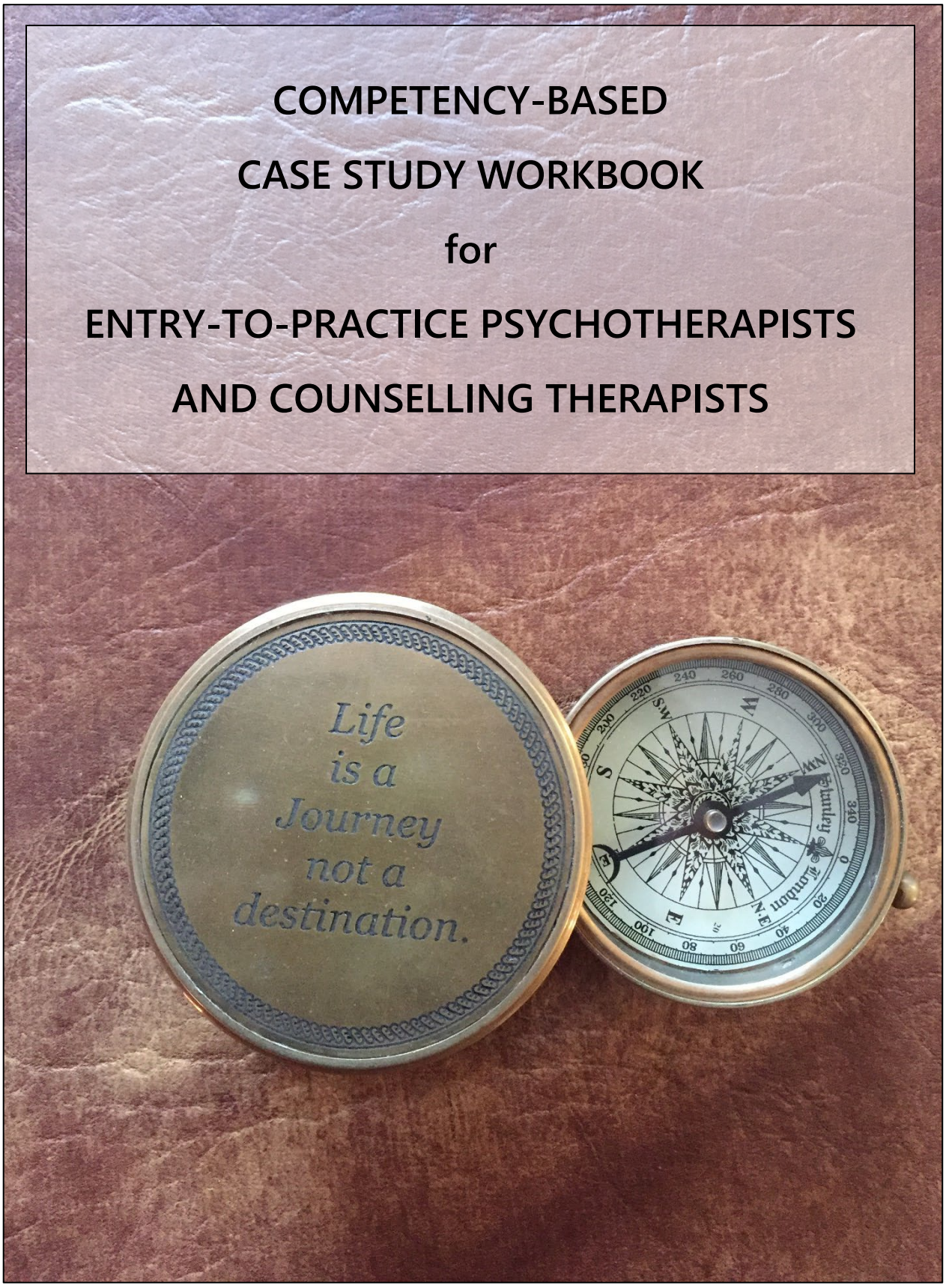
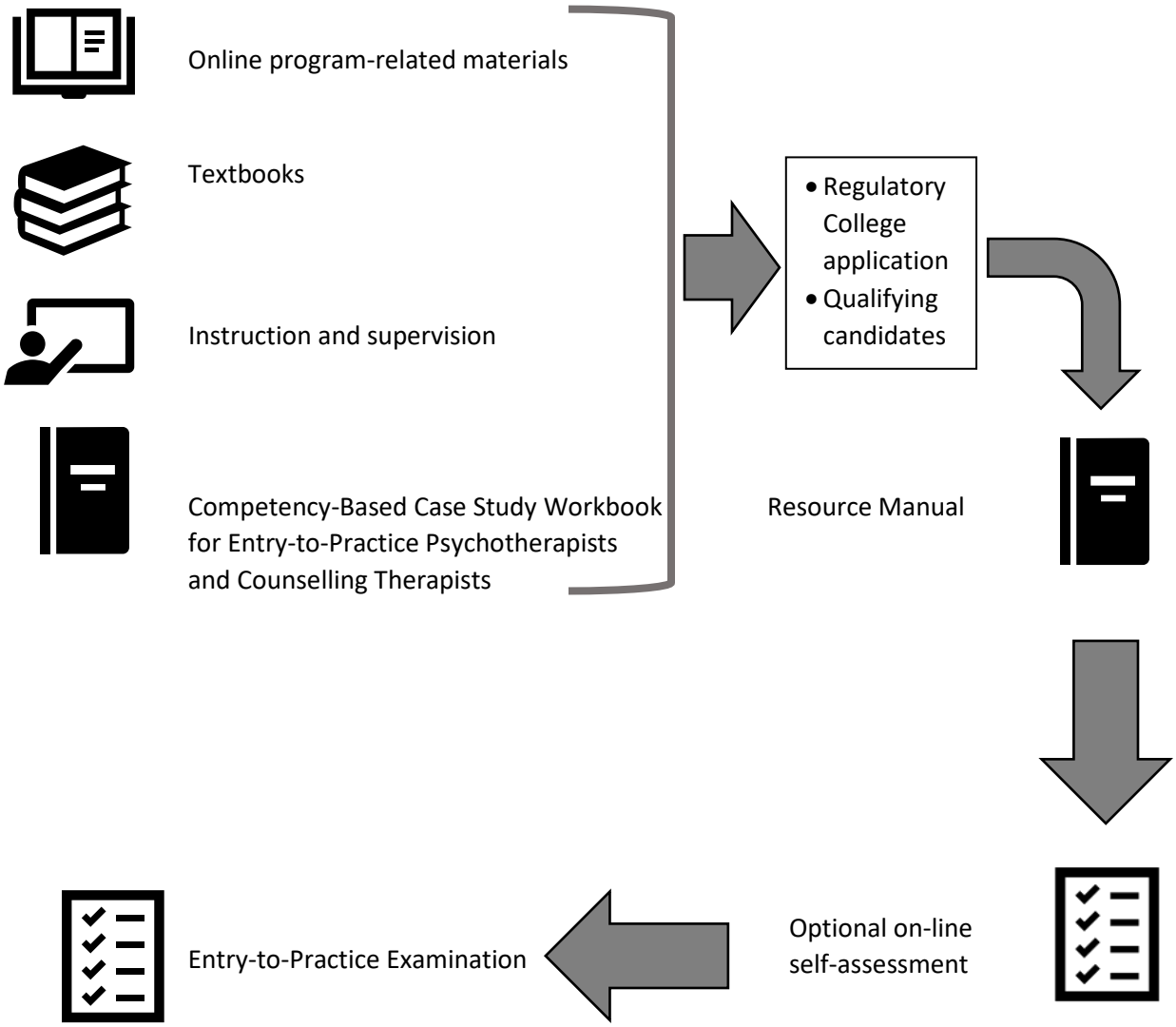
COMPETENCY-BASED
CASE STUDY WORKBOOK
for
ENTRY-TO-PRACTICE PSYCHOTHERAPISTS
AND COUNSELLING THERAPISTS



Contents

About This Workbook

This workbook is designed to support the information-gathering and decision-making skills of entry-to-practice psychotherapists and counselling therapists by using a competency-based, case study approach. This workbook complements classroom-based and supervision-related education and training materials.



How to Use this Workbook

Step One:	Read the case study
Step Two:	Read the questions that follow the case study
Step Three:	Using the blank chart, fill in column #1 with the professional actions you would take
Step Four:	Using the competency profile for your profession, Standards of Practice, and Code of Ethics, complete the remaining columns in the chart
Step Five:	Check your responses with the responses in the Key at the conclusion of the Workbook

Target Audience

The target audience for this resource is students of psychotherapy and counselling therapy who are seeking to apply competency-based frameworks to their profession-based activities.

Contents

The workbook contains a series of cases, each of which provides a unique context and client for the consideration of entry-to-practice psychotherapists and counselling therapists. The reader is invited to consider the broad questions that follow each study in the context of their professional entry-to-practice competency profile, the Standards of Practice and Code of Ethics. It is estimated that each case study will take approximately 60 minutes to complete. At the conclusion of the workbook is a key to major competency areas typically used by practitioners to address the circumstances described in each case study. The key highlights the contexts in each case and is not intended to be exhaustive.

Important note: The case studies in this workbook are focused on linking therapeutic processes to the core competencies for entry-to-practice psychotherapists and counselling therapists. For readers who are preparing for the COMPASS CPSCP Examination (The Standard), it is important to note that the Examination is simulation-style (please refer to your College's *Examination Resource Manual* for details). The workbook does NOT use simulation-style and is NOT intended as an examination guide.

Case 1: Heather

You are a psychotherapist /counselling therapist at a multi-disciplinary Crisis Centre. This morning on your way into work, you were hurrying because of the weather. It was -30˚C and the wind was strong. As you rounded the corner of the public parking lot to reach the Centre's front doors, you noticed a thin young girl huddled in a sleeping bag with a dirty green backpack tucked behind her.

Twenty minutes later, you are ready for your first client. The receptionist provides you with a client intake form that indicates your client's name is Heather. She has not provided any further personal information on the form other than to indicate that she has never received any mental health services and has never been prescribed psychiatric medications. All questions related to general and family mental health history have heavy black lines drawn through them.

You stand to meet your client and recognize her as the thin young teenager with the backpack from the parking lot. Now that there is no sleeping bag, you can see that her clothes are caked and crusted from road salt and that she appears to be pregnant. Her fingers and broken nails are dirty; her long hair is stringy and matted. Yellow nicotine stains are evident on her right middle finger. Her hands are trembling, she is sweating, and she is shifting position rapidly, apparently having trouble staying still.

She looks at you intensely through blue eyes with dilated pupils. In a quavering voice she says, "I need help. Now."

Using the chart on the following page, please respond to the following questions:

1. What are the most important actions you could take to assist the client at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. How can trust be built in this situation?
4. What are some key pieces of information about the client that are essential to learn before proceeding with treatment?

Case 1: Heather

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions			
Q2. Contexts			
Q3. Trust			
Q4. Information			

Case 2: Madeleine

You are in private practice as a psychotherapist / counselling therapist in a major Canadian city. This afternoon's session with Madeleine is her final session of a 10-session package of therapy related to her symptoms that are consistent with social anxiety.

You have been using a cognitive-behavioural approach to therapy for Madeleine and she has been responding well. She has completed homework assignments regularly and successfully.

Madeleine arrives, and you immediately see that something is distressing her. Her breathing is shallow and rapid and her eyes dart back and forth as if scanning the setting for safety. She repeatedly wrings her hands and she seems to have trouble finding the words to tell you what has happened.

Over the course of this session you learn that, on the way to her appointment today, Madeleine was on the subway train practicing the homework assignment of making eye contact with people who speak to her. The man with whom she was speaking suddenly reached out to her and groped her breasts. He made threatening comments about violent acts against her. No one came to her assistance. She fled the subway train at the next stop and ran the rest of the way to your office.

Using the chart on the following page, please respond to the following questions:

1. What are the most important actions you could take to assist the client at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. How can trust be maintained in this situation?
4. How do you address the fact that this is the final session of a 10-session package?

Case 2: Madeleine

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions			
Q2. Contexts			
Q3. Trust			
Q4. Final Session Facts			

Case 3: Tariq

You work as a psychotherapist / counselling therapist at a stabilization unit in an in-patient adolescent mental health treatment centre connected to a major teaching hospital. Today you are meeting with Tariq. This is the third time you are seeing him this week. He has been at the centre for two weeks.

