Changes to BCACC Practice Standards (Effective Jan. 3, 2025)

This blackline reflects changes made to BCACC's Practice Standards effective as of January 3, 2025.

Practice Standard 2 – Competