



This document was adopted by the Canadian Professional Counsellors Association Board of Directors and members on DATE REQUIRED.

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## **Introduction**

The Canadian Professional Counsellors Association regulates its four (4) professional designations;

- Registered Mental Health Coach [RHMC] - working within the Mental Health Coaching Scope of Practice
- Registered Professional Counsellor [RPC] - working within the Mental Health Counselling Scope of Practice
- Master Practitioner of Clinical Counselling [MPCC] - Working within the Clinical Counselling Scope of Practice
- Registered Qualified Supervisor [RQS] - Working in the Scope of Practice of the Supervisor's Designation

The RPTC, RPC, and MPCC designations each have a provisional status where members are fulfilling direct client contact hours, currency hours while supported in supervision:

- RPTC Provisional
- RPC Provisional
- MPCC Provisional
- RQS Provisional

Each professional designation has its own Scope of Practice document (REFERENCE xxx).

The purpose of the Standards of Practice outline the specific practices and procedures CPCA members must follow in order to provide competent and ethical mental health services to clients. The Canadian Professional Counsellors Association is dedicated to the promotion of public confidence and trust in the mental health profession in Canada by adhering to our mission statement as stated in the Mission, Vision, and Values document.

All registrants of the Canadian Professional Counsellors Association are accountable to the By-Laws, and the Code of Ethics and Standards of Practice, which represent minimal behavioural statements. No single document could provide a comprehensive overview of ethics, ethical standards, or ethical decision making in practice. Likewise, no single document could provide a comprehensive overview of every ethical dilemma or conflict of interest, the most up-to-date information on empirical evidence, or a detailed review of clinical practices. Members should refer to the applicable section in the Code of Ethics, Standards of Practice, or By-Laws for further interpretation and expansion of the applicable section. Additionally, members should continue their professional development by pursuing training in ethics and best practices to develop a thorough understanding and ability to navigate the mental health profession.

### **A Note on Protected and/or Regulated Titles**

Various protected/designated titles are used throughout Canada and may be subject to title protection and/or regulation, such as Clinical 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 protections in their province/territory and hold themselves to the legislation in their province/territory. This Standards of Practice uses “professional services” in reference to the mental health services provided by CPCA members.

### **Terms of Reference**

“Association” refers to the Canadian Professional Counsellors Association.

“Client file” see Client record.

“Client record” refers to any documentation, reports, written notes, clinical notes, summary reports, contact forms, and/or any other form(s) of communication (i.e., telephone, email, in-person, virtual care, etc.) related to a CPCA member’s provision of client care.

“code of ethics” in lower case refers to a code of ethics for another profession.

“Code of Ethics” in proper naming convention refers to the Canadian Professional Counsellors Association Code of Ethics (Seventh Edition).

“Confidentiality” refers to the obligation of the practitioner to keep a client’s information privacy and free from undue disclosure.

“CPCA member” includes all members of the Association registered for the purposes of providing mental health services.

“Privacy” refers to the client’s right to control access to their information.

“Record” see Client record.

“standard of practice” in lower case refers to a standard of practice or standards of professional practice (or equivalent) of another profession.

“Standards of Practice” in proper naming convention refers to the Canadian Professional Counsellors Association Standards of Practice (Third Edition).

“Professional services” refers to clinical counselling, psychotherapy, counselling therapy, mental health counselling, mental health coaching, supervision, and/or any service recognized by the Association when provided by a CPCA member working within their respective scope of practice.

### **Conflict Between this Standards of Practice and Provincial/Territorial Regulatory Bodies**

Should these Standards of Practice come into conflict with another code of ethics, standards of practice, or professional standards, or relevant legislation of any provincial or territorial regulatory body, the CPCA member must adhere to the applicable provincial or territorial regulations in their jurisdiction. It is the responsibility of the CPCA member to ensure they work within their scope of practice as determined 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

### **Standards of Practice Committee 2025**

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Russ Webb, Registrar

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## **SECTION 1**

### **1. Respect and Responsibility for the Rights, Welfare, and Protection of Clients**

#### **1.1. Adherence to the Minimum Behavioral Standards**

- 1.1.1. The Standards of Practice and Code of Ethics represent minimum behavioral standards and expectations of all CPCA members registered with the Association, as well as a set of guiding principles.

#### **1.2. Non-Discrimination**

- 1.2.1. CPCA members shall respect the diversity of clients and must not discriminate against clients on the basis of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socio-economic status.

#### **1.3. Informed Consent**

- 1.3.1. CPCA members acknowledge that for informed consent to be truly informed, the client must, to the best of their ability, understand the nature of the professional services and the various processes involved.
- 1.3.2. CPCA members are transparent about the information they collect, as well as the necessity of collecting such information, to establish informed consent, including written and/or unwritten agreements (e.g., fees for service, boundaries, limitations of confidentiality, alternatives to therapy).
- 1.3.3. When CPCA members are engaged in research and/or professional 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.
- 1.3.4. When obtaining informed consent at the beginning of a therapeutic relationship, CPCA members inform clients as early as is feasible (first/primary session) about the nature and anticipated course of therapy, coaching, fees, involvement of third parties, and limits of confidentiality, and provide sufficient opportunity for the client to ask questions and receive answers.
- 1.3.5. 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 therapeutic practice requires ongoing and informed consent throughout the therapy/coaching process. In the latter case, the onus is on the service provider to demonstrate verbal informed consent was obtained from the client.
- 1.3.6. Verbal informed consent must be documented in the client's file and initialed by the CPCA member.
- 1.3.7. CPCA members shall have a physical copy of the current edition of Canadian Professional Counsellors Association Code of Ethics available and readily accessible for in their office.
- 1.3.8. CPCA members shall ensure clients are aware and informed of the complaints process, including how to lodge a complaint with the Association regarding the CPCA member in the event of a concern or complaint.

- 1.3.9. Client notes shall indicate informed consent was discussed with, and obtained from, the client during each phase, adjustment(s), and/or variation throughout the delivery of treatments.
- 1.3.10. CPCA members must obtain and document informed consent from those to whom they provide services before recording their voice and/or image. CPCA members inform their clients of the purpose and length of time the recordings will be kept.
- 1.3.11. CPCA members obtain informed consent prior to conducting any assessment, evaluation, goal setting or diagnostic service for a client.
- 1.3.12. The CPCA member 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.
- 1.3.13. When the CPCA member is in provisional status and the legal responsibility for the treatment provided resides with the Registered Qualified Supervisor, the client, as part of the informed consent procedure, is informed that the CPCA member is in provisional training and is being supervised and is given the name of the registered qualified supervisor.

#### **1.4. Minors and Persons with Diminished Capacity**

- 1.4.1. If CPCA members provide services to a mature minor, it is the CPCA members' responsibility to determine the rule of law regarding the age at which parental consent to treatments is not required as it varies between provinces and territories.
  - 1.4.1.1. 'Mature Minor' is a federal doctrine, however provincial and/or territorial laws and legislation may override this doctrine. CPCA members are responsible to understand the relevant legislation in the province/territory in which they practice.
- 1.4.2. If services are provided to a person with diminished capacity, the CPCA member must explain to the client the nature of their scope of practice, using language that is reasonably understandable to the person who is receiving professional services.
- 1.4.3. When working with persons of intellectual disabilities/diminished capacity, CPCA members 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. CPCA members should also seek the client's informed consent to the proposed services or involvement, proportionate with the client's capacity to do so.

#### **1.5. Informed Consent Using Established and/or Emerging Technology**

- 1.5.1. If services are provided using established or emerging technology, CPCA members are required to follow the ethical codes as is required for face-to-face therapeutic settings and evaluate the service they provide as well as the conditions of confidentiality.
- 1.5.2. If services will be provided using established and/or emerging technology, CPCA members inform the client(s) of the:
  - Nature of the treatment;
  - The potential risks involved;
  - Ways to eliminate these risks;
  - Other modalities/interventions which may be available;
  - Methods in which digital data is stored and secured;



- Names of any technology service the CPCA member uses, and;
  - Safeguards in place to ensure confidentiality and privacy
- 1.5.3. CPCA members are responsible for addressing additional issues which may arise during the course of treatments, including but not limited to:
- The client's location, address, and contact information during all sessions,
  - A client's emergency contact information,
  - Privacy and confidentiality concerns, such as video conferencing platforms or digital file storage,
  - The impact of losing non-verbal cues in telephone or message-based services,
  - 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 CPCA member is adept with the technology and medium to be utilized in therapy,
  - Privacy of documents and communications between parties,
  - Risks which are not expected in face-to-face treatments,
  - 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.

**1.6. Informed Consent for Evidence-Based Emerging Modalities**

- 1.6.1. Informed consent for evidence-based emerging modalities must be obtained before incorporating them in a client session. CPCA members inform client(s) of the developing nature of the professional services and the potential risks involved.
- 1.6.2. CPCA members shall provide the client(s) with an established therapy plan if the client declines the emerging modality, or refer the client to another professional.
- 1.6.3. See Code of Ethics 3.6 - Informed Consent for Emerging Modalities.

**1.7. Advance Understanding of Fees**

- 1.7.1. Prior to entering the therapeutic relationship, CPCA members must explain all service fees relevant to supporting the client, including but not limited to: therapy, coaching, court fees, report writing, or any other fees.
- 1.7.2. CPCA members shall not require or permit clients to pay for appointments in advance.
- 1.7.3. CPCA members shall not offer discounts or 'package deals' for any reason.
- 1.7.4. CPCA members shall collect fees for all services provided, unless alternate arrangements have been made in advance.

**1.8. Gifts**

- 1.8.1. CPCA members are prohibited from asking for gifts or donations.
- 1.8.2. CPCA members must not accept gifts of significant monetary value or political affiliation.

- 1.8.3. CPCA members should be aware of cultural factors related to gift-giving (Knox, Dubois, Smith, Hess, & Hill, 2009), and of the potential for a negative impact on the therapeutic relationship if the gift is declined.
- 1.8.4. If a client offers a CPCA member a gift, the CPCA member must determine if refusing the gift will cause undue harm for the client. Zur (2007) recommends evaluating the context of gifts in the context in which they are offered.
- 1.8.5. CPCA members are not obligated to accept gifts.

#### **1.9. Maintaining Appropriate Records**

- 1.9.1. CPCA members must retain client records in accordance with the provincial/territorial legislation.
- 1.9.2. CPCA members shall maintain appropriate records for all clients, including the date(s) of all forms of contact and a summary of the reason for contact.
- 1.9.3. CPCA members who use digital storage, digital record keeping, or an electronic medical records (EMR) platform, must ensure all files are stored on Canadian data servers (Canadian data residency). For electronic records stored on removable media devices, the media must be secured/encrypted, and have physical security measures in place such as being stored in a locked filing cabinet.
- 1.9.4. CPCA members are prohibited from keeping more than one client record.

#### **1.10. Confidentiality of Records**

- 1.10.1. CPCA members must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of client records pursuant to the Privacy Act of the province/territory in which they practice.
- 1.10.2. CPCA members have an obligation to protect information about clients and their records. Information contained in a client's file should only be disclosed in one or more of the following circumstances:
  - 1.10.2.1. The client provides written permission for the disclosure,
  - 1.10.2.2. A client's authorized legal representative provides written permission for the disclosure,
  - 1.10.2.3. The CPCA member or the clients' records are demanded under a subpoena of the court,
  - 1.10.2.4. The client reports suicidal or homicidal intent,
  - 1.10.2.5. The CPCA member 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,
  - 1.10.2.6. If a request is received from an agency or individual entitled by legislation to a copy of the records.

#### **1.11. Access to Records**

- 1.11.1. The Association requires CPCA members to adhere to the following guidelines:
  - 1.11.1.1. A client's right to access and/or obtain the original records is not absolute in all provinces/territories. CPCA members must check with their provincial/territorial legislation regarding access to client files.

- 1.11.1.2. A client's request for a copy of their records must be made in writing. A request for client records should specify the information being requested and to whom the information is being released.
- 1.11.1.3. When the client requests their records be released to a third party, the client should complete a release of information form for the release of their records, including the time frame for which the client authorizes the release.
- 1.11.1.4. The CPCA member should meet with the client to review the information being disclosed. If the client declines such a meeting, the CPCA member must document the refusal, and the client should sign a waiver.

