



Code of Ethics

Revised 2023

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PREAMBLE:

This Code reflects such values as Godliness, integrity, competence, responsibility, and an understanding of and respect for the cultural diversity of society. It is part of a social contract, based on attitudes of mutual respect and trust by which the public supports the autonomy of the profession, and in response, is assured of the commitment of the PACCP members to act ethically in the provision of professional services.

This Code of Ethics (“Code”) outlines the ethical principles and values that guide all members of the Professional Association of Christian Counsellors and Psychotherapists (“PACCP”). This Code is a public document, as we value transparency and accessibility. Therefore, the public has a right to have access to the standards of ethical conduct that all PACCP members are required to adhere to in their role as a PACCP counsellor, psychotherapist, or supervisor. This document reflects the shared goals and mission of the PACCP to which we, as members of the PACCP, have committed ourselves.

At PACCP we expect our members to act in accordance with Common law, Provincial Colleges, Federal and Provincial Human Rights legislations, the 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 PACCP. (FACTAB, 2018, p. 3)

We require our members to engage in PACCP’s ethical decision-making process when they encounter a dilemma between what is expected in our Code and what is expected of them from another standard of practice, e.g., the law or another association.

All PACCP members are encouraged to be in a supervisory relationship. Peer supervision can be helpful. PACCP also offers ethical consultation through the National Ethics Committee. PACCP’s insurer also provides consultation services to members where there is a concern of liability risk and potential legal action. Both services are accessible through the PACCP’s National office.

Definitions:

- For the purposes of the Code, the term “client” will refer to an individual, couple, family, or group. For the purposes of the Code, the term “counselling” will refer to any service provided by a counsellor that may include, but not limited to: assessment, counselling, coaching, supervision, training, etc.
- For the purposes of the Code, the term “supervisee” will refer to students, interns, volunteers, or other individual’s work a PACCP member is responsible for overseeing
- For the purposes of the Code, the term “member” will refer to anyone that has a paid membership in PACCP who identifies themselves as a counsellor, psychotherapist or a supervisor of a supervisee.
- For the purposes of the Code, the term “counsellor” will refer to anyone that has a paid membership in PACCP who identifies themselves as a counsellor or a supervisor of a supervisee.

- For the purposes of the Code, the term “ethical decision-making model” will refer to the PACCP ethical decision-making model included within this Code.
- For the purposes of the Code, the term “student intern” will refer to a counselling student engaging in a counselling internship for the purpose of completing the education requirements of a counselling education program. Student interns may or may not be Student level members of PACCP.
- For the purposes of the Code, the term “supervised counsellor” will refer to an Associate Professional Counsellor who is receiving supervision as part of their professional clinical work
- For the purposes of the Code, the term “certified supervisor” refers to a supervisor who has achieved Certified Professional Counsellor Supervisor status with PACCP.
- For the purposes of the Code, the term “clinical supervisor” refers to a supervisor who is engaging in a formal supervision agreement with a supervisee.
- For the purposes of the Code, the term “consultative supervision” refers to supervision outside of a formal contract.

This Code is based upon 6 key Ethical Foundations:

1. **Nonmaleficence** – do no harm (intentional/unintentional; psychological/physical)
2. **Beneficence** – act to benefit others; proactively seek to make a positive contribution to another’s welfare)
3. **Autonomy** – respect choice (freedom to choose; right to privacy/confidentiality/informed consent)
4. **Justice** – promote the fair treatment of all persons
5. **Fidelity** – faithfulness (keep promises; be loyal and truthful)
6. **Societal Interest** – respecting the need to be responsible to society (Kitchner, 1984)

These six key ethical foundations are reflected in the following five principles.

Principle 1: Respectful Therapeutic Relationships

Principle 2: Professional Practice and the Use of Technology

Principle 3: Excellence in Supervisory Relationships & Counselling Education

Principle 4: Integrity in Research

Principle 5: Responsibility to the Public and to Society

All PACCP members are responsible to be familiar with this Code and its application to everyday conduct, counselling practice, and in the resolution of ethical dilemmas. Members commit to ethical behaviour which is consistent with the underlying principles and values of this Code, as well as to the relevant laws, regulations, and policies which are applicable to the counselling profession.

