



Canadian Professional Counsellors Association

Code of Ethics

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INTRODUCTION

The purpose of the ethics code is to support professional practice and to provide consistent guidelines whereby counsellors might incorporate ethical decision-making as a part of customary practice. Ethics are the cornerstone of professional and personal integrity. Additionally, a Code of Ethics is purposefully constructed so as to govern the professional interactions between colleagues and peers, guide research protocols, and protect the public from harm. It is not enough “...to assume that if it is legal, it must be ethical; a low standard for virtuous practice.”ⁱ

An ethical conflict by its very nature has the potential to cause harm to one or more parties involved. This situation is considered a dilemma and skill in the interpretation and application of the five, interrelated principles of ethics (*duty, individual entitlement, fairness & equality, calculation of cost/benefit, & self-interest*) is vital. Such dilemmas are not easily resolved, and a process of consultation with learned, experienced colleagues may be required to bring about a decision which, while minimizing harm, may be difficult for all parties. This is a risk factor inherent in all conflict. It remains the responsibility of the clinician to make a final decision and act accordingly.

As professionals, counsellors have a duty to know and understand ethical principles, to abide by them, and to seek expert counsel when conflicts arise in the course of professional practice. It is the responsibility of the individual professional to implement the decision which results from a clearly proscribed and carefully applied ethical decision-making process.

In all circumstances, the steps involved in the ethical decision-making process are:

- Identifying the ethical problem and the context in which it has occurred
- Identifying possible alternatives for action
- Identifying the short- and long-term costs and benefits of each action
- Choosing one of the action alternatives after assessing all the ethical principles and standards
- Taking action and taking responsibility for the consequences
- Evaluating the consequences of the action that has been taken
- Considering other alternatives, if the problem has not been resolved.

In its original inception, codes of conduct were developed in response to specific cases of egregious betrayal of trust or exploitation, and first published by the APA as a 170-page manifesto in 1953. “The ethical culture which governs psychology evolved for a reason.”ⁱⁱ Existing codes, for the most part, continue to be framed in negative terms; intended to prevent behaviour which may ultimately harm vulnerable individuals seeking mental health treatment. This code, as much as is possible, is framed in the positive on the assumption that CPCA members seek the highest good for themselves and their clients and thus their overarching purpose could be stated as, “First, do good.”

I. GENERAL ETHICAL PRINCIPLES AND STANDARDS

1. COMPETENCY/ADEQUACY

Counsellors take the responsibility to complete the formal education that is in accordance with customary professional standards and the requirements of the Canadian Professional Counsellors Association and maintain it at the highest level.

Counsellors become aware of their personal and professional qualities and skills and take the necessary steps in order to improve themselves. Based on this awareness, counsellors need to assess their own competency while taking on any new endeavor as well as maintaining continued professional supervision.

1.1 Competence and boundaries of competence

Counsellors achieve competence by completing the formal education which is in accordance with recognized standards of competency, the requirements of education and equivalency entailed by the laws of Canada regarding higher education and the requirements of the Canadian Professional Counsellors Association. They work only in areas within the boundaries of their competence, based on their education, personality characteristics, experience and skills.

1.2 Maintaining and developing competence

In order for counsellors to maintain and develop competence, besides the formal education that is needed for their field, they must follow scientific developments and upgrade training on a consistent basis and integrate this with their experience. Counsellors maintain regular professional supervision throughout the course of their career as a clinician.

1.3 Assessing one's competence

Counsellors, prior to undertaking any kind of work in any subspecialty, must assess whether they have adequate professional knowledge, skills, and experience necessary for this area. If clinicians find themselves to be incompetent in such an area, they may work by obtaining training and/or supervision in order to improve themselves. If counsellors decide that they are not competent in a particular area, the person or the institution that is in need of service is referred to a colleague competent in that area.