#### **1.12. File Retention Timelines**

- 1.12.1. CPCA members are required to stay informed of provincial/territorial legislation regarding record keeping, which may extend or differ from the Association's policy of file retention.
- 1.12.2. CPCA members must keep records for a minimum of ten (10) years from the last professional contact, or ten (10) years from the client's eighteenth (18) birthday, whichever is later.

#### **1.13. Confidentiality Requirements for Subordinates/Employees**

- 1.13.1. CPCA members must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates and/or employees.

#### **1.14. Confidentiality in Group Work**

- 1.14.1. CPCA members must clearly communicate to group members the importance of maintaining confidentiality of information shared by group members during group sessions.
- 1.14.2. CPCA members must take steps to protect clients from physical or psychological trauma resulting from interactions during individual and group work.

#### **1.15. Confidentiality in Couples and Family Sessions**

- 1.15.1. CPCA members must explain any limits of confidentiality to clients in family and/or couples sessions, and not disclose information about one participant to another participant without prior consent.
- 1.15.2. CPCA members must explain the limits of confidentiality of dual roles to clients in family and/or couples sessions, should the CPCA member meet with sub-units of the family or couple individually.

#### **1.16. Referral Fees**

- 1.16.1. CPCA members must not charge or receive referral fees. An example of receiving a referral fee is if a CPCA member refers a client to an agency and the agency provides a monetary reward or gift as a result. An example of charging a referral fee is if a CPCA member provides a monetary reward or gift to another professional or agency when a client is referred to their practice.

#### **1.17. Knowledge of Relevant Legislation**

- 1.17.1. CPCA members must be informed of and adhere to any relevant laws, acts, legislation, departments, and services in the province/territory in which they practice.

## **SECTION 2**

### **2. Professional Responsibility to the Public and Other Professionals**

#### **2.1. Relationships with other Mental Health Professionals**

- 2.1.1. CPCA members should respect the competency, experience, and knowledge of colleagues and other professionals.
- 2.1.2. CPCA members must not devalue or discredit the competence of another professional.

#### **2.2. Clients Served by Others**

- 2.2.1. At their discretion, CPCA members may collaborate in a multidisciplinary team treatment approach with the client's prior consent.
- 2.2.2. The CPCA member is obligated to define the parameters of client care with the client and the team at the onset of the multidisciplinary relationship.

#### **2.3. Unwarranted Complaints**

- 2.3.1. CPCA members must not initiate, participate in, or encourage the filing of unwarranted ethics complaints that are 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. CPCA members must cooperate with investigations, proceedings, and requirements of the Association, Complaints and Discipline, and/or Ethics Committees.
- 2.4.2. CPCA members 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**

- 3.1.1. CPCA members must take steps to avoid dual relationships with clients which could impair their professional judgement and/or pose a risk of harm to the client. When a dual relationship cannot be avoided, CPCA members must take appropriate steps to ensure that their professional judgment is not impaired and that no exploitation occurs.
- 3.1.2. It is not acceptable for a CPCA member to provide therapeutic services to anyone they have been closely associated with, such as but not limited to: friends, coworkers, ex-partners, or family members.
  - 3.1.2.1. Common 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.
- 3.1.3. CPCA members must inform clients of the potential of a dual relationship in their community, should such a relationship exist, and the relationship is unavoidable. CPCA members also review and establish boundaries with the client and obtain informed consent prior to beginning professional services. This may be encountered in Indigenous, rural, or remote communities.

#### **3.2. Resolving Dual/Multiple Relationships**

- 3.2.1. If a CPCA member 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 a manner which is reflective of all ethical principles.