Ethical dilemmas may arise in counselling practice. The counsellor is responsible to correctly apply the pertinent Code item as a guiding principle for decision-making. In such matters, the counsellor should prayerfully utilize an accepted Ethical Decision-making Model approach.

Principle 1: Respectful Therapeutic Relationships

1.1 High Standards: Counsellors seek to maintain high standards of competence and ethical behaviour, continuing education, and Godly self-care.

1.1.1 Counsellors comply with the relevant laws, regulations, and policies which are applicable to the counselling profession.

1.2 Integrity: Counsellors seek to represent the profession in a respectful manner with integrity, accepting responsibility for the consequences of their actions.

1.2.1 Counsellors participate in only those practices which are respectful of the legal, civic, scripturally focused, and moral rights of others, and act to safeguard the dignity and rights of their clients, students, employees, and research participants.

1.3 Accurate Representation: Counsellors accurately represent professional standing(s), qualifications, education, experience, competence, and affiliations, in all forms of communication including advertising. If the counsellor becomes aware of misinterpretation of the above, the counsellor shall immediately clarify any misunderstanding, and shall correct any inaccuracies in all forms of communications.

1.3.1 Counsellors demonstrate academic integrity related to documents, writings, and other works, including adhering to all applicable copyright laws.

1.4 Relationships with Clients: Counsellors promote the welfare of the client by respecting the client's God-given dignity, knowledge, insight, and experience.

1.5 Power Differential: Counsellors recognize the power differential implicit within every therapeutic relationship and seek to minimize the potential negative impact of that differential.

1.5.1. Counsellors are responsible for ensuring the therapeutic relationship is not compromised by their own needs, opinions or beliefs.

1.5.2. Counsellors recognize that they are ethically accountable to their clients, and it is their responsibility to remain accountable for relationships with former clients. Counsellors must consider the possible consequences of entering into friendships, business relationships, training, supervision, and other relationships with these clients. Any changes in the counsellor-client relationship need to be discussed with the client and in supervision. The decision regarding any relationship, other than a counselling relationship, with a former client needs to take into account the power differential present in the therapeutic relationship. (Adapted from New Zealand Christian Counsellors Association, 2018, p. 5)

1.6 Non-Discrimination: Counsellors do not practice, condone, facilitate, or collaborate with any form of discrimination

1.7 Harassment: Counsellors abstain from all forms of harassment.

1.8 Romantic Relationships-Current: Counsellors abstain from forming romantic relationships and from all sexual intimacy with current clients, spouses and/or partners, or family of these clients. Counsellors do not counsel persons with whom they have had a romantic and/or sexual relationship.

1.9 Romantic Relationships-Former: Counsellors refrain from beginning any type of romantic and/or sexual relationship with former clients, spouses and/or partners, or family of these clients for a minimum of 3 years following termination of the counselling relationship or last professional contact.

The 3-year period should be extended indefinitely if the situation, diagnosis or vulnerability of the client suggests the possibility of exploitation on the basis of trust and dependency inherent in the counselling relationship. (Adapted from BCACC, 2014, p. 8) Counsellors, in all such circumstances, clearly bear the burden to ensure that no such exploitative influence has occurred, record the plan of action to ensure the protection of the former client, and seek supervision in consultation with a certified supervisor. (CCPA Code of Ethics, 2007, p. 9)

1.10 Dual (multiple) Relationships: Counsellors are aware that dual (multiple) relationships are unavoidable in some contexts in which we work. When such relationships exist, counsellors are aware of their obligation to be accountable to the client in their conduct within the relationship. Counsellors take appropriate professional precautions such as role clarification, informed consent, consultation, and documentation to ensure that judgment is not impaired, and no exploitation occurs. The counsellor engages in a discussion with the client to explore the implications of the dual relationship, and if necessary, also consults colleagues and supervisors. Ethical pitfalls in such a situation include conflict of interest, emotional entanglement, impaired objectivity, and exploitation of the trust and dependency inherent in the counselling relationship.

1.11 Informed Consent: Counsellors need to demonstrate that **written** Informed Consent from all age of majority clients and supervisees has been obtained prior to providing for any counselling services except in circumstances of urgent need (e.g., suicidal gesture). In such circumstances, counsellors would proceed with the individual's verbal agreement, but fully informed consent would be obtained as soon as possible. Counsellors must seek assent when they are not able to obtain consent from the client and take extra precautions to ensure that the clients' right to dignity, respect, and justice are protected.

1.11.1 Counsellors take all reasonable steps to ensure that consent is not sought or given under conditions of coercion or undue pressure.

1.11.2 Counsellors act upon Informed Consent from those persons who are legally responsible or appointed to give informed consent on behalf of individuals who are not of the age of majority or who are classified as dependent adults.

1.11.3 Counsellors seek willing and adequately informed participation from any person of diminished capacity to give informed consent and proceed without the assent only if the service is considered to be of direct benefit to that person.

1.11.4 Counsellors clearly describe their policies concerning the counselling relationship (for example confidentiality, missed sessions, fee structure) as part of the process of obtaining Informed Consent.

1.11.5 When obtaining informed consent for online therapy, the client is provided with the knowledge necessary to understand the ways in which e-Therapy differs from conventional

psychotherapy. Limitations to online therapy, contingency plans for extraordinary circumstances (e.g., expression of suicidal intent), and financial policies are discussed and documented.

1.11.5.1 Settings in which telephone, emails, chat, video-conference calls, e-Therapy are used from the beginning of the therapeutic relationship include risks that are not expected in face-to face therapies. Due to the nature of the unconventionality of the setting when there is a conflict with ethical codes and current professional standards of practice, these services must be avoided, and the client referred to more appropriate mental health services.

1.11.5.2 If counselling will be provided in an unconventional setting, counsellors inform their clients of the:

- i. Nature of the treatment,
- ii. The therapist,
- iii. The potential risks involved,
- iv. Ways to eliminate these risks, and,
- v. Alternative treatments that may be available.

1.11.5.3 If service is provided through these unconventional settings, counsellors are obliged to follow the Ethical Code as is required for face-to-face counselling settings and evaluate the service they provide as well as the conditions of confidentiality. (Adapted from CPCA, 2017, p. 6-7)

1.12 Termination of Counselling Relationship: Counsellors respect the right of individuals to terminate the counselling relationship at any time.

1.12.1 Counsellors will thoughtfully determine when to discontinue therapeutic relationships, will discuss this with the client, and provide appropriate referrals if necessary.

1.13 Collection & Storage of Information: Counsellors collect and record only information that is germane to the purpose(s) for which consent has been obtained.

1.13.1 Counsellors store, handle, transfer, and dispose of all records, both written and electronic media, in a secure and reasonable manner. This includes reasonable use of password protection for client files and the physical security of computers and electronic devices.

1.13.2 Records shall be stored in compliance with applicable legal requirements of each jurisdiction, with counsellors being responsible for familiarizing themselves with such applicable legal requirements.

1.13.3 Counsellors in private practice develop appropriate contingency plans for the management of client records in the event of their incapacitation or death.

1.14 Confidentiality: Counsellors respect the right of clients, employees, supervisees, or students, to reasonable personal privacy.

1.14.1 Counsellors clarify with clients what measures will be taken to protect confidentiality and clarify the limits to confidentiality.

1.14.2 Counsellors share confidential information with others only with the informed consent of the client(s), or in a manner whereby the individuals involved cannot be identified, except as required or justified by law, or in circumstances of preventing actual or possible serious physical harm or death.

1.15 Social Media: Counsellors exercise discretion in the use of social media forums, respecting professional boundaries, only speaking to what one is competent to address, ensuring that qualifications are properly cited, avoiding exploitive dual relationship, respecting issues of safety and confidentiality.

Principle 2: Professional Practice and the Use of Technology

2.1 Best Practice: Counsellors make every reasonable effort to ensure that they utilize best practice guidelines in the provision of care to clients, supervisees, students, employees, colleagues, or research participants, as encapsulated in the 6 key ethical foundations and maintain familiarity with PACCP's Code of Ethics, Policies, and Procedures.

2.1.1 Counsellors strive to keep informed of progress in their area(s) of counselling activity, take this progress into account in their work, and try to make their own contributions to this progress.

2.2 Professional Competence: Counsellors limit their counselling services and practices to those which are within their professional competence by virtue of their education and professional experience, and consistent with any requirements for provincial and national credentials.

2.2.1 If it becomes apparent that the client's problems are beyond the counsellor's competence, counsellors take immediate steps to obtain consultation, supervision, or to refer the client to an appropriate professional, whichever is more likely to result in providing the client with competent service. Counsellors continue to provide care until the referral process is complete.

