

Canadian Counselling and
Psychotherapy Association

Standards of Practice
5th Edition

Approved by
CCPA Board of Directors
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Standards of Practice

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- American Association for Marriage and Family Therapy (2001). *AAMFT code of ethics*. Retrieved from http://www.aamft.org/imis15/Content/LegalEthics/Code_of_Ethics.aspx
- American Counseling Association. (2014). *ACA code of ethics*. Author: Alexandria, VA.
- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author. Retrieved from <http://www.apa.org/ethics/code/>
- Australian Psychological Society. (2004). *Guidelines for psychological practice in rural and remote settings*. Melbourne, AU: Author.
- British Association for Counsellors and Psychotherapists. (2003). *Guidelines for online counselling and psychotherapy*. British Association for Counselling and Psychotherapy.
- Canadian Association for Music Therapy (1999). *Code of ethics*. Wilfred Laurier University: Waterloo, ON.
- Canadian Association for Spiritual Care (2013). *CASP/ACSS. Code of ethics for spiritual care professionals* Retrieved from <http://209.162.178.174/manual.asp?Chapter=5>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2010). *Tri-Council policy statement: Ethical conduct for research involving humans*. Ottawa, ON: Authors. Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf
- Canadian Psychological Association. (2000). *Canadian code of ethics for psychologists – 3rd edition*. Retrieved from <http://www.cpa.ca/docs/File/Ethics/CPA-Code%202000%20EngRe-format%20Dec2013.pdf>
- Canadian Council for Career Development. (2010). *Canadian standards and guidelines for career development practitioners: Code of ethics*. Retrieved from http://www.career-dev-guidelines.org/career_dev/
- Ontario Art Therapy Association. (2003). *May 2003 OATA standards of practice and conduct*. Retrieved from <http://www.oata.ca/userfiles/ETHICSTD04-1.pdf>
- Ontario College of Social Workers. (2011). *Code of ethics and standards of practice handbook*. Retrieved from <http://www.ocswssw.org/docs/codeofethicsstandardspractice.pdf>

- L'Ordre des conseillers et conseillères d'orientation du Québec. (2010). *Code de déontologie*. Retrieved from <https://www.orientation.qc.ca/ProtectionPublic/CodeDeontologieReglement.aspx>
- National Board for Certified Counselors, Inc. and Center for Credentialing and Education, Inc. (2001). *The practice of internet counselling*. Retrieved from <http://www.cce-global.org/Assets/ethics/internetCounseling.pdf>
- The Counselors for Social Justice (CSJ). *Code of ethics*. (2011). *Journal for social action in counseling and psychology*, 3(2), 1-21. Retrieved from http://www.psysr.org/jsacp/Ibrahim-v3n2_1-21.pdf
- New Zealand Association of Counsellors/Te Roopu Kaiwhiriwhiri o Aotearoa (2002/2012). *Code of ethics. A framework for ethical practice*. Retrieved from http://www.nzac.org.nz/code_of_ethics.cfm

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Preamble

These standards of practice were developed by the Canadian Counselling and Psychotherapy Association to provide direction and guidelines to enable its members, and other counsellors and psychotherapists in Canada¹, and counsellors-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:

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

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

Throughout *Standards of Practice*, there are text boxes inserted to succinctly capture some core ethical concept, an ethical principle, or concept from case law, and so forth. 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 standards of practice are pinned to the generic entry-to-practice level as determined by the nationally validated competency profile for the counselling profession in Canada. Because the standards of practice are generic in nature, they do not anticipate every practice situation, modality of practice, or address all of the ethical challenges with which counsellors are confronted. Therefore, the development of standards will necessarily remain an ongoing responsibility to which all counsellors can contribute. Despite the value of these standards of practice, the ultimate responsibility for acting ethically depends on the integrity and commitment of each counsellor to do so.

¹ Throughout this publication, the term counsellor 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/consillère d'orientation, vocational guidance counsellor, marriage and family therapist, orienteur, orienteur professionnel, psychoéducateur.

A. Professional Responsibility

CODE OF ETHICS

STANDARDS OF PRACTICE

A1

General Responsibility

Counsellors 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, F1)

General Responsibility

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

Counsellors invest time and effort in understanding the CCPA **Code of Ethics** and **Standards of Practice**, and avoid agreements, work environments, and other circumstances in which they would knowingly have to violate these ethical standards. In settings where policies violate these ethical standards, counsellors work to educate employers about their ethical obligations and work to make positive changes in these settings.

Counsellors should become familiar with the **Canadian Charter of Rights and Freedoms** and, depending on their work setting and type of services provided, counsellors may need to be familiar with some, or all, of the following federal and provincial 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

A2**Respect for Rights**

Counsellors participate in only those practices which are respectful of the legal, civic, and moral rights of others, and act to safeguard the dignity and rights of their clients, students, and research participants.

Respect for Rights

Counsellors 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, war, or discriminatory practices.

Counsellors convey respect for human dignity, principles of equity and social justice, and 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 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 practice in a manner congruent with the overarching principles of the *Universal Declaration of Human Rights* and the *UN Convention on the Rights of the Child* to which Canada is a signatory.

Counsellors respect due process and follow procedures based on principles of social justice and principles of equity in all their professional activities, such as those associated with counselling, consultation, evaluation, adjudication, peer reviews and other types of 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 limit their counselling 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 and national credentials. They refer to other professionals, when the counselling needs of clients exceed their level of competence. (See also F2)

Boundaries of Competence

Counsellors restrict their counselling 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 who wish to extend their professional services ensure competence in any additional areas of expertise through extra verifiable education or training in this area 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, or licensing.

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

When counsellors find themselves in circumstances in which access to referral agents is limited, they seek consultation. For instance, rural and remote practice is typically broad, generalist, and eclectic because of the diverse population and range of client issues, combined with lack of resources. Counsellors 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 is often necessary in order to provide the best services for clients, all contributing helping professionals may agree to collaborate with each other.

Professional Impairment

Counsellors should take steps to appropriately limit their professional responsibilities when their physical, mental or personal circumstances are such that they have diminished capacity to provide competent services to all or to particular clients. Counsellors in such situations may seek consultation and supervision and may need to limit, suspend, or terminate their professional services.

A4

Supervision and Consultation

Counsellors take reasonable steps to obtain supervision and/or consultation with respect to their counselling practices and, particularly, with respect to doubts or uncertainties which may arise during their professional work. (See also A3, B10, C4, C7)

Supervision and Consultation

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

In school settings, counsellors should arrange regular supervision and/or consultation with other counsellors in their school or in their school district or region. Counsellors in other agencies/institutions and/or in private practice should organize their supervision with other qualified (certified or licensed) counselling professionals.

Counsellors have an obligation to be appropriately accountable to their employers for their professional work. Supervision of counsellors 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 should also have access to independent opportunities for supervision and/or consultations.

When counsellors 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 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.

Secretarial/clerical assistants, supervisees, and all others who work with counsellors' confidential records have a responsibility similar to that

A5**Representation of Professional Qualifications**

Counsellors do not claim or imply only those professional qualifications which they possess, and are responsible for correcting any known misrepresentation of their qualifications by others.

of the counsellors with respect to confidentiality. Counsellors must take all necessary steps to guarantee that client confidentiality is respected and maintained by others with whom they work and consult.

Representation of Professional Qualifications

Counsellors should display their CCC certificate and/or any other professional regulatory certificate at 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.

Counsellors 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 is “a Professional Member of the CCPA possessing a Canadian Certified Counsellor (CCC) designation” OR “a non-certified Professional Member of the CCPA”. This distinction is required because membership admission does not evaluate a member’s qualifications to practice counselling, whereas the certification process does. Where provincial certification/licensure exists, counsellors 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 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 association, or as representatives of the counselling profession.

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

Counsellors avoid making public statements that are false, deceptive, or misleading. For example, it

would be inappropriate for graduates from a counselling specialty program housed in an educational psychology department to refer to themselves as counselling psychologists. Counsellors 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 omit to say about them.

A6 Responsibility to Counsellors and Other Professionals

Counsellors understand that ethical behaviour among themselves and with other professionals is expected at all times.

A7 Unethical Behaviour by Other Counsellors

Counsellors have an obligation when they have serious doubts as to the ethical behaviour of another counsellor, to seek an informal resolution with the counsellor, when feasible and appropriate.

When an informal resolution is not appropriate or feasible, or is unsuccessful, counsellors report their concerns to the CCPA Ethics Committee.

Responsibility to Counsellors and Other Professionals Related to Unethical Behaviour

When counsellors have reasonable grounds to believe that another counsellor 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 whose behaviour is in question is a CCPA member. First, if it is appropriate to do so, they should approach the counsellor in an effort to address the concern. The following guidelines are suggested to assist counsellors when they have such concerns:

- When counsellors hear rumours from others about the possible unethical conduct of another counsellor, 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 rumours. In the case of disclosures about non-CCPA members, counsellors inform the complainant of his/her rights to file a complaint with that professional's association or regulatory college.
- When counsellors are informed by clients of the possible unethical conduct of another counsellor, 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 inform the client of his/her rights to file a complaint with that professional's association or regulatory college. In the case of unethical conduct by another counsellor who is a member of CCPA, such action may include contacting the **CCPA Ethics Committee**.

