

Standards of Practice

Approved 2013

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1. Introduction

- 1.1. The Standards of Practice for ACCT were developed by the Association of Cooperative Counselling Therapists of Canada to give guidance to members in following the ACCT Code of Ethics and conducting themselves in a professional manner.
- 1.2. These standards of practice deal primarily with the professional conduct of counsellors. However, personal conduct of counsellors is also included when it could affect the confidence of the public in the integrity of the profession. Many of the Standards of Practice are general and they cannot predict every situation or ethical challenge, which counsellors may encounter. These Standards of Practice provide a guide, but ultimately the responsibility for ethical behaviour rest with the individual counsellor.
- 1.3. **The Standards of Practice are also intended to serve the following purposes:**
 - 1.3.1. To establish a set of guidelines for quality counselling services
 - 1.3.2. To encourage counsellor accountability
 - 1.3.3. To protect the public by promoting a high standard of competency in counselling
 - 1.3.4. To support the development of counsellors
 - 1.3.5.
- 1.4. NOTE: Each time Registered Therapeutic Counsellor (RTC) is used it is understood to also include Accredited Counsellor (AC), Master Therapeutic Counsellor (MTC) Registered Counselling Supervisor (RCS), and Registered Therapeutic Counsellor Candidate (RTCc).

2. Ethical Framework For Practice

2.1. Consent

2.1.1. Informed Consent

- 2.1.1.1. Registered Therapeutic Counsellors, RTCs receive informed consent as a first step in the counselling process. If a counsellor provides counselling services without consent, the counsellor could be liable for any resulting negative

consequences. To constitute informed consent the client must have sufficient information to fully understand the type of the treatment being proposed. RTCs provide sufficient information to allow the client to understand the purposes, risks, and benefits of the proposed counselling. They allow the client to ask questions and receive clear and relevant answers that address the client's concerns.

2.1.2. Non-Written Consent

- 2.1.2.1. If a written consent form is not appropriate due to culture, literacy, disability, or for any other legitimate reason, counsellors should record the oral response to the informed consent process and document the reasons for the absence of a written consent form.

2.1.3. Consent to Use of Personal Information

- 2.1.3.1. RTCs in private practice are to understand the [Personal Information Protection Act](#) (PIPA) and ensure that they are following practices consistent with PIPA. Employed or contract counsellors should follow their employer's privacy policies and procedure to ensure compliance with the appropriate privacy statutes. If there are any doubts about what should be disclosed, RTCs should not hesitate to seek independent legal advice.

2.1.4. Consent for Payment for Services

- 2.1.4.1. RTCs make clear the session fee and length, as well as time and method of payment. Details of the counsellor's billing policies and procedures are provided, including missed appointment or late cancellation policies.

2.2. Responsibility To Clients

- 2.2.1. Registered Therapeutic Counsellors, RTCs protect the welfare of their clients. They respect the rights of those persons seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.

2.2.2. Non-Discrimination

- 2.2.2.1. Counsellors provide professional assistance to persons without regard for race, colour, age, ancestry, place of origin, socioeconomic status, cultural beliefs or values, political beliefs, mental or physical disability, health status, religion, gender, sexual orientation, gender identity, family status, or relationship status. RTCs strive to expand their understanding of how their

own worldview and cultural and life experiences have influenced their values, beliefs, and behaviours, including any stereotypical and prejudicial attitudes.

2.2.2.2. RTCs seek out educational, training, and other experiences to increase their competency to work with clients from cultural and life experiences dissimilar to their own. Counsellors strive to understand how such factors as gender, ethnicity, culture, and socio-economic circumstances may influence personal development, career choices, help-seeking behaviours, and attitudes and beliefs about mental health problems and help-intended interventions.

2.2.2.3. Counsellors strive to understand and respect the helping practices of Indigenous peoples and minority communities. Counsellors are aware of the barriers that may hinder members of minority groups from seeking or gaining access to mental health services. Counsellors are respectful of and acknowledge their clients' religious and spiritual beliefs, and they incorporate such beliefs into their counselling discussion with clients.

2.2.3. Disclosure

2.2.3.1. At the beginning of and throughout the counselling process as necessary, counsellors inform clients of the purposes, goals, techniques, procedures, possible risks and benefits of services, and other important information. Counsellors ensure that clients have accurate information regarding fees and fee collection arrangements, record keeping, and limits of confidentiality.

2.2.4. Dual Relationships

2.2.4.1. Counsellors are aware of their influential positions, and they avoid exploiting the trust and dependency of their clients. Counsellors make every effort to avoid conditions and dual relationships with clients that could impair professional judgment or increase the risk of exploitation. These relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or dual roles, counsellors document the appropriate precautions taken.

2.2.4.2. Counsellors make every effort to avoid forming counselling relationships with individuals with whom they have had a previous relationship that could impair professional judgement or have the inherent potential for client exploitation.

2.2.4.3. In rural communities, and in other circumstances, it may be impossible or unreasonable for counsellors to avoid social or

other non-counselling contact with clients, students, supervisees, or research participants. Counsellors should manage such conditions with care to avoid misunderstandings and conflicts of interest.

