

CODE OF ETHICS & STANDARDS OF PRACTICE



FOR MEMBERS OF

**THE ONTARIO ASSOCIATION
OF
CONSULTANTS, COUNSELLORS,
PSYCHOMETRISTS AND PSYCHOTHERAPISTS**

2010

OACCPP - *An Association of Mental Health Professionals*
CODE OF ETHICS & STANDARDS OF PRACTICE

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PREAMBLE

The Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (“OACCPP”) is a voluntary association of mental health practitioners. The purpose of the OACCPP Code of Ethics & Standards of Practice is to provide members with a template for conducting mental health practices within an ethical and responsible framework. The Code of Ethics applies to all OACCPP members, and all members must sign an agreement stating that they will follow the ethical guidelines in their professional conduct. OACCPP members who are registrants of regulated colleges must follow the Codes of Ethics and Standards of Practice established by their respective regulatory colleges. However with respect to ethical and professional conduct issues, the Chair of Ethics will respond to queries about the Code of Ethics & Standards of Practice, and the Chair of Professional Conduct and will respond to concerns or complaints about professional practice lodged by clients, the public at large or other practitioners. For clarification regarding this document, contact the Chair of Ethics at ethics@oaccpp.ca for Ethics principles; and for advice and guidance regarding professional conduct and complaints from the public, contact the Chair of Professional Conduct at professionalconduct@oaccpp.ca.

It should be noted that the role of the Ethics Committee is exclusively one of providing guidance and advice and not disciplining or regulating members. Any complaints about members are sent to the Chair of the Professional Conduct Committee and the process is set out in the Policy and Procedure Manual.

All members of OACCPP should be familiar with the Code of Ethics & Standards of Practice. Non-certified members of OACCPP are required by the Code of Ethics & Standards of Practice to inform their clients that they are not certified or regulated.

In this Code of Ethics & Standards of Practice, “member” refers to all members of OACCPP; “client” refers to all health consumers of mental health services provided by a member. Such services include, but are not limited to: counselling, psychotherapy, assessments, supervision, and consulting to clients. “Code” refers to the Code of Ethics, and “Association” or “Organisation” refers to OACCPP.

The OACCPP has a responsibility to assist in the assurance of ethical behaviour on the part of its members. The role of the Association is to provide all members with a Code of Ethics & Standards of Practice and updates of relevant material regarding ethical practice on a regular basis. It is the mandate of the Professional Conduct Committee to respond to queries and or complaints lodged by the public and or the professional community. The Ethics Committee’s main functions are to prepare, monitor, and explain the Code to members of OACCPP. It is the responsibility of the

Ethics Committee, in consultation with the Certification and Membership Committees, to ensure that all members have signed the aforementioned agreement stating that they have read and will adhere to the Code of Ethics & Standards of Practice.

OACCPP - An Association of Mental Health Professionals
CODE OF ETHICS & STANDARDS OF PRACTICE

The Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists Code of Ethics & Standards of Practice consist of the following set of **Ethical Principles and Guidelines**:

- I. Principles Guiding the Professional Relationship
- II. Principles Guiding the Scope of Practice and Competency Limits
- III. Principles Guiding Establishment of Fees
- IV. Principles Guiding Responsibility to Society at Large
- V. Principles Guiding Consent
- VI. Principles Guiding Confidentiality
- VII. Principles Guiding Research
- VIII. Principles Guiding Supervision
- IX. Principles Guiding Recording and Storing Records
- X. Principles Guiding Closure
- XI. Relevance of OACCPP Ethical Principles and Guidelines to Employer Ethical Guidelines

I. Principles Guiding the Professional Relationship (to clients and to peers)

As mental health practitioners, OACCPP members will have as their clients, a variety of populations: adults, children, families, couples, groups, as well as a number of consulting clients, such as other professionals or organizations. Within the practice of mental health, OACCPP members must accept as the fundamental guiding principle, respect for the dignity and integrity of the clients they serve and to honour the mandate governing all mental health professionals: **“do no harm”**. The integrity of the client is to be upheld regardless of culture, ethnicity, age, gender, race, religion, marital status, sexual orientation, physical and mental functioning, socio-economic status, or any other attribute, condition, or status unique to that individual.

