

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section A Professional Responsibility

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2007 SECTION A: PROFESSIONAL RESPONSIBILITY		2020 SECTION A: PROFESSIONAL RESPONSIBILITY	
A1 No change	<p><b>General Responsibility</b> 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.</p>	A1	<p><b>General Responsibility</b> Counsellors/therapists maintain high standards of professional competence and ethical behaviour and recognize the need for continuing education and personal care in order to meet this responsibility. (See also C1, E1, E11, F1, G2, Section I)</p>
A2 Minor change	<p><b>Respect for Rights</b> 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.</p>	A2	<p><b>Respect for Rights</b> Counsellors/therapists participate in only those practices that are respectful of the legal, civic, moral, and <b>human rights of themselves and others</b>, and act to safeguard the dignity and rights of their clients, students, <b>supervisees</b>, and research participants. (See also D1, D9, E1, Section I)</p>
A3 Minor change	<p><b>Boundaries of Competence</b> 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)</p>	A3	<p><b>Boundaries of Competence</b> Counsellors/therapists limit their counselling/therapy services and practices to those which are within their professional competence by virtue of their education and professional experience, and consistent with any requirements for provincial/territorial and national credentials. They <b>seek supervision, consult</b> with and/or refer to other professionals when the counselling needs of clients exceed their level of competence. (See also C3, C4, D1, E4, E6, F1, F2, G2, G14, H4, Section I)</p>
A4 MAJOR change	<p><b>Supervision and Consultation</b> 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 B10, C4, C7)</p>	A4	<p><b>Supervision and Consultation</b> <b>Counsellors/therapists seek supervision and consultation across the career span to support and enrich their ongoing professional development.</b> Supervision and consultation are warranted especially when counsellors/therapists are confronted with dilemmas or uncertainties, <b>and when they are developing a new practice area or updating knowledge and skills related to a former area of practice.</b> (See also B10, C4, C7, Section E, Section F, I5, I9, I10)</p>

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2007 SECTION A: PROFESSIONAL RESPONSIBILITY		2020 SECTION A: PROFESSIONAL RESPONSIBILITY	
<b>A5</b> MAJOR change	<p><b>Representation of Professional Qualifications</b> Counsellors claim or imply only those professional qualifications which they possess, and are responsible for correcting any known misrepresentation of their qualifications by others.</p>	<b>A5</b>	<p><b>Representation of Professional Qualifications</b> Counsellors/therapists claim or imply only those professional qualifications that they possess and are responsible for correcting any known misrepresentation of their qualifications by others. Counsellors/therapists working in a province or territory with professional statutory regulation ensure they adhere to the specific representation of professional qualifications requirements that have been mandated by statute and/or Regulatory College bylaw. (See also H7, I5)</p>
<b>C3</b> MAJOR change	<p><i>Previous A6 Responsibility to Counsellors/Therapists and Other Professionals now revised and presented as A7</i></p> <hr/> <p><b>Accurate Advertising</b> 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.</p>	<b>A6</b>	<p><b>Professionalism in Advertising</b> Counsellors/therapists when advertising and representing themselves publicly, do so in a manner that accurately and clearly informs the public of their services and areas of expertise. Counsellors/therapists belonging to a statutory regulatory college additionally adhere to the specific advertisement requirements as mandated by statute and/or regulatory college bylaw.</p>
<b>A6</b> MAJOR change	<p><b>Responsibility to Counsellors/Therapists and Other Professionals</b> Counsellors understand that ethical behaviour among themselves and with other professionals is expected at all times</p>	<b>A7</b>	<p><b>Responsibility to Counsellors/Therapists and Other Professionals</b> Counsellors/therapists demonstrate ethical conduct, integrity, and professionalism in interactions with counsellor/therapist colleagues and with members of other professional disciplines. (See also Section I)</p>
<b>A7</b> MAJOR change	<p><b>Unethical Behaviour by Other Counsellors</b> 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.</p>	<b>A8</b>	<p><b>Responsibility to Address Concerns About the Ethical Conduct of Another Professional</b> Counsellors/therapists have an obligation when they have serious doubts as to the ethical behaviour of another helping professional, whether that individual is a CCPA member or a member of another professional body, to respectfully address the concern and seek an informal resolution with the counsellor/therapist, when feasible and appropriate. When an informal resolution is not appropriate, legal, or feasible, or is unsuccessful, counsellors/therapists report their concerns to the relevant professional body. Counsellors/therapists consider whether there are any legally mandatory reporting obligations regarding the conduct of the helping professional to take appropriate action. (See also E4, E5)</p>

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<b>A8</b> Minor change	<p><b>Responsibility to Clients</b></p> <p>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.</p>	<b>A9</b>	<p><b>Supporting Clients When Ethical Concerns Arise</b></p> <p>When counsellors/therapists have reasonable grounds to believe that a client has an ethical concern or complaint about the conduct of a CCPA member (including oneself) or members of another professional body, counsellors/therapists inform the client of their rights and options with respect to addressing the concerns. When the concern regards a CCPA member, the counsellor/therapist informs the client of the CCPA Procedures for Processing Complaints of Ethical Violations and how to access these procedures.</p>
<b>MAJOR change</b>	New article	<b>A10</b>	<p><b>Third Party Reporting</b></p> <p>When counsellors/therapists are required or expected to share counselling/therapy information with third parties, they ensure that details are discussed and documented with clients as part of the initial and ongoing informed consent, including the nature of information to be shared, with whom it will be shared, and when. Counsellors/therapists determine whether a formal, signed consent for release of information form is warranted. (See also B18, C8, D5, E2)</p>
<b>A9</b> MAJOR change	<p><b>Sexual Harassment</b></p> <p>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.</p>	<b>A11</b>	<p><b>Sexual Harassment</b></p> <p>Counsellors/therapists do not condone or engage in sexual harassment in the workplace, with colleagues, students, supervisees, clients, or others. These encounters may be verbal, pictorial, written comments (including but not exclusive of texting, messaging, taking photos, making posts and comments on websites, Twitter, or other platforms), gestures, unwanted sexual images, or physical contacts of a sexual nature. (See also G11, G12)</p>
<b>A10</b> MAJOR change	<p><b>Sensitivity to Diversity</b></p> <p>Counsellors strive to understand and respect the diversity of their clients, including differences related to age, ethnicity, culture, gender, disability, religion, sexual orientation and socioeconomic status (See also B9, D10)</p>	<b>A12</b>	<p><b>Diversity Responsiveness</b></p> <p>Counsellors/therapists continually seek to enhance their diversity awareness, sensitivity, responsiveness, and competence with respect to their own self-identities and those of their clients. They are attuned to various effects related to diversity and how they may influence interactions with clients. (See also B9, C10, D9, E7, E12, Section I)</p>

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A11 No change	<p><b>Extension of Ethical Responsibilities</b> Counselling services and products provided by counsellors through classroom instruction, public lectures, demonstrations, publications, radio and television broadcasts, computer technology, and other media must meet the appropriate ethical standards consistent with this <i>Code of Ethics</i>.</p>	A13	<p><b>Extension of Ethical Responsibilities</b> Counselling/therapy services and products provided by counsellors/therapists through classroom instruction, public lectures, demonstrations, publications, radio and television broadcasts, computer technology, and other media must meet the appropriate ethical standards consistent with this <i>Code of Ethics</i>. (See also I5, I10)</p>
A10 MAJOR change	New article	A14	<p><b>Professional Will and Client File Directive</b> Counsellors/therapists undertake to establish a formal stand-alone agreement with a qualified practitioner to serve as executor whose sole responsibility will be to fulfil any ethical obligations including the management of client records should their practice end due to death, or incapacitation such that they are unable to do so.</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section B Counselling Relationships

### Section B Counselling / Therapy Responsibilities

2007 SECTION B: COUNSELLING RELATIONSHIPS		2020 SECTION B: COUNSELLING/THERAPY RESPONSIBILITIES	
<b>B1</b> Minor change	<p><b>Primary Responsibility</b> 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 reasonable promise of success and are consistent with the abilities and circumstances of clients.</p>	<b>B1</b>	<p><b>Primary Responsibility</b> Counsellors/therapists respect the integrity and promote the welfare of their clients. They work collaboratively with clients to devise counselling/therapy plans consistent with the needs, abilities, circumstances, <b>values, cultural, or contextual background</b> of clients. (See also C1, D2, E1, E4, Section I)</p>
<b>B2</b> Minor change	<p><b>Confidentiality</b> 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, F8)</p>	<b>B2</b>	<p><b>Confidentiality</b> Counselling/therapeutic relationships and information resulting therefrom are kept confidential. However, there are the following exceptions to confidentiality: (i) when disclosure is required to prevent clear and imminent danger to the client or others; (ii) when <b>levels of jurisprudence</b> demand that confidential material be revealed; (iii) when a child is in need of protection; (iv) <b>persons with diminished capacity, and as otherwise mandated by municipal, provincial/territorial, and federal law.</b> (See also B4, B6, B13, B18, C5, D5, D8, E10, G7, H1, H4, H6)</p>
<b>B3</b> Minor change	<p><b>Duty to Warn</b> 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</p>	<b>B3</b>	<p><b>Duty to Warn</b> When counsellors/therapists become aware of the intention or potential of clients to place others in clear and imminent danger, they use reasonable care to give threatened persons such warnings as are essential to avert foreseeable dangers. <b>In cases in which it may not be appropriate or safe for counsellors/therapists to intervene directly to give warnings to threatened persons, they take appropriate steps to inform authorities to take action.</b></p>