2.2.2 Counsellors utilize assessments and evaluation strategies and provide professional statements in keeping with their education and professional experience, are current, and lack cultural or language bias, and which are consistent with any requirements for provincial and national credentials. This should be done in consultation with a certified supervisor.

2.2.3 When working with children and/or persons of diminished capacity, counsellors conduct the informed consent process with those who are legally entitled to offer consent on the client's behalf, typically the parents or others appointed as legal guardians. (Adapted from CCPA, 2020, p.10). Counsellors recognize that working with children and those of diminished capacity requires specialized training, development, and ongoing supervision.

2.3 Collaboration: Counsellors may, at times, collaborate with other service partners in providing care to clients. Written Informed Consent with authorization must be obtained from the client prior to releasing any information to the other service partners, in keeping with best practice guidelines. Clients should be informed of the risks and benefits of third parties having access to their information.

2.4 Learning: Counsellors participate in lifelong learning, through maintaining current CEU requirements, continuing education, peer consultation, or clinical supervision to maintain and enhance competence in Counselling Practice.

2.5 Self-Reflection: Counsellors seek to develop and maintain self-reflective practice which considers their own culture, beliefs and personal biases, and how these may shape or inform their work with clients.

2.6. Self-Care: Counsellors will take responsibility to maintain their own health and wellbeing. They will take relevant action when stressed, over-extended, or when personal circumstances impact on their ability to practise safely and maintain their health and wellbeing. Relevant action may include supervision, personal counselling, and/or taking leave from practice.

2.7 Spiritual Life: Counsellors will nurture a growing personal relationship with God, reflected in Biblical commitment to family life and marital integrity and fidelity.

2.8. Efficacy Reflection: Counsellors will monitor the efficacy of their inner resourcefulness and resilience to ensure safe practice.

2.9 Duty to Warn/Duty to Protect: Counsellors have a duty to warn and duty to protect potential victims of bodily harm when they have been advised of this potential by clients, by connecting with the proper authorities when unable to intervene themselves.

2.10 Unethical Conduct: Counsellors have a responsibility to address alleged unethical conduct of another PACCP member with that member. If unresolved, the counsellor has a duty to report to PACCP and the appropriate professional regulatory body (if applicable) any alleged unethical conduct of a member of that body. Counsellors must adhere to the relevant laws, regulations, and policies which are applicable to the counselling profession.

2.11 Behaviour: Counsellors will not condone, nor participate in misleading, illegal, or dangerous behaviour by others.

2.12 Strengths and Limitations: Counsellors acknowledge the strengths and limitations of the various counselling theories and treatment options and communicate these to clients as needed.

2.13 Presentation: Counsellors present information in a fair, respectful, and honest manner, distinguishing between factual information, professional judgement, and personal opinion (Adapted from NZCCA, 2022, p.5)

2.14 Honoring Commitment: Counsellors honor all commitments to clients, unless unexpected circumstances (e.g., illness) occur. If these do occur, the counsellor will make a reasonable explanation to the client.

2.15 Financial Integrity: Counsellors practice financial integrity in all matters pertaining to their practice, including accurate record-keeping, billing procedures, missed appointment protocols, provision of resources for purchase, etc. Fee and fee policies should be discussed with clients prior to obtaining written Informed Consent.

2.16 Therapy via Electronic Means: Counsellors follow all ethical guidelines when providing therapy

i.e., electronic means including, but not limited to using the telephone and internet. Counsellors comply with the requirements to provide such services within regulatory jurisdictions and liability insurance coverage.

2.16.1 Before therapy is provided via electronic means, counsellors ensure that:

- (a) client and counsellor identities are verified;
- (b) the client is capable of using the computer application;
- (c) the computer application is appropriate to the needs of the client;
- (d) the client understands the purpose and operation of client-assisted and/or self-help computer applications; and
- (e) reasonable best efforts have been taken to ensure that the particular electronic means utilized are secure so as to at all times maintain the confidentiality of all communications between the client and the counsellor.

2.17 Gifts: Accepting gifts or benefits from clients should take into consideration the situation, motivation, and vulnerability of the client. The professional counselling relationship integrity should be maintained.