The integrity of the individual is upheld through respecting their rights to confidentiality, privacy, self-determination, informed consent regarding the therapeutic process, informed consent regarding fee for services, and due process in general. The right to privacy may be contravened only when the practitioner feels it is his or her duty to warn another person if the practitioner believes that the client's or another person's life or safety is at risk based on information imparted during the professional relationship with a client.

In adhering to these principles OACCPP members will do the following:

- 1. At all times, take steps to avoid harming their clients, and to minimize harm where it is foreseeable and unavoidable.
- 2. Ensure not to engage in activities in a way that could place incidentally involved individuals at risk.

OACCPP - *An Association of Mental Health Professionals*
CODE OF ETHICS & STANDARDS OF PRACTICE

3. Refrain from undertaking an activity where the practitioner knows or should know that his or her personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person or organization to whom they may owe a professional or obligation.
4. Not engage publicly (e.g. in public statements, presentations, research reports, or with clients or colleagues) in demeaning descriptions of others, including jokes based on culture, nationality, ethnicity, colour, race, religion, gender, etc., or other remarks which reflect adversely on the dignity of others.
5. Not use language that conveys disrespect and must demonstrate respect for the dignity of others (e.g., gender-neutral terms) in all written or verbal communication.
6. Respect the right of recipients of service to safeguard their own dignity.
7. Seek as full and active participation as possible from clients/ associates in decisions that affect them.
8. Respect and integrate as much as possible the opinions and wishes of others regarding decisions which affect them.
9. Not participate in activities in which it appears likely that their skills will be misused or misrepresented by others.
10. Take reasonable steps to correct the misuse or misrepresentation of credentials and professional designations by others.
11. Refrain from entering into or promising another a personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship might impair objectivity or otherwise interfere with the practitioner's ability to perform his or her functions or might harm or exploit the other party.
12. Attempt to resolve any conflict of interest with due regard for the best interests of the affected person and maximal compliance with the Code of Ethics & Standards of Practice.
13. Attempt to maintain clear boundaries between individual clients and their family members or close friends.
14. Abstain from all forms of harassment, including sexual harassment.
15. Not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of professional services.
16. Accord sexual-harassment complainants and respondent's dignity and respect.
17. Demonstrate appropriate respect for the knowledge, insight, experience and areas of expertise of others.
18. Avoid or refuse to participate in practices disrespectful of the legal, civil, or moral rights of others.
19. Refuse to advise, train, or give information to anyone who, in the OACCPP member's judgement, may use the knowledge or skills to infringe on human rights.

OACCPP - *An Association of Mental Health Professionals*
CODE OF ETHICS & STANDARDS OF PRACTICE

II. Principles Guiding Scope of Practice and Limits of Competency

In adhering to the Principles Guiding Scope of Practice and Limits of Competency, OACCPP members will do the following:

1. Offer or carry out only those activities for which they have established their competency.
2. Not delegate activities to persons not competent to carry them out
3. Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their training and competence.
4. Keep up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their service or research activities and conclusions will benefit and not harm others.
5. Evaluate how their own experiences, attitudes, culture, beliefs, values, social context, individual differences, and stresses influence their interactions with clients, and integrate this awareness into benefiting and not harming clients.
6. Make clear whether they are acting as private citizens, as members of specific organizations or groups, or as representatives of OACCPP, when making statements or when involved in public activities.
7. Accurately represent their own and their associates' /supervisees' qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications, being careful not to use descriptions or information which could be misinterpreted.
8. Protect their own and their associates' /supervisees' credentials from being misrepresented by others, and act quickly to correct any such misrepresentation.
9. Accurately represent their activities, functions, and likely or actual outcomes of their work, in all spoken, written or printed communication. This includes, but is not limited to: advertisements of services; course and workshop descriptions; research reports.
10. Ensure that their activities, functions, and likely or actual outcomes of their activities are not misrepresented by others, and act quickly to correct any such misrepresentation of which they become aware.
11. Take credit only for the work and ideas that they have actually generated, and give credit for work done or ideas contributed by others in proportion to their contribution.
12. Acknowledge the limitations of their knowledge, methods, findings, interventions, and views.
13. Seek appropriate help and/or discontinue professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others.