1.4 Conditions that may prevent performing work-related duties in a competent manner

- (a) When Counsellors experience personal problems that prevent them from performing their work-related activities in a competent manner.
- (b) When counsellors are mindful of personal restrictions and/or problems stemming from a personal, cultural or social background, or as a consequence of personal sexual preference which may interfere with performing work-related duties adequately. Counsellors take appropriate steps in order to minimize identified counter-transference by seeking adequate supervision or by limiting scope of practice.
- (c) When professionals become aware of personal problems that may interfere with performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties (See also Standard 6.7, Terminating Therapy)

1.5 Ethical awareness

Counsellors are aware that they have the responsibility to be familiar with and abide by the ethical principles and standards adopted by the Canadian Professional Counsellors Association,; committing to apply the appropriate ones in case of ethical dilemmas, and if necessary initiate the ethical decision making process and consult with colleagues. Finally, they take all necessary steps to accomplish this.

1.6 Legal Conduct

Counsellors must comply with federal and provincial laws relating to the conduct of health care professionals.

(a) Counsellors do not make false, deceptive, or fraudulent statements concerning their:

- i. Training, experience, or competence
- ii. Academic degree
- iii. Credentials
- iv. Institutional or association affiliations
- v. Services
- vi. Scientific or clinical basis for, or results or degree of success of, their services
- vii. Fees
- viii. Publications or research findings.

(b) Counsellors must provide accurate information to all media services, live, in print, or on social media to avoid false claims when advertising their services.

(c) While using media (via radio, television, print, internet, or other electronic transmission), professionals take precautions to ensure that their statements are based on scientific knowledge and consistent with the Ethics Code.

(d) Counsellors must not use their professional positions to seek or receive unjustified personal gains, sexual favours, unfair advantage, or unearned goods or services. Counsellors do not influence or direct people for provision of service from themselves. This rule may be omitted in some special situations on behalf of the public good (i.e., in case of a natural disaster). *Note: use of professional position to seek or solicit sexual favours is prohibited in all contexts.*

(e) Counsellors do not solicit testimonials from those persons/institutions (past or present) who are/have been recipients of mental health services, or those who, because of their particular circumstances are vulnerable to undue influence.

Even when offered voluntarily, counsellors do not use statements, testimonials, or quotes from clients, past or present, as advertising or endorsement in promoting their services.

2. THE COUNSELLING RELATIONSHIP AND INFORMED CONSENT

Counsellors use their knowledge and practices in a way that is in the best interest of their clients - either people or institutions, and avoid taking actions which may be of harm to the person or institution.

2.1 Respect for People's Rights and Avoidance of Discrimination

Counsellors respect diversity and do not discriminate because of age, gender, colour, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socio-economic status.

2.1 Consideration of the best interest

Counsellors practice in a way that is appropriate for the needs of their clients - people, institutions - and support their development and take into consideration their best interest.

2.2 Informed consent for services

When counsellors conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or is otherwise provided in this Ethics Code.

- (a) Informed Consent may be appropriately obtained in several ways, but in all cases, the dynamic nature of counselling practice requires ongoing and informed consent throughout the therapy process. Session documentation includes the specific note, initialed by the counsellor, that consent was discussed with, and obtained from, the client for each phase, change, or variation as the therapy proceeds. Notation of consent in the clinical documentation should be sufficient to eliminate the need to ask the client to sign a new written consent form each time consent is required.
- (b) Informed Consent may be obtained in writing (signed agreement) or by verbal agreement after discussion and in some cases, by inference. In the latter case, the onus is on the provider of the service to demonstrate that this form of consent was given. In all cases, whatever format through which consent is obtained, session documentation accurately reflects each instance.
- (c) When obtaining consent to therapy counsellors inform clients as early as is feasible (first/primary session) in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers.
- (d) When obtaining informed consent for online therapy, the client is provided with the knowledge necessary to understand the ways in which e-Therapy differs from conventional psychotherapy. Limitations to online therapy, contingency plans for extraordinary circumstances, and financial policies are discussed and documented.
- (e) When obtaining consent from those to whom they provide services before recording their voice and/or image. Counsellors inform their clients/patients of the purpose and length of time the recordings will be kept.
- (f) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, Counsellors inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation.
- (g) When the Counsellor is a trainee and the legal responsibility for treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the Counsellor is in training and is being supervised and is given the name of the supervisor.

