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Reference for this document
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Introduction

Preamble

All members of the Canadian Professional Counsellors Association are required to adhere to the Standards of Practice, which represent minimal standards of professional behavior. Members should refer to the applicable section of the Code of Ethics for further interpretation and explanation of the applicable Standard of Practice.

The Canadian Professional Counsellors Association regulates its four (4) professional designations;
- Registered Professional Counsellor (Candidate) [RPC-C] (Candidate)
- Registered Professional Counsellor [RPC]
- Master Practitioner of Clinical Counselling [MPCC]
- Master Practitioner of Clinical Counselling (Supervisor) [MPCCS]

A Note on Designated Titles

The term “clinical counsellor” is used throughout this Standards of Practice and refers to any registered member, including professional counsellors and student members, in good standing with the Canadian Professional Counsellors Association (CPCA). All registrants of the Canadian Professional Counsellors Association are accountable to the Code of Ethics and the Standards of Practice.

Various titles are used throughout Canada and may be subject to title protection and/or regulation, such as, Therapist, Counselling Therapist (Nova Scotia, Prince Edward Island) and Registered Psychotherapist (Ontario). Other titles may be regulated and/or protected in some provinces/territories, and members must be aware of the various protection(s) in their province/territory, and hold themselves to the legislation in their province/territory. This Standard of Practice uses "clinical counsellor" in reference to members who hold the professional designations of the Canadian Professional Counsellors Association, as well as any member of other regulatory bodies who is also registered with the Canadian Professional Counselling Association.
**Conflict Between this Standards of Practice and Provincial/Territorial Regulatory Bodies**

Should these Standards of Practice come into conflict with a Code of Ethics, Standards of Practice, or Professional Standards of any provincial or territorial regulatory body, the clinical counsellor must adhere to the provincial or territorial regulations in their jurisdiction. It is the responsibility of the clinical counsellor to ensure they work within their scope of practice as set by their training, professional designation(s), regulatory college(s) (if applicable), and the Canadian Professional Counsellors Association, and refrain from working in a manner which may conflict with any provincial or territorial regulatory body.

Provincial or territorial regulatory bodies may include, but are not limited to:

- College, Board, or Association of Psychologists
- College, Board, or Association of Counselling Therapists
- College, Board, or Association of Psychotherapists
- College, Board, or Association of Social Workers
- College, Board, or Association of Physicians and Surgeons
- College, Board, or Association of Marriage and Family Therapists
- College, Board, or Association of Psychiatry
- College, Board, or Association of Nursing
SECTION 1


1.1. Non-Discrimination

1.1.1. Clinical counsellors respect diversity and must not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socio-economic status.

1.2. Informed Consent

1.2.1. Clinical counsellors acknowledge for informed consent to be truly informed, the client must understand, to the best of their ability, the nature of counselling and psychotherapy, and the various processes involved.

1.2.2. Clinical counsellors are open and upfront about the necessity of all information they collect to establish informed consent, including written and/or unwritten agreements (e.g., fees for service, boundaries, limitations of confidentiality, alternatives to therapy).

1.2.3. When clinical counsellors conduct research or provide assessment, therapy, counselling, 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 as otherwise provided in the Standards of Practice.

1.2.4. When obtaining consent to therapy clinical 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 to ask questions and receive answers.

1.2.5. Informed consent may be obtained in writing (i.e., signed agreement) or by verbal agreement after discussion and in some cases, by inference. In all cases, the dynamic nature of counselling practice requires ongoing and informed consent throughout the therapy process. In the latter case, the onus is on the service provider to demonstrate verbal informed consent was obtained from the client.

1.2.6. Verbal informed consent must be documented in the clinical file and initialled by the clinical counsellor.

1.2.7. Clinical notes shall include that consent was discussed with, and obtained from, the client during each phase, adjustment(s), and/or variation to therapy.