Tariq has been diagnosed with post-traumatic stress injury. He has legal refugee status in Canada. His history includes witnessing the violent death of his parents in Syria and ten years in a refugee camp where he was abused by older boys. His intake form estimates his age to be 14. He has had a limited and interrupted education. He understands and speaks English.

Tariq's thin frame appears, ghost-like, in your doorway with one of the attendants. Tariq is silent. At the team meeting this morning, you learned that earlier this week Tariq threatened to kill two boys at the treatment centre. Staff could not determine any cause for the threat. This morning he used his mattress to barricade himself into his bedroom. His pillow was wedged under the door. Looking at your case notes and those of the attending psychiatrist, this behaviour is not unusual for Tariq.

Using the chart on the following page, please respond to the following questions:

1. What are the most important actions you could take to assist the client at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. How can trust be maintained in this situation?
4. What are some key pieces of information about the client that are essential to learn before proceeding with treatment?

Case 3: Tariq

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions			
Q2. Contexts			
Q3. Trust			
Q4. Information			

Case 4: Carl

You are in group practice in a small rural town. Today you are meeting with Carl. Your colleague has been offering family therapy to Carl and his parents (i.e., mother and stepfather) for the past year. His parents have been experiencing marital problems. A mediator suggested therapy as a step to reconciling differences before the couple decides whether to begin divorce proceedings. At your colleague's suggestion, Carl's mother has decided that it would be helpful for Carl to have additional therapy on his own to address any emotional concerns.

Carl is seven years old. This is your fifth meeting with him. He is with his mother in the waiting room but, as is typical of him, he is not sitting near her. He is drawing with crayons while waiting for his appointment. You ask him to bring his drawing with him as he gets up to go into your office.

Carl is relaxed and chatty. After some friendly conversation, the two of you begin to explore his feelings about his family and the current home environment. Carl begins to tell you about his home situation in more detail than in previous sessions. Carl tells you that his house is quiet. His stepdad spends a lot of time on the computer and taking pictures for his computer. His mother is busy and is still tired a lot of the time. Carl confides that he prefers to play at his friend's house most of the time and does not have friends come to his house. He especially likes sleepovers at his friend's house. When you explore this statement a bit further, Carl fidgets and says, "Jeffery is mad at me now because my Daddy got me my own computer and webcam for my bedroom. Jeffery has to use his Mom's computer. But I told him that it was okay because the bedtime video games with Daddy weren't fun anyway. Jeffery is still mad."

Your intuition tells you that something about the story doesn't fit. Before saying anything, you turn your attention to the content of Carl's drawing. It shows very deep, thick lines coloured across a very large person. There is a smaller person drawn below the scratched-out person, and another person at the edge of the page who seems to be looking through a window.

Using the chart on the following page, please respond to the following questions:

1. What are the most important actions you could take to assist the client at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. How can trust be maintained in this situation?
4. What are some key pieces of information about the client that are essential to learn before proceeding with treatment?

Case 4: Carl

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Actions			
Q2. Contexts			
Q3. Trust			
Q4. Information			

Case 5: Mason and Grace

You are in group practice in a major Canadian city. Tomorrow afternoon, you have a session with Mason and Grace. This will be your second session with the couple. Their younger son, Daniel, was killed a year ago after being struck by a distracted driver while crossing the street at a designated crosswalk on the way to Kindergarten. He was holding his mother's hand. Grace broke her wrist in the incident. Daniel sustained fatal head injuries. Mason suggested to Grace that seeing a therapist might help her "bounce back" to life. He says that since the funeral, she doesn't seem to be able to grasp the simplest of ideas, cannot cope with the housework, and has not returned to work. He says she overprotects their 12-year-old son who is now exhibiting perfectionist tendencies.

In the beginning of the first session, Mason often spoke for Grace or spoke over her words. With your prompting, and a growing rapport, Grace began to speak more openly toward the end of the session about her sense of deep guilt at having survived the accident when her child did not. She admits that she cannot seem to accomplish tasks and that she is fearful for her 12-year-old son. She also admitted that her relationship with her husband has been more complicated since the death of Daniel.

You look forward to your upcoming session with Mason and Grace. Upon reflection, you realize you have a lot in common with Grace, and this might be part of the reason for your ease in quickly developing a strong rapport with her. Your own daughter died of bone cancer when she was a toddler, something you and your ex-spouse never discussed.

Using the chart on the following page, please respond to the following questions:

1. What are the most important next steps you could take to assist the clients at this time?
2. Which contexts are particularly important in your treatment planning decisions?
3. Which therapeutic processes might you use to enhance a sense of safety in sessions?
4. What are some key pieces of information about the clients that are essential to learn before goal setting?

Case 5: Mason and Grace

Responses	Which competencies were used in your response?	Which standards of practice are most closely associated with your response?	Which ethical code principle is most associated with your response?
Q1. Next Steps			
Q2. Contexts			
Q3. Therapeutic Processes			
Q4. Goal Setting			

KEY TO CASE STUDIES

Case 1: Heather

Responses	Which competencies were used in your response?		Which standards of practice are most closely associated with your response?		Which ethical code principle is most associated with your response?	
	ONTARIO	ALBERTA/ PEI	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/ PEI
Q1. Actions - Establish rapport - Determine the client's reasons for seeking help - Employ empathy, respect, and authenticity - Clarify responsibilities and boundaries/scope of practice	4.1e, g, h 4.2a,b,c,d,e 4.4a, c, d 4.5p, q, r	2.2d 3.7a 4.1e,f 4.2g 4.3a, b, c, 4.4a,i	2.0 Competence 3.0 Client-Therapist Relationship	10.0 Competence 15.0 Client Counsellor Relationship	Integrity	A1, A4, A5, A21, A23
Q2. Contexts - Potential for substance use/detox needs, pregnancy, homelessness, abuse, need for medical attention - Physical and emotional safety/safeguards - Cultural and age-appropriate responsibilities - Appropriate risk assessment for risk/resiliency balance - Legal responsibilities/client autonomy	1.3e 1.5b, d 4.4a 4.5b, e	1.3b 1.5d, f 4.4i 4.2a 4.3e	2.0 Competence 3.0 Client-Therapist Relationship	10.0 Competence 15.0 Client Counsellor Relationship	Excellence in Professional Practice	A13, A17, A25, A26, A12

Q3. Trust - Actively listen - Pace according to comfort of client - Establish and maintain core conditions for therapy - Non-judgmental stance, dependability - Foster client autonomy, support resilience - Address power inequities/dynamics - Identify advocacy and barriers - Immediacy; focus on needs that brought client to therapy	3.8a, b 4.2a,b,c,d,e,j 4.3a, b, c, d, e	2.2d, 3.7c 4.3a, 4.4k	2.0 Competence 3.0 Client-Therapist Relationship	10.0 Competence 15.0 Client Counsellor Relationship	Autonomy and Dignity of All Persons	A1, A4, A5, A12,
Q4. Information - With what issue does the client seek assistance? - Within context of assistance need: - Age of client, living conditions, history (e.g., developmental, mental and physical health, familial, social, educational, employment…) - Access to medical supports - Appetite or eating problems / potential food insecurity - Signs or symptoms of sadness, grief, depression, anxiety, panic, fear, chronic pain - Use of drugs / alcohol / substances - Significant recent life changes - Existing relationships / social network	3.1b 3.8a 3.2a 4.5i	3.1c 3.2a 3.7a 4.4d	2.0 Competence 3.0 Client-Therapist Relationship 5.0 Record-keeping and Documentation	10.0 Competence 15.0 Client Counsellor Relationship 9.0 Record Keeping and Documentation	Excellence in Professional Practice	A13, A17, A25, A26, A12

Case 2: Madeleine

Responses	Which competencies were used in your response?		Which standards of practice are most closely associated with your response?		Which ethical code principle is most associated with your response?	
	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/PEI
Q1. Actions - Check for injuries - Acknowledge physical and psychological trauma - Attend to her breathing - Ask if she has made / would like to make a police report - Ask if she wants to contact family / friends for support / transport - Offer to rebook session	4.4a, c 3.8a, b 3.1a 4.5o, p, t	4.4i 3.7a, b 4.4k 3.7b 4.5a	1.0 Professional Conduct 2.0 Competence	1.0 Professional Conduct 10.0 Competence	Excellence in Professional Practice	A13, A17, A25, A26, A12
Q2. Contexts - Situational trauma - Medical concerns - Protection / safety - CBT homework vs random violence - Support / caring	3.2c 4.2c 4.4a 4.5n, r	3.2e 1.2d 1.3a 4.4i 4.2a	2.0 Competence 3.0 Client-Therapist Relationship	10.0 Competence 15.0 Client Counsellor Relationship	Excellence in Professional Practice	A13, A17, A25, A26, A12
Q3. Trust - Ask if she has made / would like to make a police report - Active listening / immediacy - Foster autonomy in decision-making - Unconditional positive regard for any decision - Identify advocacy opportunities - Follow Madeleine's lead on next steps	1.2b, g 3.2a 3.8a, b 4.2a, g, j 4.4c	1.2b, c, d 1.3a 3.7a 4.3a 4.4a	3.0 Client-Therapist Relationship	15.0 Client Counsellor Relationship	Excellence in Professional Practice	A13, A17, A25, A26, A12

Q4. Session Facts - Rebook / rethink termination session - If Madeleine wishes to continue with termination session, discuss gains, including recent event in progress reporting - Acknowledge acts of self-protection - Identify supports and networks - Normalize stress of traumatic distress	1.2f, g 3.8b 4.2j 4.5t 4.7a, b	1.3a 4.3a 4.4h 4.5e, f	1.0 General Conduct 3.0 Client-Therapist Relationship	1.0 Professional Conduct 15.0 Client Counsellor Relationship	Autonomy and Dignity of All Persons	A1, A4, A5, A12,

Case 3: Tariq

Responses	Which competencies were used in your response?		Which standards of practice are most closely associated with your response?		Which ethical code principle is most associated with your response?	
	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/PEI
Q1. Actions - Establish rapport - Exhibit empathy, respect, genuineness - Establish relaxed environment	4.2a, b, d	1.2b 4.3a	3.0 Client-Therapist Relationship		Excellence in Professional Practice	A12, A13, A17, A25, A26
Q2. Contexts - Recognize interrupted learning and effects of migration - Recognize instability of current living conditions - Illness related to post-traumatic stress? - Tariq's perception of basic needs - Is Tariq typically silent? Chatty? Reserved? - Is there a source of information for understanding potential triggers for behaviours?	1.1a, b, c 1.2b, d, g 1.3c, d 1.5a,b,c,e 2.3a, c	1.1a, b 1.2c 1.3a 1.5a, b, c, d 2.3d	2.0 Competence 3.0 Client-Therapist Relationship	10.0 Competence	Autonomy and Dignity of All Persons	A1, A4, A5, A12,
Q3. Trust - Respect Tariq's space: Where is he likely to feel most comfortable? - Pace according to comfort of Tariq - Non-judgmental stance - Comfort with silence - Build alliance through alignment ("I'm on your side.")	4.2a,b,c,e, j 4.5a	1.1b 1.2d 1.5f 4.4a	3.0 Client-Therapist Relationship		Excellence in Professional Practice	A12, A13, A17, A25, A26

Q4. Information - Mental Status Exam findings - Would translation services be of assistance? - Is recent behaviour consistent with previous confinements? History of kidnapping? History of abuse? - Is behaviour new? - Consult with inpatient staff: what transpired prior to barricading (to inform session content) - Determine best mode of deep communication: Art? Music? Sculpture? Talking? Photography? - Tariq's primary concerns and goals - In whose care is Tariq? Options for support network? - Treatment to date? - Hallucinations? Delusions? Dissociation?	1.2c, d 1.3c, d 1.5d, e 2.3a, c 3.5a 3.8a 4.4a, c	1.2a, d, e 1.3c 1.5c, d, e 2.3d 3.4g, h 3.7a 4.4l,m	2.0 Competence	10.0 Competence	Excellence in Professional Practice, Integrity	A12, A13, A17, A25, A26

Case 4: Carl

Responses	Which competencies were used in your response?		Which standards of practice are most closely associated with your response?		Which ethical code principle is most associated with your response?	
	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/PEI
Q1. Actions - Listen to Carl's story - Consult - Check custody rights and responsibilities - If assessed as safe to do so, speak to mother - Play therapy	1.2c 2.3c 3.1a, b, c 3.2a, b 3.5a 4.2a, c, j 4.5a	4.4a 2.3d 3.1a, b, c 3.2a, b, c 3.4g 4.3a 4.4a, i	3.0 Client-Therapist Relationship		Autonomy and Dignity of All Persons, Justice	A1, A4, A5, A12,
Q2. Contexts - Child age and developmental stage - Possibility of child abuse - One parent or both parents may be involved in potential abuse - The situation may be completely innocent / benign - Ontario law regarding disclosures of abuse	1.5b, d 3.1a, b, c 4.5a	1.2c, d 1.5c, f 3.1a, b, c 2.1c	2.0 Competence 3.0 Client-Therapist Relationship	10.0 Competence	Excellence in Professional Practice	A12, A13, A17, A25, A26
Q3. Trust - Unconditional positive regard - Involve Carl in any decision-making in informing parent - Involve Carl in any decision-making for reporting	4.1f 4.2a, b, c, d, g, j 4.3b 4.5a	2.1c 4.1b 4.3a, b 4.4f, i	3.0 Client-Therapist Relationship		Excellence in Professional Practice	A12, A13, A17, A25, A26

Q4. Information - Is the child typically imaginative and playful? - Has there been a change in behaviour at home? - What is Carl's emotional relationship with stepfather? - How strong is attachment to mother? - What therapeutic techniques would be helpful?	1.5b 4.2k 4.4a,b	1.5c 1.4b 4.2a, e, d, g	2.0 Competence	10.0 Competence	Excellence in Professional Practice	A12, A13, A17, A25, A26

Case 5: Mason and Grace

Responses	Which competencies were used in your response?		Which standards of practice are most closely associated with your response?		Which ethical code principle is most associated with your response?	
	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/PEI	ONTARIO	ALBERTA/PEI
Q1. Next Steps - Expectations for therapy - Talk with Mason and Grace individually - Psycho-education re grief and loss - Determine available community supports for grieving families	1.2a,b,d,g 2.3c 3.6a, b, c	1.2a, b, c, d 2.3d 3.7a 4.2f	2.0 Competence 3.0 Client-Therapist Relationship	10.0 Competence	Autonomy and Dignity of All Persons, Excellence in Professional Practice	A1, A4, A5, A12, A13, A17, A25, A26, B3
Q2. Contexts - Marital relationship history and current status - Awareness of elder son's perfectionism and potential reactions to his brother's death - What has happened in the last year? - Significant changes in family life / structure? - Willingness of both parties to change	4.5e,g,h,r 1.1a, b, c	1.1a, b, c 1.2d, e 1.3a 4.2a	2.0 Competence	10.0 Competence	Excellence in Professional Practice	A12, A13, A17, A25, A26
Q3. Therapeutic Processes - Seek supervision for transference/countertransference - Assess for any potential depression or trauma - Establish ground rules for respecting the voice of each person in the room	3.2c 3.5a, b 4.3a, c, e 4.4a, c 4.5e,k,m,n,r,t 4.6b	1.4a,b 3.2a, d, e 3.3c 3.4g	1.0 Professional Conduct 2.0 Competence	10.0 Competence	Integrity	D1, D2, D4,

Q4. Goal Setting - Marital relationship history and current status - Expectations of each other - Expectations of the therapist - Willingness to communicate / work together - Insight into household responsibilities	4.5b, e, g, i, r	4.3d, e 4.4c 1.2c 4.1d 4.2d	2.0 Competence	10.0 Competence	Excellence in Professional Practice, Integrity	A12, A13, A17, A25, A26, D1, D2, D4,

Ontario Appendices

Registered Psychotherapist Competency Profile

https://www.crpo.ca/wp-content/uploads/2017/08/RP-Competency-Profile.pdf

Philosophy, Assumptions and Uses of the Competency Profile

The competency profile lists the competencies that must be possessed by individuals entering the profession for the first time, in order for them to practise safely, effectively and ethically across a variety of practice settings. "Entering the profession for the first time" signifies registration following completion of entry-to-practice requirements.

- A competency is the ability to achieve a specified level of proficiency in a practice activity, and results from specific skills, knowledge and judgement.
- Entry-to-practice competency is the ability to achieve entry-level proficiency.
- Entry-level proficiency is defined as follows:

• In the ordinary practice of the profession, the entry-level Registered Psychotherapist (RP) calls upon competencies in an informed manner based upon the practice context, and does not normally require immediate supervision or direction. The entry-level RP monitors responses and reacts appropriately, and works within a reasonable timeframe, towards the achievement of outcomes consistent with the generally accepted standards in the profession.

• When dealing with unusual, difficult to resolve and complex situations, the entry- level RP recognizes situations which are beyond his/her professional capacity and addresses them in discussion with his/her supervisor and/or through referral to a practitioner who is appropriately qualified.

The competency profile establishes minimum requirements, and creates a foundation upon which to build. The possession at entry-to-practice of additional competencies, and higher levels of proficiency, is encouraged.

Following entry-to-practice, a member's competencies will evolve based upon work experience and continuing professional development. Specifically:

- New competencies may be added.
- Levels of proficiency in competencies that are regularly utilized may increase.
- Levels of proficiency in competencies that are not regularly utilized may decrease.

The competency profile informs the registration requirements for new registrants entering the profession for the first time. Additionally, it informs the requirements for the registration of experienced workers, as well as the College's ongoing expectations for members such as its standards of practice and quality assurance program.

RP Competency Profile – Approved by Council March 30, 2012

Principles Behind the Competency Profile

The competency profile is constructed to serve users both within and outside the profession. The terminology is generic, and should be interpreted in the context of professional self- regulation in Ontario and in a manner relevant to the therapist's orientation, modality and practice.

The individual competencies within the profile should be thought of as an interdependent array of abilities which an individual brings to the workplace, and uses according to the situation at hand. Competencies are not used in isolation.

The profile does not represent a protocol, or a listing of what the practitioner must do in practice; rather, it represents what the practitioner must be able to do when necessary.

In any practice situation the order of use, and the significance, of the competencies will vary according to context.

At entry-to-practice the RP is able to:

1. Foundations
    - 1.1 Integrate a theory of human psychological functioning.
        - a Integrate knowledge of human development across the lifespan.
        - b Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.
        - c Integrate knowledge of the psychological significance of spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development.
    - 1.2 Work within a framework based upon established psychotherapeutic theory.
        - a Integrate the theory or theories upon which the therapist's practice is based.
        - b Integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation.
        - c Identify circumstances where therapy is contraindicated.
        - d Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.
        - e Establish a therapeutic relationship informed by the theoretical framework.
        - f Integrate a theory of change consistent with the therapist's theoretical orientation.
        - g Integrate knowledge of the impact of trauma on psychological functioning.
    - 1.3 Integrate knowledge of comparative psychotherapy relevant to practice.
        - a Integrate knowledge of key concepts common to all psychotherapy practice.
        - b Recognize the range of psychotherapy practised within the province of Ontario.
        - c Integrate knowledge of psychopathology.
        - d Recognize the major diagnostic categories in current use.
        - e Recognize the major classes of psychoactive drugs and their effects.
    - 1.4 Integrate awareness of self in relation to professional role.
        - a Integrate knowledge of the impact of the therapist's self on the therapeutic process.
        - b Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.
        - c Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.

d Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.

1.5 Integrate knowledge of human and cultural diversity.

a Integrate knowledge of human diversity.

b Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.

c Adapt the therapist's approach when working with culturally diverse clients.

d Recognize barriers that may affect access to therapeutic services.

e Identify culturally-relevant resources.

2. Collegial & Interprofessional Relationships

2.1 Use effective professional communication.

a Use clear and concise written communication.

b Use clear and concise oral communication.

c Use clear and concise electronic communication.

d Communicate in a manner appropriate to the recipient.

e Use effective listening skills.

f Differentiate fact from opinion.

g Recognize and respond appropriately to non-verbal communication.

2.2 Maintain effective relationships.

a Show respect to others.

b Maintain appropriate professional boundaries.

c Recognize and address conflict in a constructive manner.

d Demonstrate personal and professional integrity.

2.3 Contribute to a collaborative and productive atmosphere.

a Create and sustain working relationships with other professionals encountered in practice.

b Create and sustain working relationships with colleagues of diverse socio- cultural identities.

c Initiate interprofessional collaborative practice.

3. Professional Responsibilities

3.1 Comply with legal and professional obligations.

a Comply with applicable federal and provincial legislation.

b Comply with CRPRMHTO legislation and professional standards.

c Address organizational policies and practices that are inconsistent with legislation and professional standards.

d Comply with relevant municipal and local bylaws related to private practice.

3.2 Apply an ethical decision making process.

a Recognize ethical issues encountered in practice.

b Resolve ethical dilemmas in a manner consistent with legislation and professional standards.

c Accept responsibility for course of action taken.

3.3 Maintain self-care and level of health necessary for responsible therapy.
    a Maintain personal physical, psychological, cognitive and emotional fitness to practice.
    b Build and use a personal and professional support network.
    c Maintain personal hygiene and appropriate professional presentation.
3.4 Evaluate and enhance professional practice.
    a Undertake critical self-reflection.
    b Solicit client feedback throughout the therapeutic process.
    c Plan and implement methods to assess effectiveness of interventions.
    d Obtain feedback from peers and supervisors to assist in practice review.
    e Identify strengths as a therapist, and areas for development.
    f Set goals for improvement.
    g Modify practice to enhance effectiveness.
    h Participate in relevant professional development activities.
    i Maintain awareness of resources and sources of support relevant to practice.
3.5 Obtain clinical supervision or consultation.
    a Initiate clinical supervision or consultation when appropriate or required.
    b Articulate parameters of supervision or consultation.
    c Protect client privacy and confidentiality, making disclosure only where permitted or required.
    d Initiate a legal consultation when necessary.
3.6 Provide education and training consistent with the therapist's practice.
    a Recognize when to provide education and training to clients and others.
    b Recognize therapist's limits of professional expertise as a trainer / educator.
    c Plan and implement effective instructional activities.
3.7 Maintain client records.
    a Comply with the requirements of CRPRMHTO and relevant professional standards.
3.8 Assist client with needs for advocacy and support.
    a Identify when advocacy or third-party support may be of value to the client, and advise client accordingly.
    b Support client to overcome barriers.
3.9 Provide reports to third parties.
    a Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.
    b Recognize ethical and legal implications when preparing third-party reports.
3.10 Establish business practices relevant to professional role.
    a Comply with the requirements of CRPRMHTO and relevant professional standards.
    b Explain limitations of service availability.

4. Therapeutic Process
4.1 Orient client to therapist's practice.
    a Describe therapist's education, qualifications and role.
    b Differentiate the role of the therapist in relation to other health professionals.
    c Explain the responsibilities of the client and the therapist in a therapeutic relationship.
    d Explain the advantages and disadvantages of participating in psychotherapy.

e Explain client rights to privacy and confidentiality, and the limitations imposed upon it by law.

f Explain relevant rules and policies.

g Respond to client questions.

h Explain and obtain informed consent in accordance with legal requirements.

4.2 Establish and maintain core conditions for therapy.

a Employ empathy, respect, and authenticity.

b Establish rapport.

c Demonstrate awareness of the impact of the client's context on the therapeutic process.

d Demonstrate sensitivity to the setting in which therapy takes place.

e Assume non-judgmental stance.

f Explain theoretical concepts in terms the client can understand.

g Foster client autonomy.

h Maintain appropriate therapeutic boundaries.

i Define clear boundaries of response to client's requests or demands.

j Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.

k Employ effective skills in observation of self, the client and the therapeutic process.

l Demonstrate dependability.

4.3 Ensure safe and effective use of self in the therapeutic relationship.

a Demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process.

b Recognize the impact of power dynamics within the therapeutic relationship.

c Protect client from imposition of the therapist's personal issues.

d Employ effective and congruent verbal and non-verbal communication.

e Use self-disclosure appropriately.

4.4 Conduct an appropriate risk assessment.

a Assess for specific risks as indicated.

b Develop safety plans with clients at risk.

c Refer to specific professional services where appropriate.

d Report to authorities as required by law.

e Follow up to monitor risk over time.

