

**ETHICS IN COUNSELLOR EDUCATION:
A SAMPLE ORIENTATION MANUAL**

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Dedication

I dedicate this project to my mother, Anne Bergen, who has been an endless source of support throughout my academic career.

To my late father, Frank Bergen, who always pushed me to do my best in whatever I attempted to do.

To my three wonderful, now-adult children, Sarah, Lincoln and Rita. Thank you for always cheering me on!

And to my siblings, Joanne Dyck, Bill Bergen, and Annette Diemert, various mentors, supporters, friends and cheerleaders along the way, particularly Beth Dalrymple, M.A., R. Psych, who started it all by saying, “You can do what I’m doing.”

Abstract

This project draws attention to ethics in counsellor education, showing that ethics is critical to the formation of new counsellors, not simply an add-on component in counsellor training. This project demonstrates that beginning counsellors, before they commence employment, must have a strong ethical foundation. It examines both formal counsellor education and the supervisory relationship central to a practicum or internship and shows that the goal of ethics education must be to develop ethically competent professionals, not simply practitioners who are familiar with a specific ethics code. An orientation manual developed for a fictional community counselling agency, attached as an appendix to this project, illustrates how ethics education can be incorporated into the training of novice counsellors and new staff in an agency. Though it has both strengths and limitations, this manual can be adapted for actual use. Further research, particularly in the use of formal ethics courses in counsellor training and the nuances of the supervisory relationship, is recommended.

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Chapter One: Introduction

This project has focused on the importance of ethics education in counsellor education, highlighting how this education contributes to best practice when providing psychological services to consumers. The author believes ethics is fundamental to the counsellor/client relationship and particularly that ethics is always present in counselling. “There is no way of avoiding ethics in psychotherapy; the only question is whether the psychotherapist will “do ethics” in a professional way” (Drane cited in Urofsky & Engels, 2003, p. 121). The maintenance of high standards of professional competence, therefore, is in the best interest of both the profession of psychology and the public (American Psychological Association; Canadian Psychological Association cited in Sinclair & Pettifor, 2001). Consequently, as experienced therapists, whether psychologists or counsellors, pass the baton to those entering the profession, they must insist their trainees have a solid foundation in ethical practice.

In this introductory chapter, *best practice* is defined and explained. The importance of ethics to the author is explained, and a glossary of ethics terms used in this project is provided. Following the introduction, the methods used in the creation of this project are reviewed. Via an extensive two-chapter literature review, this project has shown how ethics is currently integrated into counsellor education and new counsellor training. The first chapter of the literature review, Chapter Three, focuses on the academic preparation necessary for ethical practice. Academic preparation is the university component of counsellor education. In many programs, academic preparation includes a specific ethics course. The second chapter of the literature review, Chapter Four, focuses on a student’s or new counsellor’s supervisory experience. A student’s

practicum is often his or her first experience with supervision and a supervisor. This relationship, like the counsellor/client relationship has ethical components.

This project has also included, as an appendix, a sample orientation manual. This manual illustrates how a community agency could incorporate ethics into new counsellor training; demonstrating that ethics is a foundation for best practice. The strengths and limitations of this project, in both the literature review and the manual, as well as an overview of the sample manual concludes the project. Although social workers and marriage and family therapists may also be part of a community agency's counselling team, the literature reviewed in this project focused on psychology/counselling rather than other counselling disciplines.

A Foundation for Best Practice

A descriptive often used for standards of good service is *best practice*, a term used repeatedly in the psychological literature (see American Psychological Association, 2004). However, finding a concise definition of best practice is elusive. Some literature referred to empirically supported therapies as the only marker for best practice (see Dobson & Craig, 1998). Others acknowledged the tension between relationship-orientated and evidence-based therapy (Lanci & Spring, 2008).

A definition, taken from another social service field (criminal justice), succinctly described best practice in a way that combined both orientations as “a technique or methodology that, through experience and research, has proven to reliably lead to a desired result” (Tribal Justice Information Sharing System, 2004). Using this definition, a therapist may incorporate, with caution, interventions that have experientially been shown to produce a positive outcome for clients but have not as yet been scientifically

studied. Lanci and Spreng (2008) argued that competent psychotherapists must be skilled in both approaches, keeping current on the scientific research and practices, as well as building and maintaining trusting, caring relationships. The needs of the client will determine which approach should be primary. Those with significant pathology require more evidence-based methodology, while those who function adequately in most areas of their lives but need specific help in, for example, a life-transition, are better served by a relationship orientation. Making this distinction is best practice in action.

Developing and maintaining a policy and procedures/orientation manual, which can be part of an agency's focus on ethics is, according to this author, essential for best practice. A comprehensive manual both helps sustain existing standards of good service and improves the service provided to agency clients. Both new employees and current staff benefit from having the agency's philosophy and ethical standards in an easy-to-access format. The sample manual provided is one such format (See Appendix A).

The Importance of Ethics to this Author

The author of this project is a novice therapist who aspires to provide the best possible care for her clients in her future work. She believes a strong foundation in ethics is key to doing so and that being cognizant that all counsellor/client interactions have an ethical component helps her keep her focused and makes it less likely she will be adversely influenced by less ethical practitioners. As it emphasizes respect for the dignity of individuals without discounting a therapist's responsibility to wider society, the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001) aligns with the author's personal ethics. These personal ethics include a focused awareness of the value of a human and a passion for social justice.

To review, best practice in counselling requires ethical awareness. Ethical awareness develops via immersion in ethics, beginning with formal education and moving through supervision. The goal of this training is a strong ethical foundation. A strong ethical foundation results in practitioners doing ethics in a professional way (see Drane cited in Urofsky & Sowa, 2004). This project draws attention to ethics in counsellor education, showing that ethics is critical to the formation of new counsellors, not simply an add-on component in counsellor training.

Glossary

Aspirational ethics Those that require more than simply meeting the basics of an ethics code and are “the highest standards of thinking and conduct that professional counsellors seek” (Corey, Corey, & Callanan, 2007, p. 13).

Assessment The process of “evaluating the relevant factors in a client’s life in order to identify themes for further exploration in the counselling process” (Corey et al., 2007, p. 401).

Autonomy Promoting the self-determination of clients to choose their own direction (Corey et al., 2007).

Beneficence “Promoting good for others” (Corey et al., 2007, p. 18).

Boundaries “The rules of the professional relationship that set it apart from other relationships” (Knapp & VandeCreek, 2006, p. 75).

Boundary crossing “A departure from commonly accepted practices that could potentially benefit clients” (Corey et al., 2007, p. 267).

Boundary violation “A serious breach [of commonly accepted practices] that results in harm to clients” (Corey et al., 2007, p. 267-268).

Capacity The “ability of a client to make rational decisions” (Corey et al., 2007).

Confidentiality The understanding that what is revealed within the relationship between a counsellor and a client will not be shared with others without the client’s consent.

Diagnosis The result of “identifying a specific mental disorder based on a pattern of symptoms that leads to a specific diagnosis found in the *Diagnostic and Statistical*

Manual of Mental Disorders” (American Psychiatric Association, 2000) (Corey et al., 2007, p. 401).

Dual and multiple relationships Combining two or more roles in a therapeutic relationship (Corey et al., 2007). For example, an individual being both supervisor and therapist for the same person or a therapist having a business relationship with a client.

Duty to warn and protect The responsibility of a counsellor to warn threatened persons when the counsellor becomes aware of the intention (or potential) of a client to place others in clear or imminent danger (Canadian Counselling Association, 2007).

Ethics The standards that govern the conduct of professional members in an organization.

Ethical code (or code of ethics) An official statement of a profession about what is expected of members. Members are held accountable by the governing body of their professional association for actions that violate the code.

Ethical dilemma A conflicting obligation to different people or groups or when an ethical principle or value conflicts with another principle or value.

Gatekeeping A responsibility of both academic faculty and supervisory personnel to identify and intervene with students who behave problematically in order to protect the consumer (Corey et al., 2007; Brear, Dorrian, & Luscri, 2008)

Informed consent “The right of clients to be informed about their therapy and make autonomous decisions about it” (Corey et al., 2007, p. 156).

Informed consent document A document that “defines the boundaries and nature of the therapeutic relationship” (Corey et al., 2007, p. 156).

Malpractice The “failure to render professional services or to exercise the degree of skill that is ordinarily expected of other professionals in a similar situation” (Corey et al., 2007, p.192).

Mandatory reporting A regulation designed to “encourage reporting of any suspected cases of child, elder, or dependent-adult abuse” (Corey et al., 2007, p. 216).

Nonmaleficence Avoiding doing harm (Corey et al., 2007).

Privacy The “right of an individual to decide the time, place, manner, and extent of sharing oneself with others” (Corey et al., 2007, p. 212).

Reportable abuse The requirement that a professional has by law to report any disclosure of child, elderly or dependent-adult abuse by adult clients. (Corey et al., 2007).

Role blending Combining roles and responsibilities – some combinations are indefensible, some are inevitable (Corey et al., 2007).

Transference “The process whereby clients project onto their therapists past feelings or attitudes they had or have toward significant people in their lives” (Corey et al., 2007, p. 48).

Unethical behaviour Violations of ethical codes – can be serious or inadvertent (Corey et al., 2007).

Values The “beliefs and attitudes that provide direction to everyday living” (Corey et al., 2007, p. 12).

Chapter Two: Method

This chapter will address how the background research and the orientation manual were developed. The background research required gathering literature that examined how ethics was and is taught in counsellor education. These studies fell into two categories, academic preparation and supervision. *Academic preparation* focused on how ethics is incorporated into university programs and *Supervision* focused on the ethical responsibilities of both supervisors and supervisees. Most of the articles used in the review were from studies in the United States. A few were Canadian (e.g. Haverkamp & Irvine, 2000; Pettifor, Estay, & Paquet, 2001; Uhlemann & Gawthorp, 2000). The literature used focussed specifically on counselling and/or psychology. Social work was excluded. Jordon and Stevens (2001) and Russell, Dupree, Beggs, Peterson, & Anderson (2007) added valuable information from the Marriage and Family Therapy field. All articles interconnected well with the Standards and Principles of the Canadian Code of Ethics for Psychologists, the code used to develop the orientation manual. A common theme of the research highlighted in this literature review was that the goal of ethics education is to produce graduates who are ready to begin professional practice while simultaneously protecting the interests of the community, particularly potential clients (Brear et al., 2008).

The search parameters for the literature review were English language literature published between 1986 and 2008, with preference given to articles published since 2000. The initial search for this literature was done using the electronic databases found via PsycINFO, Academic Search Complete, Social Services Abstracts, and Web of Science, for its Cited Reference Search feature. Search terms included “ethics,” “education,”

“psychotherapy,” “counselling,” “counselling,” “supervision,” and “psychology”. The reference lists of Brear et al., (2008), Borders (2005), Jordon and Stevens (2001), and Urofsky and Sowa (2004) also provided further useful literature. Data base searches produced numerous articles on general counsellor education and field supervision, but those that did not include references to ethics were excluded. Canadian literature was difficult to find, particularly with regard to the inclusion of formal ethics coursework in Canadian counsellor education programs. The University of Lethbridge library and interlibrary loans provided access to the books cited. No interviews were conducted for this project and no research data were collected.

The orientation manual which comprises the appendix of this project was inspired by a visualization exercise in the author’s *Career Counselling* course (EDUC 5708). The goal of the visualization was to imagine an ideal workday in an ideal workplace. The Women’s Wellness Centre is the author’s dream workplace. The concept grew in the author’s *Ethics and Professional Practice* course (EDUC 5620), where some of the policies and procedures were developed. Please note that the appendix manual is not the project but rather the extensive literature review pertaining to ethics education is the boundary of the project. The inclusion of the manual simply adds strength to the project’s argument that ethics must be incorporated into all aspects of new counsellor training.

Chapter Three: Ethics Education: The Academic Component

Introduction

Ethics education is a critical component of counsellor education (Urofsky & Sowa, 2004). This author believes that ethical standards must be established via counsellor training programs, reviewed when incorporating new staff into a community agency counselling team, and maintained for current counselling staff. Therefore, the sample manual supplied (Appendix A) is liberally referenced to the Code of Ethics for Canadian Psychologists, making the assumption that counsellors using such a manual need to be reminded that *all* of their professional interactions have ethical components.

Practicing professionals should already think ethically but counselling students and trainees require a thorough grounding in ethics in order to develop “an ethical stance toward counselling” (Haverkamp & Irvine, 2000, p. 251). Obtaining this thorough grounding requires obtaining an ethics education, usually comprised of two components, academic preparation (particularly coursework), and field supervision (usually in a practicum or internship).

This chapter addresses academic preparation, first, by how formal academic ethics courses have been gradually included in university counsellor training programs, then, by the standards set by professional bodies for ethics competency, and finally, by the mechanics of how ethics should be taught, including some teaching strategies for counsellor-educators. A subsequent chapter, Chapter Four: Ethics and Supervision, takes ethics education out of the classroom and addresses field supervision.

As illustrated by the fictional counselling team in the sample manual (see Appendix A), a community agency may employ both psychologists and counsellors.

Therapists with other professional affiliations such as social workers or marriage and family therapists may also be part of a counselling team. Although, as stated previously, ethical practice is fundamental for all counselling professionals, this review of ethics literature focuses specifically on psychology/counselling trainees. Although marriage and family therapy programs are mentioned because these programs have strengths that others could emulate, this review does not include social work literature.

Formal Ethics Courses: From Scarcity to Assumed Inclusion

The incorporation of formal ethics courses in counsellor training programs has been an ongoing process. Shortly after the first formal regulation of psychological practice in Connecticut in 1945 (Pettifor et al., 2002) and beginning in North America as part of a professional psychology program at the University of Ottawa in 1947, counsellor training programs have gradually added an ethical requirement (Eberlein, 1987). The American Psychological Association, as noted in an article published in 1948, has long emphasised the value of education for fostering ethical behaviour (Hobbs cited in Lamb, 1991), but the inclusion of formal coursework in graduate programs has not been uniform. In 1979 the American Psychological Association began requiring ethics courses in doctoral programs (Jorgensen & Weigel cited in Bashe, Anderson, Handlesman, & Klevansky, 2007) but evidence of their effectiveness was slow in coming. In the 1980s Welfel and Lipsitz (1983) criticized this lack of empirical findings showing that ethics education in actuality was being taken more seriously by the profession, and suggested that the profession is “operating on little more than intuitive knowledge of the sources of unethical behaviour” (p. 325). However, by 1986, most institutions offering a terminal master’s degree in professional psychology had also

incorporated ethics in some way, but only 29% had formal courses in ethics and the majority of the directors of those programs did not believe that a formal course was necessary (Handelsman cited in Eberlein, 1987). By 1993, 94% of doctoral counselling psychology programs required ethics training and 64% had formal coursework in ethics (Wilson & Ranft cited in Bashe et al., 2007).

Since then ethics courses have proliferated (Bashe et al., 2007) and the inclusion of formal ethics courses has become standard in counsellor education programs. For example, a review of the following four Alberta universities' graduate counselling programs for inclusion and requirement of formal ethics courses showed that all included an ethics course. Only one program, the author's own, the Master of Education (Counselling Psychology) University of Lethbridge, made its *Ethics and Professional Practice* (EDUC 5620) optional for some students, those who are pursuing specifically school counselling. The course is required for those students hoping to register as a psychologist in Alberta and thus most students in the author's 2007-2008 cohort took the course in order to keep the option to register as a psychologist open. The University of Calgary's two programs, Master of Science Counselling Psychology and Master of Education (Counselling Psychology), both include and require *Ethics in Applied Psychology* Applied Psychology 603 (University of Calgary, 2009). Campus Alberta Applied Psychology, a primarily online program, requires the course *Professional Ethics* Applied Psychology CAAP 603 (University of Calgary, 2009). Athabasca University, a distance education university, requires *Professional Ethics* CAAP 632 in its Master of Counselling graduate program (Athabasca University, 2009). The Masters in Education (Counselling Psychology) program at the University of Alberta also requires an ethics

course, *Ethical and Professional Issues in Psychological Practice* EDPY 536 for both its course-based and thesis streams. The inclusion of these courses illustrates that Alberta universities are taking ethics education seriously.

The Why, When, and How of Ethics Education

The author's experience suggests that students consider ethics courses to be a somewhat dry component of their education – necessary but not a personal preference. Some counselling students the author has talked to assumed that ethics education meant simply learning the ethics code that pertained to their discipline. Corey, Corey and Callanan (2005) have noticed that once students have been introduced to ethics, they worry that they should resolve all possible issues before they begin to practice.

In all education, knowledge is gained gradually and through various means. Ethics education is a learning process which often begins with the frustration of learning that ethics is not a black-and-white subject. When studying ethics, as compared to other academic subjects, students need to learn to deal with considerable ambiguity while still being able to detect the underlying principles necessary for ethical decision-making. As well, students must develop decision making skills to deal with complex situations (Haverkamp & Irvine, 2000). Exposure to professional standards is not enough to develop ethical decision-making skills (Vazquez, 1988). Learning these skills by mere exposure is akin to learning to play the piano by simply listening to a pianist. Ethics training as part of counsellor education allows students to practice the thinking required to make ethical decisions and to internalize an ethical sensibility (see the term *ethical acculturation* used by Handlesman, Gottlieb & Knapp, 2005).

Ethics education is usually emphasized at the graduate level (see Handelsman, Gottlieb, & Knapp, 2005; Jordon & Stevens, 2001) but Lamb (1991) recommends that ethics education be incorporated into each stage of a counselling student's academic career. Lamb suggests that there is value in incorporating ethics education in undergraduate training, preferably before or with a practicum, because many bachelor's degree majors in psychology are employed in human service positions. These students need to understand the variety of legal issues, as well as moral principles, integral to a professional code of ethics (Swenson cited in Lamb 1991). More recently, a working group at the November 2002 Competencies Conference: Further Directions in Education and Credentialing in Professional Psychology, composed of both American and Canadian delegates, agreed that training in ethical issues should be progressive and "infused throughout the training curricula" (de las Fuentes, Willmuth & Yarrow, 2005, p. 364) but did not come to a consensus on a specific sequence for this training.

Corey et al. (2005) outline an approach for teaching ethics at both the undergraduate and graduate level using their text, *Issues and Ethics in the Helping Professions* (6th ed). In addition to the methods and procedures for teaching ethics found in the text, Corey et al. emphasize that the foundation for teaching ethical sensitivity to students must be the educator modelling ethical behaviour and practice. They believe that educators should be willing to discuss their own ethical beliefs with their students and model ethical practices by the way they relate to students in their classes, beginning with their respect for all students and an expectation of respect from the students toward their peers and faculty.

Developers of university programs seem convinced that ethics should be a separate course in a graduate level counsellor training program. Haverkamp and Irvine (2000), state that counsellors need both a comprehensive knowledge base and experiential learning to provide the subtleties of ethical decision-making and believe preparation of ethical counsellors requires specific coursework or seminars. They acknowledge that although incorporating ethics into other courses has the advantage of applying ethical principles to real-life scenarios, doing so tends to result in incomplete or cursory coverage of the subject. The College of Alberta Psychologists, by requiring a formal course or allowing its members to prove they have the equivalent, is stating that formal coursework is crucial. Uhlemann and Gawthrop (2000) note that the issue of ethics education has shifted from whether or not to include ethics in counsellor education to how best to teach it. They refer to a statement in the Canadian Counselling Association Code of Ethics that requires counsellor-educators to make sure their students/trainees are aware of their ethical responsibilities as expressed in the CCA Code of Ethics.

Standards for Ethics Education

Although the need for training in professional ethics has been recognized for decades (see Kitchener, 1986), the slow growth of formal ethics education continues to be critiqued (Urofsky & Sowa, 2004). Stricter standards, however, are being put in place. In the United States, the Council for Accreditation of Counselling and Related Educational Programs (CACREP) 2001 accreditation standards require that ethics education be part of core and specialty area curricula (Urofsky & Sowa). The Canadian Counselling Association (CCA)/Association Canadienne de Counseling (ACC) has also set standards for accrediting counsellor education programs, requiring their students to

demonstrate competency in the ethical and legal issues in counselling. Topics covered must include certification standards and issues, ethical standards of the Canadian Counselling Association and related bodies, legal issues, and the opportunity to apply ethical decision-making processes to case material (Canadian Counselling Association/Association Canadienne de Counseling, 2008).

While these standards require that students show these competencies, no formal ethics course is mandated (CCA, 2008). However, the College of Alberta Psychologists (CAP, 2009) requires that applicants for registration have a graduate level course in Ethics and Standards with the disclaimer that if graduate programs of study provide instruction in ethics as an integral part of the program instead of as a separate course applicants must provide documentation showing that they have received the equivalent of 3 credits (39 hours) of ethics instruction covering the same material as if they had taken a separate course. The Psychologists Association of Alberta (PAA, 2009) requires members to be licensed psychologists thereby meeting the criteria for registration with the College of Alberta Psychologists. The CAP website states that its members must adhere to a strict code of professional ethics.

Learning and Teaching Strategies for Counsellor-Educators

As stated previously, ethics education is often perceived as being dry, and yet the goal is for counselling professionals to become ethically competent. “Ethics education is more than teaching certain professional rules to morally upright people who will easily understand and implement them” (Handlesman et al., 2005, p. 59). Ethics education is considered complex. This may be because some courses focus on laws, disciplinary codes, and risk management strategies and not, as Handlesman et al. suggest, on best

practice. Thus, the reputation of ethics as ‘dry’ persists. In order to overcome this sense of ‘dryness’, they propose a more inclusive process which they term *ethical acculturation*. Ethical acculturation is the development of a clear sense of personal and ethical identity within the practitioner. Acculturation is a dynamic process and therefore, ethically acculturated practitioners are those who actively integrate ethical thinking into their personal and professional identity and consequently are more likely to engage in ethical behaviour.

The concept of ethical acculturation meshes with the idea that ethics education is lifelong (Behnke, 2008). He stresses that knowing one’s strengths and weaknesses as a practitioner relates to the American Psychological Association Ethics Code’s principles on beneficence and nonmaleficence – i.e., doing what is good for a client and not doing harm. For example, sometimes doing good and not doing harm requires referral to a different therapist. Making a referral decision may be difficult for a novice counsellor or a student doing a practicum. He also advises that psychologists-in-training be aware of their own feelings. Often a sense of discomfort is a cue to an ethical dilemma, an awareness of which is developed with experience. Thus, becoming an ethical psychologist (or counsellor, or therapist) is a process that happens over the span of one’s professional life and is not limited to university education or the supervision gained during a practicum experience.

Jordon and Stevens (2001) examined the curriculum of an ethics course for marriage and family counsellors at the graduate level and recommended that in addition to learning relevant codes and professional association and licensure requirements, students should examine current topics and issues affecting the profession. Students

would learn by applying the subject matter to current cases (see also Eberlein, 1987 for a discussion of the correct-answer-approach as compared to a problem-solving-approach). Making the material relevant requires students to reflect on their own backgrounds, value traditions, and ethical cultures of origin, a process Handlesman et al. (2005) suggested should come before learning relevant codes or discussing cases.

Looking at learning strategies for adult learners (which may include university level students or practicing psychologists/counsellors), Pettifor et al. (2002) suggested that ethics is best learned by *transformative learning*. That is, learners need to engage in critical reflection and become personally involved with the material in order to develop the critical-thinking skills necessary to develop creative solutions to ethical dilemmas. This premise prompted the inclusion of ethical decision-making steps in the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001) in addition to the rules and prescriptions of what is right and wrong behaviour for psychologists (Pettifor et al.).

In summary, formal ethics courses are now commonplace in university counsellor training programs but that has not always been true. Regulating bodies, such as the Canadian Counselling Association (CCA), Canadian Psychological Association (CPA), the College of Alberta Psychologist (CAP) and the Psychologists Association of Alberta (PAA) demand a high level of ethical training and competence. Therefore, counsellor-educators must continue to assess and improve their teaching strategies in order to produce graduates who have both a sufficient knowledge base and enough experiential learning to be able to internalize the subtleties of ethical decision-making (Haverkamp & Irvine, 2000). Equally important for ethics education, as will be discussed next, is the counselling student's supervisory experience.

Chapter Four: Ethics and Supervision: A Literature Review:

Introduction

As stated previously, ethics education is comprised of two components, academic preparation (particularly coursework), and field supervision (usually in a practicum or internship). Student supervision involves at least three people – a supervisor, a supervisee, and a client – and usually, if the supervisee continues working as a counsellor, future clients (Pope & Vasquez, 2007).

Although generally part of a practicum or internship process, which is the focus of this literature review, supervision is not limited to students. Many agencies incorporate ongoing supervision for all counselling staff and private practitioners, for their own growth and development, and may incorporate supervision into their practice. Barnett, Cornish, Goodyear, and Lichtenberg (2007) consider supervision a vital aspect of a psychologist's training and key to developing clinical competence.

Counsellor training programs set standards for those who supervise their students. The University of Lethbridge Masters in Education (Counselling Psychology) program requires a practicum supervisor to determine the appropriateness of a student's background/training for placement at that site and to facilitate student progress via observation, co-facilitation, and independent work. The supervisor and supervisee must meet weekly or bi-weekly for the purpose of monitoring student progress and providing feedback. The supervisor is also responsible for monitoring the student's time and activity log and assessing the student's progress and competency level upon completion of the practicum (see University of Lethbridge, EDUC 5709/5711 Counselling Practicum Guide for Field Supervisors, Appendix B.)

Lethbridge Family Services, the agency where the author did her master's level practicum, provides supervision that meets the above program requirements but also requires on-going supervision for each member of the counselling team. Counsellors meet with the clinical supervisor monthly and a quarterly audit of client records ensures that the counsellor's work with each client is monitored. The clinical supervisor receives supervision from the program director. Counsellors who are working towards registration as psychologists arrange for additional external supervision. Counsellors are also encouraged to consult both internally and externally (T. Saunders, personal communication, February 5, 2009).

Clarification of Terms and Responsibilities

Although the terms *consultation* and *supervision* are sometimes used interchangeably they are different ethically and legally (Feldman cited in Lanci & Spreng, 2008). Consultation occurs when health professionals seek out the expertise of other health professionals for information only (Lanci & Spreng, 2008). The professional seeking the consultation maintains both responsibility and liability for his or her services (Knapp & VandeCreek, 2006). Although consultation also has ethical components, this literature review will only address supervision, particularly the ethical risks involved with a particular examination of a supervisor's gatekeeping role.

The responsibilities involved in supervision are different from those in consultation. Although both have liability for the supervisee's work (Lanci & Spreng, 2008), a supervisor should be someone with significant experience in the field while a supervisee is a novice, a student, or someone with less experience (Knapp & VandeCreek, 2006). The supervisor has ultimate clinical, ethical, and legal responsibility

for the supervisee's work (Pope & Vasquez, 2007). The more control a supervisor has over a supervisee, for example onsite supervision of a student in an agency compared to offsite supervision of a practitioner seeking registration/licensing, the more likely the supervisor will be held legally liable for the supervisee's work (Borders & Brown, 2005). Clearly defined goals and parameters of the supervisory relationship, in writing, signed by both the supervisor and the supervisee may limit supervisory liability (Benshoff et al. cited in Borders & Brown).

Ethical Issues in Supervision

The supervisory relationship, like the counsellor/client relationship is permeated with ethical issues. Supervisors, even within a single supervisory session, may move between roles of teacher, counsellor, and consultant (Pearson, 2001). In some circumstances, if a supervisor deems that the student is impaired or unsuitable, the supervisor must also become a gatekeeper for the profession (Brear et al., 2008). The supervisor is ultimately responsible for the supervisory relationship and although relevant professional bodies have guidelines on ethical practice for supervisors, these guidelines are not always adhered to (West, 2003). Therefore, a consideration of common ethical issues is warranted. The ethical issues discussed here (albeit not a definitive or exhaustive list) – informed consent, confidentiality, boundaries/dual relationships, evaluation/documentation and counsellor competence – are those for which the supervisor must take primary responsibility. Other issues, the supervisee's ethical responsibilities, follow. A closer examination of gatekeeping concludes this chapter.

Informed consent is a cornerstone of ethical behaviour. Any counselling relationship must involve an agreement to work together that is understandable to both

parties. However, informed consent in the supervisory relationship is a three-person issue (Pope & Vasquez, 2007). First, the supervisee, must be informed of the process, conditions and responsibilities of supervision before entering into the supervisory relationship (Knapp & VandeCreek, 2006). Second, the client must be aware that the student is being supervised and by whom before consenting to therapy. The supervisor is responsible for ensuring that the student is transparent with his or her clients and for setting clear supervisory guidelines (Borders & Brown, 2005).

Clients are assured of confidentiality (and its limitations) at the beginning of the counselling relationship. Supervisees also need the assurance that what is disclosed within this relationship is kept confidential. The Canadian Code of Ethics for Psychologists specifically states in Standard I:43 that psychologists are to be careful not to pass on information about students/trainees gained in the process of their work that they have reason to believe is considered confidential (for full text, see Sinclair & Pettifor, 2001).

Boundaries/dual relationships, therefore, is a third key issue. A supervisor has to balance a dual role, that of teacher/evaluator and, due to the rather personal nature of the relationship, a facilitator of the trainee's self-awareness. This latter role, unique to supervision, can become therapeutic because personal issues (as they relate to the supervisee's professional growth) are often addressed in counselling supervision (Borders & Brown, 2005, Welfel, 2006). Supervisors, although necessarily compassionate and empathetic, are cautioned to refrain from moving into "therapeutic territory" (Welfel p. 306). Boundary delineation at the beginning of the supervisory relationship, again the supervisor's responsibility, can mitigate dual relationship concerns (Borders & Brown,

2005). Boundary crossings (for example, having lunch together) are common in the supervisory relationship. However, unless they exploit the supervisee, disrupt the relationship, or otherwise cause harm, they are not unethical. Boundary violations, those behaviours outside the professional relationship that are exploitive or harmful to the supervisee, are unethical (Gottlieb, Robinson, & Younggren, 2007). For example, a supervisor and supervisee must not become drinking buddies.

A key responsibility for supervisors is to provide evaluation and feedback to supervisees, both on the work the student is doing with clients and on his or her professional growth (Pope & Vasquez, 2007). This feedback is based on the supervisor observing the student's work. This observation can be done via process/progress notes, live, or audio/video recording (for advantages of each, see Neufeldt, 2003). Feedback should be given both orally and in written form (Borders & Brown, 2005). However, this is not the only documentation necessary. All supervisory sessions should be documented in order to protect all three parties involved. This documentation also works as risk management. Just as therapists document all interactions with clients, supervisors need to document and keep records of every supervision session to protect themselves from malpractice lawsuits (Neufeldt, 2003). Thorough supervision notes demonstrate that the supervisor is proceeding both professionally and ethically (Borders & Brown, 2005).

The supervisor, of course, is responsible for evaluating the supervisee's competence, but less obvious is the ethical responsibility the supervisor has to maintain his or her own competency level (Pope & Vasquez, 2007). According to the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001), psychologists must only take on activities for which they have established competence (Standard II.6). Borders and

Brown (2005) strongly suggest that supervisors have formal training in supervision prior to undertaking this role.

As mentioned previously and also of concern is the fact that supervisees can be at risk of engaging in unethical behaviours. Worthington, Tan, and Poulin (2002) surveyed 230 supervisees and 97 supervisors with a survey containing 31 supervision-specific ethically questionable behaviours and 15 possible reasons supervisees engage in ethically questionable behaviours. They found that the unethical practices engaged in included intentionally not disclosing important information to their supervisors, mismanaging case records (particularly failing to document their standard of care), actively operating at an inappropriate level of autonomy (most notably concealing one's status as a trainee from clients), and failing to address personal biases affecting their work. These personal biases could be biases against clients related to age, gender, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status. Summarizing their findings, they concluded that a number of the most frequently reported ethically questionable behaviours could be conceptualized as "a trainee's failure to acknowledge his or her own limitations" (Worthington et al., p. 346). And, it is the supervisee's limitations that can cue the most onerous role a supervisor may undertake– the gatekeeper.

Gatekeeping

Gatekeeping is defined as 'an evaluation of student suitability for professional practice' (Brear et al., 2008, p. 93). Faculty members (Lumadue & Duffey, 1999) and, in particular, field supervisors must ensure that students have the requisite professional competence, moral character, and psychological fitness to succeed in the profession.

Professional competence refers to the person's ability to carry out required tasks; *moral character* to the student's honesty, integrity and ability to deal with people, *psychological fitness* to the student's emotional and or mental stability (Johnson et al.,2008). The counselling field tends to attract people who use the training to work through their own issues (Lumadue & Duffey, 1999, also see Stone, 2008 for the concept of *wounded healer*). Realistically, some of these students are not suitable for the profession because their own issues hinder them from practicing effectively (Bemak, Epp, & Keys, 1999). Gatekeeping, therefore, ensures quality of care both for the supervisee's current client(s) and for future clients (Neufeldt, 2003).

Gatekeeping has both ethical and legal issues. According to the Canadian Counselling Associations Code of Ethics (2007), a counsellor's primary responsibility is to promote the welfare of his or her clients. Thus, the client's best interests must come first. Supervisors must protect vulnerable clients by screening impaired, unethical, or incompetent counsellors (Bhat, 2005). They can do this by pre-screening potential supervisees (see Appendix B), by addressing problematic issues in supervision and recommending needed interventions and by taking appropriate actions to prevent impaired students from entering the profession (or remaining in it and practicing independently) (Barnett et al., 2007).

Working with therapists-in-training can be a challenging job for supervisors. Doing so involves balancing the needs of the clients, the student trainee, the profession, and the public-at-large. One counselling profession's gatekeeping process has been recently studied. Using vignettes, a recent survey of 35 Masters level Marriage and Family Therapy programs in the United States accredited by the Commission on

Accreditation for Marriage and Family Therapy Education (COAMFTE), Russell et al. (2007) found that supervising faculty take their gatekeeping function seriously and that they proceed fairly and respectfully when correction is needed. They assessed supervisors using a survey instrument consisting of seven supervision vignettes in short paragraph form. The respondent was asked to indicate which of 17 objective responses, he or she would use to deal with the supervisory challenge presented in the vignette. Some of these response options included: *Have a conversation with student about perceived problem. Assign a co-therapist. Letter of concern. Dismissal.* (p. 232). The supervisors' response options were then analyzed for patterns. Six categories were determined: *Talk, Referral, Start Due Process, Increase Interaction, Mutual Gatekeeping and Unilateral Gatekeeping.* In subsequent discussion of the results of this survey, Russell et al. (2007) identified three "bottom line" questions to help supervisors balance the needs of their trainees with those of other stakeholders. These were: "(1) Would I be comfortable hiring this person? 2) Would I be willing to supervise this person as my employee? 3) Would I refer a family member to this therapist?" (p. 239).

Although students must understand that programs have a responsibility to screen trainees who are not able to meet performance standards beyond their theoretical and academic work (Russell et al., 2007; Kerl, Garcia, McCullough, & Maxwell, 2002), gatekeeping can be risky for supervisors and faculty members. Lumadue and Duffey (1999) caution gatekeepers saying there may be legal issues to be aware of, particularly in the area of student rights and due process for student dismissal. A supervisor cannot simply dismiss a supervisee. Due process requires that a student must be notified, with

evidence, of his or her failure to meet the program's standards prior to dismissal (Kerl, et al., 2007).

Summary

The goal for counsellor education is to develop effective, safe, and competent practitioners (see Brear et al., 2008). Ethics is a complex domain (Hill, 2004) with much ambiguity (Haverkamp & Irvine, 2000). Counselling students quickly learn that all counsellor/client interactions and supervisor/supervisee have ethical implications. For that reason, a comprehensive counsellor education should include formal ethics coursework, an infusion of professional ethics into all other courses (Hill, 2004, Jordon & Stevens, 2001, Kitchener, 1986), and an ethically sound supervisory relationship (Neufeldt, 2003). Once licensed, a counsellor must continue to hone his or her ethical knowledge and skills as part of maintaining professional core competencies (de las Fuentes et al., 2005) and continue to use supervision by a more experienced practitioner as a tool for professional growth (Pope & Vasquez, 2007). This process appears daunting but, considering that ethics permeates all of a counsellor's life and work, a regular examination of one's clinical work and personal interactions is necessary.

Keeping one's ethical focus requires regular reminders. The Orientation Manual, appended as a sample to this project, is peppered with references to the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001). Using such a manual in a community agency would remind members of a counselling team of their ethical foundation and thus, be a useful tool for developing what Handlesman et al. (2005) call *ethical acculturation*.

Chapter Five: An Overview of the Orientation Manual

Overview

Appended to this project is a sample orientation manual, titled *Orientation Manual: Policies & Procedures Women's Wellness Centre*. The Women's Wellness Centre (WWC) is a fictional agency hypothetically located in Lethbridge, Alberta, Canada. This manual illustrates the type of manual that could be developed for an actual agency dedicated to laying an ethical foundation for its staff. Although the manual refers to this agency in its entirety as having a mandate to address various women's health needs, it focuses on the counselling team and provides the policy structure and working documents for this department.

The manual begins with introducing the author and the agency. Some of this information is factual, some is fictional. The author biography is aspirational and includes the author's hopes for the future. The concluding statement, however, that client care is of utmost importance to the author, is undeniably and presently fact. The fact sheet *Who We Are* outlines the range of care available at WWC, ending with an overview of the therapeutic work done by the counselling team. A succinct *Mission Statement*, reiterating the author's personal philosophy that physical and mental health are interconnected and that specialized health care delivered in a safe and private environment contributes to the overall wellness of women in a community, concludes the introductory section of the manual.

Following the introduction, the manual describes the importance of ethical practice to this agency. The manual uses the Canadian Code of Ethics for Psychologists (CCE) (Sinclair & Pettifor, 2001) as its ethical foundation. The rationale for doing so is

that the organizational standards set out by the WWC and this Code of Ethics also fulfill the ethical requirements of other professional organizations of which staff may be members.

The Policies and Procedures section of the Manual is divided into three parts: *Policies and Procedures Administrative Staff, General Policies and Procedures, and Policies and Procedures Counselling Team*. The policies in the first section focus on the intake process, privacy, and fee structures. The General Policies, those which apply to both administrative and counselling staff, address clients' rights, grievances, record keeping, and confidentiality. The policies in the third section, developed for the Counselling Team, focus on a wide range of ethical issues including informed consent, case notes, termination, modalities of therapy and the often problematic areas of dual relationships, boundaries, and ethical dilemmas.

The criteria for developing the policies and procedures in this orientation manual were that policies had to be relevant and useful for a community agency. The policies and procedures also had to adhere to the ethical standards and principles of either the Canadian Psychological Association or the Canadian Counselling Association and legislation pertaining to counsellors/psychologists in the province of Alberta. The procedures had to be within the capabilities of employees in a community counselling agency. Lethbridge Family Services' *Counselling, Outreach and Education Policies and Procedures Manual* was consulted for page layout and inspiration (see manual footnotes for specific policies).

A key section of this manual contains forms that are both necessary and useful in the counselling process. The informed consent forms are detailed and somewhat more

deliberate than the informed consent process in some agencies. Because the WWC includes work with children, the manual sets out guidelines for this work. Children cannot consent to therapy but therapy is shown to be more effective if a child agrees to work with the therapist. Therefore, forms are provided for both the guardian's consent and the child's assent. A similar form for dependent adults is also included.

The WWC is a female-only agency but services for male-female couples and family therapy are included in its mandate if requested by an existing client. Group therapy and support groups are a vital part of this agency's mandate. Specific groups, mentioned as ongoing, include: *Bereavement*, parenting (*New Moms* and *Parenting Teens*) and *Body Image and Emotional Well-being*. Forms and information sheets are provided for these key groups.

Forms for an initial assessment, case notes, progress evaluation, an outcome survey, and a termination form are also included. Releases and waivers are a necessary part of the counselling process because controlling access to information protects both the client and the counsellor. Therefore, forms giving consent for a supervision process as well as a *Release of Information to Third Parties* are included. A *Minor Client File Access Waiver* is included for when a counsellor feels that her work with a child may be compromised by that child's parents' legal access to the child's files.

A final section includes various information sheets useful for the counselling process. These include *Client's Rights and Responsibilities*, *101 Questions about Counsellors*, a list of referrals and information regarding the groups offered, the process of counselling mature minors, and the process of client grievance. A suggested sliding fee

scale, simply to illustrate how such a scale works, is also provided. The manual concludes with an example of an ethical decision-making process.

Although most of the forms included were designed by the author, some (as footnoted), were inspired by forms used in other agencies.

Strengths of the Manual

This orientation manual is user-friendly in its overall layout and the style of the manual is appropriate to be actually used in a community agency. The manual is easily reproduced and would fit into a 1.5 inch three-ring binder, a useable size for a small agency. The table of contents clearly introduces the reader, who is assumed to be a novice counsellor beginning work at a community agency, to his or her employer.

Assuming that the new employee has been informed that this agency is committed to ethical practice, the manual clearly states why this agency has chosen to make ethical practice foundational to its operation and continues to explain why the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001) is its adopted standard. The completeness of this particular code ensures that the ethical requirements of other professional organizations and provincial regulatory bodies are also met. The reader of this manual is not required to have a copy of the Code of Ethics in hand because the manual lists, in its entirety, all Principles and Standards cited.

The Table of Contents ensures that a new employee could easily find the policies and procedures that apply to his or her work. For example, the informed consent process, policy C2 (page 30) clearly states when and how a counsellor should obtain informed consent. The agency's policy on documentation and file storage is also referenced in the procedure section of this policy. The necessary forms for doing so are listed and cross

referenced with the manual's appendices. The layout of the policies and procedures is clear, readable and appropriate to an actual agency.

This manual also includes master copies of forms and information sheets that may be used in a community agency. The information on these forms is accurate and complete (see for example, the Consent for Individual Counselling Services). The Forms section also includes very user friendly assent forms for children and dependent adults. The forms and handouts are easily modified for use by counselling staff in other agencies. This manual, in its entirety, can be amended for use in a private practice or another agency.

Another strength of this manual is its inclusion of the group counselling process. Group work builds on people's natural interaction with others (Ephross, 2005). Groups, such as the parenting groups suggested would conceivably harness at least most, if not all, of what Northen and Kurland (cited in Ephross, 2005) call *dynamic forces* for change. These dynamic forces are: mutual support, cohesiveness, quality of relationships, universality, a sense of hope, altruism, acquisition of knowledge and skills, catharsis, reality testing, and group control. Offering group therapy and support groups in addition to individual counselling strengthens a community agency's program by offering clients a wider variety of treatment modalities.

The manual also includes an example of an ethical decision-making process based on the model used in the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001). A counsellor working in any agency will inevitably be faced with ethical dilemmas. This model breaks down a potential dilemma into relevant issues and parallels

these issues with the Principles and Standards of the CCE. A counsellor could use this model to determine alternate courses of action for an actual ethical dilemma.

Limitations of the Manual

As with all projects, this orientation manual has limitations. As was mentioned previously, the fictional agency, Women's Wellness Centre was conceived during a creative-thinking exercise in the author's career counselling course. The author was encouraged to imagine an ideal workplace, positioning herself as an employee working there on an ideal day. A vision of an all-female agency came to mind and later became a starting point for the development of an earlier version of this manual. By limiting the agency to female staff and a predominantly female clientele, the complexities of a male/female world were not addressed as well as they could have been.

The Table of Contents and cross-referencing mentioned as a strength is also a limitation. A community agency is an ever-evolving entity. New policies, procedures and forms may be added as the agency's mandate changes. The cross-referencing and Table of Contents are efficient as they are now but the system is not conducive to change. A numbering system that allows for additions and subtractions may ultimately be more useful.

The forms included are useful as hard copies but an agency such as this one may develop an electronic documentation system. A format for keeping electronic records was not developed for this manual. However, the basic information on these forms, particularly those in the section The Counselling Process, can be directly transferred to an electronic form.

A glaring limitation of this manual is that it does not address the most commonly violated ethical principle in counselling – sexual contact between therapist and client (Vasquez, 1988; Pope, Keith-Spiegel, & Tabachnick, 1986; Nachmani & Somer, 2007). As this manual was created for a female-only agency, an idea that builds in a modicum of safety for female clients, it does not address female-male attraction (or for that matter, female-female attraction) within the counselling relationship. If this manual was to be adapted for use in a community agency which had both male and female counselling staff, a policy regarding sexual contact must be developed. This policy would have to include procedures for both avoidance of such contact and an outline of strict disciplinary actions if such contact occurred.

Although full of useful information for a community agency, the orientation manual must be used with caution. It was written for a fictional agency, as a sample only, and should not be used without modifications. For example, although all community agencies should have a referral list to make other resources available to its clients, the referral list included in the manual should not be used as published since there is a blend of both real and fictional professionals and agencies. The Crisis Line number is fictional.

Another limitation is the section on group work. This section could have been expanded significantly. Family violence and spousal abuse are issues often affecting clients who access a community agency. The safety of an all female agency such as WWC should make it the ideal agency to work with abused women. A similar multiservice health centre, The Family Services Association of Toronto, uses a group therapy model that would work for an agency such as the WWC (Breton & Nosko, 2005). This agency uses two facilitators and limits its group size to 12. The members decide

after a few weeks if the group is to be open or closed. An advantage of a group for women who have been abused is that it dispels members' false perceptions (such as being alone in the experience of violence; being responsible for the violence) and instils new perceptions – for example, connecting their personal situations within a wider social and political context. Group members share what has been helpful in their situations and what they have done or are doing to change their situations (Breton & Nosko, 2005), thus harnessing the dynamic forces previously listed.

In sum, this orientation manual offers a valuable resource for counselling professionals. Sections of it may be reproduced as is or modified to fit an existing agency. Bearing in mind that it was created with the assumption that a community counselling agency requires a strong ethical foundation, this manual can be used as an inspirational tool in many settings.

Chapter Six: Looking Back – Looking Ahead

Project Strengths, Limitations and Further Research Possibilities

This project differed from similar ethics-based projects in that rather than focusing on an aspect of psychotherapy, it concentrated exclusively on counsellor training. Yet, as with all projects, it had both strengths and limitations. The narrow perspective of the literature review allowed the author to focus on a component of ethics not often considered in academic research. This narrow focus was also a limitation in that recent publications were initially difficult to find. The sample manual gave the project a practical component, one that could be adapted for actual use, but because it was developed as a model only, it requires cautions for its use. As with all projects, further research possibilities became evident during its creation. Therefore, suggestions for further research that would potentially expand on this area of knowledge and fill the gaps in counsellor ethics education literature (reviewed in Chapters Three and Four) are also included.

Project Strengths

The literature review of this project divided ethics education into two parts: academic preparation and supervision. The strength of the first part, Chapter 3, is that it demonstrated clearly that ethics education is more than simply learning an ethics code. Literature using the words “ethical stance” (Haverkamp & Irvine, 2000) and “ethical acculturation” (Handlesman et al., 2005) gave the reader a sense that ethics must be internalized for a student to become ethically competent. A history of ethics education, particularly the concern that in the 80s the profession was “operating on little more than intuitive knowledge” (Welfel & Lipsitz, 1983), and a review of current requirements,

showed the need for ethics education. The second part, Chapter Four, showed the reader the ethical components of a supervisory relationship. This chapter's strength is that it clarified the responsibilities of another key relationship within the counselling field. Most ethics literature focuses on the counsellor/client relationship but for the client to be well served, a strong supervisor/supervisee relationship must also be in place. The addition of Appendix B clarifies what one specific program requires of its Masters level supervisors. Highlighting the gatekeeping function of supervision emphasizes the commitment the profession has to its clients. Keeping unsuitable candidates out of the field seems harsh but doing so ultimately protects the most vulnerable. Including the sample manual takes the academic material presented in Chapters Three and Four and, as explained in detail in Chapter Five, makes it practical and useable in the field.

Project Limitations

As with all projects, this one could have been expanded. More detail for ethics educators could have been provided. The supervisory ethical issues discussed – informed consent, confidentiality, boundaries/dual relationships, evaluation and documentation and supervisor competence and the ethically questionable behaviours of supervisees are only briefly explained. They are also not exhaustive. Case studies, had they been available, could have illustrated each of the ethical issues mentioned.

Further Research Possibilities

The literature used in this project has a glaring gap – information on Canadian programs is limited. Counselling education programs are understandably more numerous in the United States than in Canada and thus have been examined more thoroughly. This disparity, however, does not mean that Canadian programs should be ignored. Although

it was possible to find out, via searching each calendar, whether or not Alberta programs had required ethics courses, a thorough examination of the use of formal ethics coursework in graduate counselling programs in Canada is necessary. The content of these courses and whether or not they aspire to Handlesman et al.'s (2005) goal of ethical acculturation should be studied.

Counsellors in Canada are trained at both master's and doctoral levels in both accredited and non-accredited programs. All of these programs could and should be reviewed for their thoroughness in training ethical, competent practitioners. The results of this review should be published in an accessible form and be made available to all graduate level counsellor training programs in Canada.

Currently both the CCA (2008) and the CPA (2008) have criteria for accreditation of counselling education programs. The CCA has accreditation standards for the master's level while the CPA's accreditation standards are for doctoral programs and internships only. However, numerous unaccredited programs – including the Master's in Education (Counselling Psychology) at the University of Lethbridge – also train counsellors. These unaccredited programs could and should be examined for their effectiveness in training ethical, competent practitioners. A simple tabulation of which Canadian programs include ethics courses does not even seem to exist. The author tried various online searches, including both Google and specific and general academic databases, PsycINFO and Academic Search Complete, and did not find this information. The author also inquired, via personnel in her own program early in the development of this project, whether such a review of Canadian programs existed, and discovered it did not.

Therefore, a study producing descriptive statistics to show how ethics is taught in counselling programs across Canada, including both Master's and Doctoral levels, and accredited and non-accredited programs should be initiated. The study could also show what differences exist between accredited and non-accredited programs in how they teach ethics to their students.

Professors in counsellor education programs could be surveyed to determine their attitudes toward teaching ethics and a parallel student survey could show how professors' attitudes intersect with students toward ethics courses. This study could be an attempt to determine whether these professors see ethics education as foundational or elective. Do students see ethics as a necessary requirement, a course that must be completed in order to graduate, or do they see ethics as foundational for their future practice? Qualitative studies, done by interviewing ethics students, could show how integral (or peripheral) ethics education is in Canadian programs.

As stated previously, ethics has the reputation of being dry material and ethics courses are often expected to be taught by rote learning. Professors and students could be surveyed to determine what teaching techniques are being used to make ethics education more interesting. If so, what strategies are being used by the administration and teaching staff in order to change the reputation of ethics courses?

Further research, according to Borders (2005), is also needed regarding the supervisory relationship in general. The counsellor/client relationship has been well studied and yet, this similar but different relationship, also necessary in the profession, has only been given a cursory glance. She states that "components specific to supervision interactions are still largely unknown" (p. 106).

Creating the sample manual also brought to mind a number of future research possibilities. First, research could be done on existing female-only agencies, tabulating how many such agencies exist in North America. Descriptive statistics, showing their prevalence (or scarcity), could be paired with qualitative studies based on interviews with directors, counsellors, and clients connected with those agencies. A second survey could be done using participants working for or accessing a more conventional agency, one that services both male and female clients. Their satisfaction levels could be compared.