- 2.2.4.4. RTCs should make a habit of discussing with their clients how the client wishes them to respond should they meet outside their counselling workplace, and they should inform the client, that in such circumstances, their intention is to avoid behaviour that could cause embarrassment or reveal the client's issues or status as a client.
- 2.2.4.5. When a counsellor becomes aware that a multiple relationship exists with a client, or when a conflict of interest occurs, the counsellor shall take steps to resolve the situation in the best interest of the client and in a manner consistent with the ethical principles of the [ACCT Code of Ethics](#).
- 2.2.4.6. When counsellors become aware that they may be expected or required to perform potentially conflicting roles, such as when one person involved in group, marital, or family counselling seeks private time with the counsellor, and/or when an anticipated request to be a court witness compromises counselling, then the counsellor undertakes to clarify roles, including withdrawing from roles when appropriate.
- 2.2.4.7. When RTCs work with individuals who have a relationship with each other, such as adult partners or parents and children, they take time to identify who the clients are and the expected roles for the relationship with each and clarify the expected use of any information that may be produced.
- 2.2.4.8. Counsellors should consult when they are uncertain about the appropriateness of dual or multiple relationships with a client. They should remember that if such a relationship is justified, it should, if it were to become necessary, stand up to the scrutiny of peer review.

2.2.5. Sexual Intimacy with Clients

- 2.2.5.1. Sexual intimacy with current clients, or their spouses or partners is prohibited. Engaging in sexual intimacy with individuals who are known to be close relatives, guardians, or significant others of current clients is prohibited.

2.2.6. Touching Clients

- 2.2.6.1. When touch is integral to a therapeutic approach or technique, clients are informed of the nature and intended purpose prior to the therapeutic touch, and they are given appropriate control

over it. Counsellors should be mindful of the possibility of boundary crossings when touching clients and be alert to the potential for both benefit or harm to the client. RTCs use touch only to meet the needs of their clients, never to meet their own needs, and always touch clients in a therapeutic, non-erotic way. Counsellors are careful to understand the client's personal history sufficiently to determine the appropriateness of touching the client, and if they suspect that a client has misinterpreted the intention of a touch, they raise the matter with their client as soon as it is appropriate.

2.2.7. Relationships with Former Clients

- 2.2.7.1. Sexual intimacy with former clients, their spouses or partners, or individuals who are known to be close relatives, guardians or significant others of clients is likely to be harmful and is therefore prohibited for a minimum of three years following the termination of therapy or last professional contact. Exceptions to the minimum required three-year period may arise if: the counselling contact was brief and non-intensive; the client's mental health status makes the client resistant to exploitation; no knowledge is used from the counselling experience to re-establish contact, and the intention or plan for post-termination relationship did not begin in the counselling relationship. If counsellors engage in sexual intimacy with former clients, or their spouses or partners, more than three years after termination or last professional contact (or sooner based on the above exceptions), it is the responsibility of the counsellor to demonstrate that there has been no exploitation or injury to the former client, or their spouse or partner. Prior to engaging in sexual relationships with former clients, counsellors should always seek consultation and have the burden to ensure that no such exploitation influences occur.
- 2.2.7.2. Counsellors remain accountable for ensuring that any future non-counselling relationship with former clients, including friendship, social, financial, or business, are free of any power differentials or other strains. RTCs are cautious when entering a relationship with former clients and assess whether or not the issues and relational dynamics present during the counselling have been fully resolved and properly terminated.
- 2.2.7.3. Counsellors never use knowledge from a prior counselling relationship to re-establish contact, and intentions or a plan for a post-termination relationship must not begin within the counselling relationship. RTCs should always seek consultation on these matters and have the burden of ensuring the ethical appropriateness of any relationships with former clients.

2.2.8. Reporting Unethical Conduct

- 2.2.8.1. Counsellors comply with applicable laws regarding the reporting of alleged unethical conduct.

2.2.9. Avoiding Self-Interest

- 2.2.9.1. Counsellors do not use their professional relationships with clients to further their own interests.

2.2.10. Client Autonomy in Decision Making

- 2.2.10.1. Counsellors respect the rights of clients to make decisions and help them to explore and understand the consequences of these decisions. Counsellors clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

2.2.11. Termination of Counselling

- 2.2.11.1. Counsellors terminate counselling relationships, with client agreement whenever possible, when it is reasonably clear that:
 - 2.2.11.1.1. The goals of counselling have been met.
 - 2.2.11.1.2. The client is no longer benefitting from counselling.
 - 2.2.11.1.3. The client does not pay fees charged.
 - 2.2.11.1.4. Previously disclosed agency or institutional limits do not allow for the provision of further counselling service.
 - 2.2.11.1.5. The client or another person with whom the client has a relationship threatens or otherwise endangers the counsellor.
- 2.2.11.2. However, counsellors make reasonable efforts to facilitate the continued access to counselling services when counselling services are terminated for the above reasons or due to counsellor's illness, client or counsellor moving, client financial difficulties and other reasons.
- 2.2.11.3. Counsellors have established procedures to deal with confidentiality exceptions and therapist absence. RTCs take reasonable precautions to protect client confidentiality in the event of illness, business closure or leave of absence, family emergency, disability, death, burnout, incapacitation, and/or times of impaired clinical judgment.

- 2.2.11.4. Counsellors prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the case of the counsellor's incapacitation, death, retirement, or termination of practice.

2.2.12. Referrals

- 2.2.12.1. Counsellors assist persons in obtaining other therapeutic services if the counsellor is unable or unwilling, for appropriate reasons, to provide professional help.

2.2.13. Non-Abandonment of Clients

- 2.2.13.1. Counsellors do not abandon clients without making reasonable arrangements for the continuation of treatment.

2.2.14. Written Consent to Record

- 2.2.14.1. Counsellors obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

2.2.15. Relationships with Third Parties

- 2.2.15.1. Counsellors, upon agreeing to provide services at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

2.2.16. Electronic Therapy

- 2.2.16.1. Prior to commencing therapy services through electronic means (including but not limited to phone and internet), counsellors ensure they are compliant with all relevant laws for the delivery of such services. Additionally, counsellors must:
 - 2.2.16.1.1. Determine that electronic therapy is appropriate for clients, taking into account the clients' intellectual, emotional, and physical needs.
 - 2.2.16.1.2. Inform clients of the potential risks and benefits associated with electronic therapy.
 - 2.2.16.1.3. Ensure the security of their communication medium.
 - 2.2.16.1.4. Provide electronic therapy ONLY after appropriate education, training, or supervised experience using the relevant technology.

2.2.17. Retirement or Leave

- 2.2.17.1. ACCT Counsellors are required to have a professional will (example of a professional will can be found [here](#)), hold professional liability insurance past their closure date to provide coverage in the event of a future claim, and adhere to the legal and ethical standards of practice as outlined in section 3.4, regarding clinical record storage in their province.
- 2.2.17.2. It is recommended that ACCT members maintain inactive or retired status for a minimum of two years after their active practice to allow for processing possible ethical issues or complaints.
- 2.2.17.3. RTCs who are retiring or departing from an established practice with other mental health professionals shall notify current and former clients as appropriate regarding their pending departure from the practice. Such notifications should include information about record availability and access, and contact information for appropriate referrals within the established practice.

2.3. Confidentiality

- 2.3.1. Counselling relationships and information discussed in counselling sessions are kept confidential.

2.3.2. Limits of Confidentiality Must be Disclosed

- 2.3.2.1. Counsellors disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients' right to confidentiality. Counsellors review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may make repeated disclosures necessary: when there is an imminent danger to the client or an identifiable third party; when abuse of a child or elder is suspected; when disclosure is ordered by a court; when a client requests disclosure; or when a client files a formal complaint with ACCT or names the counsellor in a lawsuit.

2.3.3. Written Authorization

- 2.3.3.1. Counsellors do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization is not sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the counsellor does not disclose information outside the treatment context without a

written authorization from each individual competent to execute a waiver. In the context of couple, family, or group treatment, the counsellor may not reveal any individual's confidences to others in the couple, family, or group, without the prior written permission of that individual.

2.3.4. Confidentiality in Outside Activities

- 2.3.4.1. Counsellors use client and/or clinical materials in writing, teaching, consulting or public presentations only if written permission has been obtained or when appropriate steps have been taken to protect client identity and confidentiality.

2.3.5. Care of Records

- 2.3.5.1. Counsellors store, safeguard, and dispose of client records in ways that maintain confidentiality and comply with applicable laws and professional standards. In preparation for moving from the area, closing a practice, or death, counsellors arrange for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients. Client records may be written, recorded, computerized, or maintained in any other medium so long as their utility, confidentiality, security, and preservation are assured, and they cannot be alterable without being detected.
- 2.3.5.2. When counsellors dispose of records, they do so in a manner that follows any local regulation or policy and preserves confidentiality. However, counsellors never destroy records or counselling notes after they receive a subpoena or have reason to expect to receive one. This action could be judged to be an obstruction of justice, and it could result in the counsellor being held in contempt of court.
- 2.3.5.3. RTCs are aware of their professional responsibilities to provide consistent care to patients and maintain practices and procedures that assure uninterrupted care. Such practices and procedures may include but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, conducting appropriate terminations, and providing for a professional will.
- 2.3.5.4. Counsellors plan and provide for a healthy termination process in the event of any treatment disruptions, including client notice, public notice, treatment summary, and referral options. A notice of closure dates and a formal communication to new and existing clients around record storage, transfer, and how to access records will be provided and/or accessible to all clients.

2.3.5.5. RTCs whose employment, health, or other factors necessitate early termination of relationships with clients must:

2.3.5.5.1. Provide clients with an explanation of the need for the termination.

2.3.5.5.2. Make all reasonable steps to safeguard clients' ongoing welfare.

2.3.5.5.3. Offer to help clients locate alternative sources of assistance.

2.3.6. Access to Records

2.3.6.1. Clients generally have a right of full access to their counselling records. However, the RTC has the responsibility to ensure that such access is managed in a timely and orderly manner. Counsellors should retain the original counselling records and upon request, clients and others with informed consent should receive a good quality copy of the relevant content. When records are disclosed, any third-party information should be withheld, unless prior permission has been granted, or until informed consent has been obtained directly from those sources. Parents and legal guardians have a right of access, upon formal request, to their minor child's counselling record. However, this is not an absolute right, and these requests should be managed on a 'need to know' basis with careful consideration of what is in the best interest of the child given the nature of the information, the age of the minor, and the minor's capacity to give informed consent.

2.3.6.2. RTCs should be aware that any denial of a valid request for disclosure may be challenged and ultimately adjudicated either in court or by an arbitrator whose authority could be established under a provincial freedom of information and privacy legislation.

2.3.7. Consultations

2.3.7.1. RTCs make an effort to consult only with professionals they believe to be knowledgeable and trustworthy. Counsellors, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written, time-limited consent of the client, research participant, supervisee, or another person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation. RTCs

remain accountable for any decisions they make based on consultations.

2.3.8. Protection of Electronic Information

- 2.3.8.1. When using electronic methods for communication, billing, recordkeeping, or other elements of client care, counsellors ensure that their electronic data storage and communications are privacy protected consistent with all applicable law.

2.3.9. Staff and Treatment Teams

- 2.3.9.1. Administrative assistants, supervisees, treatment teams, and any others who work with a counsellor have a similar responsibility to the counsellor in terms of confidentiality. RTCs take all necessary steps to guarantee that client confidentiality is respected and maintained by others with whom they work and consult.

2.3.10. Working with Children

- 2.3.10.1. RTCs working with children should protect the minor's right to privacy, while at the same time respecting the parent's or guardian's right to information. The following considerations may be helpful:
 - 2.3.10.1.1. Each request for information should be evaluated on a 'need to know' basis; parents and guardians do not have an absolute right to know everything their child reveals in counselling.
 - 2.3.10.1.2. Each counsellor, practice, or organization providing counselling services to children should establish a protocol that involves counsellors and other suitable persons in adjudicating parental or guardian requests for information about their child's counselling information.
 - 2.3.10.1.3. As a child matures, the parents' right to know will diminish and may even terminate when the child has the capacity and sufficient understanding to give informed consent.
 - 2.3.10.1.4. Counsellors who work with children should familiarize themselves with and be guided by the statutory requirements within the province or territory in which they work regarding disclosure of confidential information related to children. This includes being informed of emerging ethical and legal obligations and attitudes with respect to the privacy rights of children.

- 2.3.10.2. When RTCs believe that disclosure of a child's counselling information is not in the child's best interests, the following may be helpful:
- 2.3.10.2.1. Use the protocol established within the practice or workplace for addressing parental/guardian information requests.
 - 2.3.10.2.2. Discuss the request for information with the child to determine their attitude with respect to disclosure.
 - 2.3.10.2.3. If the child is not willing to disclose, clarify for the parents/guardians the merits of respecting their child's desire for privacy.
 - 2.3.10.2.4. Arrange a joint session with the child and parents/guardians, managed by the counsellor.
 - 2.3.10.2.5. Disclose information only after the child (client) has been informed, and limit disclosure to the information requested.
 - 2.3.10.2.6. In cases of suspected abuse, counsellors must not comply by law with a parental/guardian request for disclosure. Counsellors may need to seek legal advice and, in exceptional circumstances, be prepared to have their decision challenged in court or in some other formal way.

2.3.11. Duty to Warn

- 2.3.11.1. RTCs have a duty to use reasonable care when they learn of a client's intention or potential to place others in clear or imminent danger. When counsellors believe that their clients might harm an identifiable person, they should take steps to warn that individual of the potential danger. Additionally, depending on the circumstances, counsellors may be justified in taking any number of steps, including encouraging vigilance by a client's family member, reporting to the police, or advising voluntary or involuntary hospitalization. RTCs should consult with colleagues when making such decisions and may need to seek legal assistance.
- 2.3.11.2. Breaching confidence may be justified with clients who are HIV positive and whose behaviour is putting others at risk. However, counsellors should make every effort to encourage such clients to take responsibility for informing their sexual or needle-sharing partners of their HIV status. With the client's informed permission, counsellors should contact the client's physician. RTCs should consult with colleagues when making

the decision to breach confidentiality and may need to seek legal assistance.

2.3.12. Client at Risk of Self-harm

2.3.12.1. RTCs working with clients who may harm themselves should be guided by the following: empower clients to take steps to minimize or eliminate the risk of harm, use the least intrusive interventions necessary to fulfill their ethical responsibilities, seek collegial consultation, and when necessary, obtain legal assistance.

2.3.12.2. Under this ethical obligation, counsellors should take protective action when clients pose a danger to themselves. With respect to suicidal clients, counsellors' interventions may include such steps as establishing safety contracts with those evaluated to be at low risk, disclosing to significant others in the clients' life, recommending a suicide watch in institutional environments, or recommending voluntary or involuntary hospitalization.

2.4. Professional Competency And Integrity

2.4.1. Counsellors maintain high standards of professional competency and integrity.

2.4.2. Professional Development

2.4.2.1. Counsellors pursue knowledge of new developments and maintain their competence in counselling through education, training, or supervised experience.

2.4.3. Knowledge of Standards

2.4.3.1. Counsellors maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

2.4.4. Seek Assistance

2.4.4.1. Counsellors seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

2.4.5. Avoid Conflicts of Interest

2.4.5.1. Counsellors do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

2.4.6. Maintain Records

- 2.4.6.1. Counsellors maintain accurate and adequate session and financial records in accordance with applicable law. Additional information can be found in the [ACCT Standards for Maintaining Clinical Records 2018](#)

2.4.7. Respect for Others

- 2.4.7.1. Counsellors do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects. Counsellors do not exploit clients, students, trainees, supervisees, employees, colleagues, or research subjects.

2.4.8. Gifts

- 2.4.8.1. Counsellors and clients do not give or receive gifts that are of substantial value or that impair the integrity or efficacy of the therapeutic relationship.

2.4.9. Boundaries of Competence

- 2.4.9.1. Counsellors limit their counselling services and practices to those within their professional competence. They refer to other professionals when the counselling needs of clients exceed their level of competence.