4.5 Structure and facilitate the therapeutic process.

a Communicate in a manner appropriate to client’s developmental level and socio-cultural identity.

b Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.

c Respond non-reactively to anger, hostility and criticism from the client.

d Respond professionally to expressions of inappropriate attachment from the client.

e Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.

f Recognize a variety of assessment approaches.

g Formulate an assessment.

h Develop individualized goals and objectives with the client.
i Formulate a direction for treatment or therapy.
j Practise therapy that is within therapist's level of skill, knowledge and judgement.
k Focus and guide sessions.
l Engage client according to their demonstrated level of commitment to therapy.
m Facilitate client exploration of issues and patterns of behaviour.
n Support client to explore a range of emotions.
o Employ a variety of helping strategies.
p Ensure timeliness of interventions.
q Recognize the significance of both action and inaction.
r Identify contextual influences.
s Review therapeutic process and progress with client periodically, and make appropriate adjustments.
t Recognize when to discontinue or conclude therapy.

4.6 Refer client.

a Develop and maintain a referral network.
b Identify situations in which referral or specialized treatment may benefit the client, or be required.
c Refer client, where indicated, in a reasonable time.

4.7 Conduct an effective closure process.

a Prepare client in a timely manner for the ending of a course of therapy.
b Outline follow-up options, support systems and resources.

5. Professional Literature & Applied Research

5.1 Remain current with professional literature.

a Read current professional literature relevant to practice area.
b Access information from a variety of current sources.
c Analyze information critically.
d Determine the applicability of information to particular clinical situations.
e Apply knowledge gathered to enhance practice.
f Remain current with developments in foundational areas.

5.2 Use research findings to inform clinical practice.

a Integrate knowledge of research methods and practices.
b Determine the applicability of research findings to particular clinical situations.
c Analyze research findings critically.
d Apply knowledge gathered to enhance practice.

Professional Practice Standards

https://www.crpo.ca/wp-content/uploads/2017/08/Professional-Practice-Standards-For-Registered-Psychotherapists.pdf

Section 1 Professional Conduct

1.1 Accepting the Regulatory Authority of the College
1.2 Use of Terms, Titles and Designations
1.3 Reporting Unsafe Practices
1.4 Controlled Acts
1.5 General Conduct
1.6 Conflict-of-interest
1.7 Dual and Multiple Relationships
1.8 Undue Influence and Abuse
1.9 Referral

Section 2 Competence

2.1 Consultation, Clinical Supervision and Referral

Section 3 Client-Therapist Relationship

3.1 Confidentiality
3.2 Consent
3.3 Communicating Client Care
3.4 Electronic Practice
3.5 Unnecessary Treatment
3.6 Complaints Process
3.7 Affirming Sexual Orientation and Gender Identity

Section 4 Clinical Supervision

4.1 Providing Clinical Supervision
4.2 Practising with Clinical Supervision

Section 5 Record-keeping and Documentation

5.1 Record-keeping – Clinical Records
5.2 Failing to Provide Reports
5.3 Issuing Accurate Documents
5.4 Record-keeping – Appointment Records
5.5 Record-keeping – Financial Records
5.6 Record-keeping – Storage, Security and Retrieval

Section 6 Business Practices

6.1 Fees
6.2 Advertising and Representing Yourself and Your Services
6.3 Discontinuing Services
6.4 Closing, Selling, or Relocating a Practice

Code of Ethics

https://www.crpo.ca/wp-content/uploads/2017/08/Code-of-Ethics.pdf

Autonomy & Dignity of All Persons. To respect the privacy, rights and diversity of all persons; to reject all forms of harassment and abuse; and to maintain appropriate therapeutic boundaries at all times.

Excellence in Professional Practice. To work in the best interests of clients; to work within my skills and competencies; maintain awareness of best practices; and to pursue professional and personal growth throughout my career.

Integrity. To openly inform clients about options, limitations on professional services, potential risks and benefits; to recognize and strive to challenge my own professional and personal biases; and to consult on ethical dilemmas.

Justice. To strive to support justice and fairness in my professional and personal dealings, and stand against oppression and discrimination.

Responsible Citizenship. To participate in my community as a responsible citizen, always mindful of my role as a trusted professional; and to consult on potential conflicts-of-interest and other personal-professional challenges.

Responsible Research. To conduct only basic and applied research that potentially benefits society, and to do so safely, ethically and with the informed consent of all participants.

Support for Colleagues. To respect colleagues, co-workers, students, and members of other disciplines; to supervise responsibly; to work collaboratively; and to inspire others to excellence.

Alberta / PEI Appendices

Counselling Therapist Competency Profile

https://static1.squarespace.com/static/5c93c5db51f4d4c50094672d/t/6091516bccfeef0790abea4e/1620136299147/entry-to-practice-competency-profile-document.pdf

CONCEPTUAL FRAMEWORK

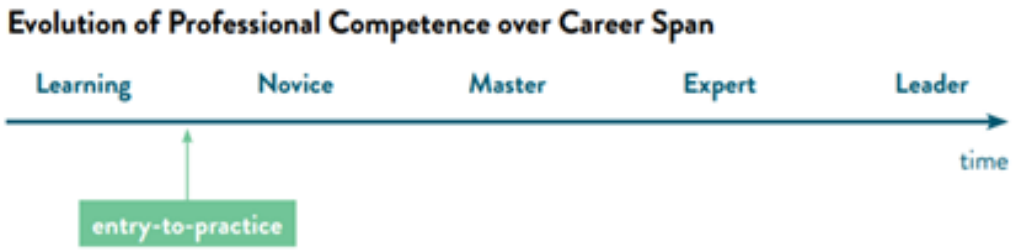
Competence and Competencies

Competence in the professional workplace is generally agreed to be a complex and subjective quality that is highly context-specific (Kane, 1992; Epstein & Hundert, 2002) and which does not lend itself to objective assessment in the abstract. To circumvent this difficulty and to enable reliable and objective education and assessment prior to entry to the profession, it is commonly assumed that competence is enabled by the possession of "competencies", where: A competency is defined as the ability to perform a practice task with a specified level of proficiency.

An entry-to-practice competency profile identifies the set of competencies expected at entry to the profession which is deemed to enable competent entry-level practice and to provide a foundation for ongoing development.

As well as being context-specific, workplace competence is developmental and impermanent. Over the span of a career a practitioner's knowledge and skills develop as a result of experience and continuing education.

Levels of proficiency increase in regularly-performed practice tasks; new practice tasks may be learned. Levels of proficiency in practice tasks that are not utilized may decrease. Added to this, practitioners may specialize in narrow areas of practice rather than general practice. As a result of these forces, practitioner competency sets evolve over time (Benner, 1984, Kaslow, 2007; Snell, 2014), and tend to individualize, as illustrated in the figure below.



ENTRY-LEVEL PROFICIENCY

The following statement characterizes the level of proficiency in the competencies expected at entry-to-practice:

When presented with commonly occurring practice situations, the entry-level Counselling Therapist applies relevant competencies in a manner consistent with generally accepted standards in the profession, independently, and within a reasonable timeframe. The entry-level Counselling Therapist selects and applies competencies in an informed manner, anticipates what outcomes to expect in a given situation, and responds appropriately.

The entry-level Counselling Therapist recognizes unusual, difficult to resolve and complex situations, and takes appropriate steps to address them based on ethics and standards of practice; this includes seeking consultation or supervision, reviewing research literature, and referring the client.

STRUCTURAL FRAMEWORK

The competency profile includes 125 competencies organized under functional headings within four practice areas as follows:

Area 1. Foundations
- 1.1 Human functioning
- 1.2 Theoretical framework
- 1.3 Mental health
- 1.4 Awareness of self
- 1.5 Diversity

Area 2. Communication and relationships
- 2.1 Communication
- 2.2 Relationships
- 2.3 Collaborative practice and referral

Area 3. Professionalism
- 3.1 Legal and regulatory compliance
- 3.2 Ethics
- 3.3 Self-care and safety
- 3.4 Reflective practice
- 3.5 Records
- 3.6 Business practices
- 3.7 Third party support
- 3.8 Reports to third parties
- 3.9 Supervision
- 3.10 Collegial consultation

Area 4. Counselling Therapy Process
- 4.1 Orientation
- 4.2 Assessment
- 4.3 Therapeutic relationship
- 4.4 Therapeutic process
- 4.5 Closure

The competencies listed in the profile should be regarded as an integrated set of abilities, each competency informing and qualifying the others; competencies are not intended to be used in isolation. They do not constitute a protocol for the practice of counselling therapy.

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Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. Journal of the American Medical Association, 287(2), 226–235. doi:10.1001/jama.287.2.226.

Frank, J. R., Snell, L. S., & Sherbino, J. (Eds). (2014).The draft CanMEDS 2015 physician competency framework (Series III). Ottawa, ON: The Royal College of Physicians and Surgeons of Canada.

Kane, M. T. (1992). The assessment of professional competence. Evaluation and the Health Professions, 15(2), 163-182. doi: 10.1177/016327879201500203

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COMPETENCIES

1. FOUNDATIONS
    - 1.1 Human functioning
        - a. Apply knowledge of developmental transitions.
        - b. Apply knowledge of contextual and systemic influences, including social, biological, and family factors.
        - c. Apply knowledge of the significance of religion, spirituality, values, and meaning.
    - 1.2 Theoretical framework
        - a. Use established therapeutic theory.
        - b. Establish therapeutic relationships informed by the theoretical framework.
        - c. Apply knowledge of how human problems develop, from the viewpoint of the theoretical framework.
        - d. Apply the theoretical framework to client contexts and presentations.
        - e. Apply a theory of change consistent with the theoretical framework.
        - f. Recognize the benefits, limitations, and contraindications of differing theoretical frameworks.
    - 1.3 Mental health
        - a. Integrate knowledge of the impact of trauma on psychological functioning.
        - b. Recognize the major classes of psychotropic drugs and their effects.
        - c. Recognize the major diagnostic categories identified in the current editions of the DSM (Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association) and the ICD (International Classification of Diseases), and their possible implications for therapy.
        - d. Recognize the impact of drug and alcohol misuse.
        - e. Apply knowledge of neurobiology pertinent to clinical practice.
    - 1.4 Awareness of self
        - a. Recognize instances where the counselling therapist's life experiences may enhance or compromise effectiveness.
        - b. Recognize instances where the counselling therapist's subjectivity, values, and biases may compromise effectiveness.
        - c. Obtain support to enhance objectivity.

1.5 Diversity

a. Apply knowledge of human diversity.

b. Adapt the counselling therapist's approach to meet culture-specific needs of clients.

c. Recognize how historic and systemic oppression, power imbalance, and social injustice may impact the therapeutic process.

d. Recognize and address barriers that may affect access to counselling services.

e. Identify and access culturally relevant resources.

f. Model behaviour that promotes inclusion.

2. COMMUNICATION AND RELATIONSHIPS

2.1 Communication

a. Use clear, concise written and oral communication.

b. Use electronic and social communication media in a secure and professional manner.

c. Use communication style appropriate to the recipient.

d. Communicate in a manner that promotes inclusion.

e. Use effective listening skills.

f. Monitor non-verbal communication.

g. Differentiate fact from opinion.

h. Communicate effectively in a group setting.

i. Explain theoretical concepts in everyday language.

2.2 Relationships

a. Show respect to others.

b. Maintain appropriate boundaries.

c. Recognize and address conflict in a constructive manner.

d. Maintain congruence between what is said and what is done.

2.3 Collaborative practice and referral

a. Create and sustain working relationships with other professionals.

b. Differentiate the functions of other service providers.

c. Show respect to other disciplines.

d. Participate in collaborative practice.

e. Develop and maintain a referral network.

f. Identify community resources relevant to client needs.

3. PROFESSIONALISM

3.1 Legal and regulatory compliance

a. Comply with relevant federal and provincial / territorial legislation.

b. Comply with relevant municipal and other local bylaws.

c. Comply with requirements of statutory regulatory body.

d. Comply with requirements of self-regulatory organization.

e. Distinguish between the role of a statutory regulator and a professional association.

3.2 Ethics

a. Recognize ethical issues encountered in practice.

b. Apply an ethical decision making process.

c. Address organizational policies and practices that are inconsistent with legislation and professional standards.

d. Resolve ethical dilemmas in a manner consistent with legislation and professional standards.

e. Recognize and acknowledge personal accountability in decision making.

3.3 Self-care and safety
- a. Maintain wellness practices that contribute to professional performance.
- b. Build and use a support network.
- c. Recognize and address indicators of compromised performance.
- d. Recognize and address need for personal counselling.
- e. Recognize and address risks to personal safety.