The findings of this project and the sample manual could be presented to community agencies for feedback. Staff could be surveyed for reflections on their own ethics education and whether they feel they are ethically acculturated or whether they, like the counselling profession in the 1980s, rely solely on intuitive knowledge. Staff could be surveyed to determine whether they regularly upgrade their ethics education or function on knowledge they recall from their earlier training. Do they include ethics workshops in their professional development? If not, how do they maintain their ethical stance?

So, in essence, further research needs to clarify the following questions: What does the counselling psychology profession offer regarding ethics education (particularly in Canada)? What does it want or need? (see Haverkamp & Irvine, 2000; Pettifor et al., 2002). Is the profession getting what is necessary or desired? What kind of practitioners are our Canadian programs producing? In Alberta, ethics courses are required in counsellor education. The author's experience shows that counselling students manage to find supervisors willing to train them. This profession, then, as scientist/practitioners,

must put both these formal courses and their accompanying supervisory relationships under the microscope.

In conclusion, as seen by the length of time it took for formal ethics courses to be incorporated into university programs in North America, ethics education has not always been taken seriously. Although its fundamental worth has now been acknowledged, ethics is still considered a less-than-exciting subject by some students. A move toward a transformational style of teaching is changing this perception (see Pettifor et al., 2002). The model of incorporating an ethics code into an orientation manual, as illustrated by Appendix A, is a starting point for building an agency with a strong ethical foundation. Establishing such an agency, using the Code of Ethics for Canadian Psychologists (Sinclair & Pettifor, 2001) or the Canadian Counselling Association's Code of Ethics (2007) would be a worthwhile challenge for an enterprising practitioner.

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Appendix A

This manual is fictional, created for demonstration purposes. Any references to resources may or may not be accurate.



Orientation Manual



Policies & Procedures



Women's Wellness Centre
Lethbridge, Alberta



Introduction

Preamble

This manual was created as a sample only. It intends to show how an agency can use a similar manual to set a foundation for best practice by linking its policies, procedures and forms to an ethical code.

Copyright

Forms and Information Sheets are subject to copyright and may not be used outright without permission of the author. Please email: ruth.braun@uleth.ca

The reader may use ideas from this manual providing they are referenced as:

In-text (Bergen Braun, 2009)

Bergen Braun, R. L. (2009). *Orientation Manual: Policies and Procedures, Women's Wellness Centre (a fictional agency)*. Lethbridge, AB: University of Lethbridge.

Limitations

This manual has notable limitations: The Table of Contents and cross-referencing, although complete and useful for this sample, is not conducive to adding or subtracting policies or forms. Assuming a high level of safety within an all-female agency, the Policy and Procedure sections of the manual do not address a commonly violated ethical principle in counselling -- sexual contact between therapist and client (Vasquez, 1988). As it was written as a sample only, for a fictional agency, this manual should not be used without modifications. For example, although all community agencies should have a referral list to make other resources available to its clients, the referral list (pages 154, 155) should not be used as published since there is a blend of both real and fictional professionals and agencies. The Crisis Line number is fictional. This manual has only a limited section on group work and does not provide a mechanism for assessing group clients. It also does not address family violence and spousal abuse -- issues often affecting clients who access a community agency. This manual has not been tested, validated, or reviewed by anyone working in an agency similar to the fictional Women's Wellness Centre.

Preface

This manual illustrates the type of manual that could be developed for an actual agency that is dedicated to establishing an ethical foundation for its staff. Although the *Who We Are* statement refers to this agency having a mandate to address various women's health needs, it focuses on the counselling team and provides the policy structure and working documents for this department. In the *Inspirational Statement* the manual describes why ethical practice is important to this agency and then subsequently explains why it uses the Canadian Code of Ethics for Psychologists (CCE) as its ethical foundation. The full text of the Principles and Standards of the CCE used in the manual is included, making the manual user friendly. A glossary of commonly used ethics terms follow. Policies and Procedures, written in accordance with this code of ethics, addressing Counselling Administrative Staff, General Policies, policies particular to the Counselling Team are presented in a logical order (see Table of Contents). Acknowledgements, including both copyright information for the cover photos and clipart and references for in-text citations not footnoted, precede the *Forms* section. Forms are included to cover all aspects of the counselling process. *Information sheets*, cross referenced to the forms, are also provided. The manual concludes with a sample of an ethical decision making process based on a fictional vignette. This process shows how a psychologist/counsellor can break down a difficult decision and thus consider all its ramifications.

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Women's Wellness Centre

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Author Biography

This *Orientation Manual (Policies and Procedures)* was conceived and created by Ruth Bergen Braun, to partially fulfill the requirements for the Master's of Education (Counselling Psychology) University of Lethbridge.

Ruth hopes to graduate in 2009 with a Master's of Education (Counselling Psychology) and in the future intends to become a psychologist registered with the College of Alberta Psychologists. She also holds a Bachelors of Arts (Psychology), University of Lethbridge, 2007 and has significant experience working with people from diverse backgrounds. Her counselling specialties are women's issues, particularly grief and loss, life transitions and relationship counselling. Client care is of utmost importance to her.



Photo by de Jourdans Photographics, 2007

From this point forth, this agency is fictional.



Who We Are



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Who We Are

The **Women's Wellness Centre** (WWC) is a multi-disciplinary agency. We provide services to adult women covering a wide range of women's health concerns. Our all-female staff includes a group of physicians, a chiropractor, a massage therapist, a chaplain and a team of psychologists and counsellors. Our staff members are mandated to refer when health care resources not explicitly available at WWC are required or desired.

Client care forms the core of what we do at the WWC. Our clients come from a wide variety of backgrounds. We offer services primarily to women and, as requested, their children. Children, up to the age of 18, are welcome to use our services, regardless of gender, providing their mother is a registered client. Although heterosexual couple and family counselling are not primary services provided by the counselling team both are available on a case-by-case basis at the discretion of the individual therapist. A commitment to privacy makes the WWC a welcoming space. Therefore, a common waiting area serves all our professional staff. Our front desk personnel are trained to treat our clients with utmost respect.

Our physicians all practice family medicine and are registered members of the *The College of Physicians & Surgeons of Alberta*. Our chiropractor and massage therapist are registered members of the *Alberta College and Association of Chiropractors* and *The Massage Therapist Association of Alberta* respectively. Our chaplain is available to address any spiritual concerns a client may have and is well connected with community resources for additional spiritual care.

Our counselling centre provides individual and group therapy as well as presentations, workshops, and access to a resource library. Members of our counselling staff are specifically trained to work in the areas of stress management, trauma recovery, relationship issues, parenting concerns, pregnancy counselling, sexual violence, family violence, eating disorders, self esteem, bereavement, life transitions, and interpersonal conflict. Currently, we offer group therapy in bereavement, parenting issues, and body image/emotional well-being. Our counselling centre receives government funding and therefore can offer a sliding fee scale to our clients. Third-party billing, via extended health insurance, is also available.



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Our Mission Statement

The Women's Wellness Centre (WWC) exists to provide holistic health care services to women and their children. We believe that mental health and physical health are interconnected and that specialized health care delivered in a safe and private environment contributes to the overall wellness of women in our community. We are committed to honest and open relationships in a client-centred professional environment. At WWC, our clients and their families come first.



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Inspirational Statement

What is ethical practice? Why should it be important to staff at WWC?

Ethical Practice is one of the cornerstones of the Women's Wellness Centre (WWC). The term *ethical practice* implies that all client-staff interactions have ethical components. Ethical practice sets the tone for how we work. Ethical practice is always aspirational. We can always do better than how we are doing.

At the heart of ethical practice is respect. Staff members at WWC are aware that respect for our clients begins at first contact, continues throughout their relationship with the Centre and into perpetuity. That is, our clients are treated with respect from the first phone call they make inquiring about services until after they are no longer our clients.

At WWC we respect our clients' right to self-determination. They choose when to interact with us and use our services. We determine, together, when they no longer need us. Their course of treatment is on their terms. We exist to serve our clients.

Ethical practice involves caring for clients responsibly. One way we do this is to honour our commitments to our clients. We are careful to keep our appointments and yet, acknowledge that sometimes doing so is impossible. If a scheduling conflict occurs, responsible caring requires contacting the inconvenienced client as soon as possible.

At WWC we place our clients' best interests over and above our own as practitioners. We are committed to treating clients as fairly as we would wish to be treated if we were using WWC services. Ethical practice demands integrity in all our professional relationships.

Ethical practice ties WWC to the community. Our responsibility goes further than just to individuals. Although our mandate is focused on a female clientele, we can take this further by working with our clients' partners and families. We have a responsibility to society to improve the lives of women in our community by sharing our knowledge and expertise.



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Rationale for using the *Canadian Code of Ethics for Psychologists at WWC*

The members of the WWC Counselling Team come from a variety of educational backgrounds and as such have different professional designations. However, for consistency, one Code of Ethics is necessary. Therefore, the WWC has adopted the *Canadian Code of Ethics for Psychologists* (CCE) as its ethical model. This Ethics Code is an umbrella document¹, meaning that its Principles, Values Statements and Standards can be used to set standards of practice for a variety of organizations. This Ethics Code includes both minimal behavioural standards and idealized and aspirational standards,² making it a useable framework for developing both best practice and sound ethical decision making.³

The format of the CCE is hierarchical. Hierarchical means that the Principles have different weights so that while the CCE includes a responsibility to society (Principle IV), it is clear that the individual comes first (Principle I). This hierarchy is most valuable when ethical values or principles are in conflict. Therefore, the *Canadian Code of Ethics for Psychologists* agrees with the mission statement of the WWC, by insisting that respect for the dignity of the client supersedes all other ethical principles.

WWC staff may be members of professional organizations and provincial regulatory bodies in addition to or other than the Canadian Psychological Association -- for example, the Canadian Counselling Association and the College of Alberta Psychologists. The organizational standards set out by the WWC in this Manual and based on the *Canadian Code of Ethics for Psychologists* also fulfill the ethical requirements of these other organizations.⁴

¹ Sinclair & Pettifor, 2001, p. 23

² Sinclair & Pettifor, 2001, p. 22

³ In contrast with the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (APA, 1992) that has enforceable rules of conduct (Sinclair & Pettifor, 2001)

⁴ Sinclair & Pettifor, 2001, p. 39

Principles and Standards used in this Manual Canadian Code of Ethics for Psychologists (3rd edition)

The Policies and Procedures in this Orientation Manual refer to the *Canadian Code of Ethics for Psychologists (3rd edition)*. WWC is committed to using the entire code as its frame of reference. However, only specific Ethical Standards are referred to in this Manual.⁵

Principle I: Respect for the Dignity of Persons

Introduction and Importance of this Principle: Principle I focuses on basic human rights and the innate worth of each person and the rights attached to that worth. Principle I is important because it sets the tone for the succeeding principles. As mentioned in the preceding rationale for using this Code, there is a hierarchical structure to the Principles, meaning that Principle I takes precedence over the other three principles. The dignity of the client and other persons affected by our work is of primary importance.

Principle I Values Statement and Codes used in WWC Policies and Procedures:

Values Statement:

“...all persons have a right to have their innate worth as human beings appreciated and that this worth is not dependent upon their culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, or any other preference or personal characteristic, condition, or status” (Sinclair & Pettifor, 2001, p. 43).

“respect the rights of the person(s) involved to the greatest extent possible under the circumstances.” (Sinclair & Pettifor, 2001, p. 43).

General Respect

I.4 Abstain from all forms of harassment, including sexual harassment.

I.5 Avoid or refuse to participate in practices disrespectful of the legal, civil, or moral rights of others.

I.8 Respect the right of research participants, clients, employees, supervisees, students, trainees, and others to safeguard their own dignity.

Non-discrimination

I.9 Not practice, condone, facilitate, or collaborate with any form of unjust discrimination.

I.10 Act to correct practices that are unjustly discriminatory.

⁵ The Standards listed in this section are verbatim, copied directly from the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001).

I.11 Seek to design research, teaching, practice, and business activities in such a way that they contribute to the fair distribution of benefits to individuals and groups, and that they do not unfairly exclude those who are vulnerable or might be disadvantaged.

Fair treatment/due process

I.12 Work and act in a spirit of fair treatment to others.

I.14 Compensate others fairly for the use of their time, energy, and knowledge, unless such compensation is refused in advance.

I.15 Establish fees that are fair in light of the time, energy, and knowledge of the psychologist and any associates or employees, and in light of the market value of the product or service. (Also see Standard IV.12.)

Informed consent

I.16 Seek as full and active participation as possible from others in decisions that affect them, respecting and integrating as much as possible their opinions and wishes.

I.17 Recognize that informed consent is the result of a process of reaching an agreement to work collaboratively, rather than of simply having a consent form signed.

I.18 Respect the expressed wishes of persons to involve others (e.g., family members, community members) in their decision making regarding informed consent. This would include respect for written and clearly expressed unwritten advance directives.

I.19 Obtain informed consent from all independent and partially dependent persons for any psychological services provided to them except in circumstances of urgent need (e.g., disaster or other crisis). In urgent circumstances, psychologists would proceed with the assent of such persons, but fully informed consent would be obtained as soon as possible. (Also see Standard I.29.)

I.20 Obtain informed consent for all research activities that involve obtrusive measures, invasion of privacy, more than minimal risk of harm, or any attempt to change the behaviour of research participants.

I.23 Provide, in obtaining informed consent, as much information as reasonable or prudent persons would want to know before making a decision or consenting to the activity. The psychologist would relay this information in language that the persons understand (including providing translation into another language, if necessary) and would take whatever reasonable steps are needed to ensure that the information was, in fact, understood.

I.24 Ensure, in the process of obtaining informed consent, that at least the following points are understood: purpose and nature of the activity; mutual responsibilities; confidentiality protections and limitations; likely benefits and risks; alternatives; the likely consequences of non-action; the option to refuse or withdraw at any time, without prejudice; over what period of time the consent applies; and how to rescind consent if desired.

I.26 Clarify the nature of multiple relationships to all concerned parties before obtaining consent, if providing services to or conducting research at the request or for the use of third parties. This would include, but not be limited to: the purpose of the service or research; the reasonably anticipated use that will be made of information collected; and, the limits on confidentiality. Third parties may include schools, courts, government agencies, insurance companies, police, and special funding bodies.

Freedom of Consent

I.27 Take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward. (Also see Standard III.32.)

I.28 Not proceed with any research activity, if consent is given under any condition of coercion, undue pressure, or undue reward. (Also see Standard III.32.)

Protection of Vulnerable Persons

I.33 Seek to use methods that maximize the understanding and ability to consent of persons of diminished capacity to give informed consent, and that reduce the need for a substitute decision maker.

I.34 Carry out informed consent processes with those persons who are legally responsible or appointed to give informed consent on behalf of persons not competent to consent on their own behalf, seeking to ensure respect for any previously expressed preferences of persons not competent to consent.

Privacy

I.37 Seek and collect only information that is germane to the purpose(s) for which consent has been obtained.

I.39 Record only that private information necessary for the provision of continuous, coordinated service, or for the goals of the particular research study being conducted, or that is required or justified by law. (Also see Standards IV.17 and IV.18.)

I.40 Respect the right of research participants, employees, supervisees, students, and trainees to reasonable personal privacy.

I.41 Collect, store, handle, and transfer all private information, whether written or unwritten (e.g., communication during service provision, written records, e-mail or fax communication, computer files, video-tapes), in a way that attends to the needs for privacy and security. This would include having adequate plans for records in circumstances of one's own serious illness, termination of employment, or death.

Confidentiality

I.43 Be careful not to relay information about colleagues, colleagues' clients, research participants, employees, supervisees, students, trainees, and members of organizations, gained in the process of their activities as psychologists, that the psychologist has reason to believe is considered confidential by those persons, except as required or justified by law. (Also see Standards IV.17 and IV.18.)

I.45 Share confidential information with others only with the informed consent of those involved, or in a manner that the persons involved cannot be identified, except as required or justified by law, or in circumstances of actual or possible serious physical harm or death. (Also see Standards II.39, IV.17, and IV.18.)

Extended responsibility

I.46 Encourage others, in a manner consistent with this *Code*, to respect the dignity of persons and to expect respect for their own dignity.

Principle II: Responsible Caring

Introduction and Importance of this Principle: Principle II contains a core ethical adage “at least, do no harm”⁶. It focuses our attention on how we need to always be cognizant of what is in our client’s best interest. Principle II reflects the action involved in our work. We care for our clients by being responsible for their welfare and well-being. Doing so involves determining what will benefit them and what may harm them. Our responsibility is always to maximize benefits and minimize harm. To do so, we need to be competent practitioners. Competent practitioners know themselves and are mindful how their own attitudes, biases, culture and moral perspectives impact their work. Competent practitioners are aware of their own limitations.

Principle II Values Statement and Codes used in WWC Policies and Procedures:

Values Statement:

“Responsible caring recognizes and respects (e.g., through obtaining informed consent) the ability of individuals, families, groups, and communities to make decisions for themselves and to care for themselves and each other “ (Sinclair & Pettifor, 2001, p.59)

Reasonable Caring

II.1 Protect and promote the welfare of clients, research participants, employees, supervisees, students, trainees, colleagues, and others.

II.2 Avoid doing harm to clients, research participants, employees, supervisees, students, trainees, colleagues, and others.

II.3 Accept responsibility for the consequences of their actions.

II.6 Offer or carry out (without supervision) only those activities for which they have established their competence to carry them out to the benefit of others.

⁶ Sinclair & Pettifor, 2001, p. 57

Maximize benefit

II.21 Strive to provide and/or obtain the best possible service for those needing and seeking psychological service. This may include, but is not limited to: selecting interventions that are relevant to the needs and characteristics of the client and that have reasonable theoretical or empirically-supported efficacy in light of those needs and characteristics; consulting with, or including in service delivery, persons relevant to the culture or belief systems of those served; advocating on behalf of the client; and, recommending professionals other than psychologists when appropriate.

Minimize harm

II.27 Be acutely aware of the power relationship in therapy and, therefore, not encourage or engage in sexual intimacy with therapy clients, neither during therapy, nor for that period of time following therapy during which the power relationship reasonably could be expected to influence the client's personal decision making. (Also see Standard III.31.)

II.32 Provide a client, if appropriate and if desired by the client, with reasonable assistance to find a way to receive needed services in the event that third party payments are exhausted and the client cannot afford the fees involved.

Offset/correct harm

II.39 Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause physical harm or death. This may include reporting to appropriate authorities, an intended victim, or a family member or other support person who can intervene, and would be done even when a confidential relationship is involved.

II.40 Act to stop or offset the consequences of seriously harmful activities being carried out by another psychologist or member of another discipline, when there is objective information about the activities and the harm, and when these activities have come to their attention outside of a confidential client relationship between themselves and the psychologist or member of another discipline. This may include reporting to the appropriate regulatory body, authority, or committee for action, depending on the psychologist's judgment about the person(s) or body(ies) best suited to stop or offset the harm, and depending upon regulatory requirements and definitions of misconduct.

II.41 Act also to stop or offset the consequences of harmful activities carried out by another psychologist or member of another discipline, when the harm is not serious or the activities appear to be primarily a lack of sensitivity, knowledge, or experience, and when the activities have come to their attention outside of a confidential client relationship between themselves and the psychologist or member of another discipline. This may include talking informally with the psychologist or member of the other discipline, obtaining objective information and, if possible and relevant, the assurance that the harm will discontinue and be corrected. If in a vulnerable position (e.g., employee, trainee) with respect to the other psychologist or member of the other discipline, it may include asking persons in less vulnerable positions to participate in the meeting(s).

Extended responsibility

II.50 Assume overall responsibility for the scientific and professional activities of their assistants, employees, supervisees, students, and trainees with regard to the Principle of Responsible Caring, all of whom, however, incur similar obligations.

Principle III: Integrity in Relationships

Introduction and Importance of this Principle: Principle III connects us with the people around us. Principle III is important because relationships are at the heart of what psychologists and counsellors do. We relate to others as counsellor/client, as assessor/assessee, as supervisor/supervisee and as colleagues. We relate to our co-researchers, our assistants and our research participants. Integrity in these relationships ensures that those who interact with us have confidence that we will conduct ourselves honestly and be straightforward and open with them.

*Principle III Codes used in WWC Policies and Procedures:**Straightforwardness/Openness*

III.14 Be clear and straightforward about all information needed to establish informed consent or any other valid written or unwritten agreement (for example: fees, including any limitations imposed by third-party payers; relevant business policies and practices; mutual concerns; mutual responsibilities; ethical responsibilities of psychologists; purpose and nature of the relationship, including research participation; alternatives; likely experiences; possible conflicts; possible outcomes; and, expectations for processing, using, and sharing any information generated).

III.15 Provide suitable information about the results of assessments, evaluations, or research findings to the persons involved, if appropriate and if asked. This information would be communicated in understandable language.

III.20 Submit their research, in some accurate form and within the limits of confidentiality, to persons with expertise in the research area, for their comments and evaluations, prior to publication or the preparation of any final report.

Avoidance of incomplete disclosure

III.30 Seek an independent and adequate ethical review of the risks to public or individual trust and of safeguards to protect such trust for any research that plans to provide incomplete disclosure or temporarily lead research participants to believe that the research project or some aspect of it has a different purpose, before making a decision to proceed.

Avoidance of conflict of interest

III.31 Not exploit any relationship established as a psychologist to further personal, political, or business interests at the expense of the best interests of their clients, research participants, students, employers, or others. This includes, but is not limited to: soliciting clients of one's employing agency for private practice; taking advantage of trust or dependency to encourage or engage in sexual intimacies (e.g., with clients not included in Standard II.27, with clients' partners or relatives, with students or trainees not included in Standard II.28, or with research participants); taking advantage of trust or dependency to frighten clients into receiving services;

misappropriating students' ideas, research or work; using the resources of one's employing institution for purposes not agreed to; giving or receiving kickbacks or bonuses for referrals; seeking or accepting loans or investments from clients; and, prejudicing others against a colleague for reasons of personal gain.

III.33 Avoid dual or multiple relationships (e.g. with clients, research participants, employees, supervisees, students, or trainees) and other situations that might present a conflict of interest or that might reduce their ability to be objective and unbiased in their determinations of what might be in the best interests of others.

III.34 Manage dual or multiple relationships that are unavoidable due to cultural norms or other circumstances in such a manner that bias, lack of objectivity, and risk of exploitation are minimized. This might include obtaining ongoing supervision or consultation for the duration of the dual or multiple relationship, or involving a third party in obtaining consent (e.g., approaching a client or employee about becoming a research participant).

Reliance on the discipline

III.38 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.

Extended responsibility

III.39 Encourage others, in a manner consistent with this Code, to relate with integrity.

Principle IV: Responsibility to Society

Introduction and importance of this Principle: Principle IV connects us to a larger community and puts our work as psychologists and counsellors into context. Principle IV is important because we do not practice in isolation. While our primary responsibility is to the individuals we interact with (see Principle I) we also are responsible to maintain the integrity of the discipline and contribute positively to the social structure around us. We carry this responsibility both as individuals and collectively.

Principle IV Codes used in WWC Policies and Procedures:

Development of knowledge

IV.1 Contribute to the discipline of psychology and of society's understanding of itself and human beings generally, through free enquiry and the acquisition, transmission, and expression of knowledge and ideas, unless such activities conflict with other basic ethical requirements.

Beneficial activities

IV.4 Participate in and contribute to continuing education and the professional and scientific growth of self and colleagues.

IV.8 Engage in regular monitoring, assessment, and reporting (e.g., through peer review, and in programme reviews, case management reviews, and reports of one's own research) of their ethical practices and safeguards.

IV.9 Help develop, promote, and participate in accountability processes and procedures related to their work.

IV.10 Uphold the discipline's responsibility to society by promoting and maintaining the highest standards of the discipline.

IV.12 Contribute to the general welfare of society (e.g., improving accessibility of services, regardless of ability to pay) and/or to the general welfare of their discipline, by offering a portion of their time to work for which they receive little or no financial return.

Respect for society

IV.15 Acquire an adequate knowledge of the culture, social structure, and customs of a community before beginning any major work there.

Glossary

Common Ethics Terms

Aspirational ethics Those that require more than simply meeting the basics of an ethics code and are “the highest standards of thinking and conduct that professional counsellors seek” (Corey, Corey, & Callanan, 2007, p. 13).

Assessment The process of “evaluating the relevant factors in a client’s life in order to identify themes for further exploration in the counselling process” (Corey et al., 2007, p. 401).

Autonomy Promoting the self-determination of clients to choose their own direction (Corey et al., 2007).

Beneficence “Promoting good for others” (Corey et al., 2007, p. 18).

Boundaries “The rules of the professional relationship that set it apart from other relationships” (Knapp & VandeCreek, 2006, p. 75).

Boundary crossing “A departure from commonly accepted practices that could potentially benefit clients” (Corey et al., 2007, p. 267).

Boundary violation “A serious breach [of commonly accepted practices] that results in harm to clients” (Corey et al., 2007, p. 267-268).

Capacity The “ability of a client to make rational decisions” (Corey et al., 2007, p. 157).

Confidentiality The understanding that what is revealed within the relationship between a counsellor and a client will not be shared with others without the client’s consent.

Diagnosis The result of “identifying a specific mental disorder based on a pattern of symptoms that leads to a specific diagnosis found in the *Diagnostic and Statistical Manual of Mental Disorders*” (American Psychiatric Association, 2000) (Corey et al., 2007, p. 401).

Dual and multiple relationships Combining two or more roles in a therapeutic relationship (Corey et al., 2007). For example, an individual being both supervisor and therapist for the same person or a therapist having a business relationship with a client.

Duty to warn and protect The responsibility of a counsellor to warn threatened persons when the counsellor becomes aware of the intention (or potential) of a client to place others in clear or imminent danger (Canadian Counselling Association, 2007).

Ethics The standards that govern the conduct of professional members in an organization.

Ethical code (or Code of ethics) An official statement of a profession about what is expected of members. Members are held accountable by the governing body of their professional association for actions that violate the code.