2.4.10. Public Statements

- 2.4.10.1. Counsellors, because of their ability to influence and alter the lives of others, exercise special care when publicly expressing their professional recommendations and opinions through testimony or other public statements.

2.4.11. Pro Bono

- 2.4.11.1. Counsellors participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

2.4.12. Advocacy

- 2.4.12.1. Counsellors are concerned with developing laws and regulations pertaining to counselling that serve the public interest, and with altering such laws and regulations that are not in the public interest.

2.4.13. Public Participation

- 2.4.13.1. Counsellors encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

2.4.14. Unethical Behaviour of Other Counsellors

- 2.4.14.1. Counsellors have an obligation when they have serious doubts as to the ethical behaviour of another counsellor, to seek an informal resolution with the counsellor, when feasible and appropriate. When an informal resolution is not appropriate or feasible or is unsuccessful, counsellors report their concerns to the ACCT Ethics Committee.

2.4.15. Responsibility to Clients

- 2.4.15.1. When counsellors have reasonable grounds to believe that a client has an ethical complaint about the conduct of a member of ACCT, counsellors inform the client of the ACCT Enquiry and Complaint process and how to access this process.

2.4.16. Professional Misconduct

- 2.4.16.1. Counsellors are in violation of this Code and subject to termination of membership or other appropriate action if they:
 - 2.4.16.1.1. Are convicted of any criminal act.
 - 2.4.16.1.2. Engage in the practise of Psychedelic Integration Therapy or Psychedelic Assisted Therapy (or advertise themselves as such). Please refer to "Duty to Advise Re: Psychedelic Integration/Assisted Therapy" section of the ACCT Scope of Practice page: https://acctcounsellor.com/Scope_of_Practice.
 - 2.4.16.1.3. Are convicted of a misdemeanour related to their qualifications or functions.
 - 2.4.16.1.4. Engage in conduct which could lead to the conviction of a criminal act or a misdemeanour related to their qualifications or functions.
 - 2.4.16.1.5. Are expelled from or disciplined by other professional organizations for cause that would prohibit the practice of counselling therapy.
 - 2.4.16.1.6. Have their professional registration suspended or revoked or are otherwise disciplined by regulatory bodies.

- 2.4.16.1.7. Continue to practice counselling while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances.
- 2.4.16.1.8. Fail to cooperate with ACCT at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

2.5. Financial Arrangements

- 2.5.1. Counsellors make financial arrangements with clients, third-party payers, and supervisees that are reasonably understandable and conform to accepted professional practices.

2.5.2. Financial Integrity

- 2.5.2.1. Counsellors do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.

2.5.3. Disclosure of Financial Policies

- 2.5.3.1. Prior to entering into the therapeutic or supervisory relationship, counsellors clearly disclose and explain to clients and supervisees:
 - 2.5.3.1.1. All financial arrangements and fees related to professional services, including charges for cancelled or missed appointments.
 - 2.5.3.1.2. The use of collection agencies or legal measures for nonpayment.
 - 2.5.3.1.3. The procedure for obtaining payment from the client to the extent allowed by law, if payment is denied by the third-party payer.
 - 2.5.3.1.4. Once services have begun, counsellors provide reasonable notice of any changes in fees or other charges.

2.5.4. Disclosure of Payment Recovery Procedures

- 2.5.4.1. Counsellors give reasonable notice to clients with unpaid balances of their intent to seek collection by an agency or legal recourse. When such action is taken, counsellors will not disclose clinical information.

2.5.5. Accurate Representation of Services

- 2.5.5.1. Counsellors represent facts truthfully to clients, third-party payers, and supervisees regarding services rendered.

2.5.6. Receipts

- 2.5.6.1. RTCs must issue receipts for services that have actually been rendered and accurately represent the provider of those services.

2.5.7. Bartering

- 2.5.7.1. Counsellors ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if:
 - 2.5.7.1.1. The supervisee or client requests it.
 - 2.5.7.1.2. The relationship is not exploitative.
 - 2.5.7.1.3. The professional relationship is not distorted.
 - 2.5.7.1.4. A clear written contract is established.

2.5.8. Withholding Records for Non-Payment

- 2.5.8.1. Counsellors may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

2.6. Advertising

- 2.6.1. Counsellors engage in appropriate informational activities, including those that enable the public, referral sources, or others to make informed decisions when choosing professional services. This includes, but is not limited to, promotional statements made during presentations, in print or other media advertising, on websites, faxes or email, or on personal web pages, social networking websites, text messages or pre-recorded telephone messages.

2.6.2. Accurate Advertising

- 2.6.2.1. Counsellors accurately represent their competencies, education, training, and experience relevant to their practice of counselling, without reference to, or claims of, particular outcomes.

2.6.3. Promotional Materials

- 2.6.3.1. Counsellors ensure that advertisements and publications convey information that is necessary for the public to make a suitable selection of professional services and is consistent with applicable law.

2.6.4. Professional Affiliations

- 2.6.4.1. Counsellors do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not represent themselves as partners or associates of a firm if they are not.

2.6.5. Professional Identification

- 2.6.5.1. Counsellors use only professional identification (such as business cards, office sign, letterhead, or any advertisement) that make claims that are accurate and clearly represent the counsellor's competencies.