3.4 Reflective practice
- a. Obtain performance feedback from various sources.
- b. Undertake self-evaluation and identify goals for improvement.
- c. Implement changes to improve effectiveness.
- d. Practice within the counselling therapist's level of skills and knowledge.
- e. Remain current with developments relevant to area of practice.
- f. Use research findings to inform clinical practice.
- g. Recognize and address the need for the counselling therapist to obtain clinical supervision.
- h. Recognize and address the need for the counselling therapist to obtain consultation.
- i. Negotiate parameters for clinical supervision and consultation.

3.5 Records
- a. Maintain comprehensive records of professional activity.
- b. Ensure clarity and legibility of records.
- c. Maintain security and preservation of records.
- d. Recognize and address factors affecting confidentiality and access to information.
- e. Recognize and address factors affecting transfer of information and records to others.

3.6 Business practices
- a. Recognize and address liability concerns.
- b. Establish sound business management policies and procedures.
- c. Establish procedures to deal effectively with client crises and emergency situations.
- d. Establish procedures to provide services during therapist absence.
- e. Employ ethical advertising principles.
- f. Maintain professional deportment congruent with practice setting.
- g. Use planning and time management skills.

3.7 Third party support
- a. Identify when advocacy or third party support may be of value to the client, and advise client accordingly.
- b. Support clients to overcome barriers.

3.8 Reports to third parties
- a. Prepare clear, concise, accurate, and timely reports, appropriate to the needs of the recipient and the client.
- b. Recognize ethical and legal implications when preparing reports.

3.9 Supervision
- a. Differentiate among administrative supervision, clinical supervision, and consultation.
- b. Recognize the principles of clinical supervision and the complexities of the role of clinical supervisor.

3.10 Collegial consultation
- a. Recognize the principles of consultation and the complexities of the role of consultant.
- b. Articulate parameters of consultation.
- c. Provide consultation within therapist's limits of professional expertise.

4. COUNSELLING THERAPY PROCESS

4.1 Orientation

a. Explain the proposed theoretical framework for therapy.
b. Describe the therapeutic process.
c. Establish agreement on who is the client for the purposes of therapy.
d. Explain the responsibilities of the counselling therapist and the client in the therapeutic relationship.
e. Explain confidentiality and its limits.
f. Establish ongoing informed consent.
g. Provide key administrative policies and procedural information to client.

4.2 Assessment

a. Identify client's strengths, vulnerabilities, resilience, and resources.
b. Select and utilize appropriate assessment tools.
c. Refer client for external assessment where appropriate.
d. Identify client's expectations of therapy and its outcomes.
e. Integrate assessment data into proposed therapeutic process.
f. Communicate assessment information so client understands its relationship to proposed therapeutic process.
g. Assess for and address legal duty to report and legal duty to warn.

4.3 Therapeutic relationship

a. Establish and maintain a client-therapist relationship.
b. Establish and maintain therapeutic boundaries.
c. Define clear limits of response to client's requests or demands.
d. Regain therapeutic perspective when it has been diminished.
e. Monitor and respond to quality of client-therapist relationship on an ongoing basis.

4.4 Therapeutic process

a. Adapt therapeutic process to meet specific needs of client
b. Formulate working hypotheses to account for and address presenting problems of clients.
c. Use working hypotheses to guide therapeutic approach.
d. Obtain, interpret, and integrate multiple sources of information pertaining to working hypotheses.
e. Assess working hypotheses and effectiveness of the therapeutic approach.
f. Reformulate working hypotheses and therapeutic approach as appropriate.
g. Manage interruptions to the therapeutic process.
h. Review progress with client on an ongoing basis.
i. Develop and monitor safety plan with client and / or others.
j. Foster client's ability to function independent of therapy.
k. Manage interruptions to the therapeutic process due to external factors.
l. Identify situations in which referral may benefit the client.
m. Refer client, where indicated, in a timely fashion.

4.5 Closure

a. Recognize when to conclude therapy.
b. Prepare client for the ending of a course of therapy.
c. Conduct an effective closure process.
d. Identify follow-up options.
e. Review support systems and resources.
f. Address premature endings.

Standards of Practice

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Preamble:

The College of Counselling Therapy comprises health professionals who support the health and development of Albertans across the lifespan through the provision of professional Counselling, Addictions, and Child and Youth Care services. The Standards of Practice and Code of Ethics, authorized by the Health Professions Act (HPA), govern the profession. They are the minimum standards of professional behaviour and ethical conduct expected of all regulated members of the College of Counselling Therapy. A breach of the Standards of Practice may constitute unprofessional conduct enforceable under the HPA. Across various practice settings, specializations, and client populations the Standards of Practice and Code of Ethics guide the professional relationship and outline the code of conduct necessary for the safe and effective provision of professional services.

The College of Counselling Therapy of Alberta and its Members respect the dignity and worth of the individual, and strive to protect, respect, and promote the rights and welfare of all those who receive services from Members of the College. The Standards of Practice reflect such values as integrity, competence, responsibility and an understanding of and respect for the cultural diversity of society. Members see the client as the expert in their own experience, and provide client-centered care aimed at addressing the relevant psychological, social, cultural, spiritual, biological, and developmental needs of the clients and families they serve.

Members are encouraged to maintain awareness of their own values and their implications for practice, and to see themselves as growing, learning, and strengthening professionals with the capacity to make complex ethical decisions. Members are encouraged to use the section on ethical decision-making in the Code of Ethics for guidance in resolving ethical dilemmas.

This Standards of Practice will be revised over time through consultation, to ensure ongoing protection of the public. College Members and Members of the public are invited to submit comments and suggestions at any time to the College.

Definitions:

In these Standards,

(a) "client" means an individual or group of individuals (a couple, family, or other group); a corporate entity or an organization who currently receive, or have received in the past, professional services from a Member.

(b) "Clinical Supervision" means a contractual relationship in which a clinical supervisor engages with a supervisee to discuss the direction of therapy and the therapeutic relationship; promote the professional growth of the supervisee; facilitate self-reflection, self-assessment, and self awareness; ensure standards; enhance quality; stimulate creativity; support the sustainability and resilience of the work being undertaken; and safeguard the well-being of the client.

(c) "College" means the College of Counselling Therapy of Alberta (CCTA)

(d) "Continuing Competency Program" means the professional development and continuing education program of the College.

(e) "Counsellor-Client Relationship" means the professional relationship that is formed as soon as a Member provides a professional service to an individual or group of individuals (clients).

(i) “client/patient record” means record as defined in section 1(q) of the Freedom of Information and Protection of Privacy Act and includes books, accounts, client records, medical charts, and other documents relating to the client’s health record;
(j) “Member” means a Regulated Member, an individual who provides services and is registered under section 33(1)(a) of the Health Professions Act;
(k) “Provisional Member” means a person who is a regulated member of the College on the provisional register;
(l) “services” means treatment, counselling, or other care that has the objective of maintaining or improving the mental health and well-being of an individual, and includes services to treat a mental disorder, improve health and wellbeing, and/or address an addiction.
(m) “Sexual abuse” is defined by the Health Professions Act as the threatened, attempted or actual conduct of a regulated Member towards a patient that is of a sexual nature and includes any of the following conduct:
- o sexual intercourse between a regulated Member and a patient of that regulated Member
- o genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated Member and a patient of that regulated Member
- o masturbation of a regulated Member by, or in the presence of, a patient of that regulated Member
- o masturbation of a regulated Member's patient by that regulated Member Standards of Practice ACTA
- o encouraging a regulated Member's patient to masturbate in the presence of that regulated Member
- o touching of a sexual nature of a patient's genitals, anus, breasts or buttocks by a regulated Member

(n) “Sexual misconduct” is defined by the Health Professions Act as any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated Member towards a patient, that a regulated Member knows, or should know, would cause offence, humiliation, or adversely affect the patient's health and wellbeing
(o) “Sexual Nature” is defined by the Health Professions Act as not including “any conduct, behaviour, or remarks that are appropriate to the service provided.”
(p) “substitute decision maker”, in respect of an individual, means a person legally authorized to make specific decisions on behalf of the individual;
(q) “terms and limitations” (TCL’s) means the terms, conditions and limitations that the College may place on the Member’s registration to which the Member must adhere.
(r) “unregulated individual” means an individual who provides services and is not registered under section 33(1)(a) of the Health Professions Act.

PROFESSIONAL CONDUCT

1.0 Conduct

Background: A Regulated member’s professional conduct encompasses all their interactions with the College, clients, colleagues, professionals and the public. They must act in a manner that protects and serves the public interest and maintain public confidence in the profession.

1.1 Members of the College shall accept and comply with the regulatory authority and role of the College to protect clients and the public interest.
1.2 Members shall abide by the professions’ regulation within the Health Professions Act and all parameters outlined by the College Bylaws, Code of Ethics, Standards of Practice, Continuing Competency program and any direction or order given by the College.
1.3 Members shall ensure that all obligations required to maintain their registration are met and maintained by the Member in a timely manner.

1.4 A Member shall not, by means of false, deceptive or fraudulent representation or declaration, either oral or written, attempt to obtain or renew registration with the College for themselves or another Member.
1.5 Members must cease practicing the profession when their registration is suspended or cancelled for any reason.
1.6 A Member shall abide by any terms or conditions placed on Member's practice permit by the College.
1.7 Members shall conduct themselves, both privately, in the community/public, and professionally, in a manner consistent with the values, beliefs, ethics and professional standards outlined by the College.
1.8 Members shall at all times act in the best interest of the client.
1.9 Members shall not knowingly aid or abet another person in misrepresenting that person's professional credentials or in illegally representing that person as a member of a regulated profession.
1.10 A Member who is aware of a person who meets the requirements for mandatory registration under the HPA shall notify that person when possible, of their obligation to apply for registration. Secondly, the Member is obligated to notify the appropriate College in writing.

2.0 Use of Terms, Titles, and Designations

2.1 Members shall clearly identify themselves as being registered with their regulated professions' designated titles, abbreviations, or initials as outlined in the HPA regulations, when acting in any professional capacity of the profession on all documentation, electronic and printed, including but not limited to:
2.1.1 business cards;
2.1.2 resumes/CVs;
2.1.3 advertising;
2.1.4 professional publications;
2.1.5 letters and/or reports;
2.1.6 email signatures; and
2.1.7 invoices.
2.2 Members regulated within more than one profession shall identify themselves using all of their regulated designated titles that relate to the professional services being practiced.

Education/training credentials

2.3 Members shall only display education and/or training credentials that have been achieved by the Member and relate to the practice of the profession, in their practice offices and in their communications related to the profession.
2.4 A Member shall not misrepresent, or knowingly allow misrepresentation of their qualifications such as education, experience, areas of competency and/or specialty.

Doctor Title

2.5 Members shall be permitted to use the title "doctor" or the abbreviation "Dr." in connection with the provision of professional services if the Member has earned a doctorate degree related to the practice of the profession and is approved by the registrar to use that title or abbreviation in the provision of professional services.

Use of Specialty Titles/Designations

2.6 Members may use a term, title, or designation acknowledging specializations relating to the practice of the profession appropriately only when it is earned by the Member, is verified by a recognized certifying body, and the Member's regulated title continues to be clearly identified in compliance with standards 2.1 through 2.5.

3.0 Reporting Unprofessional Practices

3.1 Members shall report to the College another Member's unprofessional practice when the member has reasonable grounds to believe a Member is not adhering to professional conduct as outlined by the College or when another Member may be unfit to practice.

3.1.1 When possible, members shall address their concerns with the other Member first and/or their supervisor, with intent of prompt remediation,

3.1.2 Members shall keep the identity of any client confidential unless the client has given consent, or disclosure is legally permitted or required.

3.1.3 Members shall refrain from making frivolous or vexatious complaints.

Mandatory reporting of Sexual Abuse and Sexual Misconduct

3.2 A Member that has reasonable grounds to believe that another regulated health professional's conduct may constitute sexual abuse or sexual misconduct must report this knowledge to the regulated health professionals' regulatory College in accordance to legislation.

When the Member's client is also a regulated health profession

3.2.1 A Member is not compelled to report that their client's conduct as a regulated health professional may constitute sexual abuse or sexual misconduct if it is historical information.