OACCPP - An Association of Mental Health Professionals
CODE OF ETHICS & STANDARDS OF PRACTICE

14. Engage in self-care activities, which help to avoid conditions (e.g., burnout, addictions) which could result in impaired judgement and interfere with their ability to benefit and not harm others.
15. Ensure that they are sufficiently knowledgeable about individual differences and vulnerabilities to discern what will benefit and not harm persons involved in their activities.
16. Seek consultation to determine the possible effects of all new procedures and techniques that might carry some risks, before considering their use on a broader scale.
17. Not carry out any research or professional activity unless the probable benefit is proportionately greater than the risk involved.
18. Strive to obtain the best possible service for those needing and seeking mental health services. This includes recommending other professionals if appropriate.
19. Familiarize themselves with the OACCPP by-laws, this Code of Ethics & Standards of Practice, and the Policy and Procedure Manual, and abide by them.
20. Seek consultation from colleagues and/or appropriate groups and committees, and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.
21. Give reasonable assistance to secure needed mental health services or activities, if personally unable to meet requests for needed psychological services or activities.
22. Clearly delineate their client populations, and be prepared to provide the credentials and training certificates certifying competency in the areas in which they advertise services.
23. Abstain from using legally protected terms, such as "Psychologist", "Psychology", or "Psychological" or their variations or abbreviations or an equivalent in another language to define or promote their services because the use of the above terms is restricted by section 8 of the *Psychology Act, 1991*, S.O. 1991 c. 28, see below.
24. Abstain from holding themselves out as someone qualified to practise as a psychologist, psychological associate, or in a speciality of psychology as set out in section 8 of the *Psychology Act*.

Section 8 of the *Psychology Act*

s.8(1) No person other than a member shall use the title “psychologist” or “psychological associate”, a variation or abbreviation or an equivalent in another language.

(2) No person other than a member shall hold himself or herself out as a person who is qualified to practice in Ontario as a psychologist or psychological associate or in a specialty of psychology.

(3) A person who is not a member contravenes subsection (2) if he or she uses the word “psychology” or “psychological”, an abbreviation or an equivalent in another language in any title or designation or in any description of services offered or provided.

OACCPP - An Association of Mental Health Professionals
CODE OF ETHICS & STANDARDS OF PRACTICE

(4) Subsections (1) and (3) do not apply to a person in the course of his or her employment by a university.

(5) In this section, “abbreviation” includes an abbreviation of a variation. 1991,

25. Comply with the restrictions with respect to use of the title doctor which are set out in section 33 of the *Regulated Health Professions Act, 1991, S.O. 1991 c.18 (“RHPA”)* which provides as follows:

Section 33 of the *RHPA*

(1) Except as allowed in the regulations under this Act, no person shall use the title ‘doctor’, a variation or abbreviation or an equivalent in another language in the course of providing or offering to provide, in Ontario, health care to individuals.

(2) Subsection (1) does not apply to a person who is a member of:

The College of Chiropractors of Ontario
The College of Physicians and Surgeons of Ontario
The College of Psychologists of Ontario
The Royal College of Dental Surgeons of Ontario

In other words, only members of the above identified regulated health professions may use the title ‘doctor’, ‘Dr’, or the equivalent in Ontario in the course of providing mental health services.

Further, if a member holds a doctorate from a fully accredited university or graduate institute, the member may use the abbreviation “Ph.D.” after their name, but may not use the term “Psychology” on any documentation, as that term is legally protected for use by registered psychologists in this Province. Members must inform all clients as to their status as a non-regulated health professional and to the scope of competencies that their credential and certification allows.

26. Will not perform the controlled act of “communicating a diagnosis” as set out in the *RHPA* unless it is in accordance with the *RHPA* as set out below.

Section 27 of the *RHPA*

(1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,

(a) the person is a member authorized by a health profession Act to perform the controlled act; or

(b) the performance of the controlled act has been delegated to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6.

(2) A “controlled act” is any one of the following done with respect to an individual:

OACCPP - An Association of Mental Health Professionals
CODE OF ETHICS & STANDARDS OF PRACTICE

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.