2.6.6. Specialization

- 2.6.6.1. Counsellors do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

2.6.7. Testimonials

- 2.6.7.1. RTCs do not solicit testimonials, expressly or by implication, from clients or other persons who may be vulnerable to undue influence. It is preferable that testimonials used in advertising be unsolicited unless it is entirely clear that there is no possibility of undue influence or the appearance of such influence. Testimonials may be acceptable from an organization or business that receives the counsellor's services.

2.6.8. Soliciting

- 2.6.8.1. Counsellors do not use their place of employment or ongoing institutional affiliation to actively recruit or gain clients, supervisees, or consultees for their private practices. Further, counsellors never use their professional or employment positions on boards, councils, committees, or agencies to solicit clients, or to seek unjustified personal gains, unfair advantage, or unearned goods or services.
- 2.6.8.2. RTCs do not communicate with or encourage others to contact on their behalf, individuals, or families in an effort to solicit them as clients. They may, however, contact for such purposes

representatives or agents of potential clients, such as an employee assistance services, insurance companies, workers' compensation agencies, etc.

2.6.9. Public Statements

- 2.6.9.1. Counsellors refrain from, either by commission or omission, making public statements that are false, deceptive, misleading, or fraudulent concerning their clinical practice or other work activities, or about those persons or organizations with which they are affiliated.

2.6.10. Media Presentations

- 2.6.10.1. RTCs accurately provide any media presentations whether online, print, video etc. They ensure that their statements are both ethical and based on their counselling knowledge, training, and experience.

2.6.11. Permission to Distribute Promotional Material

- 2.6.11.1. Counsellors seek clear and explicit permission from those requesting or arranging the RTC's appearance at a presentation or public event prior to distributing materials promoting the RTC's practice or any favoured causes.

2.6.12. Endorsement

- 2.6.12.1. Counsellors do not participate in advertisements that directly or indirectly suggest endorsement of a particular product brand name for use in the provision of counselling services. RTCs do not permit their name to be associated with other advertising in ways that implies that the counsellor's professional expertise or status is pertinent to the service or product being advertised.

2.6.13. Self-Promotion

- 2.6.13.1. RTCs may participate in advertisements for publications of which counsellors are authors, editors, or reviewers.

3. Guidelines For Dealing With Subpoenas And Court Orders

- 3.1. RTCs may receive requests from a lawyer for client information. Counsellors should treat these requests from for client information as an informal request, and proceed with caution. The requests must meet the conditions for 'informed consent.' Counsellors should contact the client directly regarding the request when possible and all forms for the release of client information should be checked carefully to verify the client's consent. Should written informal consent be obtained then any disclosures should be limited to boundaries set within the informed consent process. **Remember that the**

client cannot consent to the release of information about third parties discussed in therapy and this information can be redacted from the record. (PIPA)

- 3.2. RTCs may receive a formal notice in the form of a court order or subpoena from a court to provide information. Lawyers must make an application to the court in order to obtain subpoenas and they must specify clearly the information being requested and why they deem it relevant to the particular case. Court orders are orders issued by a judge presiding at a hearing or trial. Such orders must be responded to immediately. A challenge to a court order requires an appeal to a higher court and would require legal counsel.
- 3.3. In Canada, there is no counsellor-client privilege. There is effectively no information created within counselling relationships that is beyond the reach of the courts. However, judges are typically sensitive to counsellors' ethical responsibilities to protect their clients' confidentiality and do not require a breach of confidentiality without compelling reasons. Judges often apply the Wigmore criteria to enable them to decide whether the breaching of confidentiality is warranted in a particular instance.
- 3.4. The following guidelines may prove helpful if RTCs receive a subpoena or court order. Please note these guidelines do not represent legal advice, and counsellors are encouraged to obtain independent legal advice if needed.
 - 3.4.1. RTCs make a timely response to subpoenas and court orders. Counsellors are encouraged to consult with a lawyer before making any release of 'subpoenaed' information. Counsellors are also reminded that a decision to comply with formal requests for information does not represent a breach of confidentiality. Nevertheless, disclosure should be restricted to only the requested information. Disclosing additional information may be seen as a breach of confidentiality. Also, when RTCs are required to testify, client records should only be brought to court when explicitly requested.
 - 3.4.2. If RTCs work for an employer, their employer should be informed when they receive a subpoena or court order. The RTC may also be eligible to access employer-supported legal assistance if needed.
 - 3.4.3. RTCs never destroy information in response to a subpoena or court order or to an expectation of receiving one. Such behaviour, if proven, may be judged as obstruction of justice or contempt of court.
 - 3.4.4. Counsellors should consult their clients when they receive a subpoena or court order. Since 'confidentiality' belongs to the client, not to the counsellor, arguments advanced to court by a client or by the client's lawyer may carry more weight. For example, a client may have reason to object to the scope of a subpoena.
 - 3.4.5. RTCs take care in disclosing third-party information from a record, such as reports from other professionals. If information from third party

reports is requested, then a subpoena may need to be issued to the person(s) who wrote the report.

- 3.5. At times, through discussion with the individual issuing the subpoena or court order, it is possible to have a summary of a client record accepted rather than the complete record. Copies of records are usually acceptable rather than the originals.
- 3.6. Unless there is the probability of a subpoena or court order being completely withdrawn, RTCs must comply in a timely manner with the original or modified subpoena or order, with or without the client's consent, or face the prospect of being found in contempt of court.