2.3.1 Informed consent in exceptional circumstances

- (a) Settings in which telephone, e-mails, chat, video-conference calls “e-Therapy” are used from the beginning of the therapeutic relationship include risks that are not expected in face-to-face therapies. Due to the nature of the unconventionality of the setting, when there is a conflict with ethical codes and current professional standards of practice, these services must be avoided and the client referred to more appropriate mental health services.
- (b) If counselling will be provided in an unconventional setting, counsellors inform their clients of the
 - i. Nature of the treatment,
 - ii. The therapist
 - iii. The potential risks involved
 - iv. Ways to eliminate these risks, and
 - v. Alternative treatments that may be available
- (c) If service is provided through these unconventional settings, counsellors are obliged to follow the Ethical Code as is required for face-to-face counselling settings and evaluate the service they provide as well as the conditions of confidentiality.
- (d) If counselling services are to be provided to an adolescent as an emancipated minor, it is the counsellor’s responsibility to determine the rule of law with regard to the age at which parental consent to mental health services is not required as it varies between provinces and territories.

2.4 Client protection

- (a) Counsellors take steps to protect clients from physical or psychological trauma resulting from interactions during individual therapy and/or group work.
- (b) When counsellors provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.
- (c) Counsellors assist in making appropriate arrangements for the continuation of treatment of clients when circumstances require termination of the therapeutic relationship (i.e., illness, scope of practice, retirement, etc.).
- (d) Counsellors avoid entering into, or immediately terminate a counselling relationship if it is determined they are unable to be of professional assistance to the client. Assistance to find appropriate resources may be provided.

2.5 Dual relationships

Definition: While in a professional relationship with a client, when counsellors take on an additional role or engage in a relationship with someone who is closely associated with their client, it is called a dual relationship. In addition, the instances where counsellors promise a future relationship with a client or with someone who is closely associated with the client are also considered a “dual relationship”.

- (a) Dual relationships may not be considered unethical if they do not impair a counsellor’s competency nor does the duality exploit or bring harm to their clients. In all cases, it is the counsellor’s responsibility to prove ‘no harm.’

- (b) Counsellors avoid getting into a dual relationship that may impair their objectivity, competency, or effectiveness or that may result in exploiting or harming their clients.
- (c) If counsellors engage in a dual relationship without their awareness, they try to resolve this situation in a manner that protects the best interest of all parties involved and in a manner that is appropriate to the ethical principles.
- (d) When a dual relationship is present, the counsellor makes every effort to clearly explain the implications of this situation, and provides the opportunity for the client to make an informed decision regarding continuing the therapeutic relationship including acknowledgment of, and informed consent to, the dual relationship.

2.6 Confidentiality Requirement

Counsellors keep information related to counselling services confidential with the following noted exceptions:

- (a) files are demanded under a subpoena for the court;
- (b) the client reports current, active suicidal/homicidal intent;
- (c) the client &/or counsellor are at risk of harm;
- (d) the client reports current (not historical) suspected abuse or neglect of a vulnerable person

in which case, without further recourse to the client, the relevant information is disclosed to the appropriate authority in the jurisdiction in which the client resides.

2.7 Avoiding exploitation

Counsellors maintain awareness regarding their role in the professional relationship, their personal needs, attitudes and values; they do not use their power or status in a way that would endanger their clients' (individual or institution) commitment or trust.

2.7.1 Avoiding financial malfeasance

Counsellors inform clients/institutions as early as is feasible in the professional relationship about financial arrangements.

- (a) Fees for services are explained to the client prior to obtaining consent for that service.
- (b) Financial policies regarding payment of fees, sliding fee scales, missed session fees, short-notice cancellation fees, , and refund procedures are clear, equitable, and transparent.
- (c) Counsellors record, track, and reconcile all financial transactions with individual clients/institutions and provide such information when requested by clients.