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2007 SECTION B: COUNSELLING RELATIONSHIPS		2020 SECTION B: COUNSELLING/THERAPY RESPONSIBILITIES	
<b>B4</b> Minor change	<p><b>Client's Rights and Informed Consent</b></p> <p>When counselling is initiated, and throughout the counselling/therapy 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 that supports the informed decision making process. Counsellors make sure that clients understand the implications of diagnosis, fees and fee collections 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)</p>	<b>B4</b>	<p><b>Client's Rights and Informed Consent</b></p> <p>When counselling/therapy is initiated, and throughout the counselling/therapy process as necessary, counsellors/therapists inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and other such pertinent information that supports the informed decision making process.</p> <p>Counsellors/therapists make sure that clients understand the implications of diagnosis, fees and fee collection arrangements, record-keeping, and limits of confidentiality. Clients have the right to collaborate in the development and evolution of the counselling/therapy plan. Clients have the right to seek a second opinion or consultation, to refuse any recommended services, and to be advised of the consequences of such refusal. (See also B2, B5, B8, B15, B18, C2, D3, D4, E2, G10, H1, H2, H3, H4)</p>
<b>B5</b> Minor change	<p><b>Children and Persons with Diminished Capacity</b></p> <p>Counsellors conduct the informed consent process with those legally appropriate to give consent when counselling, assessing, and having as research subjects children and/or persons with diminished capacity. These clients also give consent to such services or involvement commensurate with their capacity to do so. 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.</p>	<b>B5</b>	<p><b>Children and Persons with Diminished Capacity</b></p> <p>When working with children and/or persons with diminished capacity, counsellors/therapists conduct the informed consent process with those who are legally entitled to offer consent on the client's behalf, typically parents or others appointed as legal guardians. Counsellors/therapists also seek the client's assent to the proposed services or involvement, proportionate with the client's capacity to do so. Counsellors/therapists understand that the parental or guardian right to consent on behalf of children diminishes commensurate with the child's growing capacity to provide informed consent. These dual processes of obtaining parental/guardian informed consent and client assent apply to assessment, counselling/therapy, research participation, and other professional activities. (See also B4, D4)</p>

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<b>B6</b> Minor change	<p><b>Maintenance of Records</b></p> <p>Counsellors maintain records with sufficient detail 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 <i>Code of Ethics</i>.</p>	<b>B6</b>	<p><b>Maintenance of Records</b></p> <p>Counsellors/therapists maintain records with sufficient detail <b>and clarity</b> to track the nature and sequence of professional services rendered. They ensure that the content and style are consistent with any legal, regulatory, agency, or institutional requirements. Counsellors/therapists secure the safety of such records and create, maintain, transfer, and dispose of them in a manner compliant with the requirements of confidentiality and the other articles of this <i>Code of Ethics</i>. (See also B2, B18, H1, H2)</p>
<b>B7</b> No change	<p><b>Access to Records</b></p> <p>Counsellors/therapists 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. (See also B4, H1)</p>	<b>B7</b>	<p><b>Access to Records</b></p> <p>Counsellors/therapists understand that clients have a right of access to their counselling/therapy records, and that disclosure to others of information from these records only occurs with the written consent of the client and/or when required by law. (See also B4, H1)</p>
<b>B8</b> Minor change	<p><b>Dual Relationships</b></p> <p>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)</p>	<b>B8</b>	<p><b>Multiple Relationships</b></p> <p><b>Multiple relationships are avoided unless justified by the nature of the activity, limited by time and context, and entered into with the informed consent of the parties involved after assessment of the rationale, risks, benefits, and alternative options.</b></p> <p>Counsellors/therapists make every effort to avoid <b>or address and carefully manage multiple relationships</b> with clients that could impair objectivity and professional judgment and increase the risk of exploitation or harm. When multiple relationships cannot be avoided, counsellors/therapists take appropriate professional precautions such as role clarification, ongoing informed consent, consultation and/or supervision, and thorough documentation. (See also B4, E7, F5, G4, G6, I5, I8, I9)</p>

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2007 SECTION B: COUNSELLING RELATIONSHIPS		2020 SECTION B: COUNSELLING/THERAPY RESPONSIBILITIES	
<b>B9</b> MAJOR change	<p><b>Respecting Diversity</b> 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, marital, or socio-economic status. (See also D10)</p>	<b>B9</b>	<p><b>Respecting Inclusivity, Diversity, Difference and Intersectionality</b> Counsellors/therapists actively invest in the continued development and refinement of their awareness, sensitivity, and competence with respect to diversity (between groups) and difference (within groups). They seek awareness and understanding of client identities, identification, and historical and current contexts. Counsellors/therapists demonstrate respect for client diversity and difference and do not condone or engage in discrimination. (See also C10, E6, E12, Section I)</p>
<b>B10</b> Minor change	<p><b>Consulting with Other Professionals</b> 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.</p>	<b>B10</b>	<p><b>Consulting with Other Professionals</b> Counsellors/therapists may consult with other professionals about their work with clients. Consultation is to be undertaken in a de-identified manner unless clients have offered consent in writing to have their identity revealed. Counsellors/therapists exercise care in choosing professional consultants to avoid any conflict of interest. (See also A4, E2, Section F, Section I)</p>
<b>B11</b> MAJOR change	<p><b>Relationships with Former Clients</b> Counsellors remain accountable for any relationships established with former clients. 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 cause, counsellors seek consultation on such decisions.</p>	<b>B11</b>	<p><b>Relationships with Former Clients</b> Counsellors/therapists remain accountable for any relationships established with former clients. Relationships could include, but are not limited to, those of a social, financial, business, or supervisory nature. Counsellors/therapists are thoughtful and thorough in their consideration of potential post-counselling/therapy relationships. Counsellors/therapists seek consultation and/or supervision on such decisions. Relational accountability also applies to electronic interactions and relationships. (See also B12)</p>



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<b>B12</b> MAJOR change	<p><b>Sexual Intimacies</b></p> <p>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.</p>	<b>B12</b>	<p><b>Sexual Contact</b></p> <p>Counsellors/therapists avoid any type of sexual contact with clients and they do not counsel persons with whom they have or have had a sexual or intimate relationship. Counsellors/therapists do not engage in sexual contact with former clients within a minimum of three years after terminating the counselling/therapeutic relationship.</p> <p>If the client is clearly vulnerable, by reason of emotional or cognitive disorder, to exploitative influence by the counsellor/therapist, this prohibition is not limited to the three-year period but extends indefinitely. Counsellors/therapists, in all such circumstances, clearly bear the burden to ensure that no such exploitative influence has occurred and seek documented consultation for an objective determination of the client's ability to freely enter a relationship or have sexual contact without impediment. The consultation must be with a professional with no conflict of interest with the client or the counsellor/therapist. This prohibition also applies to electronic interactions and relationships. (See also A11, B12, G11, G12)</p>
<b>B13</b> Minor change	<p><b>Multiple Clients</b></p> <p>When counsellors/therapists 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.</p>	<b>B13</b>	<p><b>Multiple Clients</b></p> <p>When counsellors/therapists agree to provide counselling/therapy to two or more persons who have a relationship (such as spouses/life partners, or parents and children), counsellors/therapists clarify at the outset who the client is and the nature of the relationship with each of the other parties. This clarification includes confidentiality limits, risks and benefits, and what information will be shared, when, how, and with whom. (See also B2, F5, I8, I9)</p>
<b>B14</b> No change	<p><b>Multiple Helpers</b></p> <p>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.</p>	<b>B14</b>	<p><b>Multiple Helpers</b></p> <p>Counsellors/therapists who, after entering a counselling/therapy relationship, discover that the client is already engaged in another counselling/therapeutic relationship, are responsible for discussing with the client issues related to continuing or terminating counselling/therapy. It may be necessary, with client consent, to discuss these issues with the other helping professional. (See also I9)</p>