4. Guidelines For Child Custody Evaluations

- 4.1. Child custody evaluations represent a high-risk practice area. They typically arise from an adversarial circumstance and there is an increased probability that one or more parties will be dissatisfied with an evaluation report. Custody evaluations are usually used in legal disputes around a child care, access, and relationship with biological, foster, adoptive parent(s), and/or any legal guardian. RTCs are advised to consider the following before engaging in this practice area, and when conducting custody evaluations:
 - 4.1.1. RTCs do not engage in child custody evaluations without the necessary competencies to complete such evaluations. They must have the knowledge, skills and training to ethically engage in this practice.
 - 4.1.2. RTCs always give priority to the best interests of the child in all custody evaluations.
 - 4.1.3. RTCs ensure that no prior or current relationship with the children and the adults primarily involved in the custody evaluation exists, other than the role of evaluator.
 - 4.1.4. RTCs provide objective and impartial assessments that must not be compromised by the perspective of the individuals or agency requesting the evaluation or those paying for it. Ideally, custody evaluations should be court-ordered or mutually agreed upon by participants.
 - 4.1.5. RTCs secure a written consent before beginning the evaluation which clarifies such aspects as:
 - 4.1.5.1. Financial arrangement
 - 4.1.5.2. Who will be seen
 - 4.1.5.3. Timeframe
 - 4.1.5.4. Who will receive copies of the report?

- 4.1.6. Counsellors should obtain informed consent from the adults involved and from older children to the extent possible. Participants should be informed as to who will receive the report and the associated limits to confidentiality.
- 4.1.7. RTCs seek to ensure that equal opportunity for the disputing parties to present their views has been offered and ensure balanced access to key parties.
- 4.1.8. RTCs are careful to avoid confusing therapeutic and assessment roles.
- 4.1.9. When RTCs, during the course of their custody evaluations, have reasonable grounds to suspect child abuse, they must fulfill their statutory obligations to report it to the appropriate authorities.
- 4.1.10. RTCs should keep complete records of the evaluation process and fastidiously record all contacts or events (with whom, duration, content, etc.).

5. Multiple Clients: Couple, Family and Group Counselling

- 5.1. RTCs recognize the unique ethical challenges associated with multi-persons counselling, such as with couples, family, and group counselling. For instance, individuals continue to have their own rights and responsibilities, including their right of access to the counselling records generated by these counselling services.
- 5.2. Before participating in these services, clients should understand and consent to the limits on confidentiality. When clients from group, couples, or family counselling are seen by the RTC on an individual basis, apart from joint sessions, these sessions should be treated as confidential unless that client consents to the sharing of information with the other partner, group, or family members.
- 5.3. When counsellors begin multi-persons counselling, they clarify goals and the type of counselling service offered. They also address issues of informed consent and the unique limits on confidentiality. Counsellors explain and advocate for the principles and practice of confidentiality, but they can only guarantee their own commitment to it.
- 5.4. When engaged in multi-persons counselling, benefits could result from meeting individually with some or all persons involved. Such benefits could include a better understanding of individual perspectives, a reduction of defensiveness; a more protected environment for uncovering vulnerability, an opportunity to explain your perspective or to carefully confront clients who are highly defended in multi-person settings, etc. Counsellors may choose to have individual sessions as a regular part of couples or family counselling or they may do so on a case-by-case basis. It is important to note that these individual sessions continue to be focused on couples or family counselling

and do not represent individual therapy. When choosing to offer individual sessions for multi-persons counselling, counsellors carefully explain issues of confidentiality; they set clear boundaries to prevent being pulled into alliances that are unproductive, and they are willing and able to skillfully handle any negative reactions from the partner or participants who were not present. Counsellors recognize that they are unable to control what an individual reports about an individual session to others in the multi-person group.

- 5.5. Some counsellors choose to avoid or minimize having private, confidential contact with individuals concurrent with their participation in couples, family or group counselling. They do so to minimize the potential for side taking, client secret sharing, triangulation and other challenges associated with individual access to the counsellor. RTCs avoid entering multiple counselling relationships where their effectiveness and objectivity could be compromised.
- 5.6. Counsellors may decline to accept a client for couples or family counselling if the individual counselling relationship has progressed to the point where the counsellor will likely be biased or be perceived to be biased in favour of that client.
- 5.7. Counsellors cooperate in ethics investigations of complaints made against them and with the appropriate related proceedings. Failure to cooperate may be considered in itself an ethical violation. However, mounting an appropriate defence against an ethical complaint and taking full advantage of the opportunities afforded in an adjudication process to do so, does not constitute non-cooperation.

6. Standards Of Practice For Supervisors

- 6.1. The purpose of this **Standards of Practice for Supervisors** is to establish and maintain a high standard for Supervisors within ACCT. It is intended to inform and protect Supervisees (Counsellors/Therapists undergoing supervision).
- 6.2. Ethical standards comprise such values as integrity, responsibility, competence, and confidentiality.
- 6.3. This **Standards of Practice for Supervisors** applies to any of the models of supervision. In consenting to these standards, Supervisors reaffirm their assent to all the other Codes and Standards of ACCT and accept their responsibilities to Supervisees and their Clients, their agencies, their colleagues, to the wider community and to ACCT.