- Counsellors report their own concerns about the unethical conduct of another counsellor who is a member of CCPA directly to the **CCPA Ethics Committee** when they have directly observed the misconduct and they fail to achieve a satisfactory resolution of the issue with the counsellor concerned, or because the nature of the suspected violation warrants this direct action. When doing so, they take into account the confidentiality of client information. Suspected statutory violations, such as child abuse, should be reported both to the local authorities and to the **CCPA Ethics Committee**. Because of the differences in provincial and territorial laws, counsellors need to be aware of which local authority is most appropriate in their area.
- When counsellors have direct knowledge that another counsellor 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** acts only on written, signed complaints made against counsellors 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** deems it appropriate to proceed with an investigation, the CCPA member who is the subject of the complaint will be informed of the nature and details of the complaint and the identity of the individual who has submitted the complaint.

A8

Responsibility to Clients

When counsellors have reasonable grounds to believe that a client has an ethical complaint about the conduct of a CCPA member, counsellors inform the client of the CCPA Procedures for Processing Complaints of Ethical Violations and how to access these procedures. (See also A7)

Responsibility to Clients

Counsellors 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 Complaints of Ethical Violations* 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 should answer any questions

clients might have and explain the procedures and the processes involved for clients so that they clearly understand.

Clients should understand that a CCPA member may break confidentiality to defend themselves to the **Ethics Committee**. Where appropriate, counsellors can support clients through the complaints process.

A9

Sexual Harassment

Counsellors do not condone or engage in sexual harassment, which is defined as deliberate or repeated verbal or written comments, gestures, or physical contacts of a sexual nature.

Sexual Harassment

Counsellors do not condone or engage in sexual harassment. Sexual harassment is defined as 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.

A10

Sensitivity to Diversity

Counsellors strive to understand and respect the diversity of their clients, including differences related to age, ethnicity, culture, gender, disability, religion, sexual orientation and socio-economic status. (See also B9, D10)

Sensitivity to Diversity

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

Counsellors should strive to understand the diversity within the communities in which they work and in which their clients reside. They should address or take action against unequal power relationships and work with clients to locate supports and resources to enable clients to advocate for themselves and others.

A11**Extension of Ethical Responsibilities**

Counselling services and products provided by counsellors through classroom instruction, public lectures, demonstrations, publications, radio and television programs, computer technology and other media must meet the appropriate ethical standards consistent with this Code of Ethics.

Extension of Ethical Responsibilities

When counsellors 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 is 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 that will allow adherence to their Code of Ethics (See also C2).

Counsellors 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.

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)

B. Counselling Relationships

CODE OF ETHICS

STANDARDS OF PRACTICE

B1

Primary Responsibility

Counsellors have a primary responsibility to respect the integrity and promote the welfare of their clients. They work collaboratively with clients to devise integrated, individualized counselling plans that offer a reasonable promise of success and are consistent with the abilities and circumstances of clients.

B2

Confidentiality

Counselling 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 legal requirements demand that confidential material be revealed;
- (iii) when a child is in need of protection. (See also B15, B17, E6, E7, E8)

Primary Responsibility

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

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

The counsellors’ primary responsibility incorporates most aspects of CCPA’s six ethical principles:

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

Confidentiality

Counsellors 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 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 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 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 in a lawsuit.

Counsellors should discuss confidentiality with their clients and any third party payers prior to beginning counselling and discuss limits throughout the counselling 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.

Secretarial/clerical assistants, supervisees, treatment teams, and all others who work with a counsellor have a responsibility similar to that of the counsellor with respect to confidentiality. Counsellors 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 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 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 have the same responsibilities for such clients regarding confidentiality and informed consent. Counsellors 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.

Confidentiality belongs to the client, not the counsellor.

Children and Confidentiality

Counsellors 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 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, but rather, each request should be evaluated on a 'need to know' basis.
- Each school, as well as other work environments, which provides counselling services to children, should establish a protocol that should involve counsellors and other appropriate persons in adjudicating parental or guardian requests for information about their child's counselling 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 who work with children should be particularly familiar with and guided by the statutory requirements within the province/territory 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 believe that a disclosure of a child's counselling 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 his/her 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.
- Disclose information only after the client has been informed, and limit disclosure to the information requested.
- In some cases, such as cases of suspected abuse, counsellors must not comply by law with a parental/guardian request for disclosure. In such circumstances, counsellors may need to seek legal advice and, in exceptional circumstances, be prepared to have their decision challenged in court or in some other formal way.

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 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.

Duty to Warn

Counsellors 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 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 in Canada typically extend this standard to include 'harm to self'. Once counsellors 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 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' interventions may include such steps as:

- Considering the potential advantages/disadvantages of negotiating safety contracts with those evaluated to be at low risk;
- Disclosing to significant others in the clients' life;
- A suicide watch in institutional environments, or
- Voluntary or involuntary hospitalization.

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

- Ensuring vigilance by a client's family member;
- Reporting to the police, or

- Advising voluntary or involuntary hospitalization.

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

Counsellors may be justified in breaching confidence with clients who are HIV positive and whose behaviour is putting others at risk. However, counsellors should make every effort to encourage such clients to take responsibility for informing their sexual or needle-sharing partners of their HIV status. With the client's informed permission, counsellors should contact the client's physician, and seek the consultative assistance of another counsellor, and legal assistance may be needed.

"The protective privilege ends when the public peril begins."

(Tarasoff v. Regents of the University of California, 1974)

Informed Consent

Informed consent is essential to counsellors' respect for the clients' rights to self-determination. Consent must be given **voluntarily, knowingly, and intelligently**. Counsellors must provide to clients a rationale for potential treatments and procedures in easily understood terms. Any intervention offered to a client should be grounded in an established theory or have a supporting research base.

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

Knowingly means that counsellors 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

B4**Client's Rights and Informed Consent**

When counselling is initiated, and throughout the counselling process as necessary, counsellors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other such pertinent information. Counsellors 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 participate in the ongoing counselling plans, to refuse any recommended services, and to be advised of the consequences of such refusal. (See also C5, E5)

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 should not equate silence with consent.

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

Counsellors 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 should record the oral response to the informed consent process and document the reasons for it not being written.

The common-law Tarasoff (1976) principle will be familiar as another kind of mandatory reporting. It is still the law today and is supported by other legal sources. For instance, section 35(1)(m) of the Health Information Act (Alberta) provides a statutory exception to the general prohibition on disclosing confidential information in the case of "imminent danger to the health or safety of any person." *Young v. Bella* (2006, Supreme Court of Canada) confirmed that a reporter under mandatory reporting obligations must have reasonable cause, for the belief of abuse, and not mere speculation.

(Moore, 2011, p.8)

Touch in Counselling

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

Although human touch can be a normalizing and nurturing experience, during counselling it must be considered with attention to the counsellor's intentions, the client's perspective, and such factors as: age and gender differences, and the client's cultural and personal experiences with touch.

The following guidelines may assist counsellors in viewing touch from a therapeutic and client perspective:

- 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 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, is contraindicated for clients who have been sexually abused.
- Did this client misinterpret the intention of my touching? If yes, I will raise it with my client as soon as it is appropriate.

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.

B5 Children and Persons with Diminished Capacity

Counsellors 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.

Children and Persons with Diminished Capacity

A small number of 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, which provides for the conditions and procedures for such a determination. Counsellors should seek informed consent for individuals declared incompetent from their 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 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 and/or to be assessed by a counsellor. Under such circumstances, counsellors 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.

With respect to the changing legal environment in Canada, there are the following changes:

“A shift from paternalistic to rights-based principles of education and treatment.”

“Recognition that the young, the mentally ill and the elderly, who are competent, can make their own health and care decisions, independent of others.”

(Solomon, 1996)

B6**Maintenance of Records**

Counsellors maintain records in sufficient detail to track the sequence and nature of professional services rendered and consistent with any legal, regulatory, agency, or institutional requirement. They 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.

Maintenance of Records

Counsellors shall maintain counselling 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 information sufficient to keep track of counselling issues and progress, correspondence, reports, third party information, informed consent forms;
- Record of consultations regarding client, including telephone calls, e-mails, and
- Fees charged, if any.

Counsellors 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 school board policies. These policies may derive from provincial 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 notes should not be kept in a student's school record and should be maintained in a secure file in the counsellor's office. However, some information acquired by counsellors 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 should work to ensure clear school policies and procedures on such matters and participate in their formulation whenever possible.

Counsellors 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 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 association and/or the **CCPA Ethics Committee** 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 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 take responsibility for adhering to any local policy regarding retention of records that may exceed this time limit.

Counsellors shall ensure that there is provision for the preservation of their counselling records after their death or upon retirement. In some work environments there may be ethically and legally appropriate provisions for the retention of records. In private practice in particular, records may be transferred to another counsellor and clients appropriately notified or clients may take possession of their records.