1.2.8. Clinical counsellors must obtain and document consent from those to whom they provide services before recording their voice and/or image. Clinical counsellors inform their clients of the purpose and length of time the recordings will be kept.

1.2.9. Clinical counsellors obtain informed consent prior to conducting an intake/assessment, evaluation, or diagnostic service for a client.

1.2.10. The clinical counsellor must inform the client(s) of the nature and purpose of any assessment, the reason for the assessment, risks and benefits of completing the assessment, and possible uses of the assessment results.
1.3. Minors and Persons with Diminished Capacity

1.3.1. If counselling is to be provided to a mature minor, it is the clinical 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.

1.3.1.1. ‘Mature Minor’ is a federal doctrine, however provincial and/or territorial laws and legislation may override this doctrine. Clinical counsellors are responsible to understand the relevant legislation.

1.3.2. If counselling is to be provided to a person with diminished capacity, the clinical counsellor must explain to the client the nature of counselling, using language that is reasonably understandable to the person who is receiving counselling.

1.3.3. When working with persons of intellectual disabilities/diminished capacity, clinical counsellors must conduct the informed consent process with those who are legally entitled to offer consent. This would typically mean parents or others appointed as legal guardians. Clinical counsellors should also seek the client’s informed consent to the proposed services or involvement, proportionate with the client's capacity to do so.

1.4. Informed Consent Using Established and/or Emerging Technology

1.4.1. If services are provided using established or emerging technology, clinical 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.

1.4.2. If counselling will be provided using established and/or emerging technology, clinical counsellors inform the client(s) of the:

- Nature of the treatment
- The potential risks involved
- Ways to eliminate these risks, and
- Other modalities/interventions which may be available

1.4.3. Additional responsibilities of the clinical counsellor providing established and/or emerging technology:

- Location/Address/Contact info of client during sessions
- Emergency contact
- Privacy/confidentiality concerns
- Loss of non-verbal cues, resulting in misunderstandings.
- Problems regarding emotional depth and suitability for the therapy delivery method
- Due diligence to ensure that clients are educated, informed consent is obtained, and the clinical counsellor is adept with the technology and medium to be utilized in therapy
- Privacy of documents and communications between parties
- Risks that are not expected in face-to-face therapies
- When obtaining informed consent, the client must be provided with the knowledge necessary to understand the ways in which online therapy differs from conventional psychotherapy
- Limitations to online therapy, contingency plans for extraordinary circumstances, and financial policies are discussed and documented prior to beginning therapy.

1.5. Informed Consent for Evidence-Based Emerging Modalities

1.5.1. Informed, written consent for evidence-based emerging modalities/services must be
obtained before incorporating them in a therapeutic session. Clinical counsellors inform client(s) of the developing nature of the treatment and the potential risks involved.

1.5.2. See Code of Ethics 3.6 - Informed Consent for Emerging Modalities.

1.6. **Advance Understanding of Fees**

1.6.1. Prior to entering the counselling relationship, clinical counsellors must explain to clients the financial arrangements related to professional services.

1.7. **Confidentiality Requirement**

1.7.1. Clinical counsellors must keep information related to counselling services confidential (including after the client’s death), unless:

   1.7.1.1. The clinical counsellor or the clients’ files are demanded under a subpoena of the court;
   1.7.1.2. The client reports suicidal/homicidal intent;
   1.7.1.3. The clinical counsellor has reasonable suspicion of current abuse or neglect of a child, elderly person, and/or vulnerable person, pursuant to the current legislation in their province of practice;
   1.7.1.4. The Canadian Professional Counsellors Association and/or clinical supervisor audits the clinical counsellor’s records due to a need to protect the public.

1.8. **Confidentiality Requirements for Subordinates/Employees**

1.8.1. Clinical counsellors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates and/or employees.

1.9. **Confidentiality in Group Work**

1.9.1. Clinical counsellors must clearly communicate to group members the importance of maintaining confidentiality of information shared by group members during group counselling sessions.