2.7.2 Avoiding sexual involvement with therapy clients/patients

Counsellors are aware that intimacy or sexuality may, directly or indirectly, affect their relationship with the client. Thus, they do not turn the therapeutic relationship into a private or sexual one since these type of relationships diminish the distance, destroy the professional relationship, lead to conflict of interest and

harassment and above all harm the client that is being served.

Professionals do not accept as therapy clients persons with whom they have engaged in emotional &/or sexual intimacies or other reciprocal beneficiary relationships.

Professionals do not engage in sexual intimacies with former clients for at least three years after cessation or termination of therapy.

2.7.3 Avoiding sexual harassment &/or involvement in the workplace and community

Counsellors do not engage in sexual harassment, sexual solicitation, physical advances, or verbal &/or nonverbal conduct that is sexual in nature, that occurs in connection with the counsellor's activities or roles as a Counsellor, and that either

- (a) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the counsellor knows this or is told this
- or-
- (b) is sufficiently severe or intense as to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

Clinicians do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.

2.7.4 Avoiding exploitation

Counsellors do not use their knowledge, status and power for their welfare in a way that exploits their clients, students, supervisees, research participants, institutional clients or people at work place.

2.7.5 Avoiding misuse of knowledge

Counsellors respect the basic rights, freedom, dignity and values of all individuals. They do not misuse their expertise in harming, abusing, directing or suppressing those who seek help through mental health services.

Clinicians do not use their knowledge as a tool for psychological pressure and avoid actions as such:

- (a) Counsellors do not pressure people for information or for confession(s). In doing research, they explain the purpose of the research in advance and take participants' permission.
- (b) Counsellors do not pressure clients into declaring, denying or changing their worldview, sexual orientation, political, religious and moral values.

3. PROFESSIONAL RESPONSIBILITY

Counsellors are aware of their professional and scientific responsibilities to persons and/or institutions they are serving and the society they live in. Counsellors are aware of the quality and consequences of their professional activities, as well as the fact that others perceive them as a representative of a scientific field.

3.1 Higher Good

Counsellors adopt a positive view of ethics, "First, Do Good," and avoid taking actions that may be of harm to clients or institutions, research participants, students, supervisees, and experiment animals. Counsellors do

not misuse psychological knowledge or practices. Necessary precautions are taken in order to minimize foreseeable and inevitable harm and people are informed of all this in advance.

3.2 Ethical responsibility

Counsellors may face ethical dilemmas while they are engaged in professional activities and are responsible for solving these dilemmas.

3.2.1 The responsibility to inform accurately

Counsellors, at the outset of the professional relationship, inform the client or the institution to whom they provide services, about the nature and anticipated course of therapy, obtain their consent and make a contract. While making an assessment or an intervention, clinicians need to take the responsibility to be sure that they have disclosed accurate results to those whom they provides services.

3.2.2 Extended responsibility

- (a) Counsellors have the responsibility to act in an ethical manner to their assistants, students, supervisees or supervisors in the scientific and professional arena. While doing this, they need to teach and learn various psychological techniques, the weaknesses and strengths of such techniques, and ethical principles and standards.
- (b) If within their power, counsellors ensure that colleagues with whom they work have adequate education and training and that they are competent.

3.2.3 Responsibility to professional integrity

Counsellors adopt the principles of accuracy, honesty, and neutrality in the science, teaching and practice of psychology. Counsellors avoid harming clients through deception, fraud, or intentional misrepresentation of facts. Counsellors must keep their promises and avoid making unrealistic and unclear promises. Counsellors strive to ensure integrity in research, education and practice. Counsellors are respectful towards everyone and all institutions to whom they offer services, and clearly define their role in all areas of work.

3.3 Maintaining confidentiality

Counsellors are obliged to protect confidential information obtained through people and institutions to whom they provide services.

- (a) Counsellors discuss with people and institutions to whom they provide services the limits of confidentiality and the foreseeable uses of the information generated through their psychological activities.
- (b) Limits of confidentiality are discussed at the outset of the professional relationship unless it is not feasible or is contraindicated.