When counsellors dispose of records, they shall do so in a manner that preserves confidentiality and that

follows any local regulation or policy. However, counsellors never destroy records or counselling 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 keep information contained in counselling records confidential, but they never keep secret records.

Counsellors countersign notes only when required to do so by policy or regulation. When counsellors merely review another person's note, the co-signatory should read: "John Smith's student counsellor/entry reviewed by Jane Doe". Counsellors should only co-sign notes without qualifications if they have fully participated in the activity being reported.

Counsellors 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 participate in such collaborative record keeping only when they are assured that the standards of confidentiality, security, and preservation are maintained.

Secretarial/clerical assistants, supervisees, and all others who work with a counsellor's confidential records have a responsibility similar to that of the counsellor with respect to confidentiality. Counsellors 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 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 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 service.
- Record information to enhance counselling and not as a process of ‘gathering evidence’.
- Do not enter notes in a record for another person.

The right of the accused to make a dull 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 understand that clients have a right of access to their counselling 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.

Access to Records

Clients normally have a right of full access to their counselling records. However, the counsellor 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 should retain the original counselling 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.

Parents or other legal guardians have a right of access, upon formal request, to their minor child's counselling 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 his/her capacity to give informed consent.

School counsellors 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.

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 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 “mature minor” rule is that a person over 16 years of age is presumed to be able to make his or her own healthcare decisions. This was affirmed in 2009 by the Supreme Court of Canada in *A.C. v. Manitoba (Director of Child and Family Services)*. For persons under 16 there is no hard rule, but the person may make their own healthcare decisions if they are a “mature minor.” Factors for deciding whether a person is a mature minor include: the nature of the treatment; the intellectual capacity and sophistication of the minor; the stability of their views; the impact of the surroundings of the minor on the independence of their views; and any particular vulnerabilities. If the person is a mature minor (depends heavily on facts), that person has rights to confidentiality of information and access to their own healthcare information. As a result, 16- and 17-year olds may validly object to a requirement for parental consent to treatment.

(Moore, 2011, p.8)

Dual and Multiple Relationships

Dual or multiple relationships exist when counsellors, simultaneously or sequentially, have one or more relationships with a client additional to the counselling relationship. Counsellors 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 and client can be affected when dual or multiple relationships exist.

Counsellors, whenever possible, avoid entering into social, financial, business, or other relationships with current or former clients that are likely to place the counsellor and/or client in a conflict of interest and/or compromise the counselling 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.

B8**Dual Relationships**

Counsellors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of dual relationships include, but are not limited to, familial, social, financial, business, or close personal relationships. When a dual relationship cannot be avoided, counsellors take appropriate professional precautions such as role clarification, informed consent, consultation, and documentation to ensure that judgment is not impaired and no exploitation occurs. (See also B11, B12, B13, C5, C7, F10)

Counsellors make every effort to avoid entering into counselling relationships with individuals with whom they have had a previous relationship which could impair professional judgement or have the inherent potential for client exploitation.

Counsellors do not use information obtained while counselling clients, or their relationship with clients, to obtain advantage or material benefits. Nor do counsellors behave in any way which would be an exploitation of clients.

Counsellors 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 may have a personal interest.

In rural communities, and in certain other workplace circumstances, such as in closed communities or remote, northern, and isolated areas, it may be impossible or unreasonable for counsellors to avoid social or other non-counselling contact with clients, students, supervisees, or research participants. Counsellors 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 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 dual 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 living and working in northern and remote areas of Canada, and counsellors who live and work within unique cultural and linguistic groups that have formed enclaves in urban centres.

As a routine, counsellors should discuss with their clients the manner in which they intend to respond to them should they meet outside their counselling 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 issues.

When a counsellor becomes aware that a multiple relationship exists with a client, or when a conflict of interest occurs, the counsellor 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 become aware that they may be expected or required to perform potentially conflicting roles, such as when one person involved in group, marital, or family counselling seeks private time with the counsellor, and/or when an anticipated request to be a court witness compromises counselling, then the counsellor undertakes to clarify roles, including withdrawing from roles when appropriate.

When counsellors 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.

Counsellors should consult when they are uncertain about the appropriateness of dual or 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 Diversity

Counsellors actively work to understand the diverse cultural background of the clients with whom they work, and do not condone or engage in discrimination based on age, colour, culture, ethnicity, disability, gender, religion, sexual orientation, or marital or socio-economic status. (See also D10)

Respecting Diversity

Counsellors 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 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 process.

Counsellors seek out educational, training, and other experiences to avoid imposing their values on their clients and to increase their competency to work with clients from cultural and other life experiences different from their own. Counsellors consider how the clients' cultural worldviews and environmental contexts shape the concerns of the clients and potential interventions.

Counsellors strive to understand how such factors as gender, 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 strive to understand and respect the helping practices of indigenous peoples and the help-giving systems and resources of minority communities.

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

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

Counsellors 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 practices.

The geopolitical location of their practice may require counsellors 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 may consult with other professionally competent persons about the client. However, if the identity of the client is to be revealed, it is done with the written consent of the client. Counsellors choose professional consultants in a manner which will avoid placing the consultant in a conflict of interest situation.

B11**Relationships with Former Clients**

Counsellors remain accountable for any relationships established with former clients. Those relationships could include, but are not limited to, those of a friendship, social, financial, and business nature. Counsellors exercise caution about entering any such relationships and take into account whether or not the issues and relational dynamics present during the counselling have been fully resolved and properly terminated. In any case, counsellors seek consultation on such decisions.

Consulting with Other Professionals

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

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

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

Relationships with Former Clients

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

Counsellors do not use knowledge from a prior counselling relationship to re-establish contact, and intentions for a post-termination relationship must not originate in the counselling relationship.

Counsellors should always seek consultation on such a matter and have the burden to ensure the ethical appropriateness of any such relationships.

B12

Sexual Intimacies

Counsellors avoid any type of sexual intimacies with clients, and they do not counsel persons with whom they have had a sexual relationship. Counsellors do not engage in sexual intimacies with former clients within a minimum of three years after terminating the counselling relationship. This prohibition is not limited to the three-year period but extends indefinitely if the client is clearly vulnerable, by reason of emotional or cognitive disorder, to exploitative influence by the counsellor. Counsellors, in all such circumstances, clearly bear the burden to ensure that no such exploitative influence has occurred, and to seek consultative assistance.

Sexual Intimacies with Clients

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

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

- Counselling contact was brief and non-intensive;
- The client is not vulnerable to exploitation by virtue of his/her mental health status;
- No knowledge is used from the counselling experience with the client to re-establish contact; and,
- The possibility of a post-termination relationship did not originate in the counselling relationship.

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

Counsellors 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 in avoiding boundary violations with respect to intimate and sexual matters in their counselling:

- Be vigilant about setting and maintaining counsellor-client boundaries in counselling.
- 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 for the client.
- Avoid disclosures about the counsellor'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 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 agree to provide counselling to two or more persons who have a relationship (such as husband and wife, or parents and children), counsellors clarify at the outset which person or persons are clients and the nature of the relationship they will have with each person. If conflicting roles emerge for counsellors, they must clarify, adjust, or withdraw from roles appropriately.

Multiple Clients: Couple, Family and Group Counselling

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

Clients should understand and consent to the limits on confidentiality before participating in such services. When clients from group, couples, or family counselling are seen by the counsellor 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 begin multi-persons counselling, they clarify goals, the nature of the particular type of counselling service and address issues of informed consent and the unique limits on confidentiality. Counsellors 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, counsellors make every effort to avoid or minimize having private, confidential contact with individuals concurrent with their membership in couples, family or group counselling. Such efforts can minimize the potential for side taking, client secret sharing, triangulation and other challenges associated with individual access to the counsellor. Counsellors must not enter multiple counselling relationships where their effectiveness and objectivity could be compromised.

Counsellors may decline to accept a client for couples or family counselling if the individual counselling relationship has progressed to the point where the counsellor will likely be biased in favour of the client, or will risk being seen by others as being so.

B14**Multiple Helpers**

If, after entering a counselling relationship, a counsellor discovers the client is already in a counselling relationship, the counsellor is responsible for discussing the issues related to continuing or terminating counselling with the client. It may be necessary, with client consent, to discuss these issues with the other helper.

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 adolescent treatment workers;
- Medical personnel;
- Psychologists;
- Psychiatrists;
- Parole officers;
- Pastors; 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 working with the same client discuss issues related to multiple helpers. When a client has more than one counsellor, it is each counsellor’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 does not want another counsellor working with a particular client, the client may have to choose with which counsellor to discontinue service.

B15**Group Work**

Counsellors have the responsibility to screen prospective group members, especially when group goals focus on self-understanding and growth through self-disclosure. Counsellors inform clients of group member rights, issues of confidentiality, and group techniques typically used. They take reasonable precautions to protect group members from physical and/or psychological harm resulting from interaction within the group, both during and following the group experience.