1.9.2. Clinical counsellors must take steps to protect clients from physical or psychological trauma resulting from interactions during individual and group work.

1.10. **Confidentiality in Family Counselling**

1.10.1. Clinical counsellors must explain any limits of confidentiality to participants in family, and/or couples counselling, and not disclose information about one family member to another family member without prior consent.

1.10.2. Clinical counsellors must explain the limits of confidentiality within the family and/or couple, including confidentiality between those involved as well as confidentiality within the client’s unit (e.g., family unit or couple).

1.11. **Confidentiality of Records**

1.11.1. Clinical counsellors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counselling records pursuant to the Privacy Act of the province and/or territory in which they practice.

1.11.2. If a clinical counsellor uses digital storage, they must ensure all files are located on a Canadian server.

1.12. **Referral Fees**

1.12.1. Clinical counsellors must not accept referral fees.

1.13. **Knowledge of Relevant Legislation**
1.13.1. Clinical counsellors must be informed and compliant with the relevant laws, acts, legislation, departments, and services in their province and/or territory as they apply to professional practice.

SECTION 2

2. Professional Responsibility to the Public and Other Professionals

2.1. Relationships with other Mental Health Professionals

2.1.1. Clinical counsellors must not devalue or discredit the competence of another professional.

2.2. Clients Served by Others

2.2.1. Before deciding whether to offer or provide services to clients already receiving mental health services elsewhere, clinical counsellors must carefully consider the potential problems in treatment and the potential client’s welfare. Clinical 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.

2.3. Unwarranted Complaints

2.3.1. Clinical counsellors must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a mental health professional rather than to protect clients or the public.

2.3.2. See Code of Ethics 4.2 - Avoid Unwarranted Complaints

2.4. Cooperation with Ethics Committees

2.4.1. Clinical counsellors must cooperate with investigations, proceedings, and requirements of the Canadian Professional Counsellors Association, Complaints and Discipline or Ethics Committees.

2.4.2. Clinical counsellors must cooperate with investigations, proceedings, and requirements of other duly constituted associations or boards having jurisdiction over those charged with a violation.

SECTION 3

3. Ethical Caring and Professional Practice

3.1. Dual/Multiple Relationships

3.2. Definition

When clinical 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/multiple relationship.

3.3. Avoid Dual/Multiple Relationships

3.3.1. Clinical counsellors must make every effort to avoid dual relationships with clients that could impair their professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, clinical counsellors must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs.

3.3.2. It is not acceptable for a clinical counsellor to provide therapeutic services to anyone they have been closely associated with.

3.3.2.1. Small (Rural and/or Isolated) community exceptions may be made where there is a clear absence of appropriate services or a lack of services that adequately meet the client’s need for diversity.

3.3.3. A clinical counsellor shall not cultivate external relationships (e.g., friendships,
professional/bartering relationships) of any individual to whom they have provided services. Small community exceptions may be made where there is a clear absence of appropriate services.

3.4. Resolving Dual/Multiple Relationships

3.4.1. If a clinical counsellor determines they are engaging in a dual relationship, they resolve the situation in such a manner that protects the interest(s) of all parties involved and in an approach that is appropriate to all ethical principles.

3.5. Dual Relationships - Exceptional Circumstances

3.5.1. In the event of a natural disaster/crisis/critical incident and a dual relationship is unavoidable, clinical counsellors must explain the potential conflicts that may arise due to the dual relationship and allow the client to make an informed decision regarding continuing the therapeutic relationship. (reference for Standards of Practice - Dual Relationships - Exceptional Circumstances)

3.6. Couples Therapy

3.6.1. When either the clinical counsellor and/or the client(s) share a close relationship such as with spouses, significant others, children or parents, friends, coworkers, and/or other clients, the clinical counsellor takes reasonable steps to clarify boundaries at the beginning of the therapeutic relationship, including:

3.6.1.1. Which individuals are clients and;
3.6.1.2. The nature of the relationship the clinical counsellor will have with each person;
3.6.1.3. The nature of informed consent, access to information, and individual sessions.