2.18 Use of Technology: Counsellors recognize that the profession continues to evolve to include interactions with clients and supervisees which are not limited to face-to-face encounters. They recognize that the PACCP Code of Ethics applies to all interactions with clients and supervisees, whether face-to-face or via technology. Counsellors make every effort to protect confidentiality and meet the requirements of this Code for all interactions.

2.18.1 Counsellors considering using technology to work remotely with clients and supervisees should consider and discuss with their supervisor the implications on such things as client safety and risk management, and the suitability of using this medium for working with vulnerable client groups.

2.18.2 Counsellors who engage in counselling or communications with clients and supervisees using technology (including social media) are careful to ensure they have the relevant knowledge, skills, understanding and resources to meet their ethical and legal obligations.

2.18.3 Counsellors who use technology as an alternative to face-to-face counselling or supervision are careful to formally obtain informed consent from all relevant parties to use technology. This consent, in addition to the standard form for consent, should list the particular risks and issues related to using technology (e.g., confidentiality, technology failure, client safety, storage of client data if the server is not housed in the counsellor's office). Counsellors assume the full responsibility to ensure the use of technology to replace face-to-face therapy or supervision, is suitable for the needs of the client, considering cultural, intellectual, emotional, physical, linguistic and functional capabilities.

2.18.4 Counsellors should be aware of the ethical issues – for example boundaries, dual relationships, and transference - implicit in any relationships with clients and supervisees via social media. They should take precautions to avoid their personal information and social media presence being publicly available and keep any personal and professional social media or websites separate.

2.18.5 Counsellors who keep their client notes and other confidential information online or on their electronic device will take precautions to ensure the confidentiality of this information is preserved and not accessible by any other unauthorized party without the client's consent.

2.18.6 Counsellors shall not exhibit any behaviour in their interactions via social media which in any way brings disrepute to the counselling profession or to the PACCP.

2.18.7 Counsellors will take all reasonable steps to ensure their knowledge and skills when working with any electronic device or media is current. (Adapted from NZCCA, 2018, p. 8-9)

2.19 Membership Status: A counsellor's membership may be designated as "review pending," receive probationary status, be suspended, or terminated in cases of:

- i serious violations of the Code,
- ii the member being under investigation for a serious criminal offence under the Criminal Code of Canada or one commonly understood as likely to impact quality of therapeutic or supervisory service,
- iii if a member is being investigated or disciplined by another professional association or regulatory college,
- iv a member being deemed no longer fit to practice,
- v a member being found to not be acting in accordance with the Code of Ethics of PACCP.

2.19.1 If a member of PACCP resigns from the association in anticipation of, or during the course of, an investigation, the NECC reserves the right to complete its investigation. Any publication of action and outcomes taken by the NECC will include the information that the member resigned during the investigation (adapted from NZCCA, 2022, p.12).

2.20 Cooperation with NEC: Counsellors who have an investigation opened against them cooperate with the National Ethics Committee. This cooperation may include authorized (by signed client consent) disclosure of the relevant client file. Failure to cooperate with the National Ethics Committee is in itself an Ethics violation. Please refer to the NEC Policy & Procedure documents for further information.

Principle 3: Supervisory Relationships & Counselling Education

3.1 Boundaries: Counsellors who are in a supervisory position with assistants, student interns, employees, supervisees, and volunteers establish, clarify, and maintain appropriate relational boundaries. Ethical pitfalls in such a situation include conflict of interest, emotional entanglement, impaired objectivity, and exploitation of the trust and dependency inherent in the counselling relationship.

3.2 Confidentiality: Counsellors who are in a supervisory position (e.g., with assistants, student interns, employees, supervisees, and volunteers) maintain confidentiality of those individuals, except as required or justified by law.

3.3 Overall Responsibility: Supervisors assume overall responsibility for the professional activities of their assistants, students, employees, supervisees, and volunteers according to the signed contractual agreement.

3.3.1 Supervisors facilitate the professional development of their assistants, student interns, employees, supervisees, and volunteers. This includes encouraging the self-development and self-awareness of assistants, student interns, employees, supervisees, and

volunteers, so that they learn to integrate their professional practice and personal insight. (Adapted from CCPA, 2007, p. 20)

3.3.2 Supervisors provide timely evaluations, consistent and concurrent collaborative consultation, and optimal learning opportunities.