Group Work

In addition to the responsibilities listed in ethical article B15, counsellors 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 work. Counsellors discuss aspects of group work to:

- Clarify the differences between individual counselling, where the focus is on the individual; and group counselling, 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 at all times is voluntary;
- Explain how confidential information and different values will be handled in group work;
- Discuss expectations regarding group member socialization outside of group sessions;
- Discuss with group members the legal limits related to confidentiality; and,
- Explore, prior to the beginning of group sessions, the typical feelings of loss experienced by many group members when group sessions conclude.

B16**Computer Use**

When computer applications are used as a component of counselling services, counsellors ensure that: (a) client and counsellor identities are verified; (b) the client is capable of using the computer application; (c) the computer application is appropriate to the needs of the client; (d) the client understands the purpose and operation of client-assisted and/or self-help computer applications; and (e) a follow-up of client use of a computer application is provided to assist subsequent needs. In all cases, computer applications do not diminish the counsellor's responsibility to act in accordance with the CCPA Code of Ethics, and in particular, to ensure adherence to the principles of confidentiality, informed consent, and safeguarding against harmful effects. (See also D5)

Computer Use and Other Electronic Technologies

The increase in distance counselling, particularly the use of technological applications as resources for or platforms to enable counselling, and use of social media for therapeutic purposes, has caused counselling associations around the world to establish a number of standards of practice for this mode of service. The National Board of Counselor Certification (NBCC)² emphasizes a number of key standards of practice, including:

- The identity of clients receiving distance counselling using electronic platforms should be verified by using code words or numbers.
- An appropriately trained professional, who can provide local assistance including crisis counselling, should be identified by the counsellor for each client receiving distance counselling.
- The counsellor providing distance counselling through electronic platforms, tells clients of encryption methods being used to help ensure the security of communications.
- Counsellors providing distance counselling services follow appropriate procedures regarding the release of information for sharing Internet client information with other electronic sources.

Counsellors who offer distance counselling services should ensure that their websites provide links to the CCPA website to facilitate consumer protection. Safeguarding the client in areas related to confidentiality, informed consent, and any potential harmful effects take on an important role when the client is not receiving services in person. Counsellors are vigilant in considering and addressing potential risks associated with technology access and operation, such as unauthorized recording of group sessions through the use of ancillary devices and platforms such as webcams, blogs, podcasts, or uploaded videos.

² National Board for Certified Counselors, Inc. and Center for Credentialing and Education, Inc., 3 Terrace Way, Suite D, Greensboro, NC 27403

Further information related to the unique considerations related to the delivery of distance counselling are discussed in the next section.

Services using Distance Delivery, Social Media, and Electronic Technologies

Counsellors recognize that their commitment to adhere to their **CCPA Code of Ethics** is not diminished when they use electronic and other communication technologies to provide counselling and other professional services.

B17

Delivery of Services by Telephone, Teleconferencing and Internet

Counsellors follow all additional ethical guidelines for services delivered by telephone, teleconferencing, and the Internet, including appropriate precautions regarding confidentiality, security, informed consent, records, and counselling plans, as well as determining the right to provide such services in regulatory jurisdictions.

Counsellors who provide services by these means strive to remain current with the emerging capacity of various communication technologies to further enhance communicative security and with changes to professional standards intended to inform their practices.

Counsellors recognize that all the communication technologies create, or can create, records or recordings that must be handled carefully to avoid breaches of confidentiality. These recordings may constitute a verbatim component of their confidential counselling record different from that generated for face-to-face counselling.

Counsellors restrict telephone conversations with clients and telephone counselling to locations in which they can ensure client confidentiality. They also take steps to protect client confidentiality when receiving and sending messages by voice mail and fax machines.

Counsellors are aware, when engaged in telephone or video-mediated communication, that they can be recorded by the client, and that there is the potential for recording and monitoring by unauthorized persons.

Counsellors take steps to ensure that they are providing distance counselling services to clients only in jurisdictions in which they are in compliance with any regulatory requirements that may exist in that location.

Counsellors provide distance counselling only through secure web sites and with e-mail communications

that use appropriate encryption designed to prevent breaches of confidentiality and to avoid access by unauthorized persons.

Counsellors may provide information about their distance counselling services from secure or insecure sites when information is restricted to such general matters as the nature of their Internet services, types of client issues that might be addressed in this way, third party resources, referral information, standards of practice for these services, and so forth.

Counsellors use an appropriate intake process to determine client readiness for distance counselling, and provide each distance counselling client with orientation and coaching with respect to such matters as:

- Nature and limitations of the service;
- How to maximize benefit;
- Security protocols and ethical risks;
- Fees and billing procedures;
- Any software the client might require and at whose expense;
- Limits to content and frequency of checking e-mail transmissions and anticipated response time;
- Strategies clients can use to improve the security of their communications; and,
- Time zone differences.

Informed consent and disclosure processes must include alerting the client to any Internet counselling credentials or training held by the counsellor and clearly address the risks and benefits of using Internet counselling. Proactive information about the steps to take if technology fails or if the client is in an emergency situation, including a crisis plan, must be in place.

Counsellors use features such as word, number, or graphic codes when they wish to verify client identity.

Counsellors respect the privacy of clients on social media and avoid online activities that have the potential to compromise the counsellor-client relationship.

Counsellors brief clients using distance delivery on protocols to follow when there are technology failures or other interruptions in Internet or telecommunication services including alternative means of contact such as by providing telephone contact numbers.

Counsellors collaborate with their distance delivery counselling clients to identify appropriate local professionals who might be of assistance during an emergency and to determine local crisis hotlines and other emergency resources.

Counsellors are aware when providing counselling services using distance delivery, social media, or other electronic technologies that it is not yet clear as to whether regulatory bodies and the law view the focus of such services as occurring in the jurisdiction of the counsellor, the client, or both and which laws govern the Internet counsellor with respect to reporting abuse, age of majority, and so forth.

B18

Referral

When counsellors determine their inability to be of professional assistance to clients, they avoid initiating a counselling relationship, or immediately terminate it. In either event, members suggest appropriate alternatives, including making a referral to resources about which they are knowledgeable. Should clients decline the suggested referral, counsellors are not obligated to continue the relationship.

Referrals

When counsellors recognize that the needs of a client are beyond their scope of practice or boundary of competence, they collaboratively undertake a referral process with the client. Counsellors 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 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, assessment, consultation) and is never a financial benefit for the referral itself.

B19**Termination of Counselling**

Counsellors terminate counselling relationships, with client agreement whenever possible, when it is reasonably clear that: the goals of counselling have been met, the client is no longer benefiting from counselling, the client does not pay fees charged, previously disclosed agency or institutional limits do not allow for the provision of further counselling services, and the client or another person with whom the client has a relationship threatens or otherwise endangers the counsellor. However, counsellors make reasonable efforts to facilitate the continued access to counselling services when services are interrupted by these factors and by counsellor illness, client or counsellor relocation, client financial difficulties, and so forth.

Termination of Counselling

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

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

When counsellors decide that they have to prematurely terminate a counselling relationship, they make every effort to avoid client abandonment 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, and providing emergency contact information.

The natural termination of counselling is not the end. It is the beginning. It offers an opportunity for the counsellor and the client to appreciate accomplishments and to acknowledge the role of the client in his/her own process of change which will continue even after counselling has discontinued. Often, premature termination manifests in clients "no showing" and so there may not be an opportunity for communication and/or processing of this nature.

When premature termination of counselling occurs, there is an opportunity for the counsellor to help clients to understand next steps, whether they are related to transitioning to a different counsellor, therapy, or setting; accepting the natural consequences of their own actions; or addressing some other life circumstance.

C. Consulting and Private Practice

CODE OF ETHICS

STANDARDS OF PRACTICE

General Responsibility

When counsellors 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 nature of the role expected, the relationship with each party, the possible uses of any information acquired, and any limits to confidentiality. Specifically, consultants and counsellors need to:

- Provide services only in areas where they have expertise gained through education and experience. Counsellors practice in new areas only after specific training and supervision;
- Discuss the fact that all consultative relationships are voluntary;
- 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 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.

C2

Undiminished Responsibility and Liability

Counsellors who work in 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.

Undiminished Responsibility and Liability Incorporation

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 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 services, is with the individual counsellor rather than with the agency;
- Disallow an agency employer to limit a CCPA member's professional responsibility and liability with respect to her/his counselling 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.

C3

Accurate Advertising

Counsellors, when advertising services as private practitioners, do so in a manner that accurately and clearly informs the public of their services and areas of expertise.

Accurate Advertising

Counsellors need to promote honesty and accuracy in their advertising and in their public statements. Counsellors do not make deceptive statements regarding their:

- Training;
- Credentials;
- Professional memberships;
- Services;
- Fees;
- Success of their services;
- Academic degrees;

- Experience;
- University or college affiliations;
- Publications;
- Media presentations; and,
- Résumés or *curricula vitae*.

