Questions to guide your process

What do I understand about my profession, my role and scope of practice?

Have I brought this concern to my clinical supervisor with openness to feedback?

What do and don't I understand about the BCACC Code of Ethical Conduct and the Standards of Clinical Practice?

Have I read any current legislation or acts that relate to my questions?

How do I maintain and protect client privacy and confidentiality?

How do I ensure that my clients have the information they need to make informed decisions?

What actions do I take to provide/promote safe, appropriate, and ethical care?

How do I maintain appropriate and supportive professional relationships?

How do I demonstrate professional integrity in my practice?

Work through these questions to support your understanding of:

- professional practice and,
- how to meet the professional practice requirements for ongoing BCACC registration.

Interpretive Guide

For applying BCACC's Code of Ethical Conduct and Standards of Clinical Practice

Use this guide to support a review of your understanding of the professional practices expected of a Registered Clinical Counsellor, identifying how you interpret and align your practice with the BCACC's Standards of Clinical Practice.

Define the activity in question / relationship/ concern

- Refer to the flow of priorities of the principles in the CoEC and the standards relevant to your concern to identify your questions, reflections and/or concern.

Review ethical decision making process of CoEC

- Work through the case examples to support critical reflection of ethical decisions.
- Discuss with an experienced Clinical Supervisor or senior clinician if a supervisor is not accessible to you.
- Discuss with your manager if working within an organisational context.

Review relevant legislation, Acts or organisational policies

- Check government websites, organizational policies and with your direct manger.
- Consult with Insurer/lawyer regarding relevant legislation, acts, and policies.
- Review issue/concerns against best practices.

Review client demographics and needs with your supervisor.

- Identify areas of potential growth and seek out professional development opportunities to support your clincial practice.
- Develop a learning plan and document steps (as necessary) for any professional developement in these areas
- Document your consultation in the clinical record.

Answer reflective questions

- Identify strengths
- Identify areas of growth
- Commit to professional development as necessary and as noted above.

Ethical principles of counselling and psychotherapy

As members of the BCACC, Registered Clinical Counsellors (RCCs) commit that they:

1. Adhere to the Code of Ethical Conduct, Standards of Clinical Practice, and appropriate application of guidelines.
2. Assess the ethical aspects of their practices on an on-going basis.
3. Discuss ethical issues with supervisors and colleagues.
4. Bring new ethical issues and questions to the attention of the BCACC.
5. Address perceived unethical behaviour of colleagues in an appropriate manner, which, where appropriate, emphasizes remedial clarification, and support for the RCC to achieve ongoing professional understanding and their ongoing education.
6. Accept and consider feedback with respect to their own actions and perceived unethical behaviour, taking steps to resolve the situation.
7. Cooperate with duly constituted BCACC committees that are concerned with ethics or ethical conduct.
8. Uphold the dignity and reputation of clinical counselling and psychotherapy.

USING THE CODE OF ETHICAL CONDUCT

In navigating difficult ethical issues, going through a careful process such as the one contained in the Code of Ethical Conduct with a Clinical Supervisor or experienced colleagues is normally appropriate.

Explanation of Principles

The Code of Ethical Conduct is based upon five fundamental ethical principles.

- **Principle I**: Respect for the Dignity of All Persons
- **Principle II:** Respect for the Dignity of all Peoples
- **Principle III**: Responsible Caring
- **Principle IV**: Integrity in Relationships
- **Principle V**: Responsibility to Society

These principles are intended to reflect a general, commonly understood, and universal moral framework. They are expected practice for all Registered Clinical Counsellors (RCC) and Approved Clinical Supervisors (RCC-ACS), though the behavioural applications of these principles may vary somewhat in the context of different individual, relational, familial, and cultural beliefs and expectations. Regardless of context, practices that cause harm to persons and peoples are unacceptable.

When Principles Conflict

The five fundamental principles should always be considered in consistent ethical decision making. However, occasions will arise where the principles conflict. A mandated order of importance is impossible given the complex nature of most ethical issues. As a general guide:

Principle I: Respect for the Dignity of All Persons should be given the highest weight unless there is a clear and imminent danger to the physical safety of any person. Clients or patients are to access unencumbered respect for their dignity as a person served in clinical counselling.

Principle II: Respect for the Dignity of All Peoples *should be given the second highest weight so as not to obstruct or contravene the dignity of the individual, relationship, family or group being served.*

Principle III: Responsible Caring generally has the third highest weight and should be carried out in ways that respect the dignity of persons and peoples.

Principle IV: Integrity in Relationships will be of fourth priority if it clearly conflicts with the first two principles.

Principle V: Responsibility to Society should, if it conflicts with the other principles, generally be given the lowest priority. Placing Responsibility to Society as less important in priority than the respect for the individual and individual rights reflects a Euro-North American entrenched value that is not universally held by all societies. Normally communities and societies in British Columbia will hold similar values to Principles I to IV, and consequently, ways may be respectfully negotiated that do not place the collective good of the society in conflict with respect and caring for individuals. In respecting a diversity of cultural beliefs, it is important not to endorse practices that clearly harm individuals in those cultures, or that violate Canadian law.

Vignettes

Standard 2: Competence and Quality Improvement

Vignette1.