3.3.3 Supervisors discuss and reinforce ethical responsibilities and confidentiality obligations with assistants, student interns, employees, supervisees, and volunteers.

3.4 **Educational Responsibility:** Supervisors perform supervisory and educational responsibilities with careful preparation, so that the instruction is current, biblically sound, scholarly, and appropriate to the level of education and experience of the supervisee.

3.5 **Presentation:** Supervisors ensure that student interns and supervisees declare their current status to all clients.

3.6 **Social Media:** Supervisors exercise discretion in their personal and professional use of social media forums, respecting professional boundaries.

3.7 **Romantic Relationships-Current:** Supervisors abstain from forming romantic relationships and from all sexual intimacy with current assistants, student interns, employees, supervisees, and volunteers. Supervisors do not supervise persons with whom they have had a romantic and/or sexual relationship.

3.8 **Romantic Relationships-Former:** Supervisors refrain from beginning any type of romantic and/or sexual relationship with former assistants, student interns, employees, supervisees, and volunteers for a minimum of 3 years following termination of the professional relationship.

The 3-year period should be extended indefinitely if the situation, diagnosis or vulnerability of the supervisee suggests the possibility of exploitation on the basis of trust and dependency inherent in the supervisory relationship. (Adapted from BCACC, 2014, p. 8) Supervisors, in all such circumstances, clearly bear the burden to ensure that no such exploitative influence has occurred, record the plan of action to ensure the protection of the former assistant, student intern, employee, supervisee, or volunteer, and seek supervision in consultation with another certified supervisor. (CCPA Code of Ethics, 2007, p. 9)

3.9 **Referral:** Supervisors who are responsible for assistants, student interns, employees, supervisees, and volunteers refer the individual to other professionals when necessary to avoid counselling those for whom they exercise administrative or evaluative responsibility.

Principle 4: Integrity in Research

4.1 Participation: Counsellors and student members only participate in those research projects that meet relevant ethical principles and standards of professional practice. Such research must comply with federal

and provincial laws, institutional regulations, and standards governing the conduct of research with human participants.

4.1.1 Counsellors and student members who are conducting research meet the requirements of institutional ethical review board standards.

4.2 Honesty and Openness: Counsellors and student members conduct research with honest, open inquiry. Research aims; sponsorship, or financial interests that may affect or appear to affect the research are clearly identified and communicated.

4.2.1 Counsellors and student members follow accepted guidelines for research methodology.

4.3 Participant Protection: Counsellors and student members will protect the physical, psychological, and emotional well-being of participants during and after the research study.

4.4 Informed Consent: Counsellors and student members ensure that all research participants are provided with clear descriptions about the research project and are required to give informed consent, including the risks and benefits, the right to withdraw, how the data will be used. All such information is communicated as part of the Informed Consent process.

4.4.1 Counsellors and student members ensure that research participants are informed that they may ask questions or discontinue participation at any time.

4.4.2 Counsellors and student members do not proceed with any research activity, if consent is given under any condition of coercion or undue pressure.

4.4.3 Counsellors and student members seek an independent and full ethical review of human rights issues and protections for any research involving vulnerable groups persons of diminished capacity to give consent, before making a decision to proceed.

4.5 Deception in Research: Counsellors and student members do not engage in deception in research or the use of techniques which might be interpreted as deception in research or service activities.

Principle 5: Responsibility to the Public and to Society

5.1 Representation: When making statements which could be considered counselling therapy or when involved in public activities, counsellors make clear whether they are acting as private citizens, as members of specific organizations or groups, or as representatives of the PACCP.

5.2 Contribution: Counsellors seek to contribute to the profession of counselling and psychotherapy and to society's understanding of itself and human beings generally, through a free pursuit and sharing of knowledge, unless such activity conflicts with other basic ethical or biblical principles.

5.2.1 Counsellors participate in the process of critical assessment of the profession's place in society and contribute to the development of procedures which help the discipline to contribute to beneficial societal functioning.

5.3 Self-Reflection: Counsellors seek to develop and maintain self-reflective practices which consider their own culture, beliefs, and personal biases and how these may shape and inform their engagement with the public and society.

5.4 Continued Professional Growth: Counsellors participate and contribute to continuing education and the professional and scientific growth of self and colleagues.