In addition to the careful attention to accuracy in advertising, the counsellor should adhere to additional standards related to advertising:

- Counsellors provide any media presentations (webinar, social media, internet platforms, print, presentation) accurately, and make sure that their statements are both ethical and based on their counselling knowledge, training and experience;
- Counsellors do not use testimonials by clients, former clients, or by relatives or friends of clients. Testimonials may be acceptable from an organization or business which receives the counsellors' services;
- Counsellors use business advertisements, cards, door plates, building directories, exterior signs and so forth which are in good taste (straight-forward, without the use of clichés, jargon, or catchy expressions);
- Counsellors state their professional services in an unembellished manner without reference to, or claims of, particular outcomes;
- Counsellors may participate in advertisements for publications of which counsellors are authors or editors, and in other publications of which counsellors are reviewers;
- Counsellors do not participate in advertisements that, either directly or implicitly, suggest that they are endorsing a particular product brand name for use in the provision of counselling services;
- Except for advertising their own professional services, counsellors do not permit their name to be associated with other advertising in such a way that implies that the counsellor's

professional expertise or professional status is relevant to the service or product advertised; and,

- Counsellors 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 and employee assistance service, insurance companies, workers' compensation agencies, and so forth.

C4

Consultative Relationships

Counsellors ensure that consultation occurs within a voluntary relationship between a counsellor and a help-seeking individual, group, or organization, and that the goals are understood by all parties concerned.

C5

Informed Consent

Counsellors who provide services for the use of third parties acknowledge and clarify for the informed consent of clients, all obligations of such multiple relationships, including purpose(s), entitlement to information, and any restrictions on confidentiality. Third parties include: courts, public and private institutions, funding agencies, employees, and so forth.

Consultative Relationships

Consultative relationships are voluntary. Counsellors should discuss the goals, 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; and,
- Avoid any circumstance where the duality of relationship (professional or private) or the prior possession of information could lead to a conflict of interest.

Informed Consent

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

- A clear goal statement;
- The limits of confidentiality, including the requirement to report child abuse or neglect, or to report according to 'duty-to-warn' provisions;
- The potential risks and benefits;
- A prediction as to the anticipated consequences of the consultation;

- The costs of the consultation; and,
- A statement as to who will receive feedback, including treatment plans, session notes and specific actions.

Confidentiality is an ethical concept and it imposes a professional responsibility not to disclose information obtained in a counselling relationship unless there are exceptional circumstances including being required by law.

Privileged Communication, on the other hand, is a legal concept and it protects against forced disclosure in any circumstance including legal proceedings. Generally, the only privileged communication in Canadian Law is between a lawyer and a client.

C6

Respect for Privacy

Counsellors limit any discussion of client information obtained from a consulting relationship to persons clearly involved with the case. Any written and oral reports restrict data to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

Respect for Privacy

Counsellors 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 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. Counsellors 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 counselling 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;
- Maintain a professional manner and caution that protects the dignity and privacy of the client when discussing client information in a telephone conversation. The counsellor 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, 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.

C7

Conflict of Interest

Counsellors who engage in consultation avoid circumstances where the duality 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 dual relationships. 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 do not engage in consultations when there is a duality of relationships or when prior possession of information could lead to a conflict of interest.

Counsellors 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.

C8

Sponsorship and Recruitment

Counsellors present any of their organizational affiliations or memberships in such a way as to avoid misunderstanding regarding sponsorship or certification. They also avoid the use of any institutional affiliation to recruit private practice clients.

Sponsorship and Recruitment

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

- Counsellors and consultants do not engage, directly or through agents, in recruiting additional business from clients;
- Counsellors and consultants do not take payment for referring clients;
- Counsellors and consultants do not endorse products in which they have a financial interest;
- Counsellors do not accept consulting contracts when competing professional relationships (legal, personal, financial) could impair their objectivity;

- Counsellors should not advertise association with an established organization when they have only worked a short period of time for the organization;
- Counsellors should not use membership in a professional organization on a business card, if the membership is intended to imply endorsement as a counsellor; and,
- Canadian Counsellor Certification (CCC) shows that a counsellor has met certain training criteria, and “CCC” can be used on business cards and letterhead.

Private Practice Records

Counselling records, client names, and other personal client information should not be provided or included in the sale of a professional practice unless there is informed consent from clients to do so.

Services at the Request of Third Parties

When counsellors 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 nature of the role expected (i.e., assessor, expert witness, therapist etc.);
- The relationship with each party;
- The possible uses of information acquired; and,
- Any limits to confidentiality.

Fees and Billing Arrangements

Counsellors make every effort to assist potential clients and those receiving services in understanding fee structures and billing arrangements.

- Counsellors present both their fees and billing for their services in a clear and transparent manner;
- Counsellors give early attention in their professional relationships to discussing and reaching an understanding about their fees and billing practices for any of their professional services;

- Whenever counsellors anticipate that there may be a limitation on their services because of some financial constraint experienced by their client, or third party payer, it is discussed and clarified with the client of the service as early as feasible; and,
- Under no circumstances should counsellors submit their billing invoice as a surrogate for professional services provided by another service provider.

D. Evaluation and Assessment

CODE OF ETHICS

STANDARDS OF PRACTICE

D1

General Orientation

Counsellors adequately orient and inform clients so that evaluation and assessment results can be placed in proper perspective along with other relevant information.

D2

Purposes and Results of Evaluation and Assessment

Counsellors take responsibility to inform clients about the purpose of any evaluation and assessment instruments and procedures and the meaning of evaluation and assessment results.

General Orientation

Counsellors evaluate and assess clients using a variety of measures on an ongoing basis. When counsellors 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 the opportunity to discuss options freely, to support informed decision making and later, to orient the client to the evaluation and assessment results, the meaning of which can then be placed in proper perspective along with other relevant information.

Counsellors take this responsibility to inform clients about the purpose of any evaluation and assessment procedures and the meaning of evaluation and assessment results in a language and at a language level that the client understands.

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

- Current and appropriate to the setting;
- Valid and reliable for the counselling purpose;
- Fair and just, taking into consideration the client's uniqueness; and,
- Appropriate to the client's language preference and competence.

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

Counsellors 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 sessions with the client;
- Clinical interviews;
- Discussions with family members, employers, teachers and other informants;
- Observational data; and,
- Client self-reports.

D3

Evaluation and Assessment Competence

Counsellors recognize the limits of their competence and offer only those evaluation and assessment services for which they have appropriate preparation and which meet established professional standards.

Evaluation and Assessment Competence

Counsellors who administer, interpret, and use the results of evaluation and assessment 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.

Counsellors follow established psychometric and evaluative procedures when adapting, developing, distributing, or using evaluation and assessment instruments and procedures.

Counsellors 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.

Counsellors provide evaluation and assessment services to individuals whose differences of age, disabling condition, language and culture are within their competence to do so by virtue of appropriate education, or supervised experience.

Counsellors report the strengths and limitations of test results 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).

D4**Administrative and Supervisory Conditions**

Counsellors ensure that evaluation and assessment instruments and procedures are administered and supervised under established conditions consistent with professional standards. They note any departures from standard conditions and any unusual behaviour or irregularities which may affect the interpretation of results.

Administrative and Supervisory Conditions

Counsellors 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.

Counsellors refrain from using evaluation and assessment instruments and procedures 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 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 avoid duality of relationships when they agree to conduct independent evaluations or assessments. For example, counsellors refrain from conducting custody evaluations when they have a prior or current relationship with the children and/or their guardians.

D5 Use of Technology

Counsellors recognize that their ethical responsibilities are not altered, or in any way diminished, by the use of technology for the administration of evaluation and assessment instruments. Counsellors retain their responsibility for the maintenance of the ethical principles of privacy, confidentiality, and responsibility for decisions regardless of the technology used.

Use of Technology in Assessment and Evaluation

Counsellors recognize that their ethical responsibilities for counselling 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 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:

- 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 only use reputable companies and programs that ensure client confidentiality and that provide evidence of valid and reliable scoring and interpretation procedures.

Counsellors also retain responsibility for professionally assessing the electronic evaluations to detect any results that seem inadequate or erroneous.

D6

Appropriateness of Evaluation and Assessment

Counsellors ensure that evaluation and assessment instruments and procedures are valid, reliable, and appropriate to both the client and the intended purposes.

Appropriateness of Evaluation and Assessment

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

Counsellors 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.

Counsellors use multiple sources of information rather than relying on a single measure when assessing clients' abilities, skills, and general attributes.

Counsellors accurately describe all criteria used in an evaluation process and are prepared to provide the rationale for selecting any and all of the criteria.

Counsellors use evaluation and assessment instruments and procedures to classify individuals into various groups, such as therapeutic or educational programs, only when they can demonstrate that the instruments and procedures used have the capacity to reliably support such differential selections.

Counsellors 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.

D10**Sensitivity to Diversity when Assessing and Evaluating**

Counsellors proceed with caution when judging and interpreting the performance of minority group members and any other persons not represented in the group on which the evaluation and assessment instruments and procedures were standardized. They recognize and take into account the potential effects of age, ethnicity, disability, culture, gender, religion, sexual orientation, and socio-economic status on both the administration of, and the interpretation of data from, such instruments and procedures.