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B15 Minor change	<p><b>Group Work</b></p> <p>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.</p>	B15	<p><b>Group Counselling / Therapy</b></p> <p>Counsellors/therapists have the responsibility to screen prospective group members and to engage them in an <b>informed consent process prior to the first group session</b>. This responsibility is especially important when group goals focus on self-understanding and growth through self-disclosure. Counsellors/therapists inform clients of group member rights, issues of confidentiality, and group techniques typically used. They take reasonable precautions to address potential physical and/or psychological harm resulting from interaction within the group, both during and following the group experience. (See also B4)</p>
B16 MAJOR change	<p><b>Computer Use</b></p> <p>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 <i>Code of Ethics</i>, and in particular, to ensure adherence to the principles of confidentiality, informed consent, and safeguarding against harmful effects. (See also D5)</p>	H4	<p><b>Technology-based Service Delivery</b></p> <p>When technology-based applications are incorporated as a component of counselling/therapy programs and services, counsellors/therapists ensure that (a) they have demonstrated and documented competence through appropriate and adequate education, training, and supervised experience; (b) necessary digital security measures are in place to protect client privacy and confidentiality; (c) technology applications are tailored or matched to unique client concerns and contexts; (d) research evidence supports the efficacy of the technology for the particular purpose identified; (e) decisions to implement new and emerging technologies that are not yet accompanied by a solid research foundation are based on sound clinical judgment and the rationale for their selection is documented; (f) client preparedness to use the specific technology-based application is assessed and education and training are offered as warranted; and (g) informed consent is tailored to the unique features of the technology-based application being used.</p> <p>In all cases, technology-based applications do not diminish the responsibility of the counsellor/therapist to act in accordance with the CCPA <i>Code of Ethics</i> and <i>Standards of Practice</i>, and, in particular, to ensure adherence to the principles of confidentiality, informed consent, and safeguarding against harmful effects. (See also A3, B2, B4, C1, C5)</p>

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<b>B17</b> MAJOR change	<p><b>Delivery of Services by Telephone, Teleconferencing, and Internet</b></p> <p>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.</p>	<b>H4</b>	<p><b>Technology-based Service Delivery</b></p> <p>When technology-based applications are incorporated as a component of counselling/therapy programs and services, counsellors/therapists ensure that (a) they have demonstrated and documented competence through appropriate and adequate education, training, and supervised experience; (b) necessary digital security measures are in place to protect client privacy and confidentiality; (c) technology applications are tailored or matched to unique client concerns and contexts; (d) research evidence supports the efficacy of the technology for the particular purpose identified; (e) decisions to implement new and emerging technologies that are not yet accompanied by a solid research foundation are based on sound clinical judgment and the rationale for their selection is documented; (f) client preparedness to use the specific technology-based application is assessed and education and training are offered as warranted; and (g) informed consent is tailored to the unique features of the technology-based application being used.</p> <p>In all cases, technology-based applications do not diminish the responsibility of the counsellor/therapist to act in accordance with the <i>CCPA Code of Ethics and Standards of Practice</i>, and, in particular, to ensure adherence to the principles of confidentiality, informed consent, and safeguarding against harmful effects. (See also A3, B2, B4, C1, C5)</p>
<b>B18</b> Minor change	<p><b>Referral</b></p> <p>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.</p>	<b>B16</b>	<p><b>Referral</b></p> <p>Counsellors/therapists determine their ability to be of professional assistance to clients. They avoid initiating a counselling/therapy relationship or refer an existing client for whom the counselling/therapy relationship does not productively pursue the client's goals. Counsellors/therapists suggest appropriate alternatives, including making a referral, co-therapy, consultation, supervision, or additional resources. Should clients decline the suggested referral, counsellors/therapists are not obligated to continue the relationship. (See also G14)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION B: COUNSELLING RELATIONSHIPS		2020 SECTION B: COUNSELLING/THERAPY RESPONSIBILITIES	
<b>B19</b> Minor change	<b>Termination of Counselling</b> 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/therapy, 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.	<b>B17</b>	<b>Closure of Counselling / Therapy</b> Counsellors/therapists <b>begin closure</b> of counselling/therapy relationships, with client agreement whenever possible, when (a) the goals of counselling/therapy have been met; (b) the client is no longer benefiting from counselling/therapy; (c) the client has not paid the counselling <b>fees formerly discussed, agreed to, and charged;</b> (d) <b>client insurance will not cover further reimbursement and the client is unable or unwilling to commit to out-of-pocket payment for service;</b> (e) previously disclosed agency or institutional limits do not allow for the provision of further counselling/therapy services; or (f) the client or another person with whom the client has a relationship threatens or otherwise endangers the <b>wellbeing of</b> the counsellor/therapist. Counsellors/therapists make reasonable efforts to facilitate appropriate access to alternative counselling/therapy services when client need is ongoing and service provision has ended.
<b>B18</b> MAJOR change	New article	<b>B18</b>	<b>Mandated Clients and Systems Approaches</b> Counsellors/therapists recognize that there is a heightened fiduciary duty when undertaking services with mandated clients and in systems of care contexts. Counsellors/therapists understand the highly probable likelihood that counselling/therapy notes may be shared with third parties and seek to proactively identify systemic expectations surrounding such information sharing with third parties. Clients are fully informed and educated throughout counselling/therapy processes of this potential eventuality and the consequences thereof. (See also A10, B2, B4, B6, B7, C8)

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section C Consulting and Private Practice

### Section F Consultation Services

2007 SECTION C: CONSULTING AND PRIVATE PRACTICE		2020 SECTION F: CONSULTATION SERVICES	
<b>C1</b> Minor change	<b>General Responsibility</b> Counsellors provide consultative services only in those areas in which they have demonstrated competency by virtue of their education and experience.	<b>F1</b>	<b>General Responsibility</b> Counsellors/therapists provide consultative <b>practices and services</b> only in those areas in which they have demonstrated competency by virtue of their education and experience. (See also A1, A3, E1, I5)
<b>C2</b> Minor change	<b>Undiminished Responsibility and Liability</b> 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.	<b>F2</b>	<b>Undiminished Responsibility and Liability</b> Counsellors/therapists who work in <b>agencies or</b> private practice, whether incorporated or not, must ensure that there is no diminishing of their individual professional responsibility to act in accordance with the <i>CCPA Code of Ethics</i> , or in their liability for any failure to do so. (See also A3, E3)
<b>C3</b> Minor change	<b>Accurate Advertising</b> 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.	<b>A6</b>	<b>Professionalism in Advertising</b> Counsellors/therapists when advertising and representing themselves publicly, do so in a manner that accurately and clearly informs the public of their services and areas of expertise. <b>Counsellors/therapists belonging to a statutory regulatory college additionally adhere to the specific advertisement requirements as mandated by statute and/or regulatory college bylaw.</b>
<b>C4</b> Minor change	<b>Consultative Relationships</b> 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.	<b>F3</b>	<b>Consultative Relationships</b> Counsellors/therapists ensure that consultation occurs within a voluntary relationship between a counsellor/therapist and a help-seeking individual, group, or organization, and that the goals are understood by all parties concerned. Consultation requires that informed consent (including limits to liability) be incorporated as an integral and ongoing process. (See B10)

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION C: CONSULTING AND PRIVATE PRACTICE		2020 SECTION F: CONSULTATION SERVICES	
<b>C5</b> MAJOR change	<p><b>Informed Consent</b></p> <p>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.</p>	<b>B4</b>	<p><b>Client's Rights and Informed Consent</b></p> <p>When counselling/therapy is initiated, and throughout the counselling/therapy process as necessary, counsellors/therapists inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and other such pertinent information that supports the informed decision making process.</p> <p>Counsellors/therapists make sure that clients understand the implications of diagnosis, fees and fee collection arrangements, record-keeping, and limits of confidentiality. Clients have the right to collaborate in the development and evolution of the counselling/therapy plan. Clients have the right to seek a second opinion or consultation, to refuse any recommended services, and to be advised of the consequences of such refusal. (See also B2, B5, B8, B15, B18, C2, D3, D4, E2, G10, H1, H2, H3, H4)</p>
<b>C6</b> MAJOR change	<p><b>Respect for Privacy</b></p> <p>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.</p>	<b>F3</b>	<p><b>Consultative Relationships</b></p> <p>Counsellors/therapists ensure that consultation occurs within a voluntary relationship between a counsellor/therapist and a help-seeking individual, group, or organization, and that the goals are understood by all parties concerned. Consultation requires that informed consent (including limits to liability) be incorporated as an integral and ongoing process. (See B10)</p>
<b>C7</b> No change	<p><b>Conflict of Interest</b></p> <p>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.</p>	<b>F4</b>	<p><b>Conflict of Interest</b></p> <p>Counsellors/therapists who engage in consultation avoid circumstances where the duality or multiplicity of relationships or the prior possession of information could lead to a conflict of interest.</p>
<b>C8</b> Minor change	<p><b>Sponsorship and Recruitment</b></p> <p>Counsellors present any of their organizational affiliations or membership in such a way as to avoid misunderstanding regarding sponsorship or certification. They also avoid the use of any institution affiliation to recruit private practice clients.</p>	<b>F5</b>	<p><b>Sponsorship and Recruitment</b></p> <p>Counsellors/therapists providing consultation services present any of their organizational affiliations or memberships in such a way as to clarify any related sponsorships or certifications to address potential conflicts of interest. Counsellors/therapists do not recruit clients to their counselling/therapy practice as a consequence of their consultation services. (See also B8, B13)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section D Evaluation and Assessment