Ethical dilemma A conflicting obligation to different people or groups or when an ethical principle or value conflicts with another principle or value.

Gatekeeping A responsibility of both academic faculty and supervisory personnel to identify and intervene with students who behave problematically in order to protect the consumer (Corey et al., 2007, Brear, Dorrian & Luscri, 2008)

Informed consent “The right of clients to be informed about their therapy and make autonomous decisions about it” (Corey et al., 2007, p. 156).

Informed consent document A document that “defines the boundaries and nature of the therapeutic relationship” (Corey et al., 2007, p. 156).

Malpractice The “failure to render professional services or to exercise the degree of skill that is ordinarily expected of other professionals in a similar situation” (Corey et al., 2007, p.192).

Mandatory reporting A regulation designed to “encourage reporting of any suspected cases of child, elder, or dependent-adult abuse” (Corey et al., 2007, p. 216).

Nonmaleficence Avoiding doing harm (Corey et al., 2007).

Privacy The “right of an individual to decide the time, place, manner, and extent of sharing oneself with others” (Corey et al., 2007, p. 212).

Reportable abuse The requirement that a professional has by law to report any disclosure of child, elder or dependent adult abuse by adult clients (Corey et al., 2007).

Role blending Combining roles and responsibilities -- some combinations are indefensible, some are inevitable (Corey et al., 2007).

Transference “The process whereby clients project onto their therapists past feelings or attitudes they had or have toward significant people in their lives” (Corey et al., 2007, p. 48).

Unethical behaviour Violations of ethical codes, can be serious or inadvertent (Corey et al., 2007).

Values The “beliefs and attitudes that provide direction to everyday living” (Corey et al., 2007, p. 12).



Policies & Procedures

Administrative Staff

A1. Policy: Client Privacy (with respect to phone conversations and faxes)

Private and confidential client files and client information pass through administrative personnel before and during treatment. Although necessary, this transfer of information risks a breach in confidentiality. Clients waiting for services, as well as those contacting or being contacted by WWC, are entitled to privacy and respect. Faxes are an established method for transferring client information. Both telephone calls and faxes have inherent breach of privacy risks. All client contact must be considered confidential and private so the following care must be taken.

Procedures:

In accordance with Standard **1.41**, which outlines the collection, storage, and handling of all private information, the following procedures must be followed:

- 1) Private information, when discussed by phone, should be done so in a way that respects the confidentiality of the client.
- 2) Phone conversations in the waiting area should be at a volume such that waiting clients cannot hear the content of the conversation.
- 3) Faxes will be confirmed by phone before sending or receiving.
- 4) All faxes will be filed with the appropriate member of the Counselling Team as soon as possible after arrival. Unless indicated on the cover sheet, information contained in a fax is for the purposes of the counsellor and client only.

- A unique feature of this manual, as seen in this first policy and subsequent policies, is the reference to the Principles and Standards of the *Canadian Code of Ethics for Psychologists* (Sinclair & Pettifor, 2001).
- The number of the Principle/Standard used in each policy/procedure is **bold faced** for easy reference. A full text of the Principles and Standards used herein is provided on **pages 62 to 69**.

A2. Policy: *Client Names*

Due to the complexities of naming/addressing as a result of marriage, divorce, and cultural traditions and as part of our commitment to treating clients with respect and dignity, in accordance with Standard **I.46**, all clients will be referred to by the name of their choice.

Procedures:

1) In accordance with Standard **IV.15**, staff will develop an accurate understanding of the cultures within the local community. Part of understanding a culture includes knowing which name people prefer in a professional relationship. Therefore, at intake, clients will be asked to indicate preferred name. This name will be highlighted on both the Contact Information and the Intake Information forms.

2) This name will be used by both administrative staff and counselling staff.

Forms:

[Appendix 2]

7. Contact Information (Administrative Copy)

8. Intake Information (Counsellor Copy)

- To enhance the user friendliness of this manual, each Policy is cross-referenced with the Forms and/or Information Sheets used to follow listed Procedures. The Appendix where the form is found is also listed.

A3. Policy: *Payment for Services and Fee Structure*

WWC will not deny services to any client due to inability to pay. Therefore, fees are assessed on a sliding fee scale on a case-by-case basis. Sliding scale fees are based on the number of people in the household and the annual household gross income. Third party billing (for example, health insurance plans, Employee Assistance Plans) are also accepted. Group, couple, and family fees are to be assessed as a percentage of individual fees. Client privacy will extend to information released to Third Party insurers and accounting staff and procedures.

Prompt payment is required for all services available at WWC.

Counsellors are encouraged to also incorporate pro bono work into their schedules.

Procedures:

- 1) WWC staff will be straightforward with regard to the cost of services, in accordance with Standard **III.14**.
- 2) The Intake Counsellor will assess ability to pay upon Intake using the WWC Fee Scale. WWC accepts client's financial information on the honour system. In accordance with Standard **I.15**, these fees for services are deemed to be fair.
- 3) Third party billing details will be reviewed with the Intake Counsellor. Clients with insurance will be advised to call their insurance carrier to inquire about benefits.
- 4) Group fees will be .25 of the assessed individual fee. Family fees will be set per family, based on the number of family members involved, on a sliding scale. Couple fees will be 1.25 X 2 of the assessed individual fee.
- 5) Fees are payable by cash, debit card, or credit card.
- 6) In accordance with Standard **IV. 12**, pro bono work is encouraged, but at the discretion of the individual counsellor.
- 7) Administrative staff will only have access to clients' basic demographic information.

Form:

7. Contact Information (Administrative Copy)

Information sheet:

[Appendix 4]

28. WWC Sliding Fee Scale

A4. Policy: Intake Process (See also C1.)

The *Intake Process* is the means by which a client accesses services at WWC. Clients provide demographic, contact, billing information, and presenting problem. In keeping with WWC's policy, in accordance with Standard **I.37**, of having only demographic, content and billing information available to administrative staff, client intake will be a two-step process.

Procedures:

- 1) Following the completion of Form 7. *Contact Information* [Appendix 2] counselling staff will complete Form 8. *Intake Information* [Appendix 2] together with their client.
- 2) In accordance with Standard **I.41**, this intake form will be filed with the client's counselling records in the office of their respective counsellor.

Forms:

[Appendix 2]

7. Contact Information (Administrative Copy)
8. Intake Information (Counsellor Copy)



General Policies & Procedures

**Administrative Staff
Counselling Team**

B1. Policy: *Client Rights*

WWC exists to serve its clients. Therefore, the rights of the client take precedence over the rights of the staff and/or the agency. The Values Statement of Principle I in the Canadian Psychological Association Code of Ethics affirms that all people have the right to have their innate worth appreciated and WWC aspires to treat its clients in such a way that they know they are valuable people.

Procedures:

- 1) Clients will be treated with dignity and respect from first contact into perpetuity (in accordance with Standard **1.8**).
- 2) All clients will be given copies of Clients Rights and Responsibilities (see Information Sheet 20) and have it explained to them by their counsellor if deemed necessary by either party.
- 3) In Alberta, clients have the right to see and/or copy their files but may not remove them from WWC premises.⁷

Information Sheet:

[Appendix 4]

20. Clients Rights and Responsibilities

⁷ King, M. C. (2003). Alberta's new health information act: Q & A for psychologists. Retrieved January, 5, 2008 from <http://www.cap.ab.ca/pdfs/EditiedHIAarticle.pdf>

B2. Policy: *Population Diversity and Avoidance of Discrimination*

WWC aspires to serve a diverse clientele and strives to offer a safe environment free of discrimination.

Procedures:

- 1) Staff will treat clients with respect as per the Canadian Psychological Association Code of Ethics Principle I, Values Statement, noted below.
- 2) Photographs used in publications will reflect a diverse clientele and will not be used without permission of the photographer/copyright holder.
- 3) Counsellors and staff are advised to choose office decor to reflect a diverse clientele.
- 4) When hiring new staff, diversity is to be considered.

Values Statement: "...all persons have a right to have their innate worth as human beings appreciated and that this worth is not dependent upon their culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, or any other preference or personal characteristic, condition, or status" (Sinclair & Pettifor, 2001, p. 43).

B3. Policy: *Client Grievances*

Although WWC is committed to a high quality of client service, some grievances can be expected.

Procedures:

1) All clients should be made aware of WWC's grievance procedure. The availability of this process is noted on all *Informed Consent* forms. Counsellors may provide more information as deemed necessary.

2) If a client proceeds with a grievance, the process is as follows:

- a) the grievance must be registered with a staff member, preferably in writing. The staff member is required to refer the complaint to the Clinical Supervisor.
- b) a conference will then be organized with the Clinical Supervisor, the client, the staff member who received the complaint in attendance and an administrative assistant acting as a recorder.

If the grievance is not rectified to the client's satisfaction then,

- a) the client must contact the Executive Director within five (5) working days, in writing.
- b) the Executive Director will review the report from the previous conference and either come to a decision alone or in consultation with other staff.
- c) a written decision will be delivered to the client within five (5) working days. Any decision made by the Executive Director will be final.⁸

3) If the grievance involves a breach of ethics, WWC administration has the right to contact the professional association of the named counsellor. For those who are members of the Canadian Psychological Association, the time limit for these complaints is 12 months. The CPA will normally defer complaints to the provincial regulatory body. In Alberta, this body is the College of Alberta Psychologists (see Sinclair & Pettifor, 2001).

Information Sheet:

[Appendix 4]

27. Client Grievance Procedure

⁸ Modified from Lethbridge Family Service *Counselling, Outreach and Education Policies and Procedures Manual*, Grievance Procedure

B4. Policy: *Client Privacy*

See also

***Client Privacy (with respect to phone conversations and faxes)
Confidentiality and File Storage***

Adherence to Principle I, Respect for the Dignity of Persons, requires that all staff respect the privacy of WWC clients at all times.

Procedures:

- 1) Counsellors are advised to use *confidential voice mail* to receive messages from clients, deleting messages daily. Notes or memos containing client names and phone numbers are not to be left where they can be seen by others and should be disposed of by shredding.
- 2) In accordance with Standard **II.21**, counsellors will consult with colleagues to provide the best possible service. However, when doing so, clients must be kept anonymous (see Standard **I.45**).
- 3) Counsellors shall use their own discretion regarding recording client names/initials in appointment books, recording only the information necessary for the provision of good service, as per Standard **I.39**.
- 4) In accordance with Standard **I.37**, WWC staff (both administrative and Counselling Team) will collect only information necessary to provide quality service and for which consent has been obtained.

Forms:

[Appendix 1]

- 1a. Individual Counselling Checklist (3 pages)
- 2a. Consent for Counselling Services for a Child (Children)/Dependent Adult Information Checklist (3 pages)
- 3a. Couple Counselling Information Checklist (3 pages)
- 4a. Family Counselling Information Checklist (3 pages)
- 5a. Client Consent for Group Participation (2 pages)

B5. Policy: Confidentiality and File Storage

Maintaining client privacy and confidentiality is both ethically responsible and a priority at WWC. Therefore, files must be protected at all times in accordance with Standard **I.41**.

Procedures:

- 1) Administrative and accounting staff will only have access to files containing demographic and billing information.
- 2) Counselling staff will keep all paper files in a locked filing cabinet in their respective offices. Electronic files will be time/date stamped and password protected.
- 3) Files are to be transported in such a way that their confidentiality can be assured.
- 4) In case of counsellor illness or death, files will be physically and/or electronically relocated to the confidential office of another member of the WWC Counselling Team as per prior agreement. Clients will be informed of this policy via *Informed Consent*.
- 5) In accordance with Standard **I.41**, exceeding the American Psychological Association guidelines⁹, files for adult individual, couple, family, and group clients will be kept for 10 years after client terminates service. Files of minor clients will be kept for 10 years or 3 years past their age of majority, whichever term is longer. Files will then be destroyed by shredding although a brief summary will be retained in perpetuity.

Forms:

[Appendix 1]

- 1a. Individual Counselling Checklist (3 pages)
- 2a. Consent for Counselling Services for a Child (Children)/Dependent Adult Information Checklist (3 pages)
- 3a. Couple Counselling Information Checklist (3 pages)
- 4a. Family Counselling Information Checklist (3 pages)
- 5a. Client Consent for Group Participation (2 pages)

⁹ American Psychological Association (2007). Record Keeping Guidelines, *American Psychologist*, 62, 3-13.

B6. Policy: *Managing Client Records for multiple WWC services****See also
Confidentiality and File Storage***

The WWC is a multi-disciplinary agency. We provide services to adult women and their families covering a wide range of health concerns. Our clients may use more than one WWC service. We at WWC believe that clients are individuals before they become part of a couple, family or group.

Procedures:

- 1) Counselling Staff records will be kept separate from those of other services except for demographic information which will be merged electronically. In accordance with Standard **I.14**, these are to be managed in a way that attends to the needs of privacy and security.
- 2) Separate client records will be kept for each individual client regardless of whether that client accesses WWC Counselling Team services via individual therapy, couple/family therapy, or group therapy.
- 3) Individual members of the Counselling Team will be responsible for client treatment records for not less than 10 years for adult clients and for 3 years past a child client's 18th birthday.
- 4) All records are confidential.

B7. Policy: Third Party Release of Information

When access to client information is required by outside bodies, WWC will assume a protective role and expect those bodies to demonstrate the same level of confidentiality as required by WWC.¹⁰ Third parties may include schools, courts, government agencies, insurance companies, police and special funding bodies.¹¹

Procedures:

1) Clients will be informed of the possibility of Third Party Release of Information during the Informed Consent process. In accordance with Standard **III.14**, this will be done in a straightforward and clear manner.

2) Information will be released if:

- a. the request will be determined to be in the best interest of the client by consensus of counselling staff (See Standard **III.33/III.34**).
- b. legal counsel has been obtained where special and unusual information has been requested is deemed to be special or unusual.
- c. the client completes a *WWC Release of Information Form*, a copy of which is given to the client and a copy maintained in the client file.

Client information may be released *without* the written consent of the client or legal guardian to the following legal bodies:

- e. The Office of the Information and Privacy Commission – in compliance with request for information under the *Freedom of Information and Protection of Privacy Act (FOIP)*.
- f. Officers of the Court or Law Enforcement Bodies – after consultation with legal counsel, in response to a subpoena.
- g. Government Bodies or Law Enforcement Bodies – in compliance with mandatory reporting laws (e.g. *Child Youth and Family Enhancement Act, Protection of Persons in Care Act*).¹²

Forms:

[Appendix 1]

- 1a. Individual Counselling Checklist (3 pages)
- 2a. Consent for Counselling Services for a Child (Children)/Dependent Adult Information Checklist (3 pages)
- 3a. Couple Counselling Information Checklist (3 pages)
- 4a. Family Counselling Information Checklist (3 pages)
- 5a. Client Consent for Group Participation (2 pages)
- 18. Release of Information to Third Parties.

¹⁰ Adapted from Lethbridge Family Services Counselling, Outreach and Education Policies and Procedures Manual, *Third Party Release of Information*

¹¹ Sinclair & Pettifor, 2001, p. 51

¹² Lethbridge Family Services Counselling Outreach and Educational Policies and Procedures Manual. Subpoints e-g are a direct quote from *Access to Client Information by Outside Parties*.

B8. Policy: *Dealing with Court Orders and Subpoenas (see also Third Party access to Information)*

Client files may be requested by Court Order. As per the **Principle I Values Statement**, staff members at WWC are to “respect the rights of the person(s) involved to the greatest extent possible under the circumstances.”¹³

Procedures:

1) If a subpoena is received by administrative staff, staff is not required to comply without conferring with the member of the counselling staff involved and/or the WWC Executive Director.

2) The accuracy of the subpoena must be verified.

3) The counsellor involved is advised to consult with the initiating party to determine what information is being sought. A summary report may be sufficient to meet the initiating party’s needs.

4) In accordance with WWC’s policy on Informed Consent, counsellors must put their clients first and release the minimum of information possible.

5) All actions must be documented.

¹³ Sinclair & Pettifor, 2001, p. 43



Policies & Procedures

Counselling Team

C1. Policy: Intake Process (See also A4.)

The *Intake Process* is the means by which a client accesses services at WWC. Clients provide demographic, contact, billing information, and the presenting problem. In keeping with WWC's policy, in accordance with Standard **I.37**, of having only demographic, content, and billing information available to administrative staff, client intake will be a two-step process.

Procedures:

- 1) Following the completion of Form 7. *Contact Information* [Appendix 2] counselling staff will complete Form 8. *Intake Information* [Appendix 2] together with their clients.
- 2) In accordance with Standard **I.41**, this intake form will be filed with the clients' counselling records in the office of their respective counsellor.

Forms:

[Appendix 2]

7. Contact Information (Administrative Copy)
8. Intake Information (Counsellor Copy)

C2. Policy: *Informed Consent* (page 1 of 2)

Informed consent, both written and verbal, is the ongoing process, according to Standard **I.17**, by which a client becomes a participant in and agrees to a therapeutic relationship with a counsellor or psychologist. Informed consent involves education about the nature of psychotherapy, its financial costs, its risks and benefits, and the limits to client/therapist confidentiality. Topics such as duration of therapy may also be covered. Informed consent helps clients decide if a professional relationship with this counsellor is to their benefit. Informed consent is legally and ethically mandated and must be done as soon as possible in the relationship.

Procedures:

1) Counsellors must outline the process of *Informed Consent* in the client's first session.

Informed Consent forms and checklists specific to the type of counselling required (listed next page) must be given to and reviewed with the client before therapy begins.

In accordance with Standard **I.16**, clients must have as much active participation as possible when making the decision to enter into a therapeutic relationship. Their wishes to involve others in making this decision must be respected as per Standard **I.18**. The information presented must be as much as a reasonable person would need in order to make this decision (See Standard **I.23**).

2) Counsellors must obtain signed *Informed Consent*, as per Standard **I.19**, no later than the second client session. Obtaining signatures in the second session allows the clients to decide whether or not a therapeutic relationship is in their best interest. Informed consent must be given freely as per Standard **I.27**.

3) Clients must be informed that *Informed Consent* is an ongoing process (See Standard **I.17**). *Consent for Treatment* is part of ongoing Informed Consent. Therefore, Counsellors must receive and document oral consent, outlining risks, benefits, and alternatives before commencing with treatment.

4) The original copy of the Informed Consent documentation must be filed in the client's file (see **Confidentiality and File Storage**). A photocopy must be given to the client.

5) Should a client rescind consent (as is a client's right per **I.24**), a note indicating date and reason, if known, must be placed in the client's file.

6) Children and dependent adults are not legally able to give Informed Consent. However, since their assent is crucial to effective therapy, the use of assent forms (see Forms 2b/2c) is encouraged.

C2. Policy: *Informed Consent (page 2 of 2)**Forms:*

[Appendix 1]

1. Consent for Individual Counselling Services
 - 1a. Individual Counselling Checklist (3 pages)
2. Consent for Counselling Services for a Child (Children)/Dependent Adult
 - 2a. Information Checklist: Consent for Counselling Services for a Child (Children)/Dependent Adult (3 pages)
 - 2b. Kids Count too! (Child Assent form)
 - 2c. I Understand Counselling (Dependent Adult Assent form)
 - 2d. Terms of Custody/Guardianship
3. Consent for Couple Counselling Services
 - 3a. Couple Counselling Information Checklist (3 pages)
4. Consent for Family Counselling Services
 - 4a. Family Counselling Information Checklist (3 pages)
5. Consent for Group Counselling Services
 - 5a. Client Consent for Group Participation (2 pages)

C3. Policy: Note Taking

Client records are kept primarily for the benefit of the client. Formal client records require documentation of counselling sessions. This record keeping also serves as a defence against malpractice. Note taking, in addition to record keeping provides continuity between sessions and contributes to effective practice. Note taking should be brief and include only the information necessary.

Procedures:

- 1) To maintain adequate records, members of the WWC Counselling Staff are mandated to take case notes of each session. Form 12 *Client Case Notes* is available for this purpose but individual members of the counselling team are welcome to use a form that meets their own criteria for effective note taking.
- 2) Members of the Counselling Team are encouraged to complete documentation daily.
- 3) In accordance to Standard **I:41**, all records, case notes, are to be collected, stored, handled, and transferred in a way that ensures the needs for privacy and security.

See also

B4. Policy: Client Privacy

B5. Policy: Confidentiality and File Storage

Form:

[Appendix 2]

12. Client Case Notes

C4. Policy: *Client Termination*

Clients terminate therapy for a variety of reasons. WWC aims to make termination an orderly process in accordance with its mandate, see **Principle 1, Values Statement**, to treat clients with respect and dignity.

Procedures:

1. The counsellor-client relationship may terminate for a variety of reasons including but not limited to the following:

- Achievement of mutually determined goals by counsellor and client
- Client is non-compliant with agreed upon treatment/care plan
- Client is court-involved and the court approves closure
- Counsellor can no longer provide appropriate level of care required by the client
- Client is physically or verbally abusive and/or initiates sexual harassment
- Client is inebriated and/or abuses other chemical substances or intoxicants
- Client moves from the area
- Client wishes to terminate services for other unspecified reasons
- Funding is no longer available from Third Party source
- Non-payment of fees ¹⁴

2) As much as possible, client/guardian and family will be involved in termination of services.

3) WWC will assist as much as possible if termination is due to financial reasons.

4). A client file will be kept open for 30 days after termination. After this time, a closing summary will be entered in client's file and the file will be closed and stored.

Form:

[Appendix 2]

16. Counselling Termination

¹⁴ Modified from Lethbridge Family Services, Counselling, Outreach and Education Policies and Procedures Manual, *Termination of Services*

C5. Policy: *Counselling Children and Minors*

Although the focus at WWC is on adult women, minors may be clients if their mother/guardian is a WWC client. This relationship may develop as a result of family therapy or on the recommendation of their mother/guardian. A goal of a three-way (counsellor/parent/child) trust relationship is essential.

Procedures:

- 1) In accordance with Standards **I.16/I.17/I.18** *Informed Consent* must be obtained from all clients.
- 2) A child or minor client cannot legally sign *Informed Consent* documents. Therefore, doing so is the responsibility of the parents/guardians of a minor client.¹⁵
- 3) Minors between the ages of 12 and 18 may be deemed competent to consent to treatment without the consent of their parents. See **C6: Policy: Defining and Counselling Mature Minors.**
- 4) Counselling children is more effective if the child agrees to the relationship. Therefore, although a child cannot provide *consent* for services, all minor clients will be given an opportunity to provide *assent* before the beginning of therapy. See Form 2b. *Kids Count too!* (Child Assent form)
- 5) In order to build and maintain trust with a minor client, at the discretion of the individual counsellor, parents may be asked to sign a waiver stating that they voluntarily give up their right to access to their child's file. See Form 19. *Minor Client File Access Waiver.*
- 5) Minors must be informed that although their counsellor will maintain confidentiality within the prescribed limits, their parents have a right to know the substance of their sessions.

Forms:

[Appendix 1]

2. Consent for Counselling Services for a Child (Children)/Dependent Adult
 - 2a. Consent for Counselling Services for a Child (Children)/Dependent Adult Information Checklist (3 pages)
 - 2b. Kids Count too! (Child Assent form)
 - 2d. Terms of Custody/Guardianship

[Appendix 3]

19. Minor Client File Access Waiver

Information Sheet:

[Appendix 4]

20. Client's Rights and Responsibilities

¹⁵ College of Alberta Psychologists (2007). Consent for minor clients. Retrieved January 5, 2008 from www.cap.ab.ca/pdfs/consentforminorclients.pdf

C6. Policy: *Defining and Counselling Mature Minors*

Although WWC's primary client population is adult women, minors may access WWC services via their mother or female guardian. Some of these minors may be deemed Competent/Mature Minors, meaning they are able to consent to treatment without the consent of their parent(s)/guardians. Determining whether a minor client is a Competent/Mature Minor must be done with caution on a case-by case basis.

Procedures:

1) With respect for the legal, civil, and moral rights of others, (as referred to in Standard **I.5**), WWC counsellors and psychologists must obtain informed consent from all independent and partially dependent persons as per Standard **I.19**.

2) Allowing some minor clients to consent for themselves, independent of their parents(s)/guardians is included in this legal, civil, and moral right.

Therefore, counsellors will use the following criteria to determine a minor's capacity to consent.

- The minor is between the ages of 12 and 18
- The minor understands why she/he is involved in treatment
- The minor understands the proposed interventions
- The minor can properly weigh the risks and benefits of various procedures
- The minor understands other possible courses of actions and their implications
- The minor can demonstrate sufficient intelligence and understanding to appreciate the nature and consequences of the decisions before her (him) ¹⁶

2) The minor as well as the minor's parent(s)/guardian will be informed of this decision and be given Information Sheet 29 *Criteria for Counselling a Mature Minor*. Form 16 *Minor Client File Access Waiver* must be signed by the minor's parent (s) / guardian.

3) The counsellor's rationale and subsequent decision must be documented in the client's file.

Form:

[Appendix 3]

19. Minor Client File Access Waiver

Information Sheet:

[Appendix 4]

29. *Criteria for Counselling a Mature Minor*

¹⁶ Hesson, K., Bakal, D. & Dobson, K. (1993). Professional issues – Questions professionnelles: Legal and ethical issues concerning children's rights of consent. *Canadian Psychology/Psychologie canadienne*, 34, 317-328.

C7. Policy: Counselling Dependent Adults

Dependent adults are individuals who do not have the mental capacity to make reasonable decisions for themselves because of a mental or physical disorder.¹⁷ A Guardian or Trustee is entrusted to make these decisions on the client's behalf. This Guardian or Trustee may or may not be a family member.

Although the focus at WWC is on independent adult women, female dependent adults are welcome as clients, regardless of the gender of their guardians.

Procedures:

1) In accordance with Standard **I.34**, Informed Consent must be obtained from all legal guardians of dependent adult clients.