5.4.1 Counsellors contribute to the development of other counsellors and psychotherapists by helping them to acquire a full understanding of the ethics, responsibilities, and needed competencies of their chosen area(s), including an understanding of critical analysis and of the variations, uses, and possible misuses of the discipline.

5.4.2 Counsellors engage in regular self-reflection, self-monitoring, assessment, and reporting (e.g. through peer review, and in program reviews, case management reviews, and reports of one's own research) of their own ethical practices and safeguards.

5.4.3 Counsellors promote counselling practice accountability for self and others.

5.5 High Standards: Counsellors uphold the profession's responsibility to the public and to society at large by promoting and maintaining the highest standards of the profession.

5.6 Volunteer Service: Counsellors, when able, contribute to the general welfare of society (e.g., improving accessibility of services) and the general welfare of their profession by offering a portion of their time to work for which they receive little or no financial return.

5.7 Agreements and Contracts: Counsellors only enter into agreements or contracts which allow them to act in accordance with the ethical principles and standards of this Code.

5.8 Cultural Diversity: Counsellors and supervisors actively work to understand the diverse cultural background of the clients and supervisees with whom they work, through the use of peer consultation, relevant reading, or certified supervision. (Adapted from CCPA, 2007, p. 9)

5.8.1 Counsellors respect cultural diversity in all professional activities, provided that this does not contravene respect for the dignity of persons, responsible caring, integrity in relationships, and biblical guidelines and this Code.

5.9 Legal, Ethical, and Biblical Considerations: Counsellors abide by the laws of the jurisdiction in which they work. If those laws conflict with the ethical and biblical principles, Christian counsellors would do whatever they could to uphold the ethical and biblical principles. If upholding the ethical and biblical principles could result in serious personal consequences, a decision for final action would be considered a matter of personal conscience within the boundaries of this Code of Ethics.

5.9.1 If faced with an apparent conflict between keeping a law and following an ethical and/or biblical principle, counsellors should consult with colleagues, and seek guidance as to the most ethical and responsible course of action.

5.10 Testimonials: Counsellors do not solicit testimonials from clients for the use in promotion of counselling practice. If such testimonials are volunteered, and these testimonials can contribute to

the therapeutic process, these may be used, where the counsellors remain respectful of confidentiality.

- 5.11 **Code of Ethics Review:** This Code will be reviewed and updated within five years of its last revision. This Code will be approved by the National Board of PACCP and adopted by the membership of PACCP.

Ethical Decision-making Model

The following basic steps typify approaches to Ethical Decision-making:

The Ethical Decision-making Process is provided to guide counsellors through the intentional application of the Code of Ethics when ethical dilemmas arise. Members are encouraged to work through this process, and if needed, consult with colleagues, and/or supervisors. The National Board member holding the Ethics Portfolio can also be consulted if further guidance is required.

1. Identification of ethically relevant issues and facts, including pertinent items from this Code.
2. Identification of which of the six ethical foundations (above) are applicable in the given situation.
3. Identification of one's thoughts, feelings, and intuitions regarding the ethical dilemma.
4. Seek consultation with your supervisor for considerations beyond one's awareness, and for input on possible courses of action.
5. Development of various courses of action. Analyses of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individual(s) / group(s) involved or likely to be affected (e.g., client, client's family, employees, employing institution, students, research participants, colleagues, the profession, society, self).
6. Choice of course of action after conscientious application of existing principles, values and standards.
7. Action, with a commitment to assume responsibility for the consequences of the action.
8. Evaluation of the results of the course of action.
9. Assuming responsibility for the consequences of the action includes correction of negative consequences, if any, or re-engagement in the decision-making process if the ethical issue is not resolved.

Additional Ethical Decision-Making Processes

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? (Draft Code of Ethics ACTA, November 7, 2019)

Endnotes:

- i. Adapted from FACTAB draft, 2018, p. 3
- ii Kitchener, 1984
- iii Adapted from New Zealand Christian Counsellors Association, 2018, p. 5 v Adapted from BCACC, 2014, p. 8 vi Canadian Counselling and Psychotherapy Association Code of Ethics, 2007, p. 9 vii Adapted from Canadian Counselling and Psychotherapy Association, 2007, p. 20 viii Adapted from Canadian Counselling and Psychotherapy Association, 2007, p. 9 ix Adapted from New Zealand Christian Counsellors Association, 2018, p. 8-9