**3.3. Dual Relationships - Exceptional Circumstances**

- 3.3.1. In the event of a natural disaster, crisis, or critical incident and a dual relationship is unavoidable, CPCA members must explain the potential conflicts that may arise due to the dual relationship and allow the client to make an informed decision to begin or continue a therapeutic relationship. (reference for Standards of Practice - Dual Relationships - Exceptional Circumstances)

**3.4. Couples Therapy**

- 3.4.1. When either the CPCA member 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 CPCA member takes reasonable measures to clarify boundaries at the beginning of the therapeutic relationship, including:
- 3.4.1.1. Which individuals are clients and;
  - 3.4.1.2. The nature of the relationship the CPCA member will have with each person and,
  - 3.4.1.3. The nature of informed consent, access to information, and individual sessions.

**3.5. Group Therapy**

- 3.5.1. When CPCA members provide services to several persons in a group setting, they describe the roles and responsibilities of all parties including the limits of confidentiality, at the beginning of a group therapeutic relationship.

**3.6. Evidence-Based Emerging Modalities/Services**

- 3.6.1. CPCA members are expected to provide services that are based on empirical psychological theory and outcome-based evidence as well as any relevant practice guidelines.
- 3.6.2. CPCA members acknowledge that there may be a greater risk of harm when using emerging modalities, if the service is delivered ineptly, if the client does not agree with the goal or procedures of the process, or the service is not adapted to the client's needs or diversity.
- 3.6.2.1. Introducing an emerging modality should only be considered when: Established modalities have been tried and the client has not benefited, or;
- 3.6.3. The emerging modality fits the clinical criteria based on the empirical evidence which may benefit the client.
- 3.6.3.1. The emerging modality is based on a reasonable psychological rationale that does not contradict the rationale underlying established services
  - 3.6.3.2. Peer-reviewed, empirical research exists which supports the emerging modality has a greater likelihood of a positive therapeutic outcome than the risk of causing harm.
  - 3.6.3.3. The emerging modality is compatible with the client's needs and particular diversity.
  - 3.6.3.4. The CPCA member has adequate, relevant, current, approved training in order that they may be able to deliver the emerging modality competently
  - 3.6.3.5. The CPCA member maintains regular supervision for the emerging modality

- 3.6.3.6. The CPCA member obtains informed, written consent for the emerging service.
- 3.6.4. See Standards of Practice 1.13 - Informed Consent, and Code of Ethics 3.4 - Informed Consent
- 3.7. Inability to Assist Clients**

CPCA members 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 CPCA member may assist in making an appropriate referral for the client.
- 3.8. Termination**
  - 3.8.1. CPCA members must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of therapeutic relationships.
- 3.9. Permission to Record or Observe**
  - 3.9.1. CPCA members must obtain prior consent from clients in writing in order to record electronically or observe sessions.
- 3.10. Disclosure or Transfer of Records**
  - 3.10.1. CPCA members must obtain clients' written/verbal consent to disclose or transfer records to third parties.
- 3.11. Impairment of Professionals Within the Scope of Practice**
  - 3.11.1. CPCA members refrain from offering professional services when their personal issues or conflicts may cause harm to a client or others.
  - 3.11.2. CPCA members 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.
  - 3.11.3. When CPCA members 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.
  - 3.11.4. CPCA members take appropriate steps in order to minimize identified counter-transference by seeking adequate supervision and/or by limiting the scope of practice.
- 3.12. Sexual Intimacies with Clients**
  - 3.12.1. CPCA members 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.
- 3.13. Client's Desire for Medical Assistance in Dying**
  - 3.13.1. CPCA members shall refer clients seeking assessment for medical assistance in dying (MAiD) to the appropriate primary healthcare provider and/or the provincial/territorial health authority.
- 3.14. Intoxicated Clients**
  - 3.14.1. CPCA members shall not provide services to clients who arrive impaired by alcohol or drugs.

- 3.14.2. If a client arrives for an appointment and is impaired, the CPCA member may contact local authorities if the client attempts to drive themselves home. This is for the client, public, and CPCA member's protection.

## **SECTION 4**

### **4. Professional Standards and Representation**

#### **4.1. Legal Conduct**

- 4.1.1. CPCA members must comply with federal and provincial/territorial laws relating to the conduct of health care professionals.