Sensitivity to Diversity When Assessing and Evaluating

Each standardized assessment and evaluation test instrument has a specific focus and typically uses norms that are based on large populations. Counsellors 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 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 is established.

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

- Age;
- Culture/ethnicity;
- Language preference/language level;
- Disability/chronic or underlying illnesses or conditions;
- Gender/sexual orientation;
- Religion;
- History; and,
- Socio-economic background.

Counsellors 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 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.

D7**Reporting Evaluation and Assessment Results**

Counsellors ensure that when reporting evaluation and assessment results to clients and other individuals, care is taken to provide, in an appropriate manner, accurate and sufficient information for an understanding of any conclusions and recommendations made, and to identify the basis for any reservations that may exist.

D8**Release of Evaluation and Assessment Data**

Counsellors ensure that evaluation and assessment data are released appropriately and only to the client and persons qualified to interpret and use them properly.

Reporting Evaluation and Assessment Results

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

When counsellors provide interpretations of sub-scores, score differences, or score profiles, they should provide sufficient information to justify such interpretations.

When counsellors 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 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.

Release of Evaluation and Assessment Data

Counsellors adhere to provincial and federal law when releasing evaluation and assessment data to other professionals, the courts, external agencies, and clients. Additionally, counsellors 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 arrange for a release to be signed by the client that includes to whom data may be released and whether third party disclosure of results is acceptable.

Clearly, counsellors may choose to not release 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 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; or,
- To consult with another professional, while protecting the privacy and maintaining the confidentiality of the client.

At all times, counsellors consider the best interests of the client whenever releasing data, and make every attempt to ensure clear understanding of information and its implications.

D9

Integrity of Evaluation and Assessment Instruments and Procedures

Counsellors who use psychological tests and other assessment instruments, the value of which depends on their novelty to the client, ensure that they are limited to and safeguarded by those with the professional interest and competence to do so.

Integrity of Evaluation and Assessment Instruments

Counsellors 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 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.

D11

Security Maintenance

Counsellors ensure the integrity and security of evaluation and assessment instruments and procedures consistent with any legal and contractual obligations. They refrain from appropriating, reproducing, or modifying established evaluation and assessment instruments without the expressed permission and adequate recognition of the original author, publisher, and copyright holder.

Security Maintenance

Manuals, protocols, test instruments, questions, manipulatives and other assessment and evaluation materials are kept in a secure and private location. Counsellors ensure the integrity and security of all counselling-related materials and files consistent with legal and contractual obligations.

Counsellors seek permission from copyright holders, authors and publishers when citing, reproducing, modifying or adapting materials. Similarly, they do not violate copyright laws by photocopying or otherwise duplicating assessment and evaluation instruments.

Tests administered through the Internet and self-administered tests require additional security measures. Unless otherwise stipulated by the test creator, clients should not be given test instruments to complete at home.

While counsellors may consult with other professionals and discuss specific test items and results in order to examine implications for the client, they protect the security of assessment and evaluation instruments by discussing matters with professionals who are bound by their own ethical guidelines.

E. Research and Publications

CODE OF ETHICS

STANDARDS OF PRACTICE

E1

Researcher Responsibility

Counsellors 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 standards governing research with human subjects.

Researcher Responsibility

Counsellors who undertake research responsibilities ensure that they abide by all legislation, regulation, policies, and procedures that relate to ethical principles and professional standards governing research with human participants and reporting on research, particularly the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2010)*.

Counsellors, 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 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 (2010)*.

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 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 thick and favour depth more than breadth;
- Seek comments 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 of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2010)*. 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,
- Dual 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 pursuing inquiry to providing therapy.

(Haverkamp, 2005, p. 152)

Counsellor 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 (TCPS, 2010)* 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.

E2

Subject Welfare

Counsellors are responsible for protecting the welfare of their research subjects during research and avoid causing injurious psychological, physical, or social effects to persons who participate in their research activities.

Subject Welfare

Counsellors 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 act to minimize any such consequences for those who participate in their research projects.

Some helpful questions for counsellors 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?

E3**Principal Researcher Responsibility**

Counsellors, when in the role of principal researcher, are responsible for ensuring that appropriate ethical research practices are followed and, with respect to research involving human subjects, for obtaining an independent and appropriate ethical review before proceeding with the research. Research associates involved in the research activities share ethical obligations and full responsibility for their own actions.

E4**Voluntary Participation**

Counsellors ensure that participation in research is voluntary. However, involuntary participation may be appropriate when it can be shown that participation will have no harmful effects on subjects, is essential to the research, and meets ethical review requirements.

Informed Consent and Recruitment of Research Participants

Counsellor 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 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.

Voluntary Participation

Counsellor researchers invite individuals to participate without manipulation, undue influence, or coercion. They consider carefully any impediments or potential challenges that may accompany participation from the perspective of the subjects prior to approaching individuals for study. Guidelines for counsellors 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, and so forth.

Some research, such as archival research, studies based on Statistics Canada data, and the like, do not require informed consent, and the availability of anonymous data can make it impractical to do so. However, in making such a decision, counsellors 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)

E5

Informed Consent

Counsellors inform all research subjects of the purpose(s) of their research. In addition, subjects are made aware of any experimental procedures, possible risks, disclosures and limitations on confidentiality. Subjects are also informed that they are free to ask questions and to discontinue at any time.

Research and Counsellor Education

Counsellor 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 education programs agree to participate as research associates or assistants to research projects managed by counsellor 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 educators avoid relating student grades to research participation unless there are clear and equivalent alternatives which are fully explained and just as readily available.

E6

Research Confidentiality

Counsellors ensure that research information on subjects is confidential and the identity of participants is protected unless otherwise authorized by them, consistent with all informed consent procedures.

Research and Confidentiality

Information obtained about participants in the course of conducting research must be kept confidential. The following guidelines will enable counsellors 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 his/her 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.

E7 Use of Confidential Information for Didactic or Other Purposes

Counsellors do not disclose in their writings, public presentations, or public media, any personally identifiable information obtained in confidence about clients, research participants, students, or organizational clients unless

- (1) there is legal authorization to do so,
- (2) reasonable steps are taken not to identify the person or organization, or
- (3) the person or organizational client has given informed written consent.

Use of Confidential Information for Didactic or Other Purposes

Counsellor researchers take appropriate actions to prevent their data from being released in any form that allows for participants' identities to be known. The use of pseudonyms does not guarantee anonymity. Postal codes and 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 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 requires the counsellor 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?

E8

Further Research

Counsellors have an obligation to collaborate with colleagues by making available original research data to qualified researchers who may wish to replicate or verify research.

E9

Research Sponsors

Counsellors, when conducting research, obtain informed consent from sponsors and institutions to ensure that sponsors and institutions are given feedback information and proper acknowledgement.

Further Research

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

While counsellor 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 release original data to researchers, they take responsibility for verifying the qualifications and intentions of the researcher requesting the data.

Research Sponsors

Counsellor researchers offer general feedback on the progress of research to sponsors if requested, however the confidentiality of subjects is maintained at all times.

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. Sponsors are acknowledged in all publications and presentations.

E10**Review of Manuscripts**

Counsellors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted the research.

E11**Reporting Results**

In reporting research results, counsellors mention any variables and conditions that might affect the outcome of the investigation or the interpretation of the results, and provide information sufficient for others who might wish to replicate the research.

Reviewers

Counsellors who act as reviewers of research proposals, manuscripts, books, awards, 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 endeavour to only review materials that are within their areas of expertise.

Reporting Results

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

Counsellors provide sufficient information about their research to enable those who might wish to replicate their study to do so.

Counsellors, 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 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 determine that errors have been made in their published research, steps are taken to correct such errors, for example, in a correction erratum.

E12**Research
Contributions**

Counsellors give due credit through joint authorship, acknowledgement, footnote statements, or other appropriate means to those who have contributed significantly to the research and/or publication, and to those who have done previous work on the topic. For an article that is based mainly on a student thesis or dissertation, the student is listed as principal author.

Research Contributions

Counsellor researchers often collaborate in conducting research and in publishing results of research. When there are multiple authors, counsellors 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.

E13**Submission for Publication**

Counsellors do not submit the same manuscript or one essentially similar in content for simultaneous publication consideration by two or more journals. In addition, manuscripts published in whole or in substantial part in another journal or published work should not be submitted for publication without acknowledgement and permission from the previous publication.

Submission for Publication

Counsellors 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.

F. Clinical Supervision, Counsellor Education and Training

CODE OF ETHICS

STANDARDS OF PRACTICE

F1

General Responsibility

Counsellors who are responsible for counsellor education, training and supervision adhere to current CCPA guidelines and standards with respect to such activities and conduct themselves in a manner consistent with the *CCPA Code of Ethics* and *Standards of Practice*.