2) In accordance with Standard **I.33**, dependent adult clients are to be given as much control over the consent process as possible. Counselling dependent adults may be more effective if the client herself agrees to the relationship. Therefore, although a dependent adult cannot provide *Informed consent* for services, all dependent adult clients will be given an opportunity to provide *assent* before the beginning of therapy (See Form 2c).

Forms:

[Appendix 1]

2. Consent for Counselling Services for a Child (Children)/Dependent Adult

2a. Consent for Counselling Services for a Child (Children)/Dependent Adult Information Checklist (3 pages)

2c. Dependent Adult Assent Form: I Understand Counselling

2d. Terms of Custody/Guardianship

¹⁷ College of Alberta Psychologists (2007) Legislation and court decisions naming psychologists or affecting psychologists in Alberta. Retrieved January 5, 2008 from <http://www.cap.ab.ca/pdfs/HPAjurisprudence.pdf>

C8. Policy: *Couple Therapy*

Couple therapy involves the therapist working with both members of a co-habiting or previously co-habiting couple. Sessions are primarily joint with individual sessions scheduled as needed. As an agency with a primary focus on women, heterosexual couple counselling is not a primary service provided by the counselling staff. Counselling for lesbian couples is available.

Procedures:

- 1) In accordance with Standard **I.12**, and upon the request of a female client, heterosexual couple counselling may be offered on a case-by-case basis at the discretion of the individual therapist.
- 2) WWC, in accordance with Standards **I.9** and **I.10**, does not discriminate on the basis of sexual orientation.
- 3) As the CCE makes allowance for personal conscience (see *When Principles Conflict*, Sinclair & Pettifor, 2001, p. 31), members of the Counselling Team who find lesbian couple counselling at variance with their personal values may refer to another WWC counsellor.
- 4) While individual sessions may be part of couple/partner/marital counselling, the focus must remain on joint therapy.

Forms:

[Appendix 1]

3. Consent for Couple Counselling Services

3a. Couple Counselling Information Checklist (3 pages)

Information sheet:

[Appendix 4]

20. Client's Rights and Responsibilities

C9. Policy: Family Therapy

Family therapy is a therapeutic model where the focus shifts from the individual to the family system.¹⁸ As an agency with a principal focus on individual women, family counselling -- including all family members -- is not a service regularly provided by the counselling staff. However, in fairness to our clientele some family therapy will be made available on a case-by-case basis.

Procedures:

- 1) In accordance with Standard **1.12**, and upon the request of a female client, family therapy will be provided at the discretion of the individual therapist.
- 2) *Informed Consent* will be obtained by each adult in family therapy. Respect for confidentiality of each family member and limitations to confidentiality will be discussed with each adult client.
- 3) Although individual sessions will be scheduled, the focus of therapy will be on the family unit. Counsellors will respect the right of families to make decisions for themselves and to care for themselves and each other in accordance with **Principle II, Responsible Caring (Preamble)**.
- 4) In keeping with Standards **II.1/II.2**, counsellors will protect and promote the welfare of each client as well as avoid doing harm to them as individuals and the family as a whole.

Forms:

[Appendix 1]

4. Consent for Family Counselling Services
 - 4a. Family Counselling Information Checklist.

Information sheets:

[Appendix 4]

20. Client's Rights and Responsibilities

¹⁸ Corey, G., Corey, M. S. & Callanan, P. (2007). *Issues and ethics in the helping professions* (7th ed.). Belmont, CA: Thomson.

C10. Policy: *Group Counselling*

Therapy and educational groups are a key component of the services offered at WWC. Groups will include (but are not limited to) bereavement, parenting, body image/emotional wellbeing.

Procedures:

1) In order to ensure the optimal benefit of group therapy for our clients, clients will be pre-screened for group suitability by the individual's counsellor, the group leader, or a counsellor assigned for that purpose.

2) Confidentiality in group settings is stressed and encouraged but cannot be guaranteed.

2) Counsellors will be responsible for ensuring clients have the consent forms and information sheets necessary for group members.

2) Payment for groups

Although the fee is determined on a per-meeting basis, participants will be invoiced for the entire session. In accordance with Standard **I.12**, and a commitment to fair treatment of WWC clients, payment for missed meetings will not be refunded.

Payment for group participation is due at the first group meeting. Intake staff will determine subsidy (if necessary), collect payment and issue receipts.

3) New groups will be formed at the discretion of the counselling staff. Consent forms and information sheets for new groups will be developed as needed, based on the Forms and Information Sheets in this manual.

Forms:

[Appendix 1]

5. Consent for Group Counselling Services

5a. Client Consent for Group Participation (2 pages)

Information Sheets:

[Appendix 4]

23. Client Information for Bereavement Group Participation

24. Client Information for Parenting Group Participation (New Moms)

25. Client Information for Parenting Group Participation (Parenting Teens)

26. Client Information for Body Image/Emotional Wellbeing Group Participation

C11. Policy: Assessment

Assessment is broadly defined as “evaluating the relevant factors in a client’s life to identify themes for further exploration”¹⁹ and is a component of all counselling endeavours at WWC. Formal assessment for psychodiagnostic, neuropsychological or forensic purposes is not provided by WWC staff. Therefore, members of the WWC Counselling Team may collaborate with an outside agency for formal assessment purposes. Thus, the following procedures must be applied.

Procedures:

- 1) Counsellors will assess individual clients before the third session using the *Initial Client Assessment* form (Form 9). The client must be offered access to this document. A signed copy of this assessment must be filed for each individual client.
- 2) Psychodiagnostic, neuropsychological or forensic assessment will be referred to an external agency.
- 3) Professional roles must be clearly defined if a member of the WWC Counselling Staff works in conjunction with an external agency for assessment purposes.
 - a) Counsellors/psychologists are cautioned against undertaking an assessment role if there has been a previous therapeutic relationship with the client.
 - b) Counsellors/psychologists may undertake a therapeutic role with a client previously seen for assessment only if the assessment and its reporting requirements have been completed.²⁰
- 4) Test protocols from external agencies may be filed in WWC client records. Therefore, the confidentiality of test protocols is the responsibility of individual members of the Counselling Team.
- 5) Although the results of tests may be released if appropriate, according to Standard **III.15** (See also **B7. Policy: Third Party Release of Information**). Test protocols are exempt from release to clients or their agents. Counsellors must refuse to release such records except to another psychologist unless compelled to by law.²¹

Form:

[Appendix 1]

9. Initial Client Assessment

¹⁹ Corey, G., Corey, M. S. & Callanan, P. (2007). *Issues and ethics in the helping professions* (7th ed.). Belmont, CA: Thomson.

²⁰ College of Alberta Psychologists a (2006) *Professional guidelines for psychologists – Dual roles: Guidelines for conducting assessments and providing therapy with the same client*. Retrieved January 5, 2008 from www.cap.ab.ca/pdfs/HPAPGFP-DualRolesGuidlines.pdf

²¹ College of Alberta Psychologists (2005). Protection and disclosure of psychological test data and materials: Ethical and legal obligations of psychologists. *CAP Monitor*, 20. Retrieved January 15, 2008 from www.cap.ab.ca/pdfs/capmonitor20.pdf

C12. Policy: Research

Research is a key component to the development of psychological knowledge. As an agency focusing on client care and practice, WWC does not have a formal research mandate. However, WWC also acknowledges that psychologists, as part of their professional obligations, have a research component to their careers.

Procedures:

1) All research must meet the Canadian Psychological Association Code of Ethics Guidelines and the ethical guidelines set by the sponsoring institution.

2) WWC clients may be recruited as participants, providing Human Subject Research Ethics Guidelines, outlining the risks involved (see Standard **III.30**), are followed.

Members of the Counselling Team must specifically note, when designing research projects, that

- a) in accordance with Standard **I.11**, vulnerable or disadvantaged groups not be excluded from research projects.
- b) in accordance with Standards **I.20** and **I.28**, informed consent must be obtained from all participants.
- c) in accordance with Standard **I.26** the nature of multiple relationships must be clarified. The complexities of a client becoming a research participant, as noted in Standard **III.34**, must be addressed.

3) Registered Psychologists will be given 1 week off with pay per year of employment with a maximum of 3 consecutive weeks, in addition to their entitled vacation time, to pursue research activities. A research plan must be submitted to the Executive Director three (3) months before research time is allotted. A subsequent report outlining research activity undertaken must be submitted to the Executive Director within three (3) months of the completed research project.

C13. Policy: *Boundary Issues*

Establishing and maintaining healthy boundaries is a responsibility of all therapists. Boundary crossings and boundary violations are inherent risks in practice. Boundary crossings are departures from commonly accepted practices²² and may potentially either help or harm a client. Boundary violations are serious breaches of practice and always result in harm to the client.

Procedures:

- 1) Therapists are advised to maintain healthy boundaries from the outset of the therapeutic relationship.
- 2) When boundary crossings appear to be in the best interest of the client (as indicated by Standards **II.1, II.2**), consultation with other members of the WWC Counselling Team is prudent before proceeding.
- 2) In situations where boundary crossings are inevitable, the client should be informed as to the therapist's usual practice. For example, counselling staff will clarify with clients that if seen in public, the client is welcome to approach her. However, the counsellor will respect the privacy of the client by not being the first to acknowledging her presence. (See Forms 1a, 2a, 3a, 4a, 5a.)
- 3) Sexual boundaries, including the avoidance of sexual harassment (Standard **I.4**), must be strictly maintained at all times (Standards **II.27, III.31**).
- 4) In accordance with Standard **II:3**, all members of the WWC Counselling Team must accept responsibility for the consequences of their actions.

²² For example, having a session out of doors, see Corey, Corey & Callanan (2007), p. 267.

C14. Policy: *Dual and Multiple Relationships*

Dual and multiple relationships are those relationships in which a counsellor's professional role combines with another role. As WWC is located in a small city, the potential for dual and multiple relationships is more likely than in a larger urban centre. Some of these relationships cannot be avoided. These relationships include, but are not exclusive to, business relationships, bartering arrangements, social relationships, and counselling friends or family members. Dual roles may also become apparent in practice when counsellors find potential professional roles overlapping – for example, the role of assessor and therapist for the same client. (See **C.11. Policy: *Assessment***.)

Procedures:

1) WWC Counselling staff should ask themselves before becoming involved in a dual or multiple relationship:

- a) Is the relationship necessary?
- b) Is the relationship exploitive?
 This question is in accordance with Standard **III.31** which stresses that all relationships with a client must be in the client's best interest.
- c) Who does the relationship benefit?
- d) Is there a risk that the relationship could emotionally harm my client?
- e) Is there a risk that the relationship could disrupt the therapeutic relationship?
- f) Am I being objective in my evaluation of this matter?
- g) Have I adequately documented the decision-making process in the treatment records?
- h) Did the client give informed consent regarding the risks to engaging in the relationship?²³

2) Counsellors should refrain from socializing with clients and are advised to use their best judgment regarding friendships once professional services are terminated.²⁴

3) If counselling staff is in doubt whether a dual/multiple relationship is manageable, consultation (in accordance with **III.33/III.34**) with other members of the Counselling Team and colleagues outside of the WWC is advised.

²³ Younggren, J. N. (2002). Ethical Decision-making and Dual Relationships. Retrieved May 26, 2008 from <http://kspope.com/dual/younggren.php>

²⁴ Truscott, D. & Crook, K. (2005). Professional boundaries. *CAP Monitor*, 20. Retrieved January, 15, 2008 from www.cap.ab.ca/pdfs/capmonitor20.pdf

C15. Policy: *Resolving Ethical Dilemmas*

An ethical dilemma occurs when one ethical principle appears to conflict with another. Ethical dilemmas are to be expected in the day-to-day work at WWC, particularly the work of the Counselling Team. Therefore, a clear procedure for dealing with ethical dilemmas is crucial. The *Canadian Code of Ethics for Psychologists* (Sinclair & Pettifor, 2001) has a clear step-by-step process for working through and documenting the process of coming to a decision when faced with an ethical dilemma. See Appendix 5 for an example.

Procedures:

1) In accordance with Standard **III.38**, individual therapists are encouraged to consult with colleagues on the WWC Counselling Staff when an ethical dilemma seems apparent. All consultation must be documented.

2) Work through and document the following *10 Step Decision Making Process* as suggested in the CCE, keeping in mind that the CCE is hierarchical in nature.

- Identification of the individuals and groups potentially affected by the decision.
- Identification of ethically relevant issues and practices, including the interests, rights, and any relevant characteristics of the individuals and groups involved and of the system or circumstances in which the ethical problem arose.
- Consideration of how personal biases, stresses, or self-interest might influence the development of or choice between courses of action.
- Development of alternative courses of action.
- Analysis 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 or employees, employing institution, students, research participants, colleagues, the discipline, society, self).
- Choice of course of action after conscientious application of existing principles, values, and standards.
- Action, with a commitment to assume responsibility for the consequences of the action.
- Evaluation of the results of the course of action.
- Assumption of responsibility for consequences of action, including correction of negative consequences, if any, or re-engaging in the decision-making process if the ethical issue is not resolved.
- Appropriate action, as warranted and feasible, to prevent future occurrences of the dilemma (e.g., communication and problem solving with colleagues; changes in procedures and practices).²⁵

²⁵ Sinclair & Pettifor, 2001, p. 106

C16. Policy: Accountability to Peers and Colleagues

Accountability to peers and colleagues is a process by which members of the WWC Counselling Team keep their skills and practices at the highest possible level and contribute to the maintenance of the standards of their profession. Psychologists and counsellors have a responsibility to remain accountable to each other. At WWC this accountability is evident in the use of the term *Counselling Team* when referring to all counselling staff.

Procedures:

- 1) In accordance with Standards **IV.8** and **IV.10**, as part of their responsibility to society, counsellors and psychologists will undergo regular supervision internally and by trusted colleagues in their respective professional organizations in order to maintain the highest standards of the discipline.
- 2) Counsellors and psychologists will consult regularly with each other. According to the Preamble of the Code of Ethics, individual psychologists are to assess and discuss ethical issues with colleagues on a regular basis.²⁶
- 3) Counsellors and psychologists will consult outside the agency as required.

²⁶ Sinclair & Pettifor , 2001, p. 37

C17. Policy: *Supervision and Competency Renewal Expectations*

Supervision and competency renewal ensures that counsellors and psychologists at WWC keep their proficiency at the highest possible level, resulting in optimal service to their clients. Internal and external supervision ensures the counsellor is providing the best possible client care. In accordance with Standard **IV.4**, members of the WWC Counselling Staffs have a responsibility to society to keep informed and current in their area of psychological/counselling work.

Procedures:

- 1) Internal Supervision (Form 13) must be completed, signed, and filed in a client's file following each supervisory session.
- 2) Counsellors and psychologists will limit their practice to the areas of competence in which they have obtained proficiency through education, training or experience.²⁷
- 3) Counsellors will participate, as stated in Standard **IV.8**, in regular monitoring, assessment and supervision through peer review, including peers outside of the WWC Counselling Team. Monthly supervision (provided by the Clinical Supervisor) is required.
- 4) Clients will be asked to sign a consent form (Form 15), indicating their affirmation of the supervisory process. Counsellors will clarify the confidentiality required by the CCE and the agency.
- 5) Counsellors will participate in regular continuing education, in accordance with Standard **IV.4**. This may be done by attending workshops and professional conferences.
 - a. Counsellors will self-monitor their continuing education, in consultation with their supervisor. A minimum of one workshop/conference per year is expected.
- 6) Staff will renew competency expectations as necessary and required by their respective professional organizations in a timely manner.

Forms:

[Appendix 2]

13. Internal Supervision

17. Consent for Counsellor Supervision.

²⁷ College of Alberta Psychologists b (2006). Standards of Practice (2005). Retrieved January 5, 2008 from www.cap.ab.ca/pdfs/HPAStandardsofPractice.pdf

C18. Policy: *Student Education and Supervision*

Student education is a component of both counselling and professional psychology. Passing on knowledge to the next generation of counsellors/psychologists is vital to the continuing growth of the discipline. WWC supports the education of students and, therefore, is committed to provide quality supervision and accountability to practicum students as requested.

Procedures:

- 1) Students will be interviewed to ascertain their suitability for practicum work at WWC.
- 2) Each student will be assigned a supervisor. Other staff will contribute to the students' experience as needed. In accordance with Standard **II.50**, each member of the counselling staff will assume responsibility for her student's professional activities. Feedback should be given in both oral and written form.
- 3) Students will undergo an orientation process to familiarize them with both the expectations of the agency and of their assigned supervisor.
- 4) Students will attend monthly staff meetings as well as have weekly supervision sessions with their assigned supervisor.

Forms:

[Appendix 2]

13. Internal Supervision

Further notes on **Student Supervision**

- Ethical principles, such as informed consent, confidentiality, boundaries/dual relationships apply to the supervisor/supervisee relationship as well as to the counsellor/client relationship.
- The supervisor has ultimate clinical, ethical, and legal responsibility for the supervisee's work (Pope & Vasquez, 2007)
- The supervisor is responsible for maintaining a competency level appropriate to the responsibilities of supervision (see Standard **II.6**).
- Supervisees must be made aware of possible ethically questionable behaviours inherent in supervision, most particularly "actively operating at an inappropriate level of autonomy" (Worthington, Tan, & Poulin (2002, p. 327).

C19. Policy: *Public Relations (including safeguarding of and responsibility to the public)*

WWC operates within the context of a wider society. Our clients are the people who form our community. As an organization operating under the umbrella of the CCE, WWC has a responsibility to interact with the community in which we are located. We do so by providing the best service possible. This best service includes safeguarding the public and sharing our knowledge those who can benefit from it.

Procedures:

Safeguarding the public:

1) The public is best protected when an agency implements best practices. At WWC this includes overseeing the continuing education of members of its Counselling Team, maintaining a high ethical standard when providing individual, couple, family and group therapy and sponsoring workshops and educational activities.

Education and Knowledge:

1) In accordance with Standard **IV. 1**, members of the WWC Counselling Team will incorporate open public workshops into their practice. These workshops may include topics such as Parenting Skills, Anxiety Management, Coping with Grief and Loss and others as need arises.

2) Members of the WWC Counselling Team will be vigilant in keeping themselves up to date with relevant knowledge and techniques by consulting regularly with colleagues. This is done by participating in continuing education and in regular monitoring and assessment (See Standards **IV.4/IV.8/ IV.9** and **C.16. Policy: Accountability to Peers** and **C.17. Policy: Supervision and Competency Renewal Expectations.**)



Acknowledgments and References

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Forms

Appendix 1 Informed Consent Forms and Checklists

1. Consent for Individual Counselling Services
 - 1a. Individual Counselling Checklist (3 pages)

2. Consent for Counselling Services for a Child (Children)/Dependent Adult
 - 2a. Information Checklist: . Consent for Counselling Services for a Child (Children)/Dependent Adult (3 pages)
 - 2b. Kids Count too! (Child Assent form)
 - 2c. I Understand Counselling (Dependent Adult Assent form)
 - 2d. Terms of Custody/Guardianship

3. Consent for Couple Counselling Services
 - 3a. Couple Counselling Information Checklist (3 pages)

4. Consent for Family Counselling Services
 - 4a. Family Counselling Information Checklist (3 pages)

5. Consent for Group Counselling Services
 - 5a. Client Consent for Group Participation (2 pages)

6. Consent for Observed Interview and/or Videotaping of Counselling Sessions



Women's Wellness Centre

1021- 2nd Avenue North, Lethbridge, Alberta, Canada.

(403) 323-4423 Fax: (403) 323-4424. Website: www.WWC.ca Email: wwc@wwc.lethbridge.ca

Consent for Individual Counselling Services

Client Name: (print) _____ Client file No: _____ (office use only)

Please check the following:

- I have been informed of and understand my rights as a client as outlined in **Client's Rights and Responsibilities**.
- I understand that all communication with my counsellor is part of a confidential professional relationship.
- I have read, understood and initialled each section of the **Counselling Information Checklist**.
- My counsellor has explained the limits to confidentiality to me. I understand that my therapist is required by law to report actual or suspected child/elder/dependent abuse or neglect and may release confidential information if necessary to prevent serious physical harm, homicide or suicide.
- I consent to participate in a periodic **Client Progress and Outcome Survey**.
- I understand that there is a **Client Grievance** procedure available and that my counsellor will provide details upon request, without penalty or prejudice.
- If I cancel an appointment, I will give **reasonable notice (preferably 24 hours)** otherwise I may be billed for the session.
- If my third party insurer requests non-clinical information, I consent to this information being released by the **Women's Wellness Centre**.
- I understand that unless alternative arrangements are made, monthly statements will be sent to my home address regarding outstanding balances payable. I understand that the agency may need to release my contact information if payment is defaulted.

Client signature: _____ Date: _____

Counsellor name (print): _____ Counsellor signature: _____

(2 copies: Client/file)



Women's Wellness Centre

1021- 2nd Avenue North, Lethbridge, Alberta, Canada.

(403) 323-4423 Fax: (403) 323-4424. Website: www.WWC.ca Email: wwc@wwc.lethbridge.ca

Counselling Information Checklist

Please initial each box if you have read, understood, and agree to the following:

Privacy and confidentiality. Your privacy is important to us. You may have noticed this in the way you were greeted and treated by our administrative staff as your name is not used in a public setting. Phone calls, faxes and other communication with you will be treated with utmost respect. To prevent an inadvertent breach of confidentiality, our staff has a policy of not greeting clients outside of this office. You may, however, feel free to greet them.²⁸

Benefits, limitations, risks and goals of psychotherapy. Therapy is a collaborative process between the therapist and the client. Therapy often involves discussing difficult aspects of your life. Doing so can bring resolution to problems but can also trigger unpleasant feelings such as sadness, guilt, anger and fear. Therapy often leads to better relationships, reduction in distress and solutions to specific problems but there are no guarantees of what you will experience as a result of being a client in therapy.²⁹ Therapy is an inexact art and strongly relies on the relationship you have with your counsellor and your ability to work as a team. Setting goals with your counsellor will help you get the most out of your time together.

Values. Some issues trigger value conflicts between counsellors and their clients. Often these can be resolved by open communication. However, if resolution is not possible, you may request a different counsellor or your counsellor may refer you to someone who can provide better service for you.

WWC services. Counselling services at WWC are primarily therapeutic. That is, although your counsellor will use assessment in order to help both of you understand your concerns, formal assessment for employment, legal or medical purposes is not part of our mandate.

Form 1a-1

²⁸ Bass, B. A. & Quimby, J. L. (2006) Secrets in couples counselling. *The Family Journal: Counseling and therapy for couples and families*, 14, 77-80.

²⁹ Inspired by Sample Out Patient Services contract. Retrieved May 24, 2008 from www.apait.org/apait/applications/INF.doc.pdf

Consequences of non-action and option of withdrawal. If you choose not to consent to treatment, you may discontinue or refuse to begin therapy without prejudice. You also have the option to withdraw from counselling at any time without prejudice.

Limits to confidentiality. If your counsellor believes you are going to seriously hurt or kill yourself or others, confidentiality may be breached to protect both you and them. If your counsellor believes that a child/elder/dependent will be or has been abused, the authorities will be notified. Although your counsellor will protect your information for as long as possible, your counsellor may be required to breach confidentiality by law, upon the receipt of a Court Order.

Release of information to third parties. Your written consent will be required if third parties (which may include schools, courts, government agencies, insurance companies, police and special funding bodies) request access to your file. In this eventuality, you will be asked to sign a *WWC Release of Information Form*. The details of the request will be clarified by your counsellor. Certain conditions (FOIP, Court Order, and mandatory reporting laws) may result in information from your file being released without your written consent.

Access to your files. Although administrative staff has access to your contact information, only your counsellor has access to your complete file. Your file will be stored with utmost care, in a locked cabinet or password protected electronic file. In case of counsellor illness or death, files will be physically and/or electronically relocated to the confidential office of another member of the WWC Counselling Team. You will be notified who is in care of your file.

Supervision, consultation and education. Anything you say to your counsellor will be kept confidential unless noted otherwise. However, to provide optimal service, your counsellor may consult colleagues regarding your case. Your sessions may be video/audio taped for educational purposes. If so, you will be asked to sign an *Observed interview/Video Release Form* before the session. In all instances, your identity will be kept anonymous and no identifying details will be shared.

Client satisfaction. WWC and your individual counsellor work hard to attain and maintain a high level of client satisfaction, although this is not always possible. Therefore, a grievance policy and procedure is in place. You may request a copy at any time. However, in the event of a formal complaint made by you, whether to WWC administration or legal/ethical bodies, you waive your right to privacy regarding your services at the agency. Only information deemed necessary for the defence of your counsellor and WWC will be released.

Cancellation of sessions. You are responsible for giving reasonable notice (minimum of 6 hours, preferably 24 hours) if cancelling a session. Failure to do so will result in you being charged for that session. If your counsellor cancels your session, you will not be charged.

Length of treatment and termination of services. Length of treatment will be determined by joint agreement between you and your counsellor. Third-party insurers may mandate length of treatment. You may terminate services at any time. Your counsellor may request termination of services if therapy no longer appears to be of benefit to you.

Other Relationships: Your counsellor will avoid other relationships with you that could complicate your counsellor/client relationship and make working together less effective. These include business relationships, romantic or sexual, social and student relationships.³⁰

Consent to treatment is ongoing. Completion of this checklist and form is only one part of consent to counselling. You will be asked throughout your relationship with your counsellor if you are open to continuing as a client. You have the option to rescind consent at any time.

Alternatives to psychotherapy. Some clients may wish to be referred to medical, homeopathic, or naturopathic professionals, and/or therapists with skills not available at WWC. Your counsellor is willing to discuss these with you and to make a referral sheet available.

Default Payments. Your contact information may be shared as necessary to collect payment for services in case of default.