### Section C Assessment and Evaluation

2007 SECTION D: EVALUATION AND ASSESSMENT		2020 SECTION C: ASSESSMENT AND EVALUATION	
<b>D1</b> MAJOR change	<p><b>General Orientation</b> Counsellors adequately orient and inform clients so that evaluation and assessment results can be placed in proper perspective along with other relevant information.</p>	<b>C1</b>	<p><b>General Orientation</b> Counsellors/therapists ensure that they have received adequate and appropriate education and training to regarding the nature and purpose of assessment and evaluation. They are committed to employing assessment and evaluation measures and strategies that will best serve the needs of individual clients and their contexts. (See also A1, B1, E1, H4)</p>
<b>D2</b> MAJOR change	<p><b>Purposes and Results of Evaluation and Assessment</b> 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.</p>	<b>C2</b>	<p><b>Informed Consent for Assessment and Evaluation</b> Counsellors/therapists inform clients about the purpose of assessment and evaluation in counselling/therapy and the rationale for proposing specific approaches and measures. Counsellors/therapists provide sufficient detail to permit informed consent, including discussion of (a) any formal measures to be employed, (b) assessment timeline and processes, (c) risks and benefits, (d) alternatives, (e) financial costs (when applicable) and (f) when, how, and with whom the findings will be shared. (See also B4, E2)</p>
<b>D3</b> MAJOR change	<p><b>Evaluation and Assessment Competence</b> 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.</p>	<b>C3</b>	<p><b>Assessment and Evaluation Competence</b> Counsellors/therapists practice within the boundaries of their competence and employ only those assessment and evaluation approaches and measures for which they have verifiable (i.e., documented and demonstrable) competence and meet established professional prerequisites and standards. (See also A3, E6)</p>
<b>D4</b> MAJOR change	<p><b>Administrative and Supervisory Conditions</b> 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.</p>	<b>C4</b>	<p><b>Administrative Conditions and Procedures</b> Counsellors/therapists ensure that assessment and evaluation instruments and procedures are administered and supervised under established conditions consistent with professional standards. They note any departures from standardized conditions and any unusual behaviour or irregularities which may affect the interpretation of results. Prior to engaging in formal and informal assessment processes, counsellors/therapists are attentive and sensitive to the client's contexts including familial, communal and cultural identity and/or membership, to ensure fair and valid assessment practice. (See also A3, A4, D10, E5, E8)</p>



## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION D: EVALUATION AND ASSESSMENT		2020 SECTION C: ASSESSMENT AND EVALUATION	
<b>D5</b> No change	<b>Use of Technology</b> 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.	<b>C5</b>	<b>Technology in Assessment and Evaluation</b> Counsellors/therapists recognize that their ethical responsibilities are not altered, nor in any way diminished, by the use of technology for the administration, scoring, and interpretation of assessment and evaluation instruments. Counsellors/therapists retain their responsibility for the maintenance of the ethical principles of privacy, confidentiality, and responsibility for decisions regardless of the technology used. (See also B2, E8, Section H)
<b>D6</b> MAJOR change	<b>Appropriateness of Evaluation and Assessment</b> Counsellors ensure that evaluation and assessment instruments and procedures are valid, reliable, and appropriate to both the client and the intended purpose.	<b>C6</b>	<b>Appropriateness of Assessment and Evaluation</b> Counsellors/therapists ensure that assessment and evaluation instruments and procedures are valid, reliable, and appropriate to both the unique needs of the client and the intended purposes. Counsellors/therapists consider all factors (e.g., social, cultural, identity, ability, language fluency, etc.) which may influence the assessment/evaluation process when determining its use. (see B9, D9, E8, Section I)
<b>D7</b> MAJOR change	<b>Reporting Evaluation and Assessment Results</b> 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 which might exist.	<b>C7</b> <b>C8</b>	<b>C7. Reporting Assessment and Evaluation Results to Clients</b> Counsellors/therapists clearly specify with whom, when, and how results of assessment and evaluation will be shared as part of the informed consent process. Results are presented to clients in a timely manner, in language appropriate to clients' developmental, cognitive, intellectual, and linguistic abilities. Counsellors/therapists provide clients with the opportunity to pose questions and seek clarification. (See also B4, B5, E8) <b>C8. Reporting Assessment and Evaluation Results to Third Parties</b> The nature and extent of information to be shared with third parties is determined on a need-to-know basis that has prior informed consent and maintains client best interests as the priority. Reports summarize the referral issue(s), nature and purpose of assessment undertaken, procedures followed, measures implemented and the rationale for their selection, and results and findings. Report conclusions and recommendations clearly arise from the assessment results and findings. Reports are written in an objective and professional tone, avoiding the use of professional jargon in favour of language that can be understood by a wide reading audience. (See also A10, B18, E10)



## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION D: EVALUATION AND ASSESSMENT		2020 SECTION C: ASSESSMENT AND EVALUATION	
<b>D8</b> <b>MAJOR</b> <b>change</b>	<p><b>Release of Evaluation and Assessment Data</b>                      Counsellors ensure that evaluation and assessment data are released appropriately and only to the client and persons qualified to interpret and use them properly.</p>	<b>C7</b> <b>C8</b>	<p><b>C7. Reporting Assessment and Evaluation Results to Clients</b>                      Counsellors/therapists clearly specify with whom, when, and how results of assessment and evaluation will be shared as part of the informed consent process. Results are presented to clients in a timely manner, in language appropriate to clients' developmental, cognitive, intellectual, and linguistic abilities. Counsellors/therapists provide clients with the opportunity to pose questions and seek clarification. (See also B4, B5, E8)</p> <p><b>C8. Reporting Assessment and Evaluation Results to Third Parties</b>                      The nature and extent of information to be shared with third parties is determined on a need-to-know basis that has prior informed consent and maintains client best interests as the priority. Reports summarize the referral issue(s), nature and purpose of assessment undertaken, procedures followed, measures implemented and the rationale for their selection, and results and findings. Report conclusions and recommendations clearly arise from the assessment results and findings. Reports are written in an objective and professional tone, avoiding the use of professional jargon in favour of language that can be understood by a wide reading audience. (See also A10, B19, E10)</p>
<b>D9</b> <b>MAJOR</b> <b>change</b>	<p><b>Integrity of Evaluation and Assessment Instruments and Procedures</b>                      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.</p>	<b>C9</b>	<p><b>Integrity of Instruments and Procedures</b>                      Counsellors/therapists attend to the integrity and security of assessment manuals, protocols, and reports, consistent with any legal and contractual obligations, and with particular attention to the appropriate use and storage of instruments. They refrain from appropriating, reproducing, or modifying established content and procedures without the express permission and adequate recognition of the original author, publisher, and copyright holder. When the reliability, validity, usefulness, and value of a measure depend on its novelty to clients, counsellors/therapists appropriately limit client exposure to the instrument according to the timeline and manner specified in the test manual.</p> <p>Counsellors/therapists ensure that they have provided for the security and maintenance of evaluation and assessment results in their professional will and client file directive.</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION D: EVALUATION AND ASSESSMENT		2020 SECTION C: ASSESSMENT AND EVALUATION	
<b>D10</b> MAJOR change	<p><b>Sensitivity to Diversity when Assessing and Evaluating</b> 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.</p>	<b>C10</b>	<p><b>Sensitivity to Diversity when Assessing and Evaluating</b> Counsellors/therapists consider the potential influence of diversity factors on client performance and determine whether appropriate accommodations can be made to administration and interpretation or whether alternative assessment measures and approaches are warranted. Counsellors/therapists proceed with particular care and caution in the selection, administration, and interpretation of assessment measures and procedures when clients are members of groups not represented in standardization processes for formal instruments and procedures. (See also A12, B9, E12, Section I)</p>
<b>D11</b> MAJOR Change  D9 and D11 combined	<p><b>Security Maintenance</b> 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.</p>	<b>C9</b>	<p><b>Integrity of Instruments and Procedures</b> Counsellors/therapists attend to the integrity and security of assessment manuals, protocols, and reports, consistent with any legal and contractual obligations, and with particular attention to the appropriate use and storage of instruments. They refrain from appropriating, reproducing, or modifying established content and procedures without the express permission and adequate recognition of the original author, publisher, and copyright holder. When the reliability, validity, usefulness, and value of a measure depend on its novelty to clients, counsellors/therapists appropriately limit client exposure to the instrument according to the timeline and manner specified in the test manual.</p> <p>Counsellors/therapists ensure that they have provided for the security and maintenance of evaluation and assessment results in their professional will and client file directive.</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section E Research and Publications