3.7. Group Therapy

3.7.1. When clinical 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.

3.8. Evidence-Based Emerging Modalities/Services

3.8.1. Clinical counsellors are expected to provide services that are based on psychological theory and outcome-based evidence as well as any relevant practice guidelines.

3.8.2. Clinical counsellors acknowledge when delivering emerging modalities, harm may result if the service is delivered ineptly, the client does not agree with the goal or procedures of the service, and the service is not adapted to the client’s needs or particular diversity.

3.8.3. Introducing an emerging modality should only be considered when:

3.8.3.1. Either;
3.8.3.1.1. Established modalities have been tried and the client has not benefited, OR;
3.8.3.1.2. The emerging modality fits the clinical criteria based on the outcome-based evidence which may benefit the client.

3.8.3.2. The emerging modality is based on a reasonable psychological rationale that does not contradict the rationale underlying established services

3.8.3.3. Research exists which supports the emerging modality has a likelihood of a positive outcome

3.8.3.4. The emerging modality is compatible with the client’s needs and particular diversity

3.8.3.5. The clinical counsellor has adequate, relevant, approved training which is current in order that they may be able to deliver the emerging modality competently

3.8.3.6. The clinical counsellor maintains regular supervision for the emerging modality

3.8.3.7. The clinical counsellor obtains informed, written consent for the emerging service

3.8.4. See Standards of Practice 1.13 - Informed Consent, and Code of Ethics 3.4 - Informed
Consent

3.9. **Inability to Assist Clients**

3.9.1. Clinical counsellors must avoid entering into, or immediately terminate, a therapeutic relationship if it is determined that they are unable to be of professional assistance to a client. The clinical counsellor may assist in making an appropriate referral for the client.

3.10. **Termination**

3.10.1. Clinical counsellors must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of counselling relationships.

3.11. **Permission to Record or Observe**

3.11.1. Clinical counsellors must obtain prior consent from clients in writing in order to record electronically or observe sessions.

3.12. **Disclosure or Transfer of Records**

3.12.1. Clinical counsellors must obtain clients' written/verbal consent to disclose or transfer records to third parties.

3.13. **Impairment of Professionals Within the Scope of Practice**

3.13.1. Clinical counsellors refrain from offering professional services when their personal issues or conflicts may cause harm to a client or others.

3.13.2. Clinical counsellors must be aware of bias stemming from a personal, cultural, social, and/or religious/spiritual background, or sexual orientation which may interfere with performing work-related duties adequately. They take appropriate measures to limit the impact of these circumstances, such as obtaining professional consultation/supervision, and determine whether they should limit, suspend, or terminate their work-related duties.

3.13.3. When clinical counsellors become aware of personal problems that may interfere with performing work-related duties adequately, they take appropriate measures to limit the impact of these circumstances, such as obtaining professional consultation/supervision, and determine whether they should limit, suspend, or terminate their work-related duties.

3.13.4. Clinical counsellors take appropriate steps in order to minimize identified counter-transference by seeking adequate supervision and/or by limiting the scope of practice.

3.14. **Sexual Intimacies with Clients**

3.14.1. Clinical counsellors must not engage in any type of sexual and/or emotional intimacies with current or former clients regardless of the duration of the therapeutic relationship and time elapsed following termination.

3.15. **Client’s Desire for Medical Assistance in Dying**

3.15.1. Clinical counsellors shall refer to the provincial/territorial health authority and legislation, and refer patients to appropriate primary healthcare providers (e.g., physician and/or nurse practitioner) for assessment.