If you have any questions regarding this information,
your counsellor will be pleased to clarify and answer them for you.

Form 1a-3

See also *Information Sheet 20 Client's Rights and Responsibilities*

³⁰ Modified from the College of Alberta Psychologists brochure *Receiving Services from a Registered Psychologist*. Retrieved May 24, 2008 from www.cap.ab.ca



Women's Wellness Centre

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Consent for Counselling Services for a Child (Children)/Dependent Adult

Client file No: _____ (office use only)

I, _____ (Authorized person, please print)

Hereby give my permission for my child(ren)/dependent adult (please circle)

 (client name(s), please print)

 to receive assessment/counselling at the **Women's Wellness Centre**.

Please check
 I have read, understand and agree to the details outlined in the **Counselling Services for a Child/Dependent Adult Information Check List**.

 Please describe the terms of custody/guardianship (i.e. joint custody, sole custody, adoptive mother/father, foster parent, child welfare authority, appointed guardian, married and natural parents, divorced, etc. See *Terms of Custody/Guardianship* for details)

If guardianship is not available, I will contact the family court to obtain a guardianship order.

 Please check Agree Disagree ³¹

Signature of Parent/Guardian _____

Witness _____ Date _____

Note, in the case of divorced parents with joint custody, both parents must complete this form.
Form 2

³¹ Text re guardianship courtesy of C&E/Lethbridge Family Services' **Consent to have Child(ren)/Dependent Adult Receive Counselling at Lethbridge Family Services** form.



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Counselling Services for a Child (Children)/Dependent Adult Information Check List

Benefits, limitations, risks and goals of psychotherapy. Counselling (also called therapy) is a collaborative process between a therapist and a client. Therapy often involves discussing life's difficult aspects. Doing so can bring resolution to problems but can also trigger unpleasant feelings such as sadness, guilt, anger and fear. Therapy often leads to better relationships, reduction in distress and solutions to specific problems but there are no guarantees of what a client will experience as a result of being in therapy.

³²Therapy is an inexact art and strongly relies on the relationship between the counsellor and the client and their ability to work as a team. Setting goals together will help the client get the most out of psychotherapy.

Privacy and confidentiality. Client privacy is important to us. Anything clients say to their counsellors will be kept confidential. However, to provide optimal service, a counsellor may consult colleagues regarding their client's situations. Counsellor/client sessions may be video/audio taped for educational purposes. If so, you, the guardian, will be asked to sign a *Video/audio Release Form* before the session. In all instances, the client will be kept anonymous and no identifying details will be shared.

Limits to confidentiality. If the counsellor believes a client is going to seriously hurt or kill her/him self or others, confidentiality may be breached to protect both the counsellor and themselves. If the counsellor believes that a child/elder/dependent will be or has been abused, the authorities will be notified. The counsellor may be required to breach confidentiality by law, upon the receipt of a Court Order.

WWC services: Counselling services at WWC are primarily therapeutic. That is, although counsellors use assessment in order to help clients understand their concerns, formal assessment for employment, legal or medical purposes is not part of our mandate.

Form 2a-1

³² Inspired by Sample Out Patient Services contract. Retrieved May 26, 2008 from www.apait.org/apait/applications/INF.doc.pdf

Client/Guardian privacy. Parents and guardians have the right to know the content of their child/client's counselling sessions and to access their files.³³ However, in respect for the relationship between counsellor and client, parents/guardians will be asked to sign a waiver stating they release this right. Counsellors will use their professional discretion regarding informing parents/clients of session content.

Access to files. Only the assigned counsellor has access to a client's complete file. This file will be stored with utmost care, in a locked cabinet or password protected electronic file. In case of counsellor illness or death, files will be physically and/or electronically relocated to the confidential office of another member of the WWC Counselling Team. Clients/guardians will be notified who is in care of this file.

Consent to treatment is ongoing. Completion of this checklist and form is only one part of consent to counselling. Clients/guardians will be asked throughout the counselling relationship if they and/or your child/dependent adult are open to continuing as a client. The option to rescind consent is available at any time.

Client satisfaction. WWC and individual counsellors work hard to attain and maintain a high level of client satisfaction, although this is not always possible. Therefore, a grievance policy and procedure is in place. Clients/guardians may request a copy at any time. However, in the event of a formal complaint made, whether to WWC administration or legal/ethical bodies, the client/guardian waives the right to privacy regarding services at the agency. However, only the information deemed necessary for the defence of your counsellor and WWC will be released.

Cancellation of sessions. The guardian of the named client is responsible for giving reasonable notice (preferably 24 hours) if cancelling a session. Failure to do so will result in the client/guardian being charged for that session. If the counsellor cancels your session, the client will not be charged.

Length of treatment and termination of services. Clients/guardians may refuse to begin therapy without prejudice. Length of treatment will be determined by joint agreement between the guardian and the counsellor. Third-party insurers may also mandate length of treatment. Clients/guardians may terminate services at any time without prejudice. A counsellor may also request termination of services if therapy no longer appears to be of benefit to a client. Referral to another counsellor, agency, health care profession or alternative care provider may be necessary.

Form 2a-2

³³ College of Alberta Psychologists a (2006) Professional guidelines for psychologists: Limits to confidentiality and consent for services: Special issues in working with minors and dependent adults. Retrieved May 24, 2008 from www.cap.ab.ca/pdfs/HPAPGFP-Limitstoconfidentialityandconsentforservices.pdf

Release of information to third parties. Written consent will be required if third parties (which may include schools, courts, government agencies, insurance companies, police and special funding bodies) request access to this client's file. In this eventuality, you will be asked to sign a *WWC Release of Information Form*. The details of the request will be clarified by your counsellor. Certain conditions (FOIP, Court Order, and mandatory reporting laws) may result in information from this client's file being released without your written consent.

Other relationships. Your counsellor will avoid other relationships with you or this client that could complicate the counsellor/client relationship and make working together less effective. These include business relationships, romantic or sexual, social and student relationships.³⁴

Alternatives to psychotherapy. Some clients may wish to be referred to medical, homeopathic, naturopathic and therapists with skills not available at WWC. Your counsellor is willing to discuss these with you and to make a referral sheet available.

Access to your files. Although administrative staff has access to contact information, only your counsellor has access to this client's complete file. The file will be stored with utmost care, in a locked cabinet or password protected electronic file. In case of counsellor illness or death, files will be physically and/or electronically relocated to the confidential office of another member of the WWC Counselling Team.

Default Payments. Client contact information may be shared as necessary to collect payment for services in case of default.

Assent (check applicable)

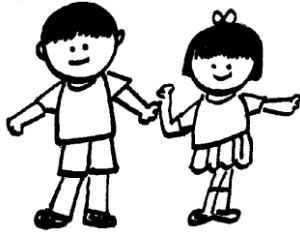
Children's Assent. Children cannot legally consent for treatment. However, therapy with children is more successful if the child agrees to the process. An Assent form, which will be offered to your child, documents this agreement.

Dependent Adults' Assent. Dependent adults cannot legally consent for treatment. However, therapy with a dependent adult is more successful if the client agrees to the process. An Assent form, which will be offered to this client, documents this agreement.

If you have any questions regarding this information,
your counsellor will be pleased to clarify and answer them for you.

Form 2a-3

³⁴ Modified from College of Alberta Psychologists' brochure *Receiving Services from a Registered Psychologist*.



Kids count too!

Your Name: (print) _____

Please colour the star if you know what these words mean.



I know my counsellor cares about me and listens to what I say.



My counsellor has talked to me about what it means to be her client.



I understand that I can tell my counsellor everything and what we talk about will be kept private but I also know that sometimes she has to talk to others about me to be able to help me.



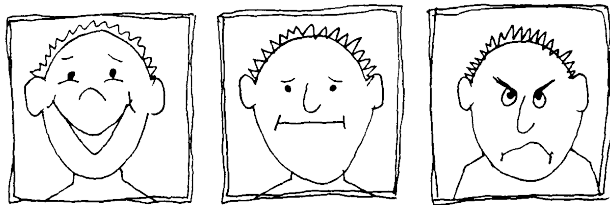
I understand that when my counsellor has to talk to other people about me is to help keep me safe. These times are if I am being hurt by someone, if I have been hurt by someone or if I am going to hurt someone else.



I understand that sometimes, in order to help me, my counsellor has to tell my parents what I've said but that she won't tell them without talking to me about it first.



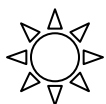
I understand that my parents can say 'no more counselling'.



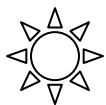
I Understand Counselling

Your Name: (print) _____

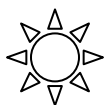
Please colour the sun if you understand what is written below.



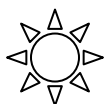
I know my counsellor cares about me and listens to what I say.



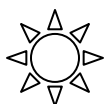
My counsellor has talked to me about my rights as her client.



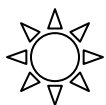
I understand that I can tell my counsellor everything and what we talk about will be kept private but I also know that sometimes she has to talk to others about me to be able to help me.



I understand that when my counsellor has to talk to other people about me is to help keep me safe. These times are if I am being hurt by someone, if I have been hurt by someone or if I am going to hurt someone else.



I understand that sometimes, in order to help me, my counsellor has to tell my parents or guardian what I've said but that she won't tell them without talking to me about it first.



I understand that my parents or guardian can say 'no more counselling'.

Terms of Custody/Guardianship³⁵

Natural Parents

- The natural mother of a child is automatically the child's guardian unless the Court orders otherwise.
- A father who is married to the mother of the child at the time of birth is a guardian unless the Court orders otherwise.
- If the father was married to the mother of the child but the marriage was terminated no more than 300 days before the birth of the child, the father is a guardian.
- If the marriage was terminated more than 300 days before the birth of the child, the father is not a guardian until the Court so declares.

Adoptive Parents

- An adopting parent gains guardianship of an adopted child as a result of a Court Order granted under the Child, Youth and Family Enhancement Act.
- The birthmother can revoke consent to the adoption for a period of 10 days.

Stepparents

- Unless a stepparent has become an adoptive parent under the Child, Youth and Family Enhancement Act he or she does not have any guardianship over a minor child.

Divorced Custodial Parent (Natural or Adoptive)

- When parents divorce, the Court can order joint custody or state that one parent has sole custody with reasonable access granted to the other parent.

Sole Custody

- The legal concept of guardianship is not identical to the legal concept of custody. Therefore, an Order of Sole Custody does not mean the non-custodial parent's guardianship rights are fully extinguished.
- The parent with access rights has the right to make inquiries and to be given information about the health, education and welfare of the child. This is a *right to know*, not a *right to be consulted*.
- A non-custodial parent always has the right to contest a decision of the custodial parent in Court by showing the decision was not in the best interests of the child.

Joint Custody

- When divorced parents have been granted joint custody, each parent continues to have the full complement of joint guardianship rights that existed during the marriage.
- The parent who has primary care of the child does not have the authority to prevent or override the other joint custody parent who has consented to treatment that is in the best interest of the child.

Other terms

Common Law Relationships

Unless the father of a child in a common-law relationship has guardianship rights under the Family Law Act, he is not the guardian of the child unless there is a Court Order declaring him to be a guardian.

Foster Parent

No rights of guardianship unless by Court Order.

Child Welfare authority

No rights of guardianship unless by Court Order.

Form 2d

³⁵ Information condensed from College of Alberta Psychologists (2005) Consent issues when counselling or assessing children. *CAP Monitor*, 22. Retrieved May 24, 2008 from www.cap.ab.ca/pdfs/capmonitor22.pdf



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Consent for Couple Counselling Services

Client Name: (print) _____ Client file No: _____

Spouse or Partner's Name: (print) _____

Fee Arrangement _____

Please check the following:

- I have read, understand and agree to each section of the **Couple/Partner/Marital Counselling Information Checklist**.
- I have been informed of and understand my rights as a client.
- I understand that all communication with my counsellor is part of a confidential professional relationship.
- My counsellor has explained the limits to confidentiality to me and I hereby agree to them.
- I understand that there is a **Client Grievance** procedure available and that my counsellor will provide details upon request, without penalty or prejudice.
- I consent to participate in a periodic **Client Progress and Outcome Survey**.
- If I cancel an appointment, I will give a **minimum of 6 hours notice** otherwise I may be billed for the session.
- If my third party insurer requests non-clinical information, I consent to this information being released by the **Women's Wellness Centre**.
- I understand that unless alternative arrangements are made, monthly statements will be sent to my home address regarding outstanding balances payable. I understand that the release of contact information may be necessary if payment is defaulted.

Client signature: _____ Date: _____

Counsellor name (print): _____ Counsellor signature: _____

 Please note: A copy of this form must be completed by *each* client participating in couple's therapy. (4 copies: Each client/ each client's file)



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Couple Counselling Information Checklist

Please initial if you have read, understand, and agree to the following:

Benefits, limitations, risks and goals of psychotherapy. All therapy is a collaborative process between the therapist and the client. In couple therapy, both clients are equal partners in the process. Therapy often involves discussing difficult aspects of your lives. Doing so can bring resolution to problems but can also trigger unpleasant feelings such as sadness, guilt, anger and fear. Therapy often leads to better relationships, reduction in distress and solutions to specific problems but there are no guarantees of what you will experience as a result of being a client in therapy.³⁶ Therapy is an inexact art and strongly relies on the relationship you have with your counsellor and your ability to work as a team. Setting goals with your counsellor will help you get the most out of your time together.

Privacy and confidentiality. Your privacy is important to us. You may have noticed this in the way you were greeted and treated by our administrative staff as your name is not used in a public setting. Phone calls, faxes and other communication with you will be treated with utmost respect. To prevent an inadvertent breach of confidentiality, our staff has a policy of not greeting clients outside of this office. You may, however, feel free to greet them.³⁷ Anything you say to your counsellor will be considered to be part of a professional relationship and treated as private. However, to provide optimal service, your counsellor may consult colleagues regarding your case. Your sessions may be video/audio taped for supervisory purposes. If so, you will be asked to sign a *Video/audio Release Form* before the session. In both instances, your identity will be kept anonymous and no identifying details will be shared. The tape will be returned to you after it has been used for the described purpose.

Consent to therapy is ongoing. Completion of this checklist and form is only one part of consent to counselling. You will be asked throughout your relationship with your counsellor if you are open to continuing. You have the option to rescind consent at any time.

Form 3a-1

³⁶ Inspired by Sample *Out Patient Services* contract. Retrieved May 26, 2008 from www.apait.org/apait/applications/INF.doc.pdf

³⁷ Bass, B.A. & Quimby, J. L. (2006) Secrets in couples counselling. *The Family Journal: Counseling and therapy for couples and families*, 14, 77-80.

Limits to confidentiality. If your counsellor believes you are going to seriously hurt or kill yourself or others, confidentiality may be breached to protect both you and those you may harm. If your counsellor believes that a child/elder/dependent will be or has been abused, authorities will be notified. Although all reasonable efforts will be used to prevent the release of your information, your counsellor may be required to breach confidentiality by law, upon the receipt of a Court Order.

Individual/Joint sessions. I understand that individual sessions will be part of the therapeutic process but the focus of therapy will be on my relationship with my partner. Therefore, as part of the goal of improving this relationship and in the interest of open and honest communication, I understand that this process includes a 'no secrets' policy. Information shared with my therapist in individual sessions may be, as deemed necessary by my therapist's professional judgement, shared in joint sessions. Your therapist is committed to helping you have the kind of relationship you want and will keep you and your partner's best interests at the forefront before making any such disclosure.

Length of treatment and termination of services. Length of treatment will be determined by joint agreement between you and your counsellor. Third-party insurers may mandate length of treatment. You may terminate services at any time. Your counsellor may request termination of services if therapy no longer appears to be of benefit to you.

Release of information to third parties. Your written consent will be required if third parties (which may include schools, courts, government agencies, insurance companies, police and special funding bodies) request access to your file. In this eventuality, you will be asked to sign a *WWC Release of Information Form*. The details of the request will be clarified by your counsellor. Certain conditions (FOIP, Court Order, and mandatory reporting laws) may result in information from your file to be released without your written consent.

Access to your files. Although our administrative staff has access to your contact and billing information, only your counsellor has access to your complete file. Your file will be stored with utmost care, in a locked cabinet or password protected electronic file. In case of counsellor illness or death, files will be physically and/or electronically relocated to the confidential office of another member of the WWC Counselling Team. You will be notified who is in care of your file.

Other relationships. Your counsellor will avoid other relationships with you that could complicate your counsellor/client relationship and make working together less effective. These include business relationships, romantic or sexual, social and student relationships.³⁸

Client satisfaction. WWC and your individual counsellor work hard to attain and maintain a high level of client satisfaction. However, this is not always possible. Therefore, a grievance policy and procedure is in place. You may request a copy at any time. However, in the event of a formal complaint, whether to WWC administration or legal/ethical bodies, you waive your right to privacy regarding your services at the agency. Only information deemed necessary for the defence of your counsellor and WWC will be released.

Cancellation of sessions. You are responsible for giving reasonable notice (preferably 24 hours) if cancelling a session. Failure to do so may result in you being charged for the session. If your counsellor cancels your session, you will not be charged.

Values. Some issues trigger value conflicts between counsellors and their clients. Often these can be resolved by open communication. However, if resolution is not possible, you may request a different counsellor or your counsellor may refer you to someone who can provide better service for you.

Default Payments. Your contact information may be shared as necessary to collect payment for services in case of default.

If you have any questions regarding this information,
your counsellor will be pleased to clarify and answer them for you.

See also *Information Sheet 20 Client's Rights and Responsibilities*

Form 3a-3

³⁸ Modified from the College of Alberta Psychologists brochure *Receiving Services from a Registered Psychologist*. Retrieved May 24, 2008 from www.cap.ab.ca



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Consent for Family Counselling Services

Family Name: (print) _____ **Client file No:** _____

Spouse or Partner's Name(s) : (print) _____

Children's names: _____

Please check the following:

- I have read, understand and agree with each section of the **Family Counselling Information Checklist**
- I have been informed of and understand my rights as a client.
- I understand that all communication with my counsellor is part of a confidential professional relationship.
- My counsellor has explained the limits to confidentiality to me and I hereby agree to them. I understand that my therapist is required by law to report actual or suspected child/elder/dependent abuse or neglect and may release confidential information if necessary to prevent serious physical harm, homicide or suicide or on court order.
- I understand that there is a **Client Grievance** procedure available and that my counsellor will provide details upon request, without penalty or prejudice.
- I consent to participate in a periodic **Client Progress and Outcome Survey**.
- If I cancel an appointment, I will give **reasonable notice, preferably 24 hours**, otherwise I may be billed for the session.
- If my third party insurer requests non-clinical information, I consent to this information being released by the **Women's Wellness Centre**.
- I understand that unless alternative arrangements are made, monthly statements will be sent to my home address regarding outstanding balances payable.

Client signature: _____ Date: _____

Counsellor name (print): _____ Counsellor Signature: _____

Please note: A copy of this form must be completed by each adult and client. Competent minors may also be asked to complete this form. (Copies needed for each adult client and client file)



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Family Counselling Information Checklist

I understand that individual sessions may be part of the therapeutic process but that the focus of therapy will be on the family unit.

Benefits, limitations, risks and goals of psychotherapy. Family therapy is a collaborative process between your therapist and your family. Therapy often involves discussing difficult aspects of your family life. Doing so can bring resolution to problems but can also trigger unpleasant feelings such as sadness, guilt, anger and fear. Therapy often leads to better relationships, reduction in distress and solutions to specific problems but there are no guarantees of what you will experience as a client in therapy.³⁹ Therapy is an inexact art and strongly relies on the relationship you have with your counsellor and your ability to work as a team. Setting goals with your counsellor will help you and your family get the most of your time together.

Privacy and confidentiality. Your privacy is important to us. Anything you say to your counsellor will be kept confidential. However, to provide optimal service, your counsellor may consult colleagues regarding your case. Your sessions may be video/audio taped for educational purposes. If so, you will be asked to sign a *Video/audio Release Form*. In all instances, you will be kept anonymous and no identifying details will be shared. Information obtained in individual sessions will not be shared in family sessions without the individual's consent.

Limits to confidentiality. If your counsellor believes you are going to seriously hurt or kill yourself or others, confidentiality may be breached to protect both you and them. If your counsellor believes that a child/elder/dependent will be or has been abused, the authorities will be notified. Your counsellor may be required to breach confidentiality by law, upon the receipt of a Court Order.

Form 4a-1

³⁹ Inspired by Sample Out Patient Services contract, Retrieved May 26, 2008 from www.apait.org/apait/applications/INF.doc

Consent to treatment is ongoing. Completion of this checklist and form is only one part of consent to counselling. You will be asked throughout your relationship with your counsellor if you are open to continuing with counselling. You always have the option to rescind consent.

Cancellation of sessions. You are responsible for giving reasonable notice (preferably 24 hours) if cancelling a session. Failure to do so may result in you being charged for session. If your counsellor cancels a session, you will not be charged.

Length of treatment and termination of services. Length of treatment will be determined by joint agreement between you and your counsellor. Third-party insurers may mandate length of treatment. You may terminate services at any time. Your counsellor may request termination of services if therapy no longer appears to be of benefit to you.

Client satisfaction. WWC and your individual counsellor work hard to attain and maintain a high level of client satisfaction. However, this is not always possible. Therefore, a grievance policy and procedure is in place. You may request a copy at any time. However, in the event of a formal complaint whether to WWC administration or legal/ethical bodies, you waive your right to privacy regarding your services at the agency. Only information deemed necessary for the defence of your counsellor and WWC will be released.

Release of information to third parties. Your written consent will be required if third parties (which may include schools, courts, government agencies, insurance companies, police and special funding bodies) request access to your file. In this eventuality, you will be asked to sign a *WWC Release of Information Form*. The details of the request will be clarified by your counsellor. Certain conditions (FOIP, Court Order, and mandatory reporting laws) may result in information from your file to be released without your written consent.

Access to your files. Only your counsellor has access to your complete file. Your file will be stored with utmost care, in a locked cabinet or password protected electronic file. In case of counsellor illness or death, files will be physically and/or electronically relocated to the confidential office of another member of the WWC Counselling Team. You will be notified who is in care of your file.

Other relationships. Your counsellor will avoid other relationships with you that could complicate your counsellor/client relationship and make working together less effective. These include business relationships, romantic or sexual, social and student relationships.⁴⁰

Alternatives to psychotherapy. Some clients may wish to be referred to medical, homeopathic, naturopathic and therapists with skills not available at WWC. Your counsellor is willing to discuss these with you and to make a referral sheet available.

Consequences of non-action and option of withdrawal. If you choose not to consent to treatment, you may discontinue or refuse to begin therapy without prejudice. You also have the option to withdraw at any time without prejudice.

Values. Some issues trigger value conflicts between counsellors and their clients. Often these can be resolved by open communication. However, if resolution is not possible, you may request a different counsellor or your counsellor may refer you to someone who can provide better service for you.

Default payments. Your contact information may be shared as necessary to collect payment for services in case of default.

If you have any questions regarding this information,
your counsellor will be pleased to clarify and answer them for you.

See also *Information Sheet 20 Client's Rights and Responsibilities*

Form 4a-3

⁴⁰ Modified from College of Alberta Psychologists brochure *Receiving Services from a Registered Psychologist*. Retrieved May 24, 2008 from [www. cap.ab.ca](http://www.cap.ab.ca)



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Consent for Group Counselling Services

Client Name: (print) _____ **Client file No:** _____ (Office use only)

Please check the following:

- I have read and understood and initialled **Client Consent for Group Participation**.
- I have been informed of and understand my rights as a client and member of the _____ group.
- My counsellor has explained the limits to confidentiality to me and I hereby agree to them.
- I understand that although confidentiality will be stressed it cannot be guaranteed in a group setting.
- I understand that there is a **Client Grievance** procedure available and that my counsellor will provide details upon request, without penalty or prejudice.
- I consent to participate in a periodic **Client Progress and Outcome Survey**.
- I will give **reasonable notice** if I am unable to attend a group meeting.
- If my third party insurer requests non-clinical information, I consent to this information being released by the **Women's Wellness Centre**.
- I understand that payment is due prior to the first group session and all group therapy operates on a pre-payment basis.

Client signature: _____ Date _____

Group Leader (print) _____

Group Leader (signature) _____

(3 copies: Client/client file/group file)



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Client Consent for Group Participation

Please initial the box at the end of each paragraph if you have read, understand, and agree to the following:

Privacy and confidentiality. Your privacy is important to us. You may have noticed this in the way you were greeted and treated by our administrative staff. Phone calls, faxes and other communication with you will be treated with utmost respect. To prevent an inadvertent breach of confidentiality, our staff has a policy of not greeting clients outside of this office. You may, however, feel free to greet them.⁴¹

Although confidentiality will be stressed in group sessions, it cannot be guaranteed or a time limit placed upon it. The therapeutic benefits of mutual help and support may outweigh this risk.

Risks and benefits. All forms of therapy may involve discussing difficult aspects of your life. Doing so can bring resolution to problems but can also trigger unpleasant feelings such as sadness, guilt, anger and fear. Therapy often leads to better relationships, reduction in distress and solutions to specific problems but there are no guarantees of what you will experience.⁴² Group therapy is an inexact art and strongly relies on the relationship you have with other members of your group and your counsellor.

Your counsellor is trained as a group therapist, committed to work to create an atmosphere that is conducive to the growth of all group members. However, to provide optimal service, your counsellor may consult colleagues regarding issues coming out of group sessions. On rare occasions, group sessions may be video/audio taped for educational purposes. If so, you will be asked to sign a *Video taping Release Form* before the session. You will always be kept anonymous and no identifying details will be shared.

Limits to confidentiality. Just as in individual counselling, if your counsellor believes you are going to seriously hurt or kill yourself or others, confidentiality may be breached to protect both you those you may harm. If your counsellor believes that a child/elder/dependent will be or has been abused, authorities will be notified. Although all reasonable efforts will be used to prevent the release of your information, your counsellor may be required to breach confidentiality by law, upon the receipt of a Court Order.