3.4 Maintaining confidentiality of records

Counsellors protect all information, assessment, visual records or written material that belong to a person or an institution.

- (a) Counsellors may discuss confidential information with professionals only for appropriate

scientific or professional purposes given they protect the identification of their client. They do not disclose confidential information obtained through professional activities to media, they protect those for whom they provide psychotherapy from being exposed in media. Counsellors give information only necessary and relevant for the purposes of a written or an oral report, during supervision or consultation.

- (b) Counsellors may disclose confidential information to third parties given they get specific, signed consent from the individual, institution, or the legal guardian.

3.4 Use of confidential information for didactic or other purposes

Counsellors do not disclose information that may lead to the identification of clients, students, research participants, institutional clients, and other people to whom services have been provided in articles, during classes, training, or public statements. Except when:

- (a) The person or the institution's identification is adequately disguised
- (b) The person or the institution has given written consent.

3.5 Provision of accurate information

As counsellors provide information, they ensure that the information given is objective and accurate. While doing this, counsellors avoid causing wrong perceptions about the profession or giving harm to the science of mental health and the profession of psychotherapy.

3.6 Honesty in Public Representation

- (a) Clinicians inform clients/institutions as early as is feasible in the professional relationship about fees for service, additional fees for extraordinary or specialized services, and the financial arrangements required or expected for payment.
- (b) While making public statements (in advertisement or speeches, handouts, leaflets, course notes, and resumes which may be obtained through mass media) counsellors do not knowingly provide false, deceptive, or fraudulent information regarding their services, research findings, people or institutions they are affiliated with. Counsellors refrain from making statements regarding issues which are beyond their expertise.
- (c) While using media (via radio, television, print, internet, or other electronic transmission) professionals take precautions to ensure that their public statements are based on scientific knowledge and are consistent with the Code of Ethics.
- (d) Counsellors do not use testimonials from past or present clients in publicly representing their services or practice (See Code 1.6(e)). Testimonials from non-therapy workshops may be used in public/promotional materials provided participants have specifically granted such permission and the workshop is named, thus avoiding any implication or perception of client breach of confidentiality.

4. RELATIONSHIP WITH OTHER PROFESSIONALS

4.1 Respect for colleagues

Counsellors respect the knowledge, viewpoint, experience, responsibility and expertise of their colleagues and other professionals. Counsellors recognize that differences in professional practices across therapeutic modalities, cultures, and social norms do not automatically equate to ethics violations or poor professional standards, or professional misconduct. As professionals, counsellors are assertive and clear in their communication with colleagues and other professionals, attributing benevolence and working for rapport and/or resolution in situations of conflict.

- (a) Counsellors do not discriminate against colleagues on the basis of age, identity, gender, sexual identity, sexual preferences, ethnic background, religion, socioeconomic status, and disability.
- (b) Counsellors do not devalue or discredit the competence of other mental health professionals.
- (c) Counsellors do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals.

4.2 Providing therapy to those served by other professionals

Before deciding whether to offer or provide services to those already receiving mental health services elsewhere, counsellors must carefully consider the possible problems in treatment and the potential client's welfare. Counsellors discuss these issues with the client or another legally authorized person on behalf of the client in order to minimize the risk of confusion and conflict.

II. ETHICAL STANDARDS REGARDING SPECIAL AREAS

5. STANDARDS ABOUT EDUCATION

5.1 Design of supervision/training programs

- (a) Counsellors who provide training and/or evaluate their own competency in terms of the conditions set first by any government legislation, and then by the Canadian Professional Counsellors Association (see standards about competency).
- (b) Supervisors are responsible for the provision of training/teaching that ensures adequate knowledge and proper experiences.
- (c) Supervision is designed in such a way that minimal personal/identifying information about supervisee's clients is disclosed.
- (d) Clinical supervisors aim to provide supervision that adequately builds the necessary skills and knowledge base for the purpose for which supervision is sought – program practicum, licensure, and skills evaluation.