### Section D Professional Research and Knowledge Translation

2007 SECTION E: RESEARCH AND PUBLICATIONS		2020 SECTION D: PROFESSIONAL RESEARCH AND KNOWLEDGE TRANSLATION	
<b>E1</b> <b>MAJOR</b> <b>change</b>	<p><b>Researcher Responsibility</b> 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.</p>	<b>D1</b>	<p><b>Researcher Responsibility</b> Counsellors/therapists plan, conduct, and report on research in a manner consistent with relevant ethical principles, professional standards of practice, federal and provincial laws, institutional regulations, cultural norms, and, when applicable, standards governing research with human participants. These ethical obligations are shared by all members of the research team, each of whom assumes full responsibility for their own decisions and actions. Before engaging in any study involving human participants, the principal researcher seeks independent ethical review and approval. (See also A2, A3, I3, I6, I8, I9, I10)</p>
<b>E2</b> <b>MAJOR</b> <b>change</b>	<p><b>Subject Welfare</b> 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.</p>	<b>D2</b>	<p><b>Welfare of Research Participants</b> Counsellors/therapists are responsible for protecting the welfare of participants throughout research activities. They acknowledge and address the inherent risks involved in working with human participants and take reasonable precautions to avoid causing harm. Plans for addressing and mitigating inherent risks are included in protective actions. Counsellors/therapists recommend referrals to other helping professionals or resources when warranted and do not engage in providing counselling/therapy to those with whom they are engaged in research activities. (See also B1, I8)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION E: RESEARCH AND PUBLICATIONS		2020 SECTION D: PROFESSIONAL RESEARCH AND KNOWLEDGE TRANSLATION	
<b>E3</b> MAJOR change	<p><b>Principal Researcher Responsibility</b> 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.</p>	<b>D10</b>	<p><b>Acknowledging the Contributions of Others</b> Counsellors/therapists appropriately acknowledge the contributions of others to research investigations and/or scholarly publications. When the contributions are substantial in nature, counsellors/therapists identify contributors as co-investigators or co-authors. They also give due credit by offering oral and written acknowledgment of contributions. Counsellors/therapists also acknowledge the historical contributions of those whose prior research and publication significantly influenced the current study or publication. When a publication is based primarily on a student thesis or dissertation, the student is listed as principal investigator and author. (See also G13, I8)</p>
<b>E4</b> MAJOR change	<p><b>Voluntary Participation</b> 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.</p>	<b>D3</b>	<p><b>Voluntary Participation</b> Counsellors/therapists who are conducting research give priority to informed and voluntary participation. Researchers may proceed without obtaining the informed consent of participants if approved or exempted by an independent ethics review. (See also B4)</p>
<b>E5</b> No change	<p><b>Informed Consent of Research Subjects</b> 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.</p>	<b>D4</b>	<p><b>Informed Consent of Research Participants</b> Counsellors/therapists inform all research participants of the purpose(s) of the research being undertaken. In addition, participants are made aware of any experimental procedures, possible risks, disclosures and limitations on confidentiality. Participants are also informed that they are free to ask questions and to discontinue at anytime. (See also B4, B5, E3)</p>
<b>E6</b> Minor change	<p><b>Research Confidentiality</b> 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.</p>	<b>D5</b>	<p><b>Research Participant Right to Confidentiality</b> Counsellors/therapists maintain the confidentiality of the identity of research participants. They do not disclose in publications, presentations, or public media, any personally identifiable information about research participants, unless otherwise authorized by the participants, consistent with informed consent procedures. (See also A10, B2, D6)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION E: RESEARCH AND PUBLICATIONS		2020 SECTION D: PROFESSIONAL RESEARCH AND KNOWLEDGE TRANSLATION	
<b>E7</b> Minor change	<b>Use of Confidential Information for Didactic or Other Purposes</b> Counsellors do not disclose in their writings, public presentation, 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.	<b>D5</b>	<b>Research Participant Right to Confidentiality</b> Counsellors/therapists maintain the confidentiality of the identity of research participants. They do not disclose in publications, presentations, or public media, any personally identifiable information about research participants, unless otherwise authorized by the participants, <b>consistent with informed consent procedures.</b> (See also A10, B2, D6)
<b>E8</b> MAJOR change	<b>Further Research</b> Counsellors have an obligation to collaborate with colleagues by making available original research data to qualified researchers who may wish to replicate or verify the research.	<b>D9</b>	<b>Reporting Research Results</b> When reporting the results of their research, counsellors/therapists document any variables and conditions that might affect the outcome of the investigation or the interpretation of the results. They provide sufficient detail for others who might wish to replicate the research. (See also A12, C4, C6, E6, I2)
<b>E9</b> MAJOR change	<b>Research Sponsors</b> Counsellors, when conducting research, obtain informed consent from sponsors and institutions, and ensure that sponsors and institutions are given feedback information and proper acknowledgement.	<b>D7</b>	<b>Research Sponsors</b> <b>When counsellors/therapists are the recipients of funding or other resources to support their research, they clearly acknowledge sponsors and the nature of the support in their application for ethics review and in any publications arising from the research. They also complete and submit in a timely manner any research-related reports requested by sponsors.</b>
<b>E10</b> No change	<b>Review of Manuscripts</b> Counsellors who review material submitted for publication, research or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted the research.	<b>D10</b>	<b>Review of Scholarly Submissions</b> Counsellors/therapists who review applications or manuscripts submitted for research, publication, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted the materials. (See also A2, B2, I7)
<b>E11</b> No Change	<b>Reporting Results</b> 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.	<b>D11</b>	<b>Reporting Research Results</b> When reporting the results of their research, counsellors/therapists document any variables and conditions that might affect the outcome of the investigation or the interpretation of the results. They provide sufficient detail for others who might wish to replicate the research. (See also A12, C4, C6, E6, I2)

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION E: RESEARCH AND PUBLICATIONS		2020 SECTION D: PROFESSIONAL RESEARCH AND KNOWLEDGE TRANSLATION	
E12 Minor change	<p><b>Research Contributions</b></p> <p>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.</p>	D10	<p><b>Acknowledging the Contributions of Others</b></p> <p>Counsellors/therapists appropriately acknowledge the contributions of others to research investigations and/or scholarly publications. When the contributions are substantial in nature, counsellors/therapists identify contributors as co-investigators or co-authors. They also give due credit by offering oral and written acknowledgment of contributions. Counsellors/therapists also acknowledge the historical contributions of those whose prior research and publication significantly influenced the current study or publication. When a publication is based primarily on a student thesis or dissertation, the student is listed as principal investigator and author. (See also G13, I8)</p>
E13 No change	<p><b>Submission for Publication</b></p> <p>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.</p>	D11	<p><b>Submission for Publication</b></p> <p>Counsellors/therapists do not simultaneously submit copies of the same creative work, or manuscripts that are highly similar in content, for consideration by two or more publishers. In addition, manuscripts or other creative material already published in whole or in substantial part should not be submitted for publication without the express permission of the original publisher.</p>
	New article	D6	<p><b>Research Data Retention</b></p> <p>Counsellors/therapists who conduct research are obligated to retain their research data and to make it available in a de-identified format in response to appropriate requests from qualified fellow researchers for the purposes of replication or verification. Counsellors/therapists are obligated to follow the data destruction schedules of the agency or institutional ethics review board. (See also D4, D5)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section F Counsellor Education, Training and Supervision