Form 5a-1

⁴¹ Bass, B. A. & Quimby, J. L. (2006) Secrets in couples counselling. *The Family Journal: Counseling and therapy for couples and families*, 14, 77-80.

⁴² Inspired by Sample *Out Patient Services* contract. Retrieved May 26, 2008 from www.apait.org/apait/applications/INF.doc.pdf

Client satisfaction. WWC and your individual counsellor work hard to attain and maintain a high level of client satisfaction. However, this is not always possible. Therefore, a grievance policy and procedure is in place. You may request a copy at any time. However, in the event of a formal complaint made by you, whether to WWC administration or legal/ethical bodies, you waive your right to privacy. Only information deemed necessary for the defence of your counsellor and WWC will be released.

Release of information to third parties. Your written consent will be required if third parties (which may include schools, courts, government agencies, insurance companies, police and special funding bodies) request access to your file. In this eventuality, you will be asked to sign a *WWC Release of Information Form*. The details of the request will be clarified by your counsellor. Certain conditions (FOIP, Court Order, and mandatory reporting laws) may result in information from your file to be released without your written consent.

Cancellation of sessions. You are responsible for giving reasonable notice (preferably 24 hours) if cancelling a session. Failure to do so may result in you being charged for session. If your counsellor cancels your session, you will not be charged.

Length of treatment and termination of services. Length of treatment will be determined by joint agreement between you and your counsellor. Third-party insurers may mandate length of treatment. You may terminate services at any time. Your counsellor may request termination of services if therapy no longer appears to be of benefit to you.

Access to your files. Although our administrative staff has access to your contact and billing information, only your counsellor has access to your complete file. Your file will be stored with utmost care, in a locked cabinet or password protected electronic file. In case of counsellor illness or death, files will be physically and/or electronically relocated to the confidential office of another member of the WWC Counselling Team.

Other relationships. Your counsellor will avoid other relationships with you that could complicate your counsellor/client relationship and make working together less effective. These include business relationships, romantic or sexual, social and student relationships.⁴³

Default payments. Contact information may be shared as necessary to collect payment for services in case of default.

Form 5a-2

⁴³ Modified from the College of Alberta Psychologists brochure *Receiving Services from a Registered Psychologist*. Retrieved May 24, 2008 from www.cap.ab.ca



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Consent for Observed Interview and/or Videotaping of Counselling Sessions

Psychologists and counsellors undergo regular supervision, training and examination in order to improve the quality of service they provide to their clients. Observed interview and/or video tapes are used for this purpose. You may also view your tape in a subsequent session.

Please check and sign below to indicate your consent for taping

- My counsellor has explained the use of this observation and/or video tape to me.
- I understand that observed interviewing and/or video taping does not breach confidentiality and that my name and identity will not be revealed in its use.
- I am willing to have my counselling session(s) observed and/or video taped for this purpose.
- I have been informed that the recording will be returned to me upon completion of its use for training, supervisory or examination purposes or by the specified time limit.
- My tape can be used outside of the WWC for the purpose and audience stated below.

Client name (please print) _____

Client signature: _____ Date: _____

Purpose of tape _____

To be viewed by _____

Time limit for consent _____

Counsellor name (print): _____

Counsellor signature: _____

Appendix 2 The Counselling Process

7. Contact Information (Administrative Copy)
8. Intake Information (Counsellor Copy)
9. Initial Client Assessment
10. Client Contact Log Sheet
11. Line by Line Script for Informed Consent
12. Client Case Notes
13. Internal Supervision
14. Counselling Goals and Progress Evaluation
15. Client Progress and Outcome Survey
16. Counselling Termination



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Intake Information (Counsellor Copy)

Client Name: (print) _____ **Client file No:** _____

Address: _____

Home Phone: () _____

May we leave a msg? Yes No

Cell or Other Phone: () _____

May we leave a msg? Yes No

E-mail: _____

May we email you? Yes No

Please be aware that email might not be confidential.

Mail: May we send mail from our agency with our logo on the envelope? Yes No

Birth Date: ____/____/____ **Age:** ____ **Gender:** Male Female Other Specify _____)

Marital Status: Never Married Partnered Married Separated Divorced Widowed

Ethnicity: _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone: _____

Are you currently receiving psychiatric services, professional counselling or psychotherapy elsewhere? Yes No.

Have you had previous psychological counselling? Yes No

If yes, previous counsellor's name _____ (please print)

Are you currently taking prescribed psychiatric medication (antidepressants or others)? Yes No

If no, have you been previously prescribed psychiatric medication? Yes No

Reasons for Seeking Counselling Services. (Check All That Apply).

Depression

Anxiety/Panic

Stress

Suicidal Thoughts

Marital Problems

Family Problems

Eating Disorder

Alcohol/Drug

Phobias/Fears

Sexual Dysfunction

Career/Work Issues

Sleep Problems

Physical/Emotional/Sexual Abuse

Relationship Issues

Health Problems (Please list) _____

Other _____

Do you desire to incorporate religious or spiritual values into the counselling process? Yes No Unsure

Signature _____

Form 8



Women's Wellness Centre

Initial Client Assessment ⁴⁴

Client Name: (print) _____ Client file No: _____ (Office use only)

Date _____ Client Date of Birth _____ Gender _____

Counsellor Name _____

Presenting Problem

History of Problem

Behaviours of Concern/Symptoms of Distress

Personal Functioning (Strengths, Weaknesses)

44. Adapted from Lethbridge Family Services *Initial Client Assessment* form

Mental Health (include diagnosis and names of psychiatrist/mental health worker if applicable)

General Health (include past and current medical history)

Medications

Primary Care Physician

Finances, Employment and Living conditions

Family and Developmental history

Risk Assessment (Please circle)

Suicide None reported Ideation only Intent with means Intent without means Plan

Homicide None reported Ideation only Intent with means Intent without means Plan

Details

Sexual Violence History

None reported when asked

Details

Abuse (Child and or Adult)

None Reported when asked

Details

Counsellor Case Conceptualization

Treatment Plan

Counsellor Signature _____

Limits to confidentiality Line by Line script

Counsellor:

Coming to see a counsellor takes courage on your part and I commend you for being here.

(Client nods in agreement)

Before we begin, I have to go over a few housekeeping details with you.

(Client nods in agreement)

I take your privacy very seriously and this agency is set up to protect your privacy as much as is possible. I hope you noticed when you came in that our receptionist treated you with respect and was cautious about your private information being overheard by others in the waiting room. You can be assured that anything you say to me, even when we're not in this office, will be held in complete confidence with a few exceptions. I'm required to explain these exceptions to you.

They are: If you tell me you are about to harm yourself or someone else, I am obligated to bring in other help to protect you and warn any other person you may harm. If you tell me about real or suspected child/elder/dependent abuse, I am required by law to report that to Child Welfare Services.

Although your file will only contain the information necessary for good service, it *can* be requested by bodies outside of WWC. These could be ... schools, courts, government agencies, insurance companies, police and special funding bodies. If this kind of request is received I will do everything possible to give up as little information as I can and you will be notified. If necessary, you will be asked to sign a release.

You need to be aware that a court order and certain government agencies can force me to release your file without your consent. If this happens, you will be notified as soon as possible. I promise I will advocate on your behalf before sharing your information.



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Client Case Notes

Client name _____ Client File number _____

Date _____ Session # _____ Time of session _____ Fee arrangement _____ Paid: Yes No

Observed : Yes No Recorded: Yes No Other people present? Yes No (if yes _____)

Informed consent : Yes No Risk assessment: Suicide _____ Family Violence _____ Self-harm _____ ⁴⁵ Other forms used: <i>Client Goals</i> Yes No <i>Client Progress & Outcome</i> : Yes No
--

Review from previous session – updates and homework report

Observations

Current session

Notes for next session (including homework assigned)

Form 12

⁴⁵ Modified from Dawn Psychological Services



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Counselling Goals and Progress Evaluation

Client Name: _____ **Date:** _____

My counselling goals and progress:

Short term Goals

1. _____

I have made
no progress.

I have achieved
my goal.

0 ----- 1 ----- 2 ----- 3 ----- 4

2. _____

I have made
no progress.

I have achieved
my goal.

0 ----- 1 ----- 2 ----- 3 ----- 4

3. _____

I have made
no progress.

I have achieved
my goal.

0 ----- 1 ----- 2 ----- 3 ----- 4

Long term goal

I have made
no progress.

I have achieved
my goal.

0 ----- 1 ----- 2 ----- 3 ----- 4

Counsellor signature: _____ Comments: _____



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Client Progress and Outcome Survey

WWC takes client care seriously and therefore maintains the right to monitor client progress and outcome on an ongoing basis.

Please fill in the table below comparing how you are doing now to when you began therapy. Your therapist will complete the additional section on the right and a copy of this document will be placed in your file. Another copy will be completed at termination.

Client name: (print) _____ **Date:** _____

	N/A	Client				Therapist			
		Much better	Better	The same	Worse	Much better	Better	The same	Worse
Family relationships									
Peer relationships									
Job Performance/ employability									
Living skills									
Emotional well-being									
Self-concept									
Overall rating ⁴⁶									

Client signature: _____

Counsellor signature: _____

Form 15

⁴⁶ Criteria thanks to South Bay Youth Project. Retrieved May 27, 2008 from www.redondo.org/depts/recreation/south_bay_youth_project/PDF/Term_form.pdf



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Counselling Termination

Client Name: (print) _____ **Client file No:** _____ (Office use only)

Date _____

Reason for termination:

- Goals met
- Referral to _____
- Moved
- Died
- Unknown (disappeared)
- Other, please specify _____

Client Signature (if available) _____

Counsellor Name (please print) _____

Counsellor Signature _____

Appendix 3 Releases and Waivers

17. Consent for Counsellor Supervision
18. Release of Information to Third Parties
19. Minor Client File Access Waiver



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Consent for Counsellor Supervision

Client Name: (print) _____ **Client file No:** _____

As a client of _____ (counsellor's name), I hereby affirm the need for counsellor supervision and competency renewal and consent to the use of my case information for this purpose.

I understand that my privacy and confidentiality will be respected and my name and all identifying features will be removed.

This consent is valid for one year from the date indicated.

Name (please print) _____ Date _____

Signature _____



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Release of Information to Third Parties

Client Name: (print) _____ **Client file No:** _____

I hereby consent to the release of the following information. Check all that apply.

- Any and all records
or only
- Contact information
- Treatment plan
- Counselling Case notes
- Correspondence
- Termination Evaluation

To (agency or requesting body) _____

For a time limit of _____ from this date.

Client signature: _____

Date: _____

Counsellor name (print): _____

Counsellor signature: _____



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Minor Client File Access Waiver

Client Name: (print) _____ **Client file No:** _____

I understand that as the parent (s)/guardian of _____ I have the legal right to access this client's files. However, out of respect for the trust relationship and the confidentiality established between this client and her/his counsellor, I waive this right.

Name (please print) _____ Date _____

Name (please print) _____ Date _____

Signature _____

Signature _____



Information Sheets

Appendix 4 Information Sheets

20. Client's Rights and Responsibilities

21. 101 Questions about Counsellors

22. Referrals for Services not available at WWC

Group Therapy Information

23. Client Information for Bereavement Group Participation

24. Client Information for Parent Group Participation (New Moms)

25. Client Information for Parenting Group Participation (Parenting Teens)

26. Client Information for Body Image and Emotional Well-being
Group Participation

27. Client Grievance Procedure

28. WWC Sliding Fee Scale

29. Counselling and Mature Minors



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Client's Rights and Responsibilities

As a client at WWC, you have the right to:

- Be treated with dignity and respect, free of discrimination based on age, race, colour, national origin, religious/political beliefs, sex, sexual orientation, disability, health, or economic status.
- A safe and caring environment, free of abuse or exploitation.
- Make your own decisions. You are a valuable person. Your life is your own.
- Choose your therapist. If a counsellor is not a good fit for you, you have the right to ask to see someone else. Some counsellors hold certain values that may make it impossible for them to work with you. If that is the case, your counsellor will suggest someone else.
- Confidential services.
- Receive information in a form you can understand. If your counsellor explains something to you and you don't understand her, please ask.
- Know the background and training of your therapist.
- Understand the procedures and goals of therapy. You also have the right to know about alternatives to therapy.
- Terminate therapy at any time.
- To bring any concerns about quality of service to the attention of staff and directors as outlined in the Client Grievance Procedure.
- Review your file.
- Know the costs in advance.
- Be informed of other relevant resources available to you.

As a client at WWC, you are responsible to:

- Work *with* your counsellor. You are a team. Set your goals together and work on them *together*.
- Be prompt. Keep your appointments. If cancellation is necessary, give your counsellor as much notice as possible.
- Keep WWC informed regarding contact information/income status as necessary.
- Pay, or arrange for payment, promptly.



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101 Questions about Counsellors (perhaps not quite that many)

How is a psychologist different from a psychiatrist? A psychiatrist is first and foremost a medical doctor and therefore, is able to prescribe medication. Although most psychologists work with people who have mental health concerns, a psychiatrist works primarily with people who have severe mental health problems.

What's the difference between a counsellor and a psychologist? WWC has both counsellors and psychologists on staff. Some agencies may also employ social workers. A psychologist has a minimum of a Master's degree in psychology or counselling and has met the requirements of the College of Alberta Psychologists to use the designation Registered Psychologist. Counsellors have a variety of qualifications. Most have Master's degrees in Applied Psychology, Counselling Psychology or Social Work. Counsellors, psychologists and social workers can all be called therapists.

Is this difference important to me? What is of primary importance is your relationship to your therapist. Do you fit well together? Do you trust your therapist? Do you feel safe when you are together?

What kind of 'tricks' will my therapist use on me?

Therapy is not dependent on 'tricks' but rather each therapist on the WWC Counselling Team uses a variety of methods to help you understand your distress. This variety is often referred to as an eclectic approach. One of these techniques is Cognitive Behavioural Therapy. This therapy helps you understand how your thoughts affect your behaviour. Most therapists use CBT at least some of the time. Another therapy often used at WWC is Narrative Therapy. Your therapist will listen to your story and help you understand it can be viewed from different perspectives. Sometimes children benefit from play therapy and all ages may benefit from art therapy.

How do I know if my therapist is competent? At WWC we agree with the College of Alberta Psychologists in insisting that our therapists only practice in areas in which they are competent as established through professional training and experience.⁴⁷ Your therapist will answer any questions you may have about her competence and specialities.

Information Sheet 21

⁴⁷ Modified from the College of Alberta Psychologists brochure *Receiving Services from a Registered Psychologist*. Retrieved May 28, 2008 from www.cap.ab.ca



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Referrals for Services not available at WWC

This manual is a sample only. This information is fictional.

Mental Health and Addictions

Psychiatrists

Dr. P.W. Smith
 4264 – 4th Street South
 Lethbridge, AB, T1J 3C8
 Tel: (403) 328-4745
 Fax: (403) 328-7345

Dr. S. Cheng,
 4264 – 4th Street South
 Lethbridge, AB, T1J 3C8
 Tel: (403) 328-4745
 Fax: (403) 328-7345

Alberta Mental Health

200 - 5th Ave S
 Lethbridge AB, T1J 4L1
 Tel:(403) 381-5260
 Fax: (403) 382-4518

Alberta Alcohol and Drug Commission (AADAC)

Main Floor, Provincial Building
 200- 5th Avenue S.
 Lethbridge, AB, T1J 4C7
 Tel: (403) 381-5183
 Fax: (403) 382-4541

Schizophrenia Society

426 – 6th Street South
 Lethbridge, AB, T1J 2C9
 Tel: (403) 327-4305

Canadian Mental Health Association

Lethbridge Region
 426 – 6th Street South
 Lethbridge, AB, T1J 2C9
 Tel: (403) 329-4775
 Fax: (403) 320-7432

Addictions Treatment for Adults

Lander Treatment Centre
 221 - 42 Avenue W,
 Claresholm, AB, T0L 0T0
 Tel: (403) 375-5555
 Fax: (403) 375-6666

24 hour Crisis Line 1-800-666-4444 or 403-666-4444

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Therapists using techniques not available at WWC**Susanne MacArthur, CCC**

Specializing in: Parenting issues, crisis counselling, trauma recovery/ EMDR, and personal growth
1576 – 5th Ave. South
Lethbridge, AB, T1J 0P5
Tel: (403) 326-3052
Fax: (403) 326-3053

Expressive Arts Therapy

Nadine Duckworth, CCC
3422 - 3rd Ave. N.
Lethbridge, AB, T5W 6M8
Tel: (403) 326-3952
Fax: (403) 329-7321

Alternative Therapies**Acupuncture and Holistic Medicine**

The Centre for Holistic Medicine
544 16 Street North, Lethbridge, AB T1H 2S4
Telephone : 403-320-5043

Naturopathic Medicine

Dr. Wendy Lavenka
1206D 11 Avenue South ,
Lethbridge, AB, T1J 1V1
Tel: (403) 320-0687

Assessment Services**Bernes Psychological Services**

Suite 9B 1005 6 Ave S
Lethbridge, AB, T1J 0P8
Tel: (403) 381-1790

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Client Information for Bereavement Group Participation

The purpose of this group is to assist bereaved clients in dealing with the loss of a loved one. Grief is a process and often mourners find it helpful to work through this process in the company of others who have experienced similar losses. This group includes an educational component about the grief process and topics related to living with loss. The goal is not to avoid, overcome, or hide the loss but to learn to live through it.

Our bereavement group consists of a series of 8 sessions, once per week, each session lasting three hours. Participation is limited to a maximum of 10 clients. To facilitate group cohesion, clients are expected to attend all 8 sessions except in case of emergency. Sessions will begin and end on time. And, unlike other groups, socializing outside the group is encouraged. However, whatever is said within the group setting is confidential.

The first session:

Please be prepared to share something about yourself and the loss you are grieving at the first session. Feel free to bring photographs. Grief work is emotional work. Crying is part of the healing process.

All group members will be screened to determine suitability for group therapy. Payment is due prior to the first session. The WWC sliding scale applies.

See also *Information Sheet 20 Client's Rights and Responsibilities*



Women's Wellness Centre

1021- 2nd Avenue North, Lethbridge, Alberta, Canada.

(403) 323-4423 Fax: (403) 323-4424. Website: www.WWC.ca Email: wwc@wwc.lethbridge.ca

Client Information for Parenting Group Participation New Moms

The purpose of this group is to assist mothers dealing with parenting issues. Having a child can be an overwhelming responsibility and often parents, especially new mothers, find it helpful to interact with others.

This group includes an educational component about effective parenting and discussion topics related to the challenges of the age of the child(ren) in question. The goal of the group is to increase members' confidence in dealing with parenting issues and build a support network for mothers in the community.

Our parenting groups are each a series of 6 sessions, once per week, each session lasting two hours. Group size is not restricted. To facilitate group cohesion, clients are expected to attend all 6 sessions except in case of emergency. Sessions will begin and end on time. Socializing outside the group is encouraged. However, whatever is said within the group setting is confidential.

The first session:

Please be prepared to share a family story illustrating where you feel you could use some help knowing how to deal with a particular situation.

All group members will be screened to determine suitability for group participation. Payment is due prior to the first session. Sliding scale applies.

See also *Information Sheet 20 Client's Rights and Responsibilities*



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Client Information for Parenting Group Participation Parenting Teens

The purpose of this group is to assist mothers dealing with parenting issues. Having a child can be an overwhelming responsibility and often parents, especially mothers of adolescents, find it helpful to interact with others.

This group includes an educational component about effective parenting and discussion topics related to the challenges of the age of the child(ren) in question. The goal of the group is to increase members' confidence in dealing with parenting issues and build a support network for mothers in the community.

Our parenting groups are each a series of 6 sessions, once per week, each session lasting two hours. Group size is not restricted. To facilitate group cohesion, clients are expected to attend all 6 sessions except in case of emergency. Sessions will begin and end on time. Socializing outside the group is encouraged. However, whatever is said within the group setting is confidential.

The first session:

Please be prepared to share a family story illustrating where you feel you could use some help knowing how to deal with a particular situation.

All group members will be screened to determine suitability for group therapy. Payment is due prior to the first session. The WWC sliding scale applies.

See also *Information Sheet 20 Client's Rights and Responsibilities*



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Client Information for Body Image and Emotional Well-being Group Participation

This group includes an educational component about body image and discussion topics related to how women relate to their bodies in today's society. A goal of the group is to build new and healthy interpersonal connections, develop life skills and interpersonal growth and insight.

Our eating disorders groups are each a series of 6 sessions, each session lasting two hours. The acute group meets twice per week. The maintenance group meets weekly. Group size is not restricted. To facilitate group cohesion, clients are expected to attend all 12 sessions except in case of emergency. Sessions will begin and end on time. Socializing outside the group is discouraged. Whatever is said within the group setting is confidential.

All group members will be screened determine suitability for group therapy. Group members must have been diagnosed as anorexic or bulimic by a qualified professional.

Payment for group therapy is due prior to the first session. The WWC sliding scale applies.

See also *Information Sheet 20 Client's Rights and Responsibilities*



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Client Grievance Procedure

If you are dissatisfied with the services provided at WWC, you are entitled to a grievance procedure.⁴⁸

The procedure is as follows:

- 1) Register your grievance with a staff member, preferably in writing. The staff member is required to refer the complaint to the Clinical Supervisor.
- 2) A conference will be organized with the Clinical Supervisor, the client, the staff member who received the complaint and an administrative assistant acting as a recorder in attendance.

If the grievance is not rectified to the client's satisfaction then,

- 1) Contact the Executive Director within five (5) working days, in writing.
- 2) The Executive Director will review the report from the previous conference and either come to a decision alone or in consultation with other staff.
- 3) A written decision will be delivered to the client within five (5) working days. Any decision made by the Executive Director will be final.

⁴⁸ Modified from Client Grievance Procedure, Lethbridge Family Services, Counselling, Outreach And Education Policy And Procedures Manual



Women's Wellness Centre

FEE SCALE
Household Size: Adults & Dependents ⁴⁹

<u>Household Income</u>	<u>1-2</u>	<u>3-4</u>	<u>5+</u>	<u>Household Income</u>	<u>1-2</u>	<u>3-4</u>	<u>5+</u>
< \$25,000	\$35	\$35	\$30	\$65,000	\$82	\$70	\$57
\$25,000	\$35	\$35	\$35	\$66,000	\$83	\$71	\$58
\$26,000	\$36	\$35	\$35	\$67,000	\$84	\$72	\$59
\$27,000	\$37	\$35	\$35	\$68,000	\$84	\$73	\$60
\$28,000	\$38	\$35	\$35	\$69,000	\$86	\$74	\$61
\$29,000	\$40	\$35	\$35	\$70,000	\$87	\$75	\$62
\$30,000	\$41	\$35	\$35	\$71,000	\$88	\$76	\$64
\$31,000	\$42	\$36	\$35	\$72,000		\$77	\$65
\$32,000	\$43	\$37	\$35	\$73,000		\$78	\$66
\$33,000	\$44	\$38	\$35	\$74,000		\$79	\$67
\$34,000	\$46	\$39	\$36	\$75,000		\$80	\$68
\$35,000	\$47	\$40	\$35	\$76,000		\$81	\$68
\$36,000	\$48	\$40	\$35	\$77,000		\$82	\$69
\$37,000	\$49	\$42	\$35	\$78,000		\$83	\$70
\$38,000	\$50	\$43	\$36	\$79,000		\$84	\$71
\$39,000	\$52	\$44	\$37	\$80,000		\$85	\$72
\$40,000	\$53	\$45	\$38	\$81,000		\$86	\$72
\$41,000	\$54	\$46	\$39	\$82,000		\$87	\$73
\$42,000	\$55	\$47	\$40	\$83,000		\$88	\$74
\$43,000	\$56	\$48	\$40	\$84,000		\$89	\$75
\$44,000	\$58	\$49	\$42	\$85,000		\$90	\$76
\$45,000	\$59	\$50	\$43	\$86,000			\$77
\$46,000	\$60	\$51	\$44	\$87,000			\$78
\$47,000	\$61	\$53	\$45	\$88,000			\$79
\$48,000	\$62	\$53	\$46	\$89,000			\$80
\$49,000	\$64	\$54	\$47	\$90,000			\$81
\$50,000	\$65	\$55	\$48	\$91,000			\$82
\$51,000	\$66	\$56	\$49	\$92,000			\$83
\$52,000	\$67	\$49	\$50	\$93,000			\$84
\$53,000	\$68	\$58	\$51	\$94,000			\$85
\$54,000	\$70	\$59	\$53	\$95,000			\$86
\$55,000	\$71	\$60	\$53	\$96,000			\$87
\$56,000	\$72	\$61	\$54	\$97,000			\$88
\$57,000	\$73	\$62	\$55	\$98,000			\$89
\$58,000	\$74	\$63	\$56	\$99,000			\$90
\$59,000	\$76	\$64	\$49	\$100,000			\$91
\$60,000	\$77	\$65	\$58	\$101,000			\$91
\$61,000	\$78	\$66	\$59	\$102,000			\$92
\$62,000	\$79	\$67	\$60	\$103,000			\$93
\$63,000	\$80	\$68	\$61	\$104,000			\$94
\$64,000	\$81	\$70	\$62	\$105,000			\$94

⁴⁹Modified (price increased) from scale retrieved May 23, 2008 from http://knappfamilycounseling.com/available.html#sliding_scale



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Counselling and Mature Minors

Members of the WWC Counselling Team, with respect for the legal, civil, and moral rights of their clients, have the right to deem individual adolescents **Competent/Mature Minors** capable of consenting to treatment without the written consent of their parents or guardians.

