are committed to promoting the professional growth and development of their supervisees in a supervisory culture and climate that foster a reciprocal sense of safety, trust, and predictability.

Clinical supervisors monitor supervisee performance and progress, striving for an appropriate balance of challenge and support. At all times, clinical supervisor interactions with supervisees are characterized by professionalism, integrity, acceptance, valuing, and respect. If difficulties emerge in the supervisory relationship and/or process, it is incumbent on clinical supervisors to discuss concerns with supervisees and to identify potential routes for amelioration. Attending to supervisee welfare may

necessitate any of the following: revisiting and potentially revising the supervision[†] contract/plan/agreement, offering increased supervision[†], developing and implementing a remedial plan, recommending personal counselling, engaging an impartial third party to mediate disagreements, proposing a medical or mental health hiatus, or assigning a new clinical supervisor, among other activities. (See also A4, A8, C4, G7, I8)

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)

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)

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)

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).

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)

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)

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)

F. Consultation Services

There are a number of contexts in which counsellors/therapists may offer consultation[†] services. They may undertake a consultative role a) informally with colleagues or peers, b) formally with agencies or institutions, c) as a private practice service, and d) informally or formally on an ad hoc and/or pro bono basis. In all cases, despite counsellors/therapists are not engaging in counselling/therapy in the consultative role, they are nonetheless responsible for adhering to the professional *Code of Ethics* for counsellors/therapists in the consultative role.

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)

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)

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)

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.

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)

G. Counsellor / Therapist Education and Training

Practitioners who undertake the responsibility of counsellor/therapist education and training are tasked with roles that include mentorship, teaching, supervision[‡], assessment, feedback, evaluation, reporting, and fiduciary duties[‡]. They engage aspiring counsellors/therapists in comprehensive, evidence-supported education and training that fosters the development of theoretical, conceptual, clinical, relational, ethical, and diversity[‡] knowledge and skills. The primary goal of counsellor/therapist education and training is to ensure that graduates are well-prepared to embark on counselling/therapy career paths as caring, confident, and competent professionals.

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

H. Use of Electronic and Other Technologies

Recent decades have witnessed global growth in technology-based, electronic, and online communication. This expansion of technology in both personal and professional domains has been accompanied by developments in the counselling/therapy profession. Programs and services may be assisted, supported, or delivered by technology. For example, counselling/therapy may involve synchronous approaches such as phone conversations or online meetings, and asynchronous approaches such as text and email correspondence, any of which may take place across vast distances.

Foundational ethics for the counselling/therapy profession remain at the cornerstone of all actions; however, counsellors/therapists face additional considerations when utilizing technology for administrative and/or therapeutic purposes, including public health and privacy acts.

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 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/therapy 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 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.

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)

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 counsellors'/therapists' 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)

I. Indigenous Peoples, Communities and Contexts

This section is designed to focus on ethical constructs related to counsellors/therapists working with Indigenous Peoples, communities and contexts. It is based on the premise that counsellors/therapists approach Indigenous Peoples, communities and contexts from a place of humility and not-knowing. It is based on being respectful of the unique history of the land now known as Canada. It is designed as CCPA's initial response to the Truth and Reconciliation Commission's Calls to Action in relation to ethics and standards of practice. CCPA recognizes that this section is a first step in the journey of a shared understanding that requires the involvement of a grassroots, Indigenous community-driven exploration of Indigenous-based ethics in order to inform the ongoing development of a national Codes of Ethic and Standards of Practice for the Association.

There are multiple situations in which counsellors/therapists may be involved with Indigenous Peoples, their communities and contexts. The importance of recognizing and acknowledging the unique history, present-day echoes of that history, and ongoing experiences of Indigenous Peoples is critical to respectful and supportive work. Also of importance is the mindfulness of counsellors/therapists in acknowledging the diversity* of Indigenous Peoples, communities and contexts in Canada and the degree to which clients may or may not have lived experience of their culture and language. Counsellors/therapists must also be attentive to clients who may identify as Indigenous but are not from lands now known as Canada. All counsellors/therapists acknowledge the unique historical trauma as well as the resiliency and persistent cultural vibrancy of Indigenous Peoples and communities. (See also A12, B9, B10, C6, Section D, E12)

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, F4, I3)

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)

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)

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)

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)

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)

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)

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)

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 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)

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)

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)

Glossary of Terms

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.

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.

Diversity

Diversity refers to various differences which include but are not restricted to: age and generation, sex, gender, 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, etc., current issues of prejudice, discrimination, oppression, collective trauma.

Fiduciary Duty

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>)

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).