3.2.2 A Member shall report to their client's regulated health professional college if there is any current or ongoing risk of sexual abuse or sexual misconduct to a patient/client, or other individual. (See Limits of Confidentiality 16.4.3b)

4.0 Professional Impairment - Fitness to Practice

4.1 If a Member recognizes, or should recognize, their judgment is impaired or that they are unfit to practice they shall obtain professional assistance or contact the College for professional guidance to determine whether they should limit, suspend, or terminate practicing the profession until it is determined they are of sound professional judgment and fit to practice.

4.2 If a Member is unfit to practice and needs to suspend or discontinue services they must implement an appropriate continuity of care plan for clients in their absence as indicated in section 26.1.

Duty to Self-Report

4.3 Members shall promptly notify the College of any findings, charges or investigations of them by other regulatory bodies, legal enforcements in Canada or other jurisdictions.

5.0 Dual/Multiple Relationships

Background: Members are responsible to establish and maintain professional boundaries at all times with clients, client's families/close relatives, colleagues, supervisors/supervisees and the public in order to protect clients and maintain the integrity of the profession.

5.1 Members shall avoid providing professional services to clients, or a relevant person associated with or related to the client, when the Member is aware, or should be aware, of a potentially harmful conflict of interest that could impair the Member's professional judgment which can include, but is not limited to one or more of the following:

5.1.1familial relationship;

5.1.2 social relationship;

5.1.3emotional relationship;

5.1.4financial relationship;

5.1.5supervisory relationship;

5.1.6 political relationship;

5.1.7 administrative relationship;

5.1.8 legal relationship;
5.1.9professional relationships; or
5.1.10romantic or sexual relationship.

Managing conflict-of-interest

5.2 Members may provide professional services, until other services are available, within a conflict-of-interest situation as long as no previous or ongoing sexual relationship exists within the conflict-of-interest and:
5.2.1 it is unavoidable, other appropriate services are not available;
5.2.2 in a situation involving a crisis or emergency;
5.2.3 withholding of the services would be recognized as a greater risk of harm to the client than the conflict-of-interest.

5.3 A Member providing professional services as indicated in 5.2 shall:
5.3.1 inform client of current and potential conflicting relationships and it's possible consequences;
5.3.2 acquire client's informed consent;
5.3.3 participate in regular professional clinical supervision or consultation specific to the conflict-of-interest;
5.3.4 discuss role clarification and boundaries within each setting of relationship with the client; and
5.3.5 ensure the client is aware of a contingency care plan.

5.4 Members shall not accept any gifts of monetary value from client, or their representatives. Any gifts accepted by the Member shall be:
5.4.1 of minimal monetary value;
5.4.2 a transparent exchange;
5.4.3 an infrequent occurrence; and
5.4.4 documented on client's file.

5.5 Members shall not influence clients or their representatives unduly.

6.0 Prohibited Relationships

6.1 Members shall not provide treatment to any current or past spouse, adult interdependent partner, sexual partner or any of their family members.

6.2 Members shall not engage in a romantic and/or sexual relationship, with any client or former client, or with individuals they know to be close relatives, guardians, or significant others of a client or former client.

6.3 Members shall not engage in romantic and/or sexual relationship within a professional supervisory relationship (supervisee/supervisor)

6.4 Members shall not enter into financial or other relationships with clients or former clients that is potentially exploitative or that could compromise the client-counsellor relationship and/or judgment of the Member.

6.5 Members shall not participate in bartering for their services with a client or relevant person associated with or related to the client.

7.0 Sexual Abuse and Sexual Misconduct

7.1 Members are prohibited from engaging in sexual abuse with any current or former client(s) the Member has provided professional services to.
"patient" is interchangeable with "client"
"Sexual abuse" is defined as the threatened, attempted or actual conduct of a regulated Member towards a patient that is of a sexual nature and includes any of the following conduct:
o sexual intercourse between a regulated Member and a patient of that regulated Member

o genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated Member and a patient of that regulated Member
o masturbation of a regulated Member by, or in the presence of, a patient of that regulated Member
o masturbation of a regulated Member's patient by that regulated Member
o encouraging a regulated Member's patient to masturbate in the presence of that regulated Member
o touching of a sexual nature of a patient's genitals, anus, breasts or buttocks by a regulated Member

7.2 Members are prohibited from engaging in sexual misconduct with any current or former client(s) the Member has provided professional services to.
"Sexual misconduct" is defined as any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated Member towards a patient, that a regulated Member knows, or should know, would cause offence, humiliation, or adversely affect the patient's health and wellbeing
"Sexual Nature" (defined in HPA) as not including "any conduct, behaviour, or remarks that are appropriate to the service provided."

8.0 Respect for Rights

8.1 Members shall maintain respectful dignified interactions within all areas of their professional services with all clients, their representatives, colleagues, supervisor/supervisee.

8.2 Members shall not condone or engage in any form of verbal, physical, emotional and/or sexual abuse/misconduct with clients, representatives, colleagues, supervisor/supervisee or any member of the public.

Sexual Harassment

8.3 Members shall not condone or engage in sexual harassment.

Affirming Sexual Orientation and Gender Identity

8.4 Members shall provide services that are respectful of sexual orientation, gender identities and expressions, and diversity of their clients.

9.0 Infection Prevention and Control

Background: Members provide professional services in a variety of care settings with equipment/resources that are shared between clients, other professionals, and/or the community members. Members take measures to minimize infections and cross contamination with shared working environments and resources.

9.1 Members shall comply with infection prevention and control measures to support the health and safety of clients, colleagues, themselves, and public in compliance with applicable legislation, regulatory requirements, standards, and employer policies, as relevant to the Member's work environment.

COMPETENCE

10.0 Professional Competence

Professional Limits

10.1 Members shall not provide professional services unless:
10.1.1 the Member is competent through education, training, and experience to provide that professional services;
10.1.2 the professional services are within the Member's scope of practice;
10.1.3 it is the appropriate service(s)/intervention(s) within the appropriate setting; and
10.1.4 the expected outcomes are to benefit the client.

Professional Self-Awareness

10.2 A Member shall acknowledge and respect the impact that their own heritage, identities, values, beliefs, customs, and preferences can have on their practice and on clients whose background and values may be different than their own.

Cultural Competence

10.3A Member shall obtain and maintain cultural competencies appropriate to their community, clients, and/or geographic region of practice and integrate cultural awareness and sensitivities as appropriate into their professional services.

Truth and Reconciliation

10.4 A Member shall educate themselves on the historical injustices and current socio-economic and cultural challenges faced by Indigenous people in Canada, and acknowledge the Member's own role in providing safe and culturally appropriate professional services.

Gender and Sexual Orientation Competence

10.5 Members shall ensure they have adequate training, experience, and supervision to provide services relating to an individual's sexual orientation or gender identity or expression. Members shall obtain informed consent to work with a client on issues relating to sexual orientation or gender identity or expression, and shall provide services that are safe, compassionate, and collaborate with clients as the experts in their own experience.

Maintain Current Competencies

10.6 Members shall maintain competence and fully comply with Continuing Competency Program of the College ensuring their professional services are within current standards of the profession.

Development of New Competencies

10.7 Members, when developing new skills, areas of practice or specialty, shall engage in the level of education, supervision or consultation appropriate to the development of the new competency, area of practice, or specialty.

10.8 Members shall disclose limitations of newly acquired competencies when this may impact client care and Members shall obtain the client's informed consent before utilizing competencies within their practice that are in the process of being developed.

Conscientious Objection

10.9 A Member who recognizes a conflict of their freedom of conscience and religious beliefs with request of their professional services shall ensure the client(s) is referred to another professional who is able to provide professional objective services and/or treatment options.

11.0 Restricted Activities

11.1 A Member shall perform or supervise restricted activities only when:

11.1.1 authorized by the College;

11.1.2 is within the Member's scope of practice;

11.1.3 the Member has maintained current competencies relative to the restricted activity;

11.1.4 it is the appropriate service(s)/intervention(s) within the appropriate setting; and

11.1.5 the expected outcomes are a benefit to the client.

11.2 A Member developing new competencies within restricted activities shall acquire adequate training including education and appropriate supervision from a regulated professional who is authorized to supervise and perform the restricted activity.

11.2.1 The supervisor shall: in the case of supervising the restricted activity of psychosocial intervention, be available for consultation and to review reports from the Member performing the restricted activity.

11.2.2 The supervisor shall, in the case of supervising the restricted activity to cut a body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous

member for the purpose of treating minor burns and contusions; for the purpose of performing injections; or to administer a vaccine or parenteral nutrition for the purpose of administering parenteral nutrition, provide direct supervision and be accessible and available when the Member is performing the restricted activity.

12.0 Supervision

12.1 Members shall follow and abide by the College "Supervision Guidelines".

Providing Supervision

12.2 A Member who is providing clinical supervision must be competent in the area of practice/ modality they have agreed to supervise.

Supervising Restricted Activities

12.3 A Member supervising unauthorized professionals performing restricted activities must be authorized by the College to do so and follow parameters of 11.2.1 and 11.2.2.

Level of Supervision

12.4 Members shall provide an appropriate level of supervision to those whom they are responsible for supervising, depend on the experience and apparent competence of the supervisee, the needs of the educational or practice setting (See "Supervision Guidelines"), and, in the case of College directed Supervision, the requirements of the College.

Participating in Supervision

12.5 Members providing or receiving clinical or work supervision shall participate meaningfully in such a way as to promote the purpose and effectiveness of clinical supervision.

13.0 Evaluation and Assessment

13.1 Members shall only use evaluation and assessment tools for which they are trained.

13.2 Members shall only use evaluation and assessment tools and procedures that are valid,reliable, and appropriate to both the client and the intended purposes, and with a client's informed consent as outlined in 15.3.

13.3 If the Member thinks an assessment or therapeutic intervention is not in the client's best interest, the Member shall not perform it, and take the necessary actions such as to notify, discuss, and document discussions with the client and/or appropriate healthcare team members.

13.4 Members must institute supportive measures and notify relevant team Members/Professionals, in the event the immediate health needs of the client are beyond the scope of the Member.

14.0 Referral

14.1 Members shall refer clients when:

14.1.1 the services required are beyond their level of competency, scope of practice, or authorization of restricted activity;

14.1.2 a conflict of interest is avoidable; or

14.1.3 it is in the best interest of the client.

14.2 Members shall inform clients, or their representatives, of the reason for and implications of the referral.

14.3 Members shall obtain the client's informed consent prior to making a referral.

14.4 Members shall collaboratively undertake a referral process with the client.

14.5 Members shall not receive any financial benefit or other incentives for making referrals.

CLIENT COUNSELLOR RELATIONSHIP

Background: The client-counsellor relationship is central to the provision of safe, effective, and ethical care.

15.0 Informed Consent

15.1 Members must obtain a client's informed consent (15.3) prior to any assessment, service, treatment, or referral, done for any therapeutic, preventive, palliative, diagnostic, or other health-related purpose; such consent may be implied, expressed orally, or in writing as appropriate.

15.2 Members shall provide information for informed consent in a language that the client can understand and ensure that the information is understood by the client; this may include the provision of translation into another language, if necessary.

15.3 A Member must obtain informed consent from the client, the client's legal guardian, or substitute decision maker, which includes the following;

Consent must:

15.3.1 be informed;

15.3.2 be voluntary;

15.3.3 be specific, i.e. the purpose and nature of the services or therapeutic approach, the process of therapy, risks, alternatives, etc.;

15.3.4 describe confidentiality protections and limits;

15.3.5 contain the option to refuse or withdraw at any time, without prejudice;

15.3.6 describe the period of time covered by the consent; and

15.3.7 not involve misrepresentation or fraud.

Mandated Services

15.4 When services are mandated, the principles of informed consent will be applied as much as is reasonable for the given circumstances.

New Information

15.5 A Member shall, in a timely manner, provide new information to a client when such information becomes available and is significant enough that it could reasonably be seen as relevant to the original or ongoing informed consent; any change in the therapeutic approach or the techniques employed should be documented in the client record.

Working with Minors

15.6 When working with a client under the age of 18, a member shall obtain informed consent from the client's parent(s), legal guardian, or substitute decision maker; unless the client is deemed to be a Mature Minor with the capacity of understanding and appreciating the consequences of their decision. For Mature Minors, consent must be considered on a case-by-case basis in light of the young person's capacity and applicable laws.

Substitute Decision Maker

15.7 When a client is found to be without capacity to provide informed consent, the Member shall obtain consent from a legal guardian or identified substitute decisionmaker who can provide informed consent on behalf of the client. The substitute decision maker must:

15.7.1 be at least 18 years of age (unless they are the parent of a child);

15.7.2 be a capable person;

15.7.3 be willing and able to act.