This decision is made on a case-by-case basis using the following criteria:

- The minor is between the ages of 12 and 18
- The minor understands why he/she is involved in treatment
- The minor understands the proposed interventions
- The minor can properly weigh the risks and benefits of various procedures
- The minor understands other possible courses of actions and their implications
- The minor can demonstrate sufficient intelligence and understanding to appreciate the nature and consequences of the decisions before her (him)⁵⁰

The minor as well as the minor's parent(s)/guardian will be informed of this decision and it will be documented in the client's file.

Form 19 *Minor Client File Access Waiver* must be signed by the minor's parent (s)/guardian.

Information Sheet 29

⁵⁰ Hesson, K., Bakal, D. & Dobson, K. (1993). Professional issues – Questions professionnelles: Legal and ethical issues concerning children's rights of consent. *Canadian Psychology/Psychologie canadienne*, 34, 317-328.



An Ethical Decision Making Process

Sample of an Ethical Decision Making Process

Dilemma

You are working with a couple for marital counselling. Prior to one session, the husband shows up early and discloses to you that he was recently diagnosed with a terminal illness and is not planning on telling anyone including his wife or children. He also asks that no notes be made in his file. He refuses to tell you what the illness is and you know that he is a regular blood donor. What do you do?

Rationale and Format

The rationale for determining possible courses of action for this ethical dilemma is based on the 10 steps in the *Ethical Decision Making Model* found in the Companion Manual to the Canadian Code of Ethics for Psychologists (3rd ed.) (Sinclair & Pettifor, 2001), page 106.

Step 1. Affected Individuals and Groups

The affected individuals and groups in this dilemma are: The man, his wife (and children), me as his therapist, the discipline of counselling psychology and society.

Step 2. Using the chart that outlines the *Code* (CCE, page 108), I can identify 20 ethical values that I believe are key to this dilemma: seven under Respect for the dignity of Persons, six under Responsible Caring, five under Integrity in Relationships and two under Responsibility to Society.

CPA Ethical Principles and Standards

Ethically relevant issues/practices

<p>PRINCIPLE I: RESPECT FOR THE DIGNITY OF PERSONS</p> <p><i>Value: General Respect</i></p> <p>I.1 Demonstrate appropriate respect for the knowledge, insight, experience and areas of expertise of others.</p>	<p>Whatever I decide to do, conveying respect for the man and his wife is paramount.</p>
<p><i>Value: Fair Treatment</i></p> <p>I.23 Work and act in a spirit of fair treatment to others</p>	<p>The husband and his wife are both my clients. Therefore, they should <i>both</i> be treated fairly. I must not put one person's needs or wants ahead of the other. I must also avoid adding to what could already be an adversarial situation.</p>
<p><i>Value: Informed Consent</i></p> <p>I.16 Seek as full and active participation as possible from others in decisions that affect them, respecting and integrating as much as possible their opinions and wishes.</p> <p>I.17 Recognize that informed consent is the result of a process of reaching an agreement to work collaboratively, rather than of simply having a consent form signed.</p> <p>I.26a Clarify the nature of multiple relationships to all parties before obtaining consent.</p>	<p>This decision affects both the husband and his wife and family. Because it affects him the most, I need to involve him in the decision as to how or when his wife and family learn about his illness before I consider them. I need to respect his opinion and wishes as much as possible while still asserting that they are both my clients.</p> <p>Informed consent is ongoing. In spite of not having a clear 'no secrets' policy at the beginning of the work with this couple, I could continue conversation with the husband in individual sessions on consent issues <i>if</i> I was clear that individual work was still part of couple work.</p> <p>Marital counselling is, by definition, a multiple relationship. As their therapist, I have to be clear about my boundaries as I build and maintain rapport and trust with both clients.</p>
<p><i>Value: Privacy</i></p> <p>I.41 Collect, store, handle, and transfer all private information whether written or unwritten in a way that attends to the needs for privacy and security.</p>	<p>The man requested that his illness not be mentioned in any notes. I should clarify that I keep notes on them as individuals not as a couple and review the steps taken to keep these notes private. I should have a plan in place for the storage of those notes in case of my illness or death and make that clear to my clients.</p>

<p><i>Value: Confidentiality</i></p> <p>I.45 Share confidential information with others only with the informed consent of those involved, or in a manner that the persons involved cannot be identified, except as required or justified by law, or in circumstances of actual or possible serious physical harm or death.</p>	<p>At this point, I may (or may not) have informed consent to share this information with the man's wife. (The vignette does not outline my initial contract with the couple.) However, if I am eventually told the nature of the illness and if it can cause possible serious physical harm or death to the wife, I will have to break confidentiality and inform her. The man must be informed of this possibility. Both of my clients should have been told this limit of confidentiality in the first session and reminded of it in future sessions.</p>
<p>PRINCIPLE II: RESPONSIBLE CARING</p> <p><i>Value: General Caring</i></p> <p>II.1 Protect and promote the welfare of clients, research participants, employees, supervisors, students, trainees, colleagues, and others.</p> <p>II.2. Avoid doing harm to clients, research participants, employees, supervisors, students, trainees, colleagues, and others.</p>	<p>The welfare of <i>both</i> the man and his wife must be protected. If he refuses to disclose the nature of his illness, he may not get timely medical treatment.</p> <p>Not telling his wife, if I learn that the disease is contagious, would be doing harm to her and possibly to others.</p>
<p><i>Value: Risk/benefit analysis</i></p> <p>II.13 Assess the individuals, families, groups, and communities involved in their activities enough to ensure that they will be able to discern what will benefit and not harm the persons involved.</p>	<p>Risks for the man if the counsellor breaks confidentiality: He may terminate therapy or deny his illness and deny having spoken to me. Disclosure could erode the trust between me and both my clients as well as the fragile trust there may be between him and his wife.</p> <p>Risks for the wife/children if I keep the secret: She may contract the illness if it is contagious. The man may become very ill and die without the wife/children having a chance to prepare for that possibility or the increased financial and child care responsibilities that come with it.</p> <p>Risk to Society: If the husband's illness is transmittable by blood transfusion, then he is risking infecting the public by being a blood donor. Considering the screening now done by blood services, this is a lesser risk.</p> <p>Risk to myself and the discipline: If I handle this dilemma poorly, I risk the couple terminating therapy. This may damage both my reputation and the discipline's.</p>

<p><i>Value: Maximize benefit</i> II.21 Strive to provide and/or obtain the best possible service for those needing and seeking psychological service.</p>	<p>The best possible service in marital counselling is to establish an environment of trust and respect between clients and counsellor. Doing so requires that all pertinent information is open for discussion. The importance of this openness should be addressed at the time of initial informed consent.</p>
<p><i>Value: Minimize harm</i> II.39 Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause physical harm or death. This may include reporting to appropriate authorities, an intended victim, or a family member or other support person who can intervene, and would be done even when a confidential relationship is involved.</p>	<p>Keeping the nature of the illness secret makes it difficult for me to know whether or not the other client is at risk of physical harm. If the illness is contagious, telling the wife would minimize harm to her. If the illness is not contagious, telling her would still minimize emotional harm because she would have an opportunity to prepare herself for her husband's illness and possible death.</p>
<p><i>Value: Extended responsibility</i> II.49 Encourage others, in a manner consistent with this Code, to care responsibly.</p>	<p>I have a responsibility to encourage the husband to act in an honest and ethical way with both his wife and me his therapist.</p>

<p>PRINCIPLE III: INTEGRITY IN RELATIONSHIPS</p> <p><i>Value: Straightforwardness/openness</i></p> <p>III.14 Be clear and straightforward about all information need to establish informed consent or any other valid written or unwritten agreement.</p> <p>III.16 Fully explain reasons for their actions to persons who have been affected by their actions, if appropriate and if asked.</p> <p>III.17 Honour all promises and commitments included in any written or verbal agreement, unless serious and unexpected circumstances intervene. If such circumstances occur, then the psychologist would make a full and honest explanation to other parties involved.</p>	<p>I should make it clear at the beginning of therapy that there will be no secrets and that information gained in individual sessions may, at the discretion of the therapist be shared in joint sessions (see Corey, Corey & Callanan, 2007).</p> <p>The informed consent process at the beginning of therapy should be clear that all communication between client(s) and counsellor be considered as part of their professional relationship. No communication should be 'off the record'.</p> <p>As their counsellor, I am obligated to explain to both clients the reasons for my decisions.</p> <p>If I promised at the start of therapy to keep information gathered during individual sessions confidential, then I should honour that promise as long as possible. Exceptions to confidentiality should have been explained at that time. If I consider this disclosure to be a serious circumstance, and decide to breach confidentiality, then I should explain my rationale to both clients.</p>
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<p><i>Value: Avoid Conflict of Interest</i> III.35 Inform all parties, if a real or potential conflict of interest arises, of the need to resolve the situation in a manner that is consistent with Respect for the Dignity of Persons (Principle I) and Responsible Caring (Principle2) and take all reasonable steps to resolve the issue in such a manner.</p>	<p>A conflict of interest in marital counselling can be avoided by having a clear Informed Consent process at the beginning. The vignette is unclear whether or not this was done. Therefore, I would have to clarify my responsibility to both parties to the husband.</p>
<p><i>Value: Extended responsibility</i> III.39 Encourage others, in a manner consistent with this Code, to relate with integrity.</p>	<p>Again, the counsellor is obligated to work with the husband client to encourage him to relate to his wife with integrity. Integrity would include being honest with her about his health situation.</p>

<p>PRINCIPLE IV: RESPONSIBILITY TO SOCIETY</p>	
<p><i>Value: Respect for Society</i> IV.17 Familiarize themselves with the laws and regulations of the societies in which they work, especially those that are related to their activities as psychologists, and abide by them. IV.18 Consult with colleagues, if faced with an apparent conflict between abiding with a law or regulation and following an ethical principle, unless in an emergency, and seek consensus as to the most ethical course of action and the most responsible, knowledgeable, effective, and respectful way to carry it out.</p>	<p>I must be aware of whether or not I am obligated by law to inform third parties of the risk of contracting HIV of other illness transmitted by blood/body fluids. This is difficult in Canada because according to Wong-Wylie (2003, p. 38) "there have been no HIV-related legal cases involving counsellors in Canada". I must consult with my supervisors, mentors and partners to determine if there was a conflict between the law (which appears to be unclear) and the ethics in this dilemma.</p>

Step 3. Personal biases, stresses, or self-interest influencing the development of, or choice between, courses and action

As a woman, I might feel more sympathetic toward his wife and children than to him. I may also feel manipulated because he showed up early, perhaps with the intention of disclosing information he did not want to share with his wife. There may be a sense that the husband client is trying to win my sympathy and by getting my confidence, persuade me to be 'on his side' in their dispute. I may let personal attraction to either client bias my choice of action.

Step 4. Alternative Courses of Action

My analysis rules out the option of doing nothing. Doing nothing would make me anxious when in the presence of his wife and when I see them as a couple. Therefore, I could not be effective as a couple's therapist. I would risk losing trust between his wife and myself, if she found out that her husband has known of his illness, shared it with me and I kept it a secret from her. I also would worry that he is putting her at risk if the illness is contagious. Therefore, I propose the following two courses of action:

Alternative 1.

Immediate short term action: Speaking respectfully, I would inform the husband that I was working with both him and his wife and had to treat them both fairly. I would tell him that keeping case notes is required by law and that my notes are kept on them as individuals not on them as a couple. I would review the extent to which those notes are kept private and confidential. Because they came to me as a couple, he may not be aware of this and thus may feel less concerned about whether his disclosure would be recorded. I would record how he acted when he arrived at session but not the contents of his disclosure. I would explain this style of note-taking to him.

I would remind him of the informed consent he had signed at the beginning of therapy and that he had agreed to an active role in our collaborative work. Assuming that I did not outline the limits to confidentiality at intake (or if I did, he forgot them), I would quickly go over them with him, stressing that I was ethically bound to warn another person in circumstances where that person could suffer harm and that a contagious disease could be considered harm. However, to give him a chance to do his own disclosure (i.e., respecting his right to autonomy) I would agree to not mention the illness in the upcoming session and offer to cancel if he would prefer I do that. I would also suggest that rather than meet jointly, both the husband and his wife work with me individually

for a time and offer to suggest that to his wife. I would keep the option for further joint work open. As soon as possible, I would consult with colleagues regarding the dilemma.

Long term action.

Assuming the clients agree to individual sessions, I would work with the husband to find out why he is adamant about keeping this illness a secret -- perhaps his fear is not the specific illness itself but rather issues around suffering, loss, pain and death. I would meet with him individually until we were both satisfied the issue has been well explored. I would determine his plans for when he could no longer keep it a secret, for when he is so ill that he has to disclose. I would always, continue to build the therapeutic alliance by asking all questions in a way that respects his dignity. One way to do so, regardless of whether the illness is contagious by blood and/or body fluids, is to focus on hope. Wong-Wylie (2003) asserts that preserving client hope influences client ethical behaviour and promotes social responsibility.

i) Part of this dilemma is the uncertainty over what specific illness the husband has. He could be contagious. Considering that blood donors are now well screened for infectious diseases, his risk to society via his blood donations is minimal. However, infecting his wife is still a possibility. I would continue to seek his consent and his assistance to disclose, preferably in my presence in a joint session. My reason for not breaching immediately is that if he was going to infect his wife, he would likely have already done so. If his disclosure to her is done in the safety of the counselling environment, I can offer additional professional support to his wife (Wong-Wylie, 2003).

I would not break confidence until all other options have been eliminated. If he continues to refuse, and if I determine there is a tangible threat to his wife I must breach confidence without consent (College of Alberta Psychologists, 2006). Before I do this however, the husband must first be informed. According to Wong-Wylie (2003) a counsellor should not do this without being trained

in partner notification and only relevant information should be disclosed to health authorities if the risk is deemed to be to a larger group.

ii) If the illness is disclosed and it is not an infectious illness then I would work with the client to determine why he does not want his wife and children to know. (Perhaps there are financial issues or extended family concerns.)

Alternative 2.

Immediate short term action: I would tell the husband that I could not keep a secret of this magnitude and that his wife must be informed as soon as possible. I would stress that I was ethically obligated to work fairly with both of them and that this fairness must override his right to privacy. I would insist that informing her was critical to our continuing to work together and that I was ethically bound to encourage him to act responsibly and with integrity. I would offer to be a support to both of them while he disclosed to her and ask him to do so during the upcoming session. I would assure him that my notes would not include the nature of this disclosure and that I kept notes on them as individuals not as a couple.

Long term action: My long term action would depend on whether or not the client disclosed the nature of his illness or if I did so. If he disclosed both that he was ill and that the illness was contagious I would suggest they both get further medical attention. If he disclosed the nature of his illness and it was not contagious medical attention would not be necessary for his wife. If the illness was HIV or another blood born disease, I would suggest he contact Canadian Blood Services to see if he had somehow slipped through the cracks of their screening process. If I did the disclosure, I would try to rebuild the trust they had in me and assure them that I did so with their best intentions, both as individuals and as a couple, in mind. If they decided to continue in therapy, I would continue to work with him and his wife as a couple to deal with the ramifications of his diagnosis as well as on their presenting problems.

Analysis of Long Term Risks/Benefits for each course of action on the affected parties.

Alternative 1.

Possible Positive Consequences:	Possible Negative Consequences
<p><i>Immediate short term action:</i> If I can maintain my client's trust and respect, he may open up to me and eventually to his wife and children. Part of doing so, will entail me giving him a sense of hope (see Wong-Wylie, 2003).</p> <p>The husband may release that I am able to care for them both as individuals and as a couple.</p> <p>By offering him the decision of cancelling the session, I respect his dignity and allow him time to make his decision in a more rational frame of mind.</p> <p><i>Long term action:</i> The husband may agree to individual sessions and work through his issues surrounding the illness and agree to disclose. His wife may also have issues that would be better dealt with 1:1.</p> <p>If the illness is HIV (or another disease that puts his wife and/or the public at risk) I will have acted both ethically and in accordance with the law.</p>	<p><i>Immediate short term action:</i> There is a risk that the husband may decide that he does not trust me and may terminate both individual and marital counselling.</p> <p>If I cancel the session, both the husband and the wife may decide this process is not working and terminate. They may go to another therapist (with him keeping his illness secret) or discontinue counselling completely.</p> <p><i>Long term action:</i> Working individually with his wife will be difficult during the time she is unaware of her husband's illness. His wife may also be suspicious that he is ill and it would be difficult not to disclose if she shares her concerns.</p> <p>If his illness is contagious, and he does not disclose immediately, the husband will have more opportunity to infect his wife (should she not already be infected).</p>

Alternative 2.

Possible Positive Consequences	Possible Negative Consequences
<p><i>Immediate short term:</i> The illness would be addressed immediately and both husband and wife would be able to address their fears in a safe environment.</p> <p>His concern about my note-taking would have been resolved quickly.</p> <p><i>Long Term:</i> Harm to the wife and society would have been addressed and perhaps prevented.</p>	<p><i>Immediate short term:</i> The husband could leave immediately and terminate therapy. If he does so, I would still have to deal with his wife appearing and wondering why he has left.</p> <p>Both clients may wonder if they can fully trust me and by extension, whether they can trust any counsellor or psychologist.</p> <p><i>Long Term:</i> His wife could have to deal with his anger at how the information regarding his illness was disclosed. She may now be in danger of a different sort, perhaps risking his anger and increasing the stress on their relationship.</p>

Step 6. Choice of Course of Action

The actions and consequences for Alternative 1 more clearly support the values in Principles I and II, specifically I:1 and II:1. If I give the husband the option of keeping his confidence during the immediate joint session or cancelling the session and offer to schedule an individual sessions for the following week, I can be fair to both clients. I can then work with him privately to determine why he was adamant about keeping this secret while still maintaining a goal of prompt disclosure.

By choosing Alternative 1, I would minimize the chance that the husband would terminate therapy. Drodge cited in Wong-Wylie (2003), states that the most dangerous action might be the one that results in termination of the counsellor/client relationship. During our individual sessions, I can inform/remind the husband that I am ethically bound to inform his wife if in my professional judgement it appears that not doing so would cause her harm. I could also remind him that her welfare is also part of our original agreement and that I could do so in his presence if he was not comfortable doing so himself. Although a negative consequence of this action, assuming that his illness is contagious, is that he would have more opportunity to spread his disease, it can be assumed that his wife has already been exposed and that more time does not appreciably add to the risk. Taking time to determine how disclosure should happen allows me to build trust with both of my clients and enables me to provide the best possible service to them.

Step 7. Action with a Commitment to Assume Responsibility for the**Consequences of Action**

Because this disclosure happened just prior to a joint session, I need to make my decision quickly or cancel the session. Alternative 1 buys me some time, allowing me to thoughtfully put together and ethical plan of action.

Step 8. Evaluation of Results of Action

Because I focused on respecting and maintaining the dignity of the husband while acting fairly to both of my clients, and choosing a course of action that allowed for time for consultation with colleagues, I anticipate my clients will continue to meet with me both individually and as a couple.

Step 9. Assumption of Responsibility

I take responsibility for this dilemma because the ground rules for counsellor/client confidentiality and limits to confidentiality were not well laid out in advance. Disclosures that risk harm to others must be part of informed consent. I also need to make it clear that what is disclosed to me, regardless of whether we are in my office or not, is part of our professional relationship. I must also realize that my actions may result in clients terminating treatment.

Step 10. Appropriate Action to prevent future occurrences of the dilemma

Confidentiality is a core value of our profession but it is ethically inappropriate to begin therapy without discussing the exceptions to confidentiality (Fisher, 2008). However, when working with two clients in marital counselling the issue of between-client confidentiality must be addressed by having a "no secrets" clause in the informed consent process. Secrets are counterproductive to effective marital counselling. The informed consent process must clearly delineate all limits of confidentiality including the counsellor's obligation to warn third parties of possible harm.

Furthermore, I must also be clear that all communication is considered part of the professional counsellor/client relationship and that both clients have equal value and both will be respected by the counsellor.

References used in Ethical Decision Making Model

College of Alberta Psychologists. (2006). *Standards of Practice (2005)*. Retrieved January 5, 2008 from www.cap.ab.ca/pdfs/HPAStandardsofPractice.pdf

Corey, G., Corey, M.S., & Callanan, P. (2007). *Issues and ethics in the helping professions* (7th ed). Belmont, CA: Thomson Brooks/Cole.

Fisher, M. A. (2008). Protecting confidentiality rights: The need for an ethical practice model. *American Psychologist*, 63, 1-3.

Sinclair C. & Pettifor, J. (2001). *Companion manual to the Canadian Code of Ethics for Psychologists* (3rd ed). Ottawa, ON: Canadian Psychological Association.

Wong-Wylie, G. (2003). Preserving hope in the Duty to Protect: Counselling clients with HIV or AIDS. *Canadian Journal of Counselling*, 37, 35-43.

Appendix B

The University of Lethbridge

Faculty of Education

Education 5709/5711 - Counselling Psychology: Practicum I/II

Guide for Field Supervisors

Background

The general goal of the Counselling Psychology Practicum is to provide students with an opportunity to develop a broad range of counselling skills and interventions, under the supervision of an experienced counsellor. Students that wish to specialize in any one form of intervention, or with any one particular client group, are encouraged to take Practicum II.

Each student will be expected to complete the equivalent of 1.5 days (12 hours)/week over the course of the 13-week term, for a total of 150 hours in the practicum setting. Students will be expected to maintain a log of time and activities spent at their setting. **Students who do not log a minimum of 125 practicum hours will not be able to complete the course.**

A copy of the course outline for Practicum I and a sample of the recommended grading procedures and criteria are included in this package.

Responsibilities of Field Supervisors

Field supervisors are responsible for the following:

1. Determining the appropriateness of the student's background and/or training for placement at the field site;
2. Guiding the student through site orientation, including familiarization with agency/setting rules, regulations and procedures;
3. Facilitating student progress through the stages of observation, co-facilitation (where appropriate) and independent intervention;
4. Conducting regular (weekly or bi-weekly) meetings with the student, for the purpose of monitoring student progress and providing specific feedback on counselling skill development;
5. Monitoring the student's time and activity logs to ensure that he/she is meeting the time commitment.
6. Participating in formative and summative assessment of the student's counselling competence.

Field Supervisor Background/Training

Normally, field supervisors will possess one or more of the following:

- Designation as a Chartered Psychologist in Alberta; or
- Certification as a professional counsellor by the Canadian Counselling Association; or
- Completion of graduate training in counselling psychology.

Students may work with a variety of issues and with different people within an agency. However, primary responsibility for their development will rest with one supervisor. Thus, under the direction of the supervisor, the student may observe and/or work with other members of the agency/setting who do not possess the formal requirements of supervision.

Credited Student Activities

There are a variety of activities that may be counted towards the 150 student practicum hours. However, the main purpose of the practicum is to develop counselling competence. Therefore, the student must complete at least **65 hours** (50% of the minimum practicum hours) of direct client service in order to meet practicum requirements. The remaining hours may include activities such as:

- Observation of sessions led by another counsellor;
- Consultations and/or feedback sessions with the field supervisor;
- Participation in any planning and/or case discussion meetings that are regularly held at the practicum site;
- Leading group or psychoeducational activities.

NOTE: Normally, case preparation time is NOT included in the 125 - 150 hours.

Student Work Load

Normally, students will be expected to follow a pattern of observation – co-facilitation – independent counselling. It is up to the site supervisor, in consultation with the practicum student, to determine readiness for progression through each of these stages. However, because practicum students are well trained by the time they reach the practica sites, they should be ready to independently take on clients fairly quickly. By the end of the practicum, students should be managing a caseload of 5 to 7 clients at any one time.

Preparation of Case Studies

An important component of the practicum is the regular seminar held for all practicum students. The seminar is facilitated by the instructor of record for the course, and focuses on the evaluation of student case studies. Normally, students present a segment of their work, on either audio or video tape, for critique by other members of the class. Students

are required to obtain client permission, via written informed consent, from each of their clients.

Relationship with University Instructor

The instructor of record for the practicum is officially responsible for assigning final grades for the students. However, in practice this is accomplished using a collaborative evaluation procedure involving the student, the field supervisor and the instructor. To protect the student, it is important that details of evaluation procedure be clarified at the start of the practicum.

The field supervisor should advise the instructor immediately if there are concerns regarding ethical or competent practice. Our goal is to work in collegial fashion to provide the best training environment possible for our students; however, we must also work to protect the integrity of the profession.

Letter of Agreement

A letter of agreement should be signed between the student, the proposed supervisor, and the instructor of record for the practicum. Because guidelines and policies vary from one agency setting to the next, each practicum setting is responsible for drafting its own letter of agreement. A sample letter is attached.

Faculty of Education, University of Lethbridge
Agreement to Supervise Counselling Psychology Practicum Students
(Example Only)

Date _____

I, _____ *(name of supervisor)*,

agree to provide supervision for _____

(name of student) in the development of counselling skills at _____

_____ *(name of agency or setting)*. This agreement

will be in effect from _____ *(start date)* to _____ *(proposed end date)*.

I understand that the practicum experience is a required component of the Master of Education, Counselling Psychology Specialization program at The University of Lethbridge. I have read and agree to the general guidelines provided in the Guide for Field Supervisors. I further understand that I may contact the instructor of record for the practicum at any time if I have any questions or concerns regarding student performance.

 (signature of student)

 (date)

 (signature of site supervisor)

 (date)

 (signature of instructor)

 (date)

**Faculty of Education, University of Lethbridge
Counselling Practicum: Agency Profile**

Name of Agency/Practice: _____

Name of Supervisor(s): _____

Highest Degree/Discipline: _____

University/Year: _____

Curriculum Vitae/Resume Attached? _____ (Yes) _____ (No)

Counselling Services Offered by Supervisor and/or agency:

Contact Information:

Phone: _____ Fax: _____

E-mail: _____

Address: _____

Insurance (Company and Number): _____

Expiry: _____