General Responsibility

This article is a broad statement imploring counsellor educators and clinical supervisors to respect the people whom they educate, train, and supervise, and to adhere to all the articles and standards outlined in the **CCPA Code of Ethics** and **Standards of Practice**. Counsellor educators and clinical supervisors must constantly work towards improved self-understanding in order to eliminate blind spots, and to minimize needs for personal control and power.

a) Counsellors-in-Training

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

- Counsellor educators are responsible for the development of the counselling program and should make every attempt to fulfill the requirements for CCPA accreditation;
- Counsellor educators ensure that the counsellor education program includes courses and practica that prepare counsellors in self-awareness, knowledge of counselling and counselling skills;
- Counsellor educators responsible for the counselling program ensure that the courses and practica meet those criteria required by future employers, fulfill counsellor certification requirements, and meet the requirements for membership in professional counselling organizations;
- Counsellor educators infuse multicultural and diversity competencies into their education and supervision practises;
- Counsellor educators are committed to recruiting and retaining diverse faculty and students;

- Since students are vulnerable during training, education, and supervision due to power differences, intimate and personal relationships between counsellor educators and students are inappropriate, and social relationships must be managed in a manner which will not compromise the primary professional relationship;
- Counsellor educators give full credit to students for their contributions to research and scholarship;
- Counsellor educators who supervise students should be prepared in the concepts and methods of supervision;
- Counsellors-in-training should receive on-going performance appraisal throughout their counselling program;
- Students are entitled to remedial assistance should they experience difficulties in their counselling program;
- Students who are unable to demonstrate adequate competence in counselling due to academic or personal limitations should not continue in counsellor education; and,
- Prior to training, students should be made aware of the methods of evaluation and the competency level expected.

b) Counsellors-in-Practice:

Some of the general responsibilities and issues for clinical supervisors working with counsellors-in-practice include:

- Clinical supervisors ensure that their qualifications and supervisory activities meet those criteria required by future employers, fulfill any applicable statutory regulation requirements, and have membership in professional counselling organizations;
- Clinical supervisors must have a strong foundation and broad perspective on the counselling and psychotherapy profession and its diverse modalities;
- Clinical supervisors infuse multicultural and diversity competencies into their supervision practises;

- Clinical supervisors must have a breadth and depth of experience in counselling and psychotherapy;
- A contract stipulating the supervisory activities, conditions, duration, and expectations should be negotiated prior to commencing a supervisory relationship; and,
- Clinical supervisors should address any conflicts of interest (such as being in a position of authority over the supervisee) 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 a moral imperative when one takes on the role of supervisor.

(Shepard & Martin, 2012, p. 30)

Boundaries of Competence

Clinical supervisors and counsellor educators should be competent teachers as well as successful practitioners who can demonstrate their counselling skills and give examples of counselling effectiveness. Furthermore, counsellor educators and clinical supervisors should limit their involvement to areas of competency. These areas of competency include:

F2

Boundaries of Competence

Counsellors who conduct counsellor education, training and supervision have the necessary knowledge and skills to do so, and limit their involvement to such competencies.

- Awareness of ethical issues and ethical responsibilities;
- Skill in counselling practice;
- Knowledge of the theory and practice of counselling;
- Maintenance of an on-going research program (counsellor-educators) or research agenda (clinical supervisors) that increases supervisory competencies;
- Regular participation in counselling conferences and workshops; and,

- Knowledge of, and sensitivity to, multicultural and diversity issues.

Ethical Orientation

F3

Ethical Orientation

Counsellors who are responsible for counsellor education, training and supervision have an obligation to make their students, trainees, and supervisees aware of the ethical responsibilities as expressed in the *CCPA Code of Ethics* and *Standards of Practice*.

a) Counsellors-in-Training:

Counsellor educators have the responsibility of making counselling 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, issues surrounding multiple relationships should be discussed and understood.

Specifically, it is the responsibility of counsellor educators to:

- Provide specific course work in counselling 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 the **CCPA Code of Ethics** and **Standards of Practice** booklet;
- Introduce students to ethical decision-making processes that take into consideration counsellor differences, diversity of clients, counselling settings and legal issues; and,
- Infuse the study of ethics into all courses in counselling, so that students recognize the importance of ethics in all aspects of counselling.

b) Counsellors-in-Practice:

- Similar to counsellor educators, clinical supervisors have the same responsibility of raising their professional awareness of legal principles and 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 practiced. As well, issues surrounding multiple relationships should be discussed and understood.

Specifically, it is the responsibility of clinical supervisor to:

- Remind supervisees of their responsibility for their own ethical behaviour;
- Ensure that supervisees have the **CCPA Code of Ethics** and **Standards of Practice** booklet; and,
- Infuse ethical decision-making processes into supervisory discussions, consultations, and other activities.

Clarification of Roles and Responsibilities

F4

Clarification of Roles and Responsibilities

Counsellors who engage in counselling supervision take responsibility for clarifying their respective roles and obligations.

a) Counsellors-in-training:

Before the counsellor education of students begins, counsellor educators, trainers and supervisors should state clearly to students their respective responsibilities and obligations. This should include taking action to address issues such as:

- Clarify the power differential between counsellor educators and students. Some non-professional relationships can be beneficial and need to be discussed. Examples of possible positive interactions include providing support during stressful situations and membership in professional organizations;
- Clarify the supervisor's responsibility to the supervisee and to her/his clients. This should include the boundaries and responsibilities for the supervisor should there be serious concerns about the nature or quality of the counselling service being supervised. Opportunities for securing remedial assistance should be discussed;
- Clarify the levels of counselling competence expected from students and the methods of appraisal and evaluation;
- Address the requirement for not grading self-disclosure and self-growth activities;

- Articulate the need to supervise trainees regularly to review their counselling work;
- Clarify the inappropriateness of romantic interactions or relationships between supervisors/counsellor educators and students;
- Mention any limits on confidentiality, including the supervisor's obligation for statutory reporting, such as in the case of child abuse;
- Indicate the type of information that will be reported to the supervisor's employer, educational institution, training centre or licensing agency; and,
- Describe the privacy rights of all counsellors-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.

b) Counsellors-in-practice:

Before clinical supervision begins, supervisors should state clearly to supervisees their respective responsibilities and obligations. This should include taking action to address issues such as:

- Clarify the collaborative nature of clinical supervision across the career span. Some non-professional relationships can be beneficial and need to be discussed. Examples of possible positive interactions include providing support during stressful situations and membership in professional organizations;
- Clarify the clinical supervisor's responsibility to the supervisee and to her/his clients. This should include the boundaries and responsibilities for the supervisor should there be serious concerns about the nature or quality of the counselling service being supervised. Opportunities for securing remedial assistance should be discussed;
- Articulate the need to engage in clinical supervision regularly to review counselling work;

- Clarify the inappropriateness of romantic interactions or relationships between clinical supervisors and their supervisees;
- Mention any limits on confidentiality, including the clinical supervisor's obligation for statutory reporting, such as in the case of child abuse;
- Indicate the type of information (if any) that will be reported to the supervisee's employer or licensing authority; and,
- Describe the privacy rights of all counsellors-in-practice. Supervisees should not be required to disclose personal information unless the requirement is necessary to obtain assistance for the supervisee.

Welfare of Clients

F5

Welfare of Clients

Counsellors who engage in counselling supervision take steps to ensure the welfare of clients during the supervised practice period, and intervene, when necessary, to ensure that this obligation is met.

a) Counsellors-in-Training:

Counsellor educators 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 a main concern. As supervisors, counsellor educators are in a good position to model not only appropriate counselling, but also ethical, legal and professional standards of practice. To ensure the welfare of clients, counsellor educators should provide:

- Detailed instruction on the **CCPA Code of Ethics**, ethical decision making processes and **Standards of Practice**;
- Regular, timely supervision of students;
- Standards for the evaluation of students; and,
- Supervisory sessions for students regarding all of the clients that the student is counselling.

b) Counsellors-in-Practice:

Clinical supervisors ensure that they have created a supportive supervisory relationship that includes a supervision contract that provides:

- Adherence to the **CCPA Code of Ethics**, ethical decision making processes and **Standards of Practice**;
- Regular, timely supervision;

- Standards for the services being rendered and requisite professional disclosure permissions to allow pertinent information sharing; and,
- Procedures related to monitoring for competency deficits and/or professional impairment.

Program Orientation

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

- Admission requirements, including not only minimum admission requirements, but typical grades and other criteria that recently admitted students obtained;
- Orientation before the program begins in order to acquaint students with all elements of the counselling program;
- A detailed description of all elements and activities of the counselling 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 skills, attitudes and knowledge required for completion of the counselling program;
- Current employment opportunities for counselling graduates;
- Policies on evaluation, remediation, dismissal and due process;
- Information on the various supervision settings available and the practica requirements for the various sites, including ongoing performance appraisal and scheduling of supervision and evaluation sessions;

F6

Program Orientation

Counsellors responsible for counsellor education programs and training activities take responsibility to orient prospective students and trainees to all core elements of such programs and activities, including to a clear policy with respect to all supervised practice components, both those simulated and real.

- Ethical issues: students and prospective students are told that they have the same ethical obligations as counsellors, counsellor 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 competence.