15.8 In the case of 15.7, the Member must also provide an appropriate explanation to the client, seek the client's assent, and consider the client's preferences and best interests before providing any services.

Documenting Consent

15.9 Members must document and date the consent process in the client record including but not limited to:

15.9.1 when the consent was obtained;

15.9.2 the nature of consent (oral, written, implied);

15.9.3 any discussion, and;

15.9.4 notes on the client's understanding of the process.

16.0 Confidentiality

Background: Clients must be able to trust Members with their sensitive personal information. It is the professional and legal responsibility of Members to safeguard client information.

16.1 A Member must abide by the privacy legislation governing their practice.

16.2 Members must ensure that all client health, personal and identifiable information (verbal, written or in electronic format) obtained through providing services, is kept confidential, within the limits of confidentiality (15.3).

16.3 Members must explain and ensure that clients understand the terms of confidentiality and the limits of confidentiality.

Limits of Confidentiality

16.4 A Member must only disclose personal health information with the consent of the client or their authorized representative, except in the following circumstances:

16.4.1 When the Member believes on reasonable grounds that disclosure is required to prevent clear and imminent danger to the client or others; (including physical or psychological harm; risk of suicide or homicide).

Duty To Warn

If the Member believes a significant, imminent risk of serious bodily harm exists (this includes physical or psychological harm), there maybe a professional and legal duty to warn the intended victim to contact relevant authorities, such as the police, or to inform a physician who is involved in the care of the client.

16.4.2 When legal requirements demand that confidential material be revealed (e.g. when the Member is subpoenaed), or to facilitate an investigation authorized by warrant or by any provincial or federal law (e.g. a criminal investigation).

16.4.3. When a child or vulnerable person is in need of protection.

(a) Disclosure is required under the Child, Youth and Family Enhancement Act, when the Member has reasonable grounds to suspect that a child is in need of protection due to physical harm, neglect, or sexual abuse by a person having charge of the child. A vulnerable person may include an elder, a person with disabilities, or someone who depends on the client for caregiving.

(b) The Member has a duty to disclose if their client is also a regulated health professional, and there is reasonable grounds to suspect that their client is involved in any form of sexual relationship, sexual abuse and/or sexual misconduct with their patient/client (see section 3.2).

16.4.4 For the purpose of contacting a relative, friend or potential substitute decision-maker of the client, if the client is injured, incapacitated, ill, or in an emergency situation, and the client is unable to give consent; and

16.4.5 When requested by a College for the purpose of administration or legal review.

a) if a complaint has been made against you;

b) for assessment of the Member's practice as part of the Continuing Competency Program;

Corporations/Organizations as Clients

16.5 When a corporation or other organization is the client, Members shall maintain standards of confidentiality applying to the organization, including personal information about individuals when obtained through the professional services.

Disguising Client Information

16.6 A Member shall prevent disclosure of individually identifying information by disguising such information when it is used in teaching, research, reports/administration documents, or publication.

Termination of Services

16.7 A member shall continue to treat information regarding the client as confidential after the provision of services and professional relationship between a Member and client has terminated.

17.0 Communicating Client Care

Background: Members are expected to create and sustain positive working relationships with other professionals encountered in practice. Communication is a key component of interprofessional collaboration and may help to reduce conflicting or inconsistent information or advice given to clients and to enhance care. Clients are entitled to have their care coordinated by their health care providers when appropriate to do so and when the client authorizes such collaboration.

Inter-professional Communication

17.1 Members shall communicate with other professionals to whom the client is referred and other healthcare providers caring for the client, when client information is shared with:

17.1.1 the client's informed written consent;

17.1.2 professional discretion;

17.1.3 compliance to applicable privacy laws;

17.1.4 the disclosure of only relevant and necessary information; and

17.1.5 the omission of any information a client indicates that the client does not want shared.

17.2 In certain circumstances or health settings, a client has provided implied or written consent to disclose their personal health information within the care team or to a specific health care provider. In this situation, 17.1.1 can be replaced with the client's implied, verbal, or written consent.

17.3 Members shall communicate clearly and truthfully, when working as part of interdisciplinary team or when communicating with other health professionals who are treating or caring for the client.

Professional Services from Multiple Sources

17.4 A Member will not provide professional services to a client if the Member is aware that the client is receiving similar professional services from another professional, without ensuring that the services are coordinated. If the client refuses to consent to coordination of services, the Member will advise the client of the risks of receiving uncoordinated services and may refuse to provide any services except for emergency services.

17.4.1 If the client consents, the Member advise the other professionals of the fact that the client is receiving similar professional services, and the nature of the professional services that the Member is providing.

17.4.2 The Member will document the client's decision with respect to providing consent and with respect to the action taken by the member.

18.0 Electronic Practice

Background: The Standards of Practice and Code of Ethics that apply to the provision of professional services also apply to the provision of services by electronic means.

Confidentiality

18.1 Members must ensure that any electronic communication technology employed is
- 18.1.1 secure;
- 18.1.2 confidential;
- 18.1.3 used appropriately; and,
- 18.1.4 abides by all relevant privacy laws.

Consent

18.2 A Member using an electronic medium shall ensure that clients consent to, and are aware of, any potential risks that could arise from the use of the technology.

Professional liability insurance and e-practice.

18.3 Members must ensure that the services provided through electronic communication technologies are covered by their professional liability insurance. Insurance coverage varies, and may not cover all clients or clients in all locations. Members should consult their insurance provider.

RECORD KEEPING AND DOCUMENTATION

Background: Members will maintain records appropriate to the type of service being provided. Members in private practice or self-employed (unless otherwise indicated) are in custody and control of client records and must adhere to all relevant legislation pertaining to records management. Members who are in the employment of an organization, the organization has custody and control of the client record and the member adding to the record must be aware of and adhere to relevant legislation pertaining to records management.

19.0 Clinical Records

19.1 A member rendering services to a client or billing a third party for professional services (in private practice) shall maintain written, legible, and professional client records that include the following when appropriate to the service provided:
- 19.1.1 identifying information;
- 19.1.2 presenting problem and/or purpose of the professional service;
- 19.1.3 fee arrangement;
- 19.1.4 date, time, and rationale of each professional service; including relevant information on issues discussed, the results of assessments or interventions provided, and observations made by the member;
- 19.1.5 informed consent;
- 19.1.6 ensure a record of client communications is included in the clinical record;
- 19.1.7 include a record of conclusion or termination of the therapeutic relationship, reasons and explanatory notes and a record of referrals and/or follow-up recommendations in the clinical record;
- 19.1.8 include a record of any therapeutic assessments, including methods used, outcomes and results/ conclusions;
- 19.1.9 results of formal consultations;
- 19.1.10 sufficient information to allow for the continuation of care by another healthcare professional;
- 19.1.11 copies of all correspondence and reports prepared and received;
- 19.1.12 ensure the clinical record is accessible, maintained in a timely manner, legible, written in plain language, and written in English; and

19.1.13 maintain clinical records for (10) years; or when the client is a minor for a period of (2) years after the client reaches the age of majority or (10) years after the last date on which service was provided, whichever is longer. When a client has disclosed sexual abuse or assault, the file should be retained for the life of the client (Bill 21).

20.0 Providing Records

20.1 Members must provide access to legible client records when requested to do so by a client, authorized representative, or a legal authority.

20.2 Where a request from a client, or the client's authorized representative has been received, members must provide a report relating to the treatment performed within 30 days. If there is an unavoidable delay, the requesting party must be notified right away of the reason for the delay and a firm date by with the request will be met.

21.0 Issuing Accurate Documents

21.1 A member shall not provide false or misleading information concerning professional services offered to a client.

21.1.1 Members ensure that documents include accurate and complete information;

21.1.2 Members do not sign documentation that contains false or misleading information; and

21.1.3 Members issues bills and receipts that are accurate.

22.0 Storage

22.1 Members must ensure that records are securely stored and protected from loss, tampering or unauthorized use or access.

22.2 Members must have a system in place for record retrieval and storage should something happen to the member that makes them no longer available to maintain the records of their practice.

BUSINESS PRACTICE

Background: Members are expected to conduct themselves professionally, not only in their clinical work, but also in their business relationships with clients and members of the public. Clients expect their therapists or counsellors to provide a suitable practice environment, and to conduct themselves in a professional manner.

23.0 General Business Practices

23.1 In operating a practice, Members must comply with College standards governing advertising and representation of themselves and their services.

23.2 Members shall provide a suitable practice environment, applicable to the context of the therapeutic practice.

24. Fees

24.1 Members shall inform clients of their fee schedule prior to providing services; including any fees for missed appointments.

24.2 Members must charge fees that are reasonable in relation to services provided;

24.2.1 Members must pay their professional subcontractors fees that are reasonable in relation to services provided.

24.3 Members must fulfill the terms of agreements established with clients, subcontractors, agencies, and any other business practices.

24.4 Members must provide itemized accounts upon request.

25. Advertising and Representing Yourself and Your Services

25.1 Members shall not misrepresent themselves or their service. All claims about Members' professional qualifications and experience must be accurate and verifiable.

Testimonials

25.2 A Member shall not solicit testimonials from clients, former clients, or other persons regarding a Member's individual practice, for use in advertising.

26.0 Interruption of Services / Continuity of Care

26.1 Members shall have a continuing care plan in place to provide alternate services to a client should the Member needs to take a planned or unplanned extended leave or discontinuing services. The continuing care plan shall include:

26.1.1 client informed consent and knowledge of the continuity of care plan;

26.1.2 an agreement with an appropriate professional willing to respond to the needs of the client(s);

26.1.2 records readily available to the professional with whom you have the agreement; and

26.1.3 reasonable notice provided to the client, as appropriate.

27. 0 Closing, Selling, or Relocating a Practice

27.1 A Member shall provide 90 days notice to clients when closing, selling, or relocating a practice; comply with relevant privacy and record keeping legislation, as well as College regulations and policies.

27.2 A Member shall have appropriate measures in place for access to and custody of client files, in the event of a prolonged absence, illness, retirement, or death.

RESEARCH

28.0 Conducting Research

Researcher Responsibility

28.1 A Member shall plan, conduct, and report on research in a manner consistent with relevant ethical principles, professional standards of practice, federal and provincial laws, regulations, and standards governing research with human subjects.

Subject Welfare

28.2 A Member shall protect the welfare of their research subjects during research, and shall not cause injurious psychological, physical or social effects to persons who participate in their research activities.

Ethics Review

28.3 A Member shall obtain approval by an independent and appropriate ethical review board before proceeding with the research involving human subjects.

Power Imbalance

28.4 A Member shall recognize the power imbalance between the researcher and the subject(s) and will take appropriate precautions to protect participants, as suitable for the setting, clientele, and research methods utilized.

Storage of Research Materials

28.5 A Member shall have appropriate measures in place for confidential storage of all research data and files.

28.6 A Member shall destroy all research materials after a minimum of ten years, or longer if specified by the ethics review board approved timeline. Members shall have appropriate measures in place for the destruction of materials in the case of a researcher's prolonged absence.

29.0 Participant Consent

Informed Consent of Research Subjects

29.1 Members shall obtain informed consent from all research subjects prior to their participation in research. Informed consent includes gaining the subject's consent after discussing and informing each research subject of:

29.1.1 the purpose(s) of the research;

29.1.2 any experimental procedures;

29.1.3 any possible risks;

29.1.4 any disclosures and limitations of confidentiality;

29.1.5 that their participation is voluntary;

29.1.6 they are free to ask questions; and,

29.1.7 they are free to discontinue at any time, without penalty.

Voluntary Participation

29.1 Participation in research is voluntary. Members never use manipulation, undue influence, or coercion when inviting individuals to participate in research. Members shall inform subjects that a decision not to participate, or to discontinue participation in research will be accepted without prejudice and without affecting their pre-existing benefits or services.

Research Confidentiality

29.2 Members shall ensure that subjects' research information (including data, writing, video, images, recordings, art/creations, media, etc.) is confidential and the identity of participants is protected unless otherwise authorized by them, consistent with all informed consent and data protection procedures (see informed consent 15.1; Data collection).

Use of Confidential Information for Didactic or Other Purposes

29.3 Members shall not disclose in their writings, public presentation, or media, any personally identifiable information obtained in confidence about clients, research participants, students, or organizational clients unless

29.3.1 there is legal authorization to do so;

29.3.2 reasonable steps are taken not to identify the person or organization; or

29.3.3 the person or organizational client has given informed written consent.