#### **4.2. Assessing Competency**

- 4.2.1. CPCA members shall assess whether they have adequate professional knowledge, skills, and experience when establishing their scope of practice. If, upon self-reflection, the CPCA member 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. CPCA members 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. Based on this awareness, CPCA members need to assess their own competency while taking on new endeavours such as new clinical methods and/or emerging modalities. CPCA members only work within their scope of practice
- 4.3.2. See Code of Ethics - 2.2 Scope of Practice and Competence

#### **4.4. Continuing Education and Professional Development**

- 4.4.1. CPCA members must engage in continuing education and professional development to maintain and improve their professional competence.
- 4.4.2. In order for CPCA members to maintain and develop competence they must take part in professional development education to remain current and develop their skills.
- 4.4.3. All CPCA members must receive supervision from a supervisor who is recognized by the Association as a Registered Qualified Supervisor or equivalent, as determined by the Association, as part of the continuing education and professional development requirements annually.

#### **4.5. Accurate Advertising**

- 4.5.1. CPCA members must make truthful, complete claims about their training, professional qualifications, scope of practice, academic achievements, and professional registration in all forms of advertisement.
- 4.5.2. CPCA members shall use their professional designations as post-nominal initials as well as the single highest academic qualification earned, in all forms of advertisement.
- 4.5.3. CPCA members must make truthful, complete statements about their regulatory body, scope of practice, and practice restrictions.
- 4.5.4. CPCA members must make truthful statements and accurate information about the possible outcomes of therapy and the duration of therapy.

- 4.5.5. When a CPCA member provides multiple professional services, these activities must be separated into professional services and other activities. For example, if a CPCA member has a mental health practice and an accounting practice, they are not permitted to advertise accounting on their mental health practice website and vice versa.
- 4.5.6. When advertising, CPCA members are required to maintain separate websites or business entities for multiple professions.

**4.6. Use of Professional Designation/Qualifications**

- 4.6.1. CPCA members must represent their academic qualifications accurately and completely by listing academic credentials as those earned from an educational institution.
- 4.6.2. CPCA members represent their professional qualifications accurately and completely by using only professional title(s) which they are qualified and permitted to use.
- 4.6.3. CPCA members must correct any known misrepresentations of their professional designations or qualifications.
- 4.6.4. See Code of Ethics 3.1 - Professional Qualifications

**4.7. Public Statements**

- 4.7.1. CPCA members must refrain from making public statements on behalf of the Association unless permission is explicitly granted to the member by the Association, Board of Directors, or Executive Committee.
- 4.7.2. CPCA members must refrain from making public statements on behalf of the Association or the profession on topics such as healthcare, politics, or public policy.
- 4.7.3. CPCA members must refrain from using their profession as a means to promote political affiliation(s) or endorsements.

**4.8. Professional Power Differentials**

- 4.8.1. CPCA members must not use their profession to seek personal gains, sexual favours, or unfair advantage.
- 4.8.2. CPCA members must not exploit their client in any manner.

**4.9. Ethics of Touch**

- 4.9.1. CPCA members are not required to touch any client and, at their own discretion, may decline any form(s) of touch from a client.
- 4.9.2. Touch is widely used in many professions, ranging from handshakes in professional meetings to more intimate forms of touch during diagnostic medical procedures. During the provision of mental health care, the use of touch is commonly and frequently discouraged by many training schools and therapeutic approaches. The risks associated with touch vary, however the most common reason to avoid touching a client is to reduce the likelihood of a boundary violation. For a detailed review of the aspect of touch in the healing professions, see Vafediadou, Bowling, Hammond, and Banissy, 2022.
- 4.9.3. When considering touching a client, the principle of “minimize harm and maximize benefit” should be first and foremost (Fuller, 2006). Careful consideration should be given before touching the client and the CPCA member must know the client well in order to make an informed decision on how the touch will be received by the client.
- 4.9.4. All forms of touch should be therapeutically appropriate and professional in nature.