6.4. Issues of Responsibility

- 6.4.1. Given that the primary purpose of Supervision is to ensure that the Supervisee is addressing the needs of the Client:

- 6.4.1.1. Supervisees are responsible for their work with the client, and for presenting and exploring as honestly as possible that work with their Supervisor.
- 6.4.1.2. Supervisors are responsible for helping Supervisees reflect critically upon that work.
- 6.4.2. Supervisors and Supervisees are both responsible for setting and maintaining clear boundaries between working relationships and friendships and other relationships and for making explicit the boundaries between supervision, consultancy, therapy and training.
- 6.4.3. Supervisors and Supervisees must distinguish between supervising and the counselling of the Supervisee, if there is a dual relationship.
- 6.4.4. Supervisors are responsible for adhering to the principles embodied in this Code of Ethics as well as the ACCT Code of Ethics and Standards of Practice.
- 6.4.5. Supervisors must recognize the value and dignity of Supervisees and Clients as people, irrespective of origin, status, sex, sexual orientation, age or belief.
- 6.4.6. Supervisors must not exploit the Supervisee financially, sexually, emotionally or in any other way.
- 6.4.7. Supervisors are responsible for establishing clear working agreements, which indicate the responsibility of Supervisees for their own continued learning and self-monitoring.
- 6.4.8. Both Supervisor and Supervisee are responsible for regularly reviewing the effectiveness of the supervision arrangement, and changing it when appropriate.
- 6.4.9. The Supervisor and Supervisee should consider their respective legal liabilities to each other, the employing or training organization that they work under (if any), and their responsibility to the client.

6.5. Supervision Of Students

- 6.5.1. When working with Student Counsellors/Therapists, Supervisors must ensure that the supervision contract includes assessment of the client work. Such assessment is in the best interests of clients, the profession, and those responsible for the training of the Supervisee.
- 6.5.2. The criteria by which assessments are to be made must be agreed between Supervisees and the training agency, or other bodies responsible for the accreditation of Student Counsellors/Therapists.

- 6.5.3. All external Supervisors must supply reports on student work to the training institute's assessment panel or professional association, and these reports should be co-evaluated by the student and Supervisor.
- 6.5.4. Managing potential conflicts of interest need to be clear and discussed with the student in advance.
- 6.5.5. Supervisors need to be sensitive to personal or student issues with any student. An option of referral to an alternate supervisor may be warranted in some situations.
- 6.5.6. Supervision must be clearly distinguished from personal counselling—students' needs are to be referred for personal issues that are not directly associated with the counselling skills under supervision. This is based on the risk of a dual relationship impairing a supervisor's ability to objectively evaluate a student in a dual role and on the recognition that the power differential has the potential to be experienced as coercion for a student who is offered personal counselling by a Supervisor.
- 6.5.7. Disclosure of personal information needs to be restricted to information only as it applies to skills for counselling a client.
- 6.5.8. Confidentiality and performance evaluation information must be carefully balanced.
- 6.5.9. A protocol for complaint resolution must be clearly defined and students should be encouraged to raise questions, challenges, and/or doubts to manage the perceived power differential in a manner that protects student interests.

6.6. Issues of Competence

- 6.6.1. Supervisors have demonstrated competence in supervision. Supervisors should continually seek ways of increasing their own professional development including, wherever possible, specific training in the development of supervision skills.
- 6.6.2. Supervisors benefit from supervision of their supervision to assist them in monitoring the ethical issues.
- 6.6.3. Supervisors have a responsibility to monitor and maintain their own effectiveness. There may be a need to seek help and/or withdraw from the practice of Supervision, whether temporarily or permanently.
- 6.6.4. All Supervisors should maintain their own practice in Counselling/Therapy or having retired have maintained an active practice within the last five years.
- 6.6.5. Supervisors need a clear understanding of the legal and ethical implications of a supervisory role with both students and clients.

6.6.6. Self-knowledge and managing countertransference are important skills for counsellors. Students need to demonstrate to supervisors that they are competent to manage these issues. Independent personal counselling may be the most ethical means to satisfy a supervisor's need to evaluate student competence while protecting student confidentiality.

6.6.7. Code of Practice

6.6.7.1. This Code of Practice is intended to give more specific information and guidance regarding the implementation of the principles embodied in the Code of Ethics for Supervisors.

6.7. The Management Of The Supervision Work

6.7.1. Supervisors should ensure that their Supervisees subscribe and adhere to the *Code of Ethics and Practice Standards for ACCT*.

6.7.2. A written supervision contract is recommended to clarify expectations—including the format for case presentation, the method of evaluation, recordkeeping, and relevant time frames.

6.7.3. Supervisors should be clear regarding practical arrangements for supervision, especially in regard to the frequency and length of contact time as well as the privacy and safety of the location.

6.7.4. Fees required should be agreed in advance and any increase in fees should be negotiated.

6.7.5. Supervisors and Supervisees should make clear the expectations and requirements they have of each other. This should include the manner in which any formal assessment of the Supervisee's work will be conducted. Each party should assess the value of working with the other and review this regularly.

6.7.6. Supervisors should ensure that their Supervisees are aware of the Supervisor's qualifications, theoretical approach and method of working.

6.7.7. Supervisors are expected to keep records of supervision and Supervisee evaluations in accordance with provincial and legal requirements. These records should be kept as part of a Supervisor's clinical records.

6.7.8. Supervisors should encourage Supervisees to track their accumulated client and supervision hours and to keep an up-to-date log of these hours for their records.