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 tool 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 behavior 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 behavior, 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 6: Clinical counselling assessment and reporting

Vignette1.

An RCC begins seeing a client who presents with a variety of symptoms and complexity. Some of their presentations concern attentional challenges, struggles with sleeping, focusing for long periods of time, and with relationships. The client also reports an overwhelming sense of being different. They have a history of challenging foster families due to being removed from the family home as an infant and have had very little contact with their biological parents. The client shared that they were adopted in adolescence by a very supportive set of caregivers but notes they seem to have struggled with low mood and motivation for much of their secondary schooling period. 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 carefully to identify areas where the client requires more autonomy in decision-making, 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, and they wonder if the RCC will see them more frequently, and if there are other things, they can do to improve their suffering. The client is hard working, consistent, and compliant in sessions, though often presents as distracted and anxious. The RCC notices the client defers to their expertise and tends to seek reassurance frequently, when explaining

challenging situations or conversations. This could potentially present as rationalization when in social context. In the context of the therapists' style, they particularly use 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 the family doctor reaches out to the RCC requesting an assessment of their clients mental health and the current medication regime.

As the RCC and client explored the client's needs for interventions that support the suffering the client again expressed gratitude about the RCC's ability to stay so attuned to their emotional needs, and also fears around communicating with other professionals. The RCC bought this theme to the attention of the client. The client continues to present with worries and concerns around social environments, connecting with other professionals and in fact is reporting increased concerns about focus, attention, relational concerns and an increase in panicked feelings during the day. The Client asks the RCC if they can assess them for ADHD and provide this information to their family doctor.

The RCC began to wonder about the client's history and what they knew about the history of the client and the numerous challenges they are reporting so 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 In assessment and reporting?

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 therapist, while the other partner tends to be overly familiar with the therapist, often bringing up questions about personal topics.

As the couples 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 session of emotional work so that they can then feel an increased confidence at home that they are doing what is right and helpful in the therapists opinion.

The following session both clients come into the session tense. 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 that they feel the connection to the therapist 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 their previous unhealthy relationships that they felt were impacting their current relationship. This member of the couple 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 the psychiatrist in the team without the knowledge of their partner 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 shares one file.

Reflection Questions

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

What areas of development would be beneficial for the RCC?

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

Case 3

A Student is seeing a young person (15-year-old) as part of their internship program. This 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 the work continues, the intern reports they have developed a strong therapeutic alliance with this client and enjoys the 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 note 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 therapist, 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 this assessment and reporting requirements?

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

Is there a way for the intern to continue through exploring their own judgement and biases, and adjust their reports and course of care?