- 4.9.5. All forms of touch must be non-sexual in nature and should be appropriate to the situation. For example, a therapist may touch a client's shoulder to facilitate connection about grief when describing the loss of a loved one, or shake a client's hand during an initial meeting, or a client may wish to hug a therapist at the last appointment before being discharged.
- 4.9.6. The therapist must be keenly aware of the client's background and presenting problem(s) when considering touching a client in-session. Clients who have a history of physical or sexual abuse, personality disorders, or strict personal boundaries may find the idea of being touched intrusive. In these cases, the therapist must refrain from touching the client.
- 4.9.7. If the CPCA member initiates a touch and it is viewed as a boundary violation by the client, the CPCA member must take steps to repair the therapeutic relationship with the client and review and reinforce boundaries.
- 4.9.8. Sexual contact with a client is always unethical.

#### **4.10. Ethical Complaints**

- 4.10.1. Guidelines must be followed when a potential ethical violation of another CPCA member is reported, or observed.
- 4.10.2. When appropriate, the CPCA member will attempt to resolve the potential violation directly with the individual in question.
- 4.10.3. The CPCA member shall not attempt to resolve the potential violation when it is not appropriate to do so or when the violation is egregious.
- 4.10.4. In the event an ethical resolution cannot be reached:
  - 4.10.4.1. The CPCA member is to write a formal complaint to the individual's governing body.
  - 4.10.4.2. If the individual in question is not affiliated with any professional body and the CPCA member 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.

#### **4.11. File Management in the Event of Death/Incapacitation/Unforeseen Circumstances**

- 4.11.1. CPCA members make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of the CPCA member's- withdrawal from practice - which includes death, incapacitation, and/or unforeseen circumstances.
- 4.11.2. CPCA members make plans in advance with another mental health professional to receive the CPCA member's client records in the event of death, incapacitation, and/or unforeseen circumstances.
- 4.11.3. CPCA members 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. At the beginning of a supervision relationship with a provisional registrant, the supervisor and the CPCA member establish a supervision agreement. A supervision agreement with a provisional registrant includes the supervisor's legal responsibility for the provisional CPCA member's treatment and care of clients.
- 5.1.2. At the beginning of a supervision relationship with a CPCA member, the supervisor and the CPCA member establish a supervision agreement for non-provisional status.
- 5.1.3. When a provisional registrant has a supervision agreement with more than one supervisor, the secondary supervisor and provisional registrant must establish a supervision agreement and/or informed consent procedure.

#### **5.2. Competence and Guidelines for Supervisors**

- 5.2.1. Registered Qualified Supervisors, who provide supervision must meet the Canadian Professional Counsellors Association criteria and are trained in supervision methods and techniques.
- 5.2.2. Registered Qualified 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 registered with another recognized counselling or mental health association or regulatory body.
- 5.2.5. External supervisors must be recognized by their association or regulatory body as a qualified supervisor.
- 5.2.6. CPCA members who provide supervision to candidates must clearly state the levels of competency expected, appraisal methods, and timing of evaluations. Provisional registrants must be provided with periodic performance appraisal and evaluation feedback throughout the supervision process.
- 5.2.7. CPCA members who provide supervision must clearly state the Scope of Practice they are able to provide the supervisee as a Registered Qualified Supervisor.
- 5.2.8. Registered Qualified Supervisors must maintain appropriate boundaries with supervisees, including maintaining a professional relationship with the supervisee.
- 5.2.9. It is the supervisor's responsibility to manage dual relationships, if present, including establishing or reestablishing boundaries, and/or redefining the relationship.

#### **5.3. Required Clinical Supervision**

- 5.3.1. All CPCA members must complete annual supervision requirements beyond peer-to-peer debriefing or consultation with other professionals.
- 5.3.2. When CPCA members require extended support related to a professional situation

outside the Registered Qualified Supervisor's scope of practice, the Registered Qualified Supervisor shall recommend separate supervision for the issue.

### **5.3.3. Clinical Supervision**

#### **5.3.3.1. Boundaries of Competence in Supervision**

5.3.3.1.1. Registered Qualified Supervisors work within their scope of practice when working with candidate members. When a candidate encounters an issue which is beyond both their scope of practice and that of the Registered Qualified Supervisor, the Registered Qualified Supervisor must refer the candidate for additional supervision, and develop their own competence in the area(s).