(3) An act by a person is not a contravention of subsection (1) if the person is exempted by the regulations under this Act or if the act is done in the course of an activity exempted by the regulations under this Act. 1991, c. 18, s. 27 (3).

Section 28 of the RHPA

s.28 (1) The delegation of a controlled act by a member must be in accordance with any applicable regulations under the health profession Act governing the member's profession.

(2) The delegation of a controlled act to a member must be in accordance with any applicable regulations under the health profession Act governing the member's profession. 1991, c. 18, s. 28.

Counselling

(2) Subsection 27 (1) does not apply with respect to a communication made in the course of counselling about emotional, social, educational or spiritual matters as long as it is not a communication that a health profession Act authorizes members to make. 1991, c. 18, s. 29.

Exception for Counselling

(4) Subsection (1) does not apply with respect to counselling about emotional, social, educational or spiritual matters. 1991, c. 18, s. 30 (4).

With respect to subsection 29(2) of the *RHPA* the diagnoses that psychologists are authorized to communicate and that OACCPP members may not communicate are set out in section 4 of the *Psychology Act* below.

4. In the course of engaging in the practice of psychology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to communicate a diagnosis identifying, as the cause of a person's symptoms, a neuropsychological disorder or a psychologically based psychotic, neurotic or personality disorder. 1991, c. 38, s. 4.

27. Be familiar with the other controlled acts as defined in the *RHPA*.

OACCPP - *An Association of Mental Health Professionals*
CODE OF ETHICS & STANDARDS OF PRACTICE

III. Principles Guiding Establishment of Fees

In adhering to the Principles Guiding the Establishment of Fees, OACCPP members will do the following:

1. Ensure that clients provide their consent to the therapeutic process and the fee charged.
2. Ensure that clients understand the limits of confidentiality, fee schedules and cancellation policies.
3. Ensure that clients clearly understand the terms of their treatment contract and attest to this with their signature.
4. Respect the dignity and needs of clients in establishing fees.

IV. Principles Guiding Responsibility to Society at Large

In adhering to the Principles Guiding Responsibility to Society at Large, OACCPP members will do the following:

1. Model professional and respectful interactional dynamics when speaking to members of the community at large as well as members of the OACCPP.
2. Work and act in a spirit of fair treatment to others.
3. Make every reasonable effort to ensure that opinions of the OACCPP members regarding mental health practices will not be misused to harm others, whether intentionally or unintentionally.
4. Not practice, condone, facilitate, or collaborate with any form of unjust discrimination.
5. Act to prevent or correct practices that are unjustly discriminatory.
6. Uphold at all times the laws of society and interpret and/or communicate same to clients where deemed appropriate.
7. Participate in and contribute to continuing education.
8. Help develop, promote, and participate in accountability processes and procedures related to their work.
9. Encourage other professionals, if appropriate, to relate with integrity.
10. Assume overall responsibility for the scientific and professional activities of their assistants, students, supervisees, and employees with regard to the Principle of Integrity in Relationships.
11. Uphold OACCPP's responsibility to society by bringing incompetent or unethical behaviour, including misuses of knowledge and techniques, to the attention of appropriate regulatory bodies, authorities, and/or committees, in a manner consistent with the ethical principles of this Code of Ethics & Standards of Practice.
12. Only enter into agreements or contracts that allow them to act in accordance with the ethical principles and standards of this Code of Ethics & Standards of Practice.

OACCPP - *An Association of Mental Health Professionals*
CODE OF ETHICS & STANDARDS OF PRACTICE

13. Acquire an adequate knowledge of the culture, social structure, and customs of a community before beginning any major work there.
14. Convey respect for and abide by prevailing community mores, social customs, and cultural expectations in their scientific and professional activities, provided that this does not contravene any of the ethical principles of this Code of Ethics & Standards of Practice.
15. Be sensitive to the needs, current issues, and problems of society, when determining research questions to be asked, services to be developed, information to be collected, or the interpretation of results or findings.
16. Be especially careful to keep well informed through relevant reading, peer consultation and continuing education, if their work is related to societal issues.