### Section G Counsellor/Therapist Education and Training

2007 SECTION F: COUNSELLOR EDUCATION, TRAINING AND SUPERVISION		2020 SECTION G: COUNSELLOR/THERAPIST EDUCATION AND TRAINING	
<b>F1</b> Minor change	<p><b>General Responsibility</b> 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 <i>CCPA Code of Ethics and Standards of Practice for Counsellors</i>.</p>	<b>G1</b>	<p><b>General Responsibility</b> Counsellor/therapist educators conduct themselves in a manner consistent with the <i>CCPA Code of Ethics and Standards of Practice</i>. They adhere to current CCPA guidelines and standards with respect to education and training of aspiring counsellors/therapists. (See also E1, E3, G3, I4)</p>
<b>F2</b> MAJOR change	<p><b>Boundaries of Competence</b> Counsellors who conduct counsellor education, training and supervision have the necessary knowledge and skills to do so, and limit their involvement to such competencies.</p>	<b>G2</b>	<p><b>Boundaries of Competence</b> Counsellor/therapist educators are aware of and operate within their boundaries of verifiable competence with respect to teaching content, methods, and mode of delivery (e.g., traditional, online, blended). Counsellor/therapist educators are required to acquire any necessary skills and knowledge prior to undertaking teaching students to ensure that competence can be demonstrated. (See also A1, A3, E6, H6, I4, I5)</p>
<b>F3</b> MAJOR change	<p><b>Ethical Orientation</b> 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 <i>CCPA Code of Ethics and Standards of Practice for Counsellors</i>.</p>	<b>G3</b>	<p><b>Ethical Orientation</b> Counsellor/therapist educators ensure that students and trainees become familiar with the <i>CCPA Code of Ethics, Standards of Practice</i>, regulatory college acts and policies (if applicable), and relevant case law and legal statutes. They clarify respective expectations of counsellor/therapist educators and students/trainees/supervisees to uphold these ethical and legal responsibilities. Counsellor/therapist educators' model and promote safe, ethical conduct, professional attitudes and values and ensure adequate knowledge of regulatory features of the profession. (See also E3, E8)</p>
<b>F4</b> MAJOR change	<p><b>Clarification of Roles and Responsibilities</b> Counsellors who engage in counselling supervision of students or trainees take responsibility for clarifying their respective roles and obligations.</p>	<b>G4</b>	<p><b>Clarification of Roles and Responsibilities</b> Counsellor/therapist educators who occupy multiple roles in the education and training of students/trainees undertake at the outset to clarify the respective roles and accompanying responsibilities. Counsellor/therapist educators also acknowledge the inherent power and privilege they hold and convey their commitment to using these advantages to enhance the experience of supervisees/trainees. (See also B8, E7, G9, G13)</p>



## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION F: COUNSELLOR EDUCATION, TRAINING AND SUPERVISION		2020 SECTION G: COUNSELLOR/THERAPIST EDUCATION AND TRAINING	
<b>F5</b> <b>MAJOR</b> <b>change</b>	<p><b>Welfare of Clients</b> Counsellors who engage in counselling supervision of students or trainees take steps to ensure the welfare of clients during the supervised practice period, and intervene, when necessary, to ensure that this obligation is met.</p>	<b>E4</b>	<p><b>Welfare of Clients and Protection of the Public</b> Client welfare and protection of the public are the primary considerations in all decisions and actions of supervisees and clinical supervisors. Responsibility for safeguarding extends beyond the immediate clients of supervisees to protection of other members of the public who might be affected by supervisees' compoment and competence.</p> <p>Clinical supervisors are particularly mindful of the CCPA ethical principle of societal interest and its call for responsibility to society. The professional mandate to accord primacy to the wellbeing of clients of supervisees and protection of the public aligns with the crucial gatekeeping role that clinical supervisors fulfill. Clinical supervisors educate and redirect supervisees, override supervisee decisions or actions, and/or intervene to prevent or mitigate harm to clients or members of the public. (See also A3, A8, B1)</p>
<b>F6</b> <b>MAJOR</b> <b>change</b>	<p><b>Program Orientation</b> 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 a clear policy with respect to all supervised practice components, both those simulated and real.</p>	<b>G5</b>	<p><b>Program Orientation</b> Counsellor/therapist educators orient students/trainees/supervisees to the content, sequencing, and requirements, and expectations of the program, including all supervised practice components (both simulated and real). Any requirements or expectations related to self-disclosure and personal counselling are communicated prior to admission to the program. (See also E8)</p>
<b>F7</b> <b>MAJOR</b> <b>change</b>	<p><b>Relational Boundaries</b> 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 avoided.</p>	<b>G6</b>	<p><b>Relational Boundaries</b> Counsellor/therapist educators acknowledge the inherent power and privilege imbalances associated with their positions and the influence that these exert on their relationships with students/trainees/supervisees. Counsellor/therapist educators therefore exercise care and caution in establishing such relationships and ensure that appropriate relational boundaries are clarified and maintained. Dual and multiple relationships are avoided unless justified by the nature of the activity, limited by time and context, and entered into by the parties involved only after assessment of the rationale, risks, benefits, and alternative options. (See also B8, E7, I2)</p>



## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION F: COUNSELLOR EDUCATION, TRAINING AND SUPERVISION		2020 SECTION G: COUNSELLOR/THERAPIST EDUCATION AND TRAINING	
<b>F8</b> MAJOR change	<p><b>Obligation to Inform</b></p> <p>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.</p>	<b>G7</b>	<p><b>Confidentiality</b></p> <p>Counsellor/therapist educators honour the confidentiality of information obtained about students/trainees/supervisees, subject to any safety-related exclusions and mandatory reporting requirements discussed during the orientation and/or informed consent process. Students/trainees/supervisees are apprised in advance of any limits to confidentiality related to policies for assessment, feedback, evaluation, and performance reporting. (See also B2, E5, E8, I7)</p>
<b>F9</b> No change	<p><b>Self-Development and Self-Awareness</b></p> <p>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.</p>	<b>G8</b>	<p><b>Self-Development and Self-Awareness</b></p> <p>Counsellor/therapist educators encourage and facilitate the self-development and self-awareness of students and trainees to help promote ongoing integration of personal insight with professional practice. (See also E11, I3, I8)</p>
<b>F10</b> Minor change	<p><b>Dealing with Personal Issues</b></p> <p>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.</p>	<b>G9</b>	<p><b>Dealing with Personal Issues</b></p> <p>Counsellor/therapist educators are attentive to any indicators that learning activities have evoked significant psychological and emotional distress for students/trainees/supervisees. They recommend referrals to other helping professionals or resources when warranted and do not engage in providing counselling to those for whom they hold administrative or evaluative responsibility. (See E10, G4)</p>
<b>F11</b> No Change	<p><b>Self-Growth Activities</b></p> <p>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.</p>	<b>G10</b>	<p><b>Self-Growth Activities</b></p> <p>Counsellor/therapist educators, trainers, and supervisors ensure that any learning experiences requiring self-disclosure and participation in self-growth activities are managed in a manner consistent with the principles of informed consent, confidentiality, and safeguarding against harmful effects. (See B4, E10)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007 SECTION F: COUNSELLOR EDUCATION, TRAINING AND SUPERVISION		2020 SECTION G: COUNSELLOR/THERAPIST EDUCATION AND TRAINING	
MAJOR change	New article	<b>G11</b>	<b>Sexual Contact with Students and Trainees</b> Counsellor/therapist educators do not engage in intimate contact of a romantic and/or sexual nature with <i>current</i> students/trainees/supervisees. They embark on such relationships with <i>former</i> students/trainees/supervisees only after thoughtful and thorough consideration of the potential influence of power and privilege imbalances and the potential for perceived or actual pressure or coercion, lack of objectivity, exploitation, and harm. (See A10, A11, B12, E7)
MAJOR change	New article	<b>G12</b>	<b>Sexual Intimidation or Harassment</b> Counsellor/therapist educators are attentive to any potential for sexual intimidation or harassment of students/trainees/supervisees, including unnecessary queries related to gender identity, sexual orientation, and sexual behaviour. They do not engage in nor ignore sexual intimidation or harassment, which may be evidenced directly or indirectly, in person or using technology (including, but not restricted to, social media, text messaging, email transmission, and telecommunication). Counsellor/therapist educators promote prevention through education and expressed expectations and take an active role in intervention when concerns arise. (See also A11, B12, E7)
MAJOR change	New article	<b>G13</b>	<b>Scholarship</b> Counsellor/therapist educators promote and support engagement in scholarly activities such as research, writing, publishing, and presenting. When collaborating with students/trainees/supervisees on such activities, counsellor/therapist educators only take credit for their own work and give credit to students/trainees/supervisees commensurate with their contributions. (See also D10, G4)
MAJOR change	New article	<b>G14</b>	<b>Establishing Parameters of Counselling/Therapy Practice</b> Counsellor/therapist educators confirm that students/trainees/supervisees inform clients of their status as students/trainees/supervisees and take steps to ensure that boundaries of competence and appropriate parameters of practice are honoured. (See also A3, B16)

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section E Clinical Supervision Services