30.0 Research and Education

Research and Education

30.1 Members who are educators shall recognize the status and power differential between themselves and their students, and shall avoid, whenever possible, any dual relationship with students who participate in their research projects. Any duality of relationships shall be recognized, acknowledged, and managed in a manner that clarifies the various roles and responsibilities and avoid any disadvantage to students (see Dual/Multiple Relationships 5.0).

Code of Ethics[1] (ACCT and CCTPEI)

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Preamble

The Code of Ethics expresses the ethical principles and values of the College of Counselling Therapy of Alberta and serves as a guide to the professional conduct of all its registered members. It also informs the public of the standards of ethical conduct for which members are to be responsible and accountable.

Registered members of the College of Counselling Therapy, including Counselling Therapists (CT), Addiction Counsellors (AC), and Child and Youth Care Counsellors (CYCC), together hereinafter referred to as "Members", are held to standards of this Code of Ethics. Members of the College have a responsibility to ensure that they are familiar with this Code of Ethics, to understand its application to their professional conduct, and to adhere to it at all times. The principles and responsibilities laid out in the Code of Ethics are not hierarchical and should not be considered in isolation from one another. Members of the College represent counselling professionals with diverse training, designations, certifications, and areas of practice. Members must abide by the College's Code of Ethics, Standards of Practice; Any other guiding principles pertaining to their training, place of employment, and/or area of practice may assist them in making informed professional decisions.

The College of Counselling Therapy and its members respect the dignity and worth of the individual, and strive to protect, respect, and promote the rights and welfare of all those who receive services from members of the College. The Code of Ethics reflects such values as integrity, competence, responsibility and an understanding of and respect for the cultural diversity of society. Members see the client as the expert in their own experience, and provide client-centered care aimed at addressing the relevant psychological, social, cultural, spiritual, biological, and developmental needs of the clients and families they serve.

This Code of Ethics represents the commitment of Members to act ethically in the provision of professional services. Members are responsible to act in accordance with Common Law, Federal and Provincial Human Rights Legislation, the Alberta Mental Health Act, and the laws, regulations, and policies which are professionally relevant to their working environment. Members are accountable to both the public and their peers and are therefore subject to the complaints and disciplinary procedures of the College of Counselling Therapy of Alberta.

A Code of Ethics is a foundation of ethical practice, and an active process of ethical decision making is beneficial. Members are encouraged to maintain awareness of their own values and their implications for practice, and to see themselves as a growing, learning, and strengthening professionals with the capacity to make complex ethical decisions. Members are encouraged to use the section on ethical decision-making for guidance in resolving ethical dilemmas.
This Code of Ethics is a living document, which will be revised over time. College members and members of the public are invited to submit comments and suggestions at any time to the College.

[1] The Code of Ethics, derived from that of CCPA, is used by both the Alberta College of Counselling Therapists and the College of Counselling Therapy of Prince Edward Island. While the preamble to the Code printed herein is specific to ACCT, the Code itself is applicable to both Colleges.

Ethical Principles

Adapted from the Canadian Counselling and Psychotherapy Association (CCPA) Draft Code of Ethics, September 2019

The expectations for ethical conduct as expressed in this Code are based on the following fundamental principles:

a) Beneficence - being proactive in promoting the client's best interests
b) Fidelity - honouring commitments to clients and maintaining integrity in counselling relationship
c) Nonmaleficence - not willfully harming clients and refraining from actions that risk harm
d) Autonomy - respecting the rights of clients to self-determination
e) Justice - respecting the dignity and just treatment of all persons
f) Societal Interest - respecting the need to be responsible to society

Ethical Decision-Making Process

Adapted from the Canadian Counselling and Psychotherapy Association (CCPA) Draft Code of Ethics, September 2019.

This brief overview of approaches to the process of ethical decision-making provides counselling therapists with some direction when engaging in ethical discernment and making ethical decisions. Members are advised to consult the Ethics Committee, knowledgeable colleagues, or other ethics resources as needed.

1. Principle-Based Ethical Decision-Making

Step One —What are the key ethical issues in this situation?

Step Two — What ethical articles from the College Code of Ethics are relevant to this situation? Which other regulations, standards or laws are applicable?

Step Three — Which of the six ethical principles are of major importance in this situation? (This step also involves securing additional information, consulting with knowledgeable colleagues or the College Ethics Committee, and examining the probable outcomes of various courses of action.)

Step Four — How can the relevant ethical articles be applied in this circumstance and any conflict between principles be resolved and what are the potential risks and benefits of this application and resolution?

Step Five —What do my feelings and intuitions tell me to do in this situation? (Members may consider "2. Virtue-Based Ethical DecisionMaking" at this point).

Step Six —What plan of action will be most helpful to health and wellbeing of the client in this situation?

Step Seven —Apply ethical decision.

Step Eight —Evaluate the impact of the plan of action and identify necessary adjustments/address lingering effects. This may include a review with Ethical Consultation (of the College/workplace) supervisors, and colleagues or other professionals such as lawyers.

Virtue-Based Ethical Decision-Making

The virtue ethics approach is based on the belief that Members are motivated to be virtuous and caring because they believe it is the right thing to do. Virtue ethics focuses on the Counselling Therapist, Addictions Counsellor, or Child and Youth Care Counsellor as an ethical agent with the capacity to make complex ethical decisions. Although there is no step-by-step methodology for virtue ethics, the following questions may help the professional in the process of virtue-based ethical decision-making:

1. What emotions and intuition am I aware of as I consider this ethical dilemma and what are these telling me to do?
2. How can my values best show caring for the client in this situation?
3. How will my decision affect other relevant individuals in this ethical dilemma?
4. What decision would I feel best about publicizing?
5. What decision would best define who I am as a person?

Quick Check

1. Publicity - Would I want this ethical decision announced on the front page of a major newspaper?
2. Universality - Would I make the same decision for everyone? If every Counselling Therapist, Addiction Counsellor, or Child and Youth Care Counsellor made this decision, would it be a good thing?
3. Justice - Is everyone being treated fairly by my decision?

A. Responsibility To Clients

1) Respect the worth and dignity of all clients.
2) Use language that conveys respect for the dignity of persons and peoples as much as possible in all spoken, written, electronic, or printed communication.
3) Respect the rights of all clients and do not refuse care or treatment to any client on the prohibited grounds of discrimination as specified in the Canadian Human Rights Act as well as on the grounds of social or health status.
4) Develop and maintain a therapeutic relationship with clients, respecting the boundaries and limits of such relationship.
5) Provide client-centered care aimed at addressing the relevant needs of the clients while considering the client's goals, abilities, health, development, culture, beliefs, values, preferences, gender identity/expression, sexual orientation, environmental, and social context.
6) When delivering electronic services (telephone, teleconferencing, internet), members take adequate precautions to address confidentiality, security, informed consent, records and counselling plans.
7) Maintain records of professional services in sufficient detail to track the sequence and nature of professional services rendered and consistent with any legal, regulatory, agency, or institutional requirement.
8) Secure the safety of all records and create, maintain, transfer, and dispose of them in a manner compliant with the requirements of confidentiality, the Standards of Practice, and the Code of Ethics.
9) Respect the clients' right to access their counselling records.
10) Avoid dual relationships that could impair professional judgment or increase the risk of harm to clients.
11) Acknowledge and respect the power imbalance inherent in the therapeutic relationship and take necessary measures and care to keep clients free from undue influence or harm.

12) Honour clients' rights to self determination and collaborate with clients to improve, support, or maintain the client's health and wellbeing.
13) Act in the best interest of the client at all times. Take all reasonable steps to reduce harm within therapeutic environments and relationships including interactions between clients, group settings, and within client-counsellor relationships.
14) Protect the confidentiality of clients, their personal and health information, in all records, clinical, research, educational.
15) Communicate openly, honestly, clearly, and respectfully with clients at all times.
16) Maintain cultural and social sensitivity in the administration of evaluation and assessment instruments and procedures as well as the interpretation of data gathered during these processes.
17) Provide only therapeutic interventions and services that aim to benefit the client and are consistent with the client's abilities and circumstances.
18) Take reasonable steps to prevent harm to clients, and if harm is caused disclose this to the client and others as required.
19) Never abuse, coerce, or harass clients in any way, including sexual abuse or sexual harassment.
20) Refuse to perform any intervention or services which may cause harm to the client.
21) Practice the profession according to their own competency, limitations and fitness to practice referring clients to other professionals as necessary.
22) Practice collaboratively with colleagues, other health professionals, and agencies for the benefit of the client.
23) Respect the principles of ongoing informed consent, and provide accurate information including but not limited to, informing clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, in order for clients to make informed decision to consent or assent prior to initiation of a service/intervention.
24) Ensure that clients understand the service agreement, including the therapeutic interventions, fees and fee collection arrangements, record-keeping, and limits of confidentiality.
25) Respect and support clients' autonomy and right to decision-making relating to their health and wellness. Inform the client's decision to participate in services, or to refuse any recommended services along with the consequences or potential impacts of such participation and/or refusal.
26) Provide services in an ethical and accountable manner.
27) When supervising students or trainees, take responsibility for clarifying their respective roles, responsibilities, boundaries, and parameters of the supervision agreement.
28) When supervising students or trainees, ensure all professional responsibilities to the client are being met during the supervised practice period, and intervene, when necessary, to ensure that this obligation is met protecting the best interest of the client at all times.

B. Responsibility To The Public

1) Act transparently and with integrity in all professional and business practices maintaining public confidence in the profession.
2) Advocate within their capacity and context to address the broad determinants of health, improve standards of care, and reduce barriers to service access.
3) Promote ethical and fair access to resources and services.
4) Respect diversity and provide care and service that is both culturally sensitive and appropriate.
5) Assess the quality and impact of their services regularly.
6) Address incompetent, unsafe, illegal, or unethical practice of any professional service provider and report conduct that puts the client at risk to the appropriate authority/ies.

7) Accept responsibility for understanding and acting consistently to comply with the principles, practice standards, laws, and regulations for which they are accountable.
8) Clearly and accurately depict their experience, training, credentials, and clinical specializations and avoid any wording or phrasing that could be misleading to the public regarding their experience, training, credentials and clinical specializations.

C. Responsibility To The Profession

1) Commit to enhancing the reputation and standing of the profession.
2) Respect the worth and dignity of other professionals and members of the public, valuing their opinions, diversity, and perspectives.
3) Never harass, abuse or discriminate against colleagues, employees, students, research participants, and members of the public.
4) Provide feedback and constructive learning opportunities in a respectful and collaborative manner.
5) Maintain and utilize current evidence-informed and best practices in the delivery of professional services, research, teaching, and supervision.
6) Contribute to the development of the profession through support of research, mentoring, student supervision, and sharing diverse practices with other professionals.
7) When being educators, trainers and/or supervisors of the profession, adhere to current College guidelines and standards with respect to such activities and conduct themselves in a manner consistent with the Code of Ethics and Standards of Practice.
8) When conducting research, follow ethical practices in conducting research, including obtaining approval from the appropriate ethics boards.
9) When conducting research, protect the confidentiality of persons who participate in their research activities, and maintain their privacy and confidentiality, unless the participant provides permission to use their name or identity in compliance with confidentiality agreements.
10) Communicate research findings with unbiased, accurate information and transparency of the research process including any variables and conditions that might affect the outcome of the research or the interpretation of the results with enough information provided sufficient for others who might wish to replicate the research.
11) Engage in ongoing development and maintenance of their ethical sensitivity and commitment, ethical knowledge, and ethical decision-making skills.
12) Assess and discuss ethical issues and practices with colleagues and appropriate others on a regular basis.

D. Responsibility To Self

1) Recognize limitations, assess learning needs, and pursue life-long continuing education, supervision, or consultation to maintain current knowledge and enhance professional competencies.
2) Recognize the potential risks of the profession on their own emotional, mental, spiritual, physical well-being and engage in practices of self-care, counselling and/or personal wellness to mitigate these risks.
3) Take responsibility for their own physical and mental health maintaining their fitness to practice.
4) Inform the appropriate authority and seek support in the event of becoming unable to practice safely, competently and/or ethically.
5) Receive feedback openly, engage in constructive learning opportunities, and reflect honestly.
6) Take responsibility for their actions.
7) Act with humility and seek to promote dignity in their interactions.