#### **5.3.3.2. Relational Boundaries between Supervisor and Supervisee**

5.3.3.2.1. Registered Qualified Supervisors (RQS) who offer supervision are dedicated to having clear, well maintained, and appropriate relationship boundaries with their supervisee(s). They recognize their inherent power associated with the role as a RQS regardless of supervisees' development.

5.3.3.2.2. Registered Qualified Supervisors commit to establishing a supervisory climate and culture that is emotionally safe, trusting, honest, and respectful.

## **SECTION 6**

### **6. Social Media and Published Media**

#### **6.1. Personal Social Media and Boundaries**

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

6.1.1.1. See Code of Ethics 7.1.2 (Social Media).

6.1.2. CPCA members are held to a higher standard due to their professional position and power differential with clients, therefore must be mindful of comments, positions, and/or discussions made on their social media platforms.

#### **6.2. Client Testimonials**

6.2.1. CPCA members 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 treatments, or those who, because of their particular circumstances, are vulnerable to undue influence.

6.2.2. Even when offered voluntarily, CPCA members 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). If such an exception is made, the CPCA member must anonymise all client names and affiliations to ensure confidentiality.

## **SECTION 7**

### **7. Research and Research Publishing**

#### **7.1. Research Precautions to Prevent Harming Participants**

- 7.1.1. CPCA members who are engaged in research must follow all current Canadian best practices regarding research practices and research ethics.

#### **7.2. Collecting Data and Information Confidentiality in Research**

- 7.2.1. When engaged in research, CPCA members are required to adhere to confidentiality guidelines as set by Canadian standards.
- 7.2.2. Confidentiality must be maintained for all research participants, including anonymity of participation.

#### **7.3. Publishing Research Guidelines Regarding the Collection of Data and Information**

- 7.3.1. CPCA members/researchers must ensure all data that are gathered is reported in accordance with industry-standard reporting guidelines such as the American Psychological Association (APA).

#### **7.4. Accurate Research Results**

- 7.4.1. CPCA members must not fabricate, distort, or misrepresent research results, including biasing results.

#### **7.5. Credit for Contributions to Research**

- 7.5.1. Plagiarism is strictly prohibited.
- 7.5.2. CPCA members must cite all sources using proper citation format for their institution or organization (e.g., APA, MLA, Chicago).
- 7.5.3. CPCA members must cite their own work appropriately to avoid self-plagiarism.
- 7.5.4. CPCA members must give appropriate credit to all individuals who have contributed to research.
- 7.5.5. CPCA members 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.

## References

Canadian Professional Counsellors Association. (2023). *Code of ethics, 6th ed.*

Canadian Professional Counsellors Association. (accessed 2021). *Professional standards of practice for the CPCA.*

Canadian Psychological Association. (2007). *Professional Practice guidelines for school psychologists in Canada.*

Canadian Psychological Association. (2017). *Ethical guidelines for supervision in psychology: teaching, research, practice, and administration.*  
[https://cpa.ca/docs/File/Publications/CoEGuidelines\\_Supervision2017\\_final.pdf](https://cpa.ca/docs/File/Publications/CoEGuidelines_Supervision2017_final.pdf)

Fuller, D. K. (2006). *Training students on the ethics of touch in psychotherapy.* Accessed 2024-02-04.  
[https://www.aptc.org/news/112006/article\\_one.html](https://www.aptc.org/news/112006/article_one.html)

Government of New Brunswick, Department of Education. (2001). *Guidelines for the professional practice of school psychology, 2001.*  
<https://cpa.ca/cpasite/UserFiles/Documents/publications/CPA%20Practice%20Guide.pdf>

Vafeidou, A., Bowling, N. C., Hammond, C., & Banissy, M. J. (2022). Assessing individual differences in attitudes towards touch in treatment settings: Introducing the touch & health scale. *Health Psychology Open*, 1-19. <https://doi.org/10.1177/20551029221137008>

Zur, O. (2007). *Boundaries in Psychotherapy: Ethical and Clinical Explorations.* American Psychological Association. <https://doi.org/10.1037/11563-000>

## Reference for this document

Canadian Professional Counsellors Association. (2023). *Standards of Practice, 3rd ed.*