V. Principles Guiding Consent

In adhering to the Principle Guiding Consent, OACCPP members will do the following:

1. Obtain informed consent from all independent and partially dependent persons and substitute decision makers for any mental health services provided to them except in circumstances of urgent need (e.g., suicidal gesture).
2. Act in accordance with the Consent to Treatment Act.

VI. Principles Guiding Confidentiality

In adhering to the Principles Guiding Confidentiality, OACCPP members will do the following:

1. Discuss with persons and organisations with whom they establish a professional relationship matters regarding limits on confidentiality.
2. Act in accordance with PIPEDA **(The link to PIPEDA is on the OACCPP Website)**

VII. Principles Guiding Research, OACCPP members will

In adhering to the Principles Guiding Research, OACCPP members will do the following:

1. Screen appropriate research participants and select those not likely to be harmed.
2. Ensure that clients give consent for any research conducted with a one-way mirror.

VIII. Principles Guiding Supervision

In adhering to the Principles Guiding Supervision, OACCPP members will do the following:

1. With respect to the usage of psychological testing materials, members of OACCPP are obliged to acquire and administer such testing under the direct supervision of a registered Psychologist.

OACCPP - *An Association of Mental Health Professionals*
CODE OF ETHICS & STANDARDS OF PRACTICE

2. Members of OACCPP are expected to engage in supervision, as established in their contract with the supervisor.
3. Supervision may consist of a peer format, or under the guidance of a certified member of OACCPP, or by a member of a regulated health profession.
4. For members who have the type of practice where clients frequently require referral to a registered psychologist for a formal diagnosis, OACCPP members are strongly advised to receive regular supervision from a psychologist.
5. In practices where supervision comprises a regular part of OACCPP member's provision of service, supervisors should co-sign progress notes – most particularly if one session is being used in case supervision, both the notes regarding the consultative process, and the progress notes pertaining thereto, should be signed by the supervisor. Co-signing of progress notes is strongly advised if the OACCPP member works in a clinic under direct supervision.

IX. Principles Guiding Recording and Storing Records

In adhering to the Principles Guiding Recording and Storing Records, OACCPP members will do the following:

1. Create, maintain, disseminate, store, retain, or dispose of records relating to their practice, in accordance with law.
2. All OACCPP members should keep progress notes, duly dated and signed by the him/ her in independent practice or according to the guidelines provided by their supervisors.
3. All members must be knowledgeable about the proper and legal procedures for maintaining progress notes.

X. Principles Guiding Closure

In adhering to the Principles Guiding Closure, OACCPP members will do the following:

1. Respect the right of individuals to discontinue participation or service at any time, and be responsive to non-verbal indications of a desire to discontinue if the individual has difficulty with verbally communicating such a desire (e.g., young children, verbally challenged persons).
2. Not abandon a client or terminate a professional relationship without due consultation with the client, and an attempt to secure further services if required.
3. Not prolong a therapeutic relationship when it becomes reasonably clear that the client no longer needs the service, is not benefiting, or is being harmed by continued service.
4. Discuss prior to termination the expectations of the client, provide appropriate pre-termination counselling, suggest alternative service providers as appropriate, and take other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.

OACCPP - *An Association of Mental Health Professionals*
CODE OF ETHICS & STANDARDS OF PRACTICE

5. Maintain appropriate contact, and, where possible, maintain support, and responsibility for caring until a colleague or other professional begins service, if referring a client to a colleague or other professional.
6. Give reasonable notice and be reasonably assured that discontinuation will cause no harm to the client, before discontinuing services.

XI. Principles Guiding the Relevance of OACCPP Ethical Principles and Guidelines to Employer Ethical Guidelines

In adhering to the Principles Guiding the Relevance of OACCPP Ethical Principles and Guidelines to Employer Ethical Guidelines these principles, OACCPP members will do the following:

1. Adhere to the guidelines set out by their employer unless they detect a breach of ethics, in which case they should contact the Chair of Professional Conduct.
2. Each practitioner should adhere to these principles when working within an agency, notwithstanding any Code of Ethics that the agency may have. In the case of conflict always refer to this Code of Ethics.

OACCPP members are encouraged to contact Chair of the Ethics Committee if clarification is required.