2007		2020 SECTION E: CLINICAL SUPERVISION SERVICES	
<b>MAJOR change</b>	New article	<b>E1</b>	<p><b>General Responsibility</b></p> <p>Clinical supervisors demonstrate professionalism, integrity, and respect for the rights of others, with priority accorded to the welfare of supervisees' clients and, more generally, to protection of the public. Counsellors/therapists who enter into this professional role exhibit ethical attunement and commitment to conducting themselves in a manner that is consistent with the <i>CCPA Code of Ethics and Standards of Practice</i>. (See also A1, A2, B1, C1, F1, G1, I8)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION E: CLINICAL SUPERVISION SERVICES	
<b>MAJOR change</b>	New article	<b>E2</b>	<p><b>Informed Consent</b> Clinical supervisors embark on an informed consent process with supervisees that begins with the first contact and continues throughout the period of supervision. The notions of participating voluntarily, knowingly, and intelligently apply to clinical supervision. Informed consent involves identifying, discussing, and verifying understanding and acceptance of, the roles, rights, responsibilities, and requirements of clinical supervisors and supervisees.</p> <p>Supervisors make supervisees aware of all expectations and requirements (e.g., furnishing recordings of counselling/therapy sessions and copies of counselling/therapy documentation for review) prior to, or no later than, the outset of supervision.</p> <p>In clinical supervision, informed consent also applies to clients. Clients must be made aware when counsellors/therapists are concurrently participating in clinical supervision and should be provided with details about the identity of and contact information for the clinical supervisor, the nature and purpose of the clinical supervision, and the degree to which their counselling/therapy information will be shared with the clinical supervisor and any other individuals (e.g., other students in a practicum class, other supervisees in group supervision). Supervisors ensure that clients have offered specific informed consent for audio or video recording and review of their counselling/therapy sessions, as well as review of documents in their counselling/therapy files (unless carefully deidentified).</p> <p>Clinical supervisors enter into clinical supervision relationships and processes voluntarily, knowingly, and intelligently. They confirm and communicate awareness and acceptance of the roles, rights, responsibilities, and requirements that accompany their agreement to serve as clinical supervisor. (See also A10, B4, B10, C2, G14, H1, H2)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION E: CLINICAL SUPERVISION SERVICES	
<b>MAJOR change</b>	New article	<b>E3</b>	<p><b>Ethical Commitment</b></p> <p>Clinical supervisors are conversant with ethical, legal, and regulatory issues relevant to the practices of counselling/therapy and clinical supervision. Clinical supervisors model and underscore the importance of ethical commitment and accountability by involving supervisees in review and discussion of the <i>CCPA Code of Ethics and Standards of Practice</i> (and any other professionally relevant codes and standards). Clinical supervisors discuss direct and vicarious liability with supervisees and employ risk management strategies. (See also D4, F2, G1, G3, I8)</p>
<b>MAJOR change</b>	New article	<b>E4</b>	<p><b>Welfare of Clients and Protection of the Public</b></p> <p>Client welfare and protection of the public are the primary considerations in all decisions and actions of supervisees and clinical supervisors. Responsibility for safeguarding extends beyond the immediate clients of supervisees to protection of other members of the public who might be affected by supervisees' comportment and competence.</p> <p>Clinical supervisors are particularly mindful of the CCPA ethical principle of societal interest and its call for responsibility to society. The professional mandate to accord primacy to the wellbeing of clients of supervisees and protection of the public aligns with the crucial gatekeeping role that clinical supervisors fulfill. Clinical supervisors educate and redirect supervisees, override supervisee decisions or actions, and/or intervene to prevent or mitigate harm to clients or members of the public. (See also A3, A8, B1)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION E: CLINICAL SUPERVISION SERVICES	
<b>MAJOR change</b>	New article	<b>E5</b>	<p><b>Welfare of Supervisees</b>                      Clinical supervision gives priority to supervisee wellbeing and providing opportunity to experience success. Clinical supervisors are committed to promoting the professional growth and development of their supervisees in a supervisory culture and climate that foster a reciprocal sense of safety, trust, and predictability.</p> <p>Clinical supervisors monitor supervisee performance and progress, striving for an appropriate balance of challenge and support. At all times, clinical supervisor interactions with supervisees are characterized by professionalism, integrity, acceptance, valuing, and respect. If difficulties emerge in the supervisory relationship and/or process, it is incumbent on clinical supervisors to discuss concerns with supervisees and to identify potential routes for amelioration. Attending to supervisee welfare may necessitate any of the following: revisiting and potentially revising the supervision contract/plan/agreement, offering increased supervision, developing and implementing a remedial plan, recommending personal counselling, engaging an impartial third party to mediate disagreements, proposing a medical or mental health hiatus, or assigning a new clinical supervisor, among other activities. (See also A4, A8, C4, G7, I8)</p>
<b>MAJOR change</b>	New article	<b>E6</b>	<p><b>Boundaries of Competence</b>                      Counsellors/therapists who conduct clinical supervision appraise their theoretical, conceptual, clinical/technical, diversity, and ethical competencies in both counselling/therapy and clinical supervision from the standpoint of suitability and sufficiency for the counselling context of supervisees. They limit their involvement as clinical supervisors to their verifiable (i.e., documented and demonstrable) competencies and seek supervision of supervision or refer supervisees to other appropriately qualified clinical supervisors when another area and/or higher level of expertise is warranted. (see also A3, B9, C3, G2, I4)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION E: CLINICAL SUPERVISION SERVICES	
<b>MAJOR change</b>	New article	<b>E7</b>	<b>Relational Boundaries</b> Counsellors/therapists who offer clinical supervision invest in the establishment, maintenance, and clarification of appropriate relational boundaries with their supervisees. They acknowledge the inherent power and privilege associated with the role of clinical supervisor regardless of supervisees' developmental status (e.g., pre-service vs in-service). Counsellors/therapists underscore the professional nature of the relationship and convey their commitment to establishing a supervisory climate and culture of safety, trust, honesty, respect, and valuing. Dual or multiple relationships with supervisees are explicitly identified as such and are navigated with care and caution so as to guard against any potential for impaired objectivity or exploitation. (See also A11, B8, G4, G6, G11, G12, Section I)
<b>MAJOR change</b>	New article	<b>E8</b>	<b>Program Orientation</b> Counsellors/therapists responsible for clinical supervision take responsibility for the orientation of supervisees and relevant professional partners to all core elements of such programs and activities, including clear policies pertaining to assessment and evaluation tools, record keeping and reporting, appeals, and fees with respect to all supervised practice components, both simulated and real. (See also C4, C5, C6, C7, G3, G5, G7, I8)
<b>MAJOR change</b>	New article	<b>E9</b>	<b>Fees</b> Clinical supervision is a specialty area of professional practice with a substantial corpus of requisite knowledge and skills. Clinical supervision competencies are distinct from and complementary to those associated with the practise of counselling/therapy. When clinical supervisors offer their services outside of assigned duties in a paid position/employment contract, it is ethically congruent to charge a fee for these services. Details about fees are included in the supervision plan/agreement/contract and are discussed as part of the informed consent process. Supervisees are apprised of the rates, payment schedule, method of payment, and collection processes (if applicable).

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION E: CLINICAL SUPERVISION SERVICES	
<b>MAJOR Change</b>	New article	<b>E10</b>	<p><b>Due Process and Remediation</b>            Counsellors/therapists responsible for clinical supervision and their supervisees recognize when such activities evoke significant personal issues and refer to other sources when necessary to avoid counselling/providing therapy to those for whom they hold administrative, evaluative, and/or subordinate responsibilities.</p> <p>Counsellors/therapists responsible for clinical supervision and their supervisees ensure that any professional experiences which require self-disclosure and engagement in self-growth activities are managed in a manner consistent with the principles of informed consent, confidentiality, and safeguarding against any harmful effects.</p> <p>Counsellors/therapists remain cognizant of their power and privilege throughout the supervision process. (See also B2, C8, G9, G10)</p>
<b>MAJOR change</b>	New article	<b>E11</b>	<p><b>Self-Care</b>            Counsellors/therapists responsible for clinical supervision encourage and facilitate the self-development and self-awareness of supervisees. They do so to support integration of supervisees' professional practice and personal insight with the delivery of counselling/therapy skills in an ethical, legal, and competent manner and with sensitivity to the culturally diverse context in which they work. (See also A1, G8)</p>
<b>MAJOR change</b>	New article	<b>E12</b>	<p><b>Diversity Responsiveness</b>            Counsellors/therapists responsible for clinical supervision display sensitivity and responsiveness to individual differences that reciprocally shape the supervisory relationship, such as personal and professional beliefs and values, cultural factors, and developmental stage.</p> <p>Counsellors/therapists who conduct clinical supervision continually seek to enhance their diversity awareness, sensitivity, responsiveness, and competence. They promote awareness and understanding of the self-identities of clients, supervisees, and clinical supervisors and explore with their supervisees the potential influence on counselling and clinical supervision of the various aspects of difference and diversity. (See also A12, B9, C10, Section I)</p>



## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section H Use of Electronic and Other Technologies