3.16. **Intoxicated Clients**

3.16.1. Clinical counsellors shall not provide services to clients who arrive impaired by alcohol or drugs.

3.16.2. If a client arrives for an appointment and is impaired, the clinical counsellor may contact local authorities if the client attempts to drive themselves home. This is for the client, public, and clinical counsellor’s protection.
SECTION 4

4. Professional Standards and Representation

4.1. Legal Conduct

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

4.2. Assessing Competency

4.2.1. Clinical counsellors shall assess whether they have adequate professional knowledge, skills, and experience in relation to their scope of practice. If, upon self-reflection, the clinical counsellor finds themselves to be incompetent in such an area, they may obtain additional training and/or supervision in order to improve themselves.

4.3. Boundaries of Competence

4.3.1. Clinical counsellors become aware of their personal and professional qualities and skills (scope of practice) and take the necessary steps to improve themselves through continuing education and professional development and approved Canadian Professional Counsellors Association supervision and training.

4.3.2. Based on this awareness, clinical counsellors need to assess their own competency while taking on new endeavours such as new clinical methods and/or emerging modalities. Clinical counsellors only work within their scope of practice.

4.3.3. See Code of Ethics - 2.2 Scope of Practice and Competence

4.4. Continuing Education and Professional Development

4.4.1. Clinical counsellors must engage in continuing education and professional development to maintain and improve their professional competence.

4.4.2. In order for clinical counsellors to maintain and develop competence, besides formal/foundational education that is needed for their field, they must remain current and upgrade training on a consistent basis.

4.4.3. All clinical counsellors must engage in clinical supervision as part of the continuing education and professional development requirements annually.

4.5. Accurate Advertising

4.5.1. Clinical counsellors, when advertising, must not make false/incomplete claims regarding their training, professional qualifications, academic achievements, professional conduct, regulatory body, or scope of practice.

4.5.2. Clinical counsellors, when advertising treatment of services, must give accurate information to avoid false claims of the outcome of therapy and time taken to complete therapy.

4.5.3. Clinical counsellors separate certifications not associated with clinical counselling as defined by the Canadian Professional Counsellors Association. When advertising, the Canadian Professional Counsellors Association requires other certification(s) not associated with clinical counselling, to be represented on a separate website and/or business entity.

4.5.4. Clinical Counsellors, regardless of other certifications, must be compliant with the Canadian Professional Counsellors Association code of Ethics and Standards of Practice.

4.6. Use of Professional Designation/Qualifications

4.6.1. Clinical counsellors must only use professional designations or qualifications.

4.6.2. Clinical counsellors must correct any known misrepresentations of their professional designations or qualifications.
4.6.3. See Code of Ethics 3.1 - Professional Qualifications

4.7. **Professional Power Differentials**
4.7.1. Clinical counsellors must not use their profession to seek personal gains, sexual favours, or unfair advantage.
4.7.2. Clinical counsellors must not use their profession to receive personal gains, sexual favours, or unfair advantage.
4.7.3. Clinical counsellors must not exploit their client in any manner.

4.8. **Ethical Complaints**
4.8.1. Guidelines must be followed when a potential ethical violation of another counsellor is reported, or observed.
4.8.2. When appropriate, the clinical counsellor will attempt to resolve the potential violation with the individual in question.
4.8.3. When not appropriate, the clinical counsellor will not attempt to resolve the potential violation.
4.8.4. In the event an ethical resolution cannot be reached:
   4.8.4.1. The clinical counsellor is to write a formal complaint to the individual’s governing body.
   4.8.4.2. If the individual in question is not affiliated with any professional body and the clinical counsellor feels that a client may be in danger of being taken advantage of either financially, emotionally or physically, the client may of their own volition choose to report the individual to the proper authorities in their Province or Territory.

4.9. **File Management in the Event of Death/Incapacitation/Unforeseen Circumstances**
4.9.1. Clinical counsellors make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of the clinical counsellor’s withdrawal from practice - which includes death, incapacitation, and/or unforeseen circumstances.
4.9.2. Clinical counsellors must review and follow the appropriate privacy laws in their province/territory when planning for incapacitation, and/or unforeseen circumstances, such as Personal Health Information Act(s) (PHIA) and Personal Information Protection and Electronic Documents Act (PIPEDA).