F7

Relational Boundaries

Counsellors who work as counsellor educators, trainers, and supervisors establish relationships with their students, trainees and supervisees such that appropriate relational boundaries are clarified and maintained, and dual relationships are avoided.

Relational Boundaries

Clear instructions should be provided on the boundaries among all persons associated with the supervisory process. For counsellors-in-training, this includes cooperating counsellors at placement sites, counselling supervisors, and course instructors. For counsellors-in-practice, this includes employers and administrative supervisors. Multiple relationships should be avoided.

a) Counsellors-in-Training:

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

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

- Practica or internships located at the student's regular worksite;
- Counselling friends, relatives or associates of students;
- Having a business or financial relationship with a student;
- Having a recent casual, distant, electronic, or past relationship;
- Accepting gifts from students;

- Counselling students with whom the counsellor educators have teaching, supervisory or administrative responsibilities; and,
- Experiential components of practica and group work.

On the other hand, counsellor educators must be aware of the importance of beneficial interactions with students. These might include visiting a student in a hospital or offering support during stressful times.

b) Counsellors-in-Practice:

As with counsellors-in-training, dual or multiple relationships can result in exploitation or biased judgement with counsellors-in-practice. Some of these areas may also include:

- Supervision by colleagues located at the same regular worksite;
- Supervision by immediate or extended family;
- Counselling friends, relatives, former or current partners, or associates of supervisees;
- Having a business or financial relationship with a supervisee;
- Having a recent casual, distant, electronic, or past relationship;
- Accepting gifts from supervisees; and,
- Counselling practitioners with whom the clinical supervisor has supervisory or administrative responsibilities.

When supervising counsellors-in-practice, 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 and recognizing their professionalism. Extending counselling boundaries may also occur during the supervision process by offering additional support during stressful times, using informal networks to access innovative counselling practices and research, and

sharing workplace, safety and health information. When an extension of the counselling boundaries is considered, clinical supervisors take the professional precaution of re-engaging their supervisee in discussions such as informed consent and appropriate documentation.

F8

Obligation to Inform

Counsellors who work as counsellor educators, trainers, and supervisors take steps to inform students, trainees, and supervisees, at the beginning of activities associated with these roles, of all reasonably foreseeable circumstances under which confidentiality may be breached during such activities.

Obligation to Inform

Counsellor educators, trainers, and clinical supervisors should inform students, trainees and supervisees of exceptions to confidentiality. These exceptions occur when:

- Disclosure is required to prevent clear and imminent danger to the client or others;
- Legal requirements demand that confidential material be revealed;
- A child is in need of protection;
- Others are threatened, placed in danger or there is a potential for harm;
- Secretaries and other professionals have access to files;
- Clinical supervisors listen to or view recordings of supervisees' counselling sessions;
- Consulting with other professionals; and,
- Counselling information is given to parents or legal guardians.

Students, trainees, and supervisees should recognize 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 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 competence.

F9**Self-Development and Self-Awareness**

Counsellors who work as counsellor educators, trainers, and supervisors, encourage and facilitate the self-development and self-awareness of students, trainees, and supervisees, so that they learn to integrate their professional practice and personal insight.

Self-Development and Self-Awareness

Opportunities should be provided for supervisees to relate their professional practice to relevant counselling 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. Such activities could include participation in:

- Growth/sensitivity groups
- Human relations and communications courses
- Individual counselling
- Social justice and mediation training
- Meditative retreats
- Healing circles
- Cultural awareness courses and groups
- Travel
- Volunteering
- Working with a wide variety of people in diverse environments.

In order to decrease the risk of psychological distress, burnout, and vicarious trauma, supervisees must practice self-care by setting appropriate boundaries. This is of particular importance to supervisees 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 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.

Dealing with Personal Issues**a) Counsellors-in-Training:**

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

F10**Dealing with Personal Issues**

Counsellors responsible for counsellor education, training, and supervision recognize when such activities evoke significant personal issues for students, trainees, and supervisees and refer to other sources when necessary to avoid counselling those for whom they hold administrative or evaluative responsibility.

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

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

b) Counsellors-in-Practice:

Clinical supervisors do not counsel supervisees. When supervisees have personal issues that would benefit from counselling, clinical supervisors should provide these practitioners with pertinent counsellor resources, including self-care opportunities.

It is important to note that some potential dual 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.

Self-Growth Activities

Counsellor education programs delineate the nature and type of self-growth activities in their admissions and counselling program materials. Self-growth activities provide students with opportunities to examine themselves in relation to the counselling profession and should provide insight on their counselling 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 educators or supervisors to act on ethical obligations.

F11**Self-Growth Activities**

Counsellors who work as counsellor educators, trainers, and supervisors, 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.

A few examples of self-growth activities are:

- Volunteering
- Member of a growth group
- Human relations courses
- Multicultural groups
- Family reconstruction sessions
- Role plays
- Psychodramas

Self-growth and professional learning extends beyond the classroom and counselling programs. Continuing education and personal care is a general responsibility of all counsellors (see A5). Engaging in ongoing clinical supervision throughout one's career is considered best practice in the counselling profession. It contributes to self-efficacy, increases competency development opportunities, supports personal well-being, and provides essential networking possibilities; all of which is supportive of safe, effective, timely, and current service delivery for clients.

G. Guidelines for Dealing with Subpoenas and Court Orders

Counsellors 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 *subpoena 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 to discern formal notices from court versus requests for information.

In Canada, unlike the United States, there is no counsellor-client privilege. There is virtually no information generated within counselling relationships which is outside the reach of the courts. However, judges are typically sensitive to counsellors' 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 warrant in a particular instance.

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

- Always make a timely response to subpoenas and court orders. Counsellors are encouraged to consult with a lawyer before making any release of 'subpoenaed' information. Counsellors 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 who are required to testify should not bring client records unless explicitly told to do so.
- If counsellors 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 should consult their clients when in receipt of a subpoena or court order. After all, ‘confidentiality’ belongs to the client not to the counsellor. 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 may decide to resist compliance but, 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 the court. There are a number of court decisions in Canada which 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’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, 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 may seek the guidance of the court on a particular subpoena. For example, with respect to a demand for certain psychometric information, counsellors 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 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.

H. 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 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** and A4 **Supervision and Consultation** 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 the adults primarily involved in the custody evaluation remains, other than the role of evaluator.

Counsellors 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 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, 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 should keep complete records of the evaluation process.

Counsellors 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.).

References

- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (December, 2010). *Tri-Council policy statement: Ethical conduct for research involving humans*. Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf
- Cotton, B. (n.d.). *Is there a qualified privilege at common law for non-traditional classes of confidential communications? Maybe*. Retrieved from http://www.bottomlineresearch.ca/articles/articles/pdf/confidential_communications.pdf
- Garner, B. (2004). *Black's Law Dictionary*. 8th ed. Berkeley, CA: West Group.
- Haverkamp, B. E. (2005). Ethical perspectives on qualitative research in applied psychology. *Journal of Counseling Psychology*, 52, 146-155.
- Memorial University (n.d.). *Ethics code for research*. Retrieved from <http://www.mun.ca/policy/site/policy.php?id=139>
- Moore, F. (Fall, 2011). Recent changes in the law governing psychologists in Alberta. *The CAP Monitor*, 40, 18. Edmonton, AB: College of Alberta Psychologists.
- Noel, G., Browne, P. N., Hoegg, L. R., & Boone, D. M. (2002). *Health records for the 21st century in Newfoundland and Labrador: Confidentiality and information practices*. Eau Claire, WI: Medical Educational Services.
- Ontario Hospital Association (2010). *A practical guide to mental health and the law in Ontario*. Retrieved from <http://www.oha.com/KnowledgeCentre/Library/Toolkits/Documents/Final%20-%20Mental%20Health%20and%20the%20Law%20Toolkit.pdf>
- Peterson, M. R. (1992). *At personal risk: Boundary violations in professional-client relationships*. New York: Norton.
- R. v. Mills, Supreme Court of Canada, 1999 in Sheppard, G. (n.d.). *Notebook on ethics, legal issues, and standards for counsellors: A landmark decision with implications for counsellors in Canada*. Retrieved from <http://www.ccpa-accp.ca/documents/NotebookEthics/Landmark%20Decision%20with%20Implications%20for%20Counsellors%20in%20Canada.pdf>
- Solomon, R. (1996). In Burkhardt, B. Balancing act: Liability and the developmental services worker. *The University of Western Ontario clinical bulletin of the developmental disabilities program*. 7:3. Retrieved from www.ddd.uwo.ca/bulletins/1996Sept.pdf
- Tarasoff v. Regents of the University of California. (1974). S.F. No. 23042
Supreme Court of California. 17 Cal. 3d 425; 551 P.2d 334; 131 Cal. Rptr. 14; 1976 Cal. LEXIS 297; 83 A.L.R.3d 1166
- Truscott, D. & Crook, K. (2004). *Ethics for the Practice of Psychology in Canada*. Edmonton: The University of Alberta Press.