5.2 Description and presentation of supervision process

Counsellors present the accurate description of the supervision process: training goals and objectives, and requirements that must be met for satisfactory completion of the program (participation and supervision). Therefore, Counsellors are obliged to give accurate description of their qualifications, philosophy of supervision, and expectations of supervisees.

5.3 Accuracy and objectivity in supervision

- (a) Counsellors take reasonable steps to present the supervision process accurately regarding the subject matter to be covered, evaluation process, and the nature of clinical experiences. Students are made aware of possible modifications.
- (b) When engaged in teaching or training, counsellors present latest (actual) and accurate psychological information.

5.4 Forcing students to disclose personal information

Supervisors do not force students or supervisees to disclose personal information in supervision-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with significant others, and political preferences. There are exceptions to this rule if the information is necessary to evaluate, direct or to obtain assistance for students whose personal problems hinders their training or performances in related activities in a competent manner or posing a threat to the students or others.

5.5 Assessing student and supervisee performance

- (a) In academic and supervisory relationships, counsellors are responsible for providing a timely and accurate description regarding criteria of success and the conditions of feedback and the evaluation process.
- (b) Counsellors evaluate students and supervisees in terms of their actual performance and attendance relevant of the program or licensing board to which they ascribe.
- (c) Supervisors expect to provide written evaluation of intern's skills, and are prepared to receive written evaluation of supervision experience from each intern.

6. ETHICAL STANDARDS ABOUT COUNSELLING

6.1 Informed consent to therapy

- (a) Counsellors have the right to choose not to accept a client based on their evaluation that the client will not benefit from their service.
- (b) Counsellors inform clients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality. They provide sufficient opportunity for the client to ask questions and receive answers.
- (c) When the client is a minor or not in the condition of making their own decisions, then permission is obtained from the parents or from the legal guardian. In such a case the privacy rights of the client is protected as much as possible. In all cases, counsellors follow the parameters and definition of a minor in the province, territory, or geographical location where services are provided.
- (d) Counsellors recognize and protect the free will power of the client. According to this principle, client has the right to begin or end the treatment whenever he wants to. Even in circumstances in which the person does not willingly come to therapy (i.e., work with

children, when psychological services are court ordered or an emergency case) professionals are obliged to establish rapport.

- (e) When the Counsellor is a trainee; the legal responsibility for the treatment provided belongs to the supervisor. The client is informed about this situation in the beginning of treatment.

6.2 Couple Therapy or Family Therapy

When counsellors provide services to several persons who have a close relationship (such as spouses, significant others, or parents and children) they take reasonable steps to clarify at the outset:

- (a) which individuals are clients and
- (b) the nature of relationship the counsellor will have with each person.

If it becomes apparent that a Counsellor may be called on to perform potentially conflicting roles (such as family counsellor and then witness for one party in divorce proceedings), the Counsellor takes reasonable steps to clarify and modify, or withdraw from, roles appropriately.

This clarification includes the Counsellor's role and the probable uses of the services provided or the information obtained.

6.3 Group Therapy

When Counsellors provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

6.4 Unconventional psychotherapy settings and eTherapy

If service is provided through these settings, it is mandatory to follow all the ethical rules that are included in this code.

Settings in which telephone calls, e-mails, chat, video-conference calls are used from the beginning of the psychotherapeutic relationship include risks that are not expected in face-to face therapies (loss of non-verbal cues and resulting misunderstandings, problems about the emotional depth, the setting not serving the best interests of clients) consequently, due diligence is required to ensure that clients are educated, informed consent is obtained, and the counsellor is adept with the technology and medium to be utilized in therapy.

6.4.1 Informed consent in unconventional psychotherapy or eTherapy settings

When psychotherapy is provided in these psychotherapy settings, counsellors inform their clients of the

- (a) nature of the treatment,
- (b) Counsellor's qualifications for providing therapy services via an unconventional medium,
- (c) potential risks involved,
- (d) ways to eliminate these risks,

- (e) alternative treatments that may be available

6.5 Providing therapy to those served by other professionals

Before deciding whether to offer or provide services to those already receiving mental health services elsewhere, Counsellors carefully consider the possible problems in treatment and the potential client's/patient's welfare. Counsellors discuss these issues with the client or another legally authorized person on behalf of the client in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

6.6 Interruption of therapy

If psychological services are interrupted by factors such as the counsellor's illness, death, unavailability, relocation, or retirement or by the client's/patient's financial limitations, counsellors are responsible for finding a resolution with paramount consideration given to the welfare of the client.

6.7 Terminating therapy

- (a) Counsellors terminate therapy when it becomes reasonably clear that the client is not likely to benefit, or is being harmed by continued service.
- (b) Counsellors may terminate therapy when threatened or otherwise endangered by the client or another person with whom the client has a relationship.
- (c) Prior to termination, counsellors provide pre-termination counseling and suggest alternative service providers if needed.
- (d) Termination is not mandatory when the client's stated purpose in continuing the relationship is perceived as therapeutic and beneficial, and continuation of therapy is governed and/or managed by the client.

7. EVALUATION, ASSESSMENT and INTERPRETATION

Members please note: *It is the responsibility of the clinician to ensure that you know, and follow the laws of your province of practice with regard to the administration of protected psycho-social, educational, and/or mental health assessments.*

7.1 Bases for assessments

- (a) Counsellors use assessment instruments whose validity and reliability have been established for use with members of the population tested.
- (b) While choosing the appropriate measures for assessment and using them, counsellors must be aware that such tests are sensitive to and suitable for that culture. Again, clinicians should be careful about the fact that cultural, social characteristics and the mother tongue of that individual can influence the test results. Therefore, counsellors are obliged to inform others about the impact of these factors while reporting test results.
- (c) Counsellors base their opinions contained in recommendations, reports, and speculative diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate the stated findings.

- (d) Counsellors provide opinions on the psychological characteristics of individuals only after they have conducted an adequate examination of those particular individuals that support counsellors' statements or conclusions. When such an examination is not practical, counsellors document the efforts made and the result of those efforts. Professionals clarify the probable impact of limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations.

7.2 Use of assessments

Counsellors do not offer assessments for which they have not gained professional standard qualification or training in use, administration, interpretation, and reporting of said assessment.

Counsellors administer, adapt, score, interpret or use assessment techniques, interviews, tests or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

7.3 Informed consent in assessments

- (a) Counsellors obtain informed consent for assessments, evaluations or diagnostic services from their clients. Exceptions are:
 - i. When testing is mandated by law or governmental regulations;
 - ii. When testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or
 - iii. If the purpose of the testing is to evaluate decisional capacity.
- (b) Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality. Counsellors provide sufficient opportunity for the client to ask questions and receive answers.
- (c) Counsellors inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

7.4 Interpretation of assessment findings

When interpreting assessment results, Counsellors pay attention to the various factors that may reduce the accuracy of their interpretations or that might affect counsellors' judgments, the purpose of the assessment and the personal characteristics of the person they are testing (visual disabilities, cultural differences, etc.).

Counsellors indicate the limitations of their interpretations and any doubts they may hold about the validity of the interpretation(s).

7.5 Assessment by unqualified persons

Counsellors do not permit unqualified people to use the psychological assessment techniques. The only exception to this rule applies to those who are in training and are conducting assessment under supervision.

7.6 Test scoring and interpretation services

Counsellors retain responsibility for the appropriate application, interpretation, and uses of assessment instruments, whether they score and interpret such tests themselves, or use automated or other services. Counsellors who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

7.7 Inappropriate use of tests

Counsellors do not use tests outside of their purposes, with inappropriate people and/or conditions, even when the psychometric characteristics of the tests are valid.

7.8 Maintaining test security

Counsellors maintain the integrity and security of text materials and other assessment techniques consistent with law and copyright issues and adherence to this Code of Ethics. Unused test materials are stored securely as confidential.