2007		2020 SECTION H: USE OF ELECTRONIC AND OTHER TECHNOLOGIES	
MAJOR change	New article	H1	<p><b>Technology-based Administrative Functions</b></p> <p>As part of the informed consent process, counsellors/therapists indicate to clients at the outset of services whether digital records will be kept. If electronic record keeping is to be implemented, counsellors/therapists ensure that digital security measures necessary to protect client confidentiality and privacy are in place (e.g., encryption, firewall software). (See also B2, B4, B6, B7, E2)</p>
MAJOR change	New article	H2	<p><b>Permission for Technology Use</b></p> <p>Counsellors/therapists seek client informed consent prior to using Internet-based communication with clients (e.g., email, texting, and related forms of digital communication). Counsellors/therapists take necessary precautions to avoid accidental breaches of privacy or confidentiality when using Internet-based-communication devices and apprise clients of associated risks. (See also B4, B6, E2)</p>
MAJOR change	New article	H3	<p><b>Purpose of Technology Use</b></p> <p>Counsellors/therapists clarify under which circumstances and for which purposes technology-based-communication will be used (e.g., setting up appointments, counselling/therapy sessions, record-keeping, billing, assessment, third-party reporting) and they review their related policy as part of the informed consent process with clients. (See also B4)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION H: USE OF ELECTRONIC AND OTHER TECHNOLOGIES	
<b>MAJOR change</b>	New article	<b>H4</b>	<p><b>Technology-based Service Delivery</b></p> <p>When technology-based applications are incorporated as a component of counselling/therapy programs and services, counsellors/therapists ensure that (a) they have demonstrated and documented competence through appropriate and adequate education, training, and supervised experience; (b) necessary digital security measures are in place to protect client privacy and confidentiality; (c) technology applications are tailored or matched to unique client concerns and contexts; (d) research evidence supports the efficacy of the technology for the particular purpose identified; (e) decisions to implement new and emerging technologies that are not yet accompanied by a solid research foundation are based on sound clinical judgment and the rationale for their selection is documented; (f) client preparedness to use the specific technology-based application is assessed and education and training are offered as warranted; and (g) informed consent is tailored to the unique features of the technology-based application being used.</p> <p>In all cases, technology-based applications do not diminish the responsibility of the counsellor/therapist to act in accordance with the <i>CCPA Code of Ethics and Standards of Practice</i>, and, in particular, to ensure adherence to the principles of confidentiality, informed consent, and safeguarding against harmful effects. (See also A3, B2, B4, C1, C5)</p>
<b>MAJOR change</b>	New article	<b>H5</b>	<p><b>Technology-based Counselling/Therapy Education</b></p> <p>Counsellor/therapist educators who use technology to provide or enhance instruction in fully online or blended counselling/therapy programs have demonstrated competency in this mode of delivery through their education, training, and/or experience.</p>
<b>MAJOR change</b>	New article	<b>H6</b>	<p><b>Personal Use of Technology</b></p> <p>In their use of social media and related technology in their personal lives, counsellors/therapists monitor the style and content of their communication for ethical congruity and professionalism. They attend to privacy/security features, continue to honour client confidentiality, demonstrate respect for and valuing of all individuals, and represent themselves with integrity. (See also B2, G2)</p>

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION H: USE OF ELECTRONIC AND OTHER TECHNOLOGIES	
<b>MAJOR change</b>	New article	<b>H7</b>	<b>Jurisdictional Issues</b> Counsellors/therapists who engage in the use of distance counselling/supervision, technology, and social media within their therapeutic practice understand that they may be subject to laws and regulations of both the counsellor's/therapist's practicing location and the client's place of residence. Counsellors/therapists ensure that clients are aware of pertinent legal rights and limitations governing the practice of counselling/supervision across provincial/territorial lines or international boundaries. (See also A5)

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

### Section I Indigenous Peoples, Communities & Contexts

2007		2020 SECTION I: INDIGENOUS PEOPLES, COMMUNITIES & CONTEXTS	
<b>MAJOR change</b>	New article	<b>I1</b>	<b>Awareness of Historical and Contemporary Contexts</b> Counsellors/therapists understand the impacts of the helping profession in contributing to the historical, political, and socio-cultural harms endured by Indigenous Peoples in Canada. Counsellors/therapists seek knowledge to understand and articulate the effects that colonization has on Indigenous Peoples. (See also A1, A2, A7, A12, B1, B9, E12, F14, I3)
<b>MAJOR change</b>	New article	<b>I2</b>	<b>Reflection on Self and Personal Cultural Identities</b> Counsellors/therapists reflect on and understand their own identity (social/self-location) as it relates to the shared Canadian history of colonialism and the impacts therein. They explore issues of internalized racism, unexamined privilege, questioning assumptions and previous learning. (see also A12, B1, B9, C10, E12, G6)
<b>MAJOR change</b>	New article	<b>I3</b>	<b>Recognition of Indigenous Diversity</b> Counsellors/therapists recognize that although Indigenous Peoples within Canada may share values and beliefs and exhibit similarities in cultural practices, it is crucial to acknowledge Indigenous diversity at individual, community, and Nation levels. This diversity precludes pan-Indigenous assumptions about cultural teachings, identities, and practices. The onus is on counsellors/therapists to proceed from a stance of not knowing and openness to exploring. (See also A2, A3, A12, B1, B9, C6, C10, D1, E12, G8, I1)
<b>MAJOR change</b>	New article	<b>I4</b>	<b>Respectful Awareness of Traditional Practices</b> Counsellors/therapists seek to become familiar with shareable traditional teachings, values, beliefs, approaches, protocols and practices relevant to Indigenous communities with which they are involved. (See also A1, A3, A7, A12, B1, B9, E6, E12, G1, G2)

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION I: INDIGENOUS PEOPLES, COMMUNITIES & CONTEXTS	
<b>MAJOR change</b>	New article	<b>15</b>	<b>Appropriate Participation in Traditional Practices</b> Counsellors/therapists seek clarity and confirmation through the use of cultural guides to determine when it is appropriate for them as to participate in or otherwise engage with traditional Indigenous approaches and practices. They proceed only with the express agreement of recognized traditional teachers, Indigenous Elders, and healers (where appropriate) and with attention to the ethical consideration of both clinical and cultural boundaries of competence. (See also A3, A4, A7, A12, A13, B1, B8, B9, E12, F1, G2)
<b>MAJOR change</b>	New article	<b>16</b>	<b>Strengths-Based Community Development</b> Counsellors/therapists seek to understand and acknowledge the strengths, resilience, and resources within Indigenous communities. They support and contribute to programs and services that promote community development. (See also A12, B1, B9, D1)
<b>MAJOR change</b>	New article	<b>17</b>	<b>Relevant Cross-Cultural Practice</b> Counsellors/therapists recognize that relevant cross-cultural practices have limitations. Prior to use, they consider the advantages and disadvantages of using such practices. Counsellors/therapists seek culturally appropriate education and training, consider the potential results of using such practices, and collaborate with clients in determining use or applicability. (See also A3, A7, A12, Section B, Section C, Section D, G2)
<b>MAJOR change</b>	New article	<b>18</b>	<b>Relationships</b> Counsellors/therapists seek to build relationships with Indigenous Communities that are based on mutual benefit, respect, and cultural humility. (See also A7, A12, B1, B8, B9, B13, B14, C10, D1, D2, D10, E1, E3, E5, E8, E12, G8)

## Equivalencies Chart: CCPA Code of Ethics 2007 and 2020

2007		2020 SECTION I: INDIGENOUS PEOPLES, COMMUNITIES & CONTEXTS	
<b>MAJOR change</b>	New article	<b>I9</b>	<b>Culturally Embedded Relationships</b> Counsellors/therapists understand the distinct cultural and ethical differences of dual relationships, multiple relationships, gifting, and Traditional Knowledge keeping. Cross-cultural contexts take priority over rule-based contexts in these cases. Counsellors/therapists thoughtfully consider cross-cultural contexts when engaging in ethical decision making and seek consultation and supervision as warranted to ensure culturally appropriate outcomes. (See also A2, A4, A7, A12, B1, B8, B9, B10, B14, D1, E7, E12)
<b>MAJOR Change</b>	New article	<b>I10</b>	<b>Appropriate Use</b> Counsellors/therapists acknowledge and honour the understanding that when working with members of Indigenous communities, the adoption or incorporation of Indigenous perspectives, knowledge, artifacts, story making, research, and historical discoveries, must first serve and be approved by the Indigenous community(ies) from which such ideas originate. (See also A2, A3, A4, A7, A12, A13, Section D)
<b>MAJOR change</b>	New article	<b>I11</b>	<b>Honouring Client Self-Identification</b> Counsellors/therapists consider Indigenous peoples within the context of their culture and history, dependent upon the client's wishes to identify with and participate in their own cultural practices. Counsellors/therapists encourage the client to direct the level of cultural involvement or talk within the therapeutic session. (See also A2, A12, B1, B9)