An RCC begins seeing a client who presents with challenges the RCC is not yet fully confident of their skills in working with, despite some training. They are new to this specialization of work with relationships, sexual trauma and intimate partner violence. The RCC and client begin their work together with a focus on processing emotions in a difficult relationship that the client has found themselves in. Due to the power differential in the relationship the RCC determines works thoughtfully to identify areas where the client requires more autonomy in decision-making, to facilitate clarity in their role, and empower the client.

As their work continues over the coming months, the client expresses how safe and secure they are feeling. They wonder if the RCC will see them more frequently, and if there are other things as a client, they can do to reduce their suffering. The client is hard working, consistent, and compliant in sessions. The RCC notices the client defers to their expertise and tends to seek reassurance frequently, when explaining challenging situations or conversations. In the context of the RCCs' style, they use particular attachment-oriented tools to support corrective emotional experiences so that clients can then go on to practice their new understanding in the context of their external relationship.

As the RCC is working with the client they begin to research and explore other techniques they believe may be clinically relevant for the client but have not yet received formal training or supervision in these other modalities.

A few months into the work, the RCC begins to wonder about spacing sessions out from weekly, to every 2-3 weeks as the client reports significant improvement in self-confidence, in their anxiety and changes in their relationship with their partner. When the RCC introduced this idea, it was met with some significant emotions and resistance, tears and some increased anxiety. The client mentioned that they were worried about the impact on their relationship with their partner if counseling sessions were being spaced too far out. As the RCC and client explored these fears and concerns together, the client made a comment that they are so grateful for the emotionally attuned response the RCC consistently demonstrated. This became another point of exploration for the RCC.

As the RCC and client explored the client's needs for emotional security the client again expressed gratitude about the RCC's ability to stay so attuned to their emotional needs, and also fears around spacing sessions out more. The RCC again brought this theme to the attention of the client who insisted that spacing sessions out at this time would be detrimental to their relationship with their partner.

The RCC begins to question what they knew about the clients' history and the numerous sexual relationships with strong partners and decided that they would bring this situation to supervision.

Reflection Questions

Reflect on the nature of clinical practice concerns and the role of this standard in this situation.

What are notable pieces of this vignette you could discuss in supervision?

What decisions may need to be made or changes addressed to promote ongoing competence and quality improvement?

Vignette 2

An RCC and couple are working together on building a stronger relationship and increasing intimacy and safety. The couple have both had quite challenging family backgrounds and require lots of support in processing their history, their emotions, and their relationship with one another. One partner in the relationship struggles to connect with the RCC, while the other partner tends to be overly familiar with the RCC, often bringing up questions about personal topics.

As the couple's counselling continues, the RCC brings to the couple's attention the nature of the therapeutic relationship and endeavors to establish goals for the couple to focus on. In their conversations the couple continue to express their gratitude for the RCC and the work they are doing. They ask if they could engage in some rehearsal or role play practice in a session of emotional work so that they can then feel an increased confidence at home and that they are doing what is right and helpful in the RCCs opinion.

At the following session both clients exhibit the tension between them. The RCC notices the tension and invites either of the couple to share thoughts on what may be happening between them. One member of the couple share that they had been fighting prior to the appointment about what emotional support looks like and what is needed. They disagree on this. While experiencing conflict is normal, they both agree hey feel the connection to the RCC is so strong that there is little confidence in their ability to work together without the RCC.

Later that day, the RCC receives an email from one member of the couple, asking if they could see the RCC in individual sessions outside of the couple's work, as they were hoping to work more with the RCC on previous unhealthy relationships that they felt were impacting their current relationship. This member of the couple states they felt so connected to the RCC that they wanted to explore these past enmeshed relationships. This member of the couple also wanted to explore medication with a psychiatrist who also treats them without their partners knowledge and asked the RCC to withhold this information from the partner.

The RCC works in a particular clinical setting where the team works collaboratively and have access the couples file.

Reflection Questions

Reflect on the nature of clinical practice concerns and the role of this standard in this situation.

Discuss the concerns illustrated in this vignette and identify what could be discussed in supervision.

What areas of development would be beneficial for the RCC?

Are there other consideration of this standard that would be helpful to this RCC?

Vignette 3

A counselling student in their placement is seeing a young person (15-year-old) as part of their internship program. The intern connects well with their client and reports to the site supervisor that they look forward to seeing this client. The client is one of three adult children still living at home with their mother. They have no contact with their father. The mother has significant OCD and a form of agoraphobia. The client reports to the intern that they are struggling with depression and low mood and often feel the pressure to leave but are conflicted about leaving their mother in distress.

As their work continues, the intern reports they have developed a strong therapeutic alliance with this client and enjoys their work with this young person. When going over videos of their sessions it is clear to the supervisor that there is trust and safety in the alliance. When reflecting on the videos the intern notices how they feel protective of their client, frustrated when challenged by their supervisor, and notes a desire to step in and report the home situation as withholding care from the client. They notice a strong desire to rescue the client from their distress and advocate for the client to live somewhere else. The Intern comments to the supervisor that if they

were not a RCC, they would want to hug the client to provide comfort and support them in finding accommodation elsewhere.

Reflection Questions

Reflect on the nature of clinical practice concerns and the role of this standard in this situation.

How could the supervisor explore with the student these dynamics and focus on areas of growth and competence?

What ethical or clinical decisions need to or could be made?

What training may the student need to support their work?