8. ETHICAL RULES GOVERNING RESEARCH AND PUBLICATION

8.1 Institutional approval

When institutional approval is required, counsellors provide accurate information about their research proposals and obtain approval prior to conducting the research.

8.2 Obtaining informed consent for research

When obtaining informed consent, counsellors inform participants about (a) the purpose of the research, expected duration, and procedures; (b) their right to decline to participate and to withdraw from the research once participation has begun; (c) the foreseeable consequences of withdrawing; (d) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (e) any prospective research benefits; (f) limits of confidentiality; (g) incentives for participation; and (h) whom to contact for questions about the research and research participants' rights. Counsellors provide opportunity for the prospective participants to ask questions.

8.3 Obtaining permission for recording *in any non-written format* in research

Counsellors obtain informed consent from research participants prior to recording their voices or filming them if such recording may reveal personal information and potentially may cause harm for the participants.

8.4 Client, student, and subordinate research participants

- (a) When counsellors conduct research with clients, students, or subordinates as participants, they take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.
- (b) When research participation is a course requirement for extra credit, the prospective participant is given the choice of alternatives.

8.5 Conditions that do not require obtaining informed consent

Professionals may not be required to obtain informed consent in two conditions: (a) when the research would not reasonably be assumed to create distress or harm: the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of harming their economic conditions, employability, or reputation, and where confidentiality is maintained; the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected, or (b) where otherwise permitted by law or institutional regulations.

8.6 Plagiarism

Counsellors do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally. The quotations of others' work is done and cited appropriately.

8.7 Publications rights

Counsellors take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. This includes principle authorship.

III. RESOLVING ETHICAL PROBLEMS/ISSUES

9. Misuse of professionals' work

If clinicians learn of the misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

10. Conflicts between ethics and law requirements

If counsellors' ethical responsibilities conflict with law, Counsellors consult the Ethical Code to resolve the conflict. If the conflict cannot be resolved in such a way, Counsellors adhere to the letter of the law and other legal requirements if compelled to do so.

11. Conflicts between ethics and organizational demands

If the demands of an organization with which counsellors are affiliated or for whom they are working conflict with this Ethics Code, clinicians define the nature of the conflict, make a commitment to the Ethics Code known, and to the extent possible, resolve the conflict in a way that permits adherence to this Ethics Code.

12. First step in ethical violations

When Counsellors believe that there may have been an ethical violation by another counsellor, they bring it to the attention of that individual and warn the person before turning to a more formal resolution.

13. Reporting ethical violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not resolved as described under Rule 13; Counsellors make a formal written complaint to the Canadian Professional Counsellors' Complaints Committee.

14. Cooperating with Complaints and Discipline Committees

Counsellors who have an investigation opened against them cooperate with the relevant Committee of the Canadian Professional Counsellors Association. These Committees protect the integrity of both parties until the end of the investigation and follow the guidelines for confidentiality. Failure to cooperate is itself an ethics violation.

16. Unfair discrimination against complainants and respondents

Counsellors do not discriminate against people who are being investigated nor jeopardize their employment. However, they take the necessary steps following the conclusion of the ethical investigation according to the requirements of the verdict.

17. Effectiveness of this Ethics Code

This Ethics Code is binding upon approval by the National Board of the Canadian Professional Counsellors Association and made public by the association.

The CPCA gratefully acknowledges the prior body of work done by psychology associations globally in crafting sound ethical principles to guide mental health professionals. Specifically, the CPCA wishes to express its gratitude for the kind and generous permission of the Board of Directors of the Middle East Psychological Association to reference its own recently developed Code of Ethics in the development of this robust and current document for the benefit of the CPCA, its members, and the public.

ⁱ Schuilenberg, S., Warren, M.A., Crookes, A., Al Serkal, A., Donaldson, S.I., and McBride, D. (2016) Professional psychology associations in the GCC: Positive institutions whose time has come. *Middle East Journal of Positive Psychology* 2(1), 61-78.

ⁱⁱ *Ibid.*