**SECTION 5**

5. **Clinical Supervision**
5.1. **Informed Consent With Supervisees**
   5.1.1. When the clinical counsellor is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client, as part of the informed consent procedure, is informed that the clinical counsellor is in training and is being supervised and is given the name of the supervisor.

5.2. **Competence and Guidelines for Supervisors**
   5.2.1. Clinical Supervisors, who provide supervision must meet the Canadian Professional Counsellors Association criteria and are trained in supervision methods and techniques.
   5.2.2. Clinical Supervisors commit to regular research and training. They must be aware and practice within the scope of practice of the Canadian Professional Counsellors
Association and any relevant regulatory college(s) in the province/territory in which they practice.

5.2.3. Supervisors who are not members of the Canadian Professional Counsellors Association (external supervisors) must be trained in supervision methods and techniques and meet or exceed the same criteria of the Canadian Professional Counsellors Association for supervision.

5.2.4. External supervisors must be recognized by their association as a qualified supervisor.

5.2.5. Clinical counsellors who provide supervision to candidates must clearly state the levels of competency expected, appraisal methods, and timing of evaluations. Candidates must be provided with periodic performance appraisal and evaluation feedback throughout the supervision process.

5.3. **Required Clinical Supervision**

5.3.1. All Canadian Professional Counsellors Association clinical counsellors must complete annual regulatory supervision and also when requiring extended clinical support related to a professional situation out of the scope of the clinical counsellors general skill-set/training.

**SECTION 6**

6. **Research, Published Media, and Social Media**

6.1. **Social Media**

6.1.1. Clinical counsellors do not add a client to any personal form(s) of social media.

6.2. **Client Testimonials**

6.2.1. Clinical counsellors do not solicit or place testimonials (e.g., print, paper, online, website) 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.

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

6.2.2.1. Exceptions may be made when clients provide feedback on a professional speaking engagement (i.e., workshop, professional development, being a guest speaker).

6.3. **Research Precautions to Prevent Harming Participants**

6.3.1. Clinical counsellors must be aware of not harming the whole being of a client, including emotionally, mentally, physiologically or physically, when completing any type of research.

6.4. **Collecting Data and Information Confidentiality in Research**

6.4.1. Confidentiality must be kept when gathering data and personal information on the client who is participating in any research project.

6.5. **Outcome Based Research Guidelines Regarding the Collection of Data and Information**

6.5.1. Clinical counsellors/researcher, must ensure all gathered data and information is reported in such a way that includes any possible bias, including all circumstances and any irregularities that may affect the outcome of the research project.

6.6. **Accurate Research Results**

6.6.1. Clinical counsellors must not distort or misrepresent research data, nor fabricate or intentionally bias research results.
6.7. **Credit for Contributions to Research**

6.7.1. Plagiarism is strictly prohibited.

6.7.2. Clinical counsellors must cite all sources using proper citation format (e.g., APA, MLA, Chicago).

6.7.3. Clinical counsellors must cite their own work appropriately to avoid self-plagiarism.

6.7.4. Clinical counsellors must give appropriate credit to those who have contributed to research.

6.7.5. Clinical counsellors who offer education, training, and/or are involved in academia, must give credit to all individuals involved for their contributions, including students and/or candidates.
Appendix

Future Topics for Expansion and Revision
- Glossary
- Touch in therapy (e.g., hugs)
- Social media/electronic use by therapists
- Advertising guidelines
- Expand Power Differentials (e.g., Is it okay to receive a gift or donation)
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- Research, Published Media, and Social Media
- Develop and expand the Glossary to make it clearer
- Expand Exceptions found in Standards of Practice (i.e., transfer of files)
- Re-examine File Management in the Event of Death/Incapacitation/Unforeseen Circumstances
- Explore restorative practices with indigenous peoples of Canada

References


https://cpa.ca/docs/File/Publications/CoEGuidelines_Supervision2017_final.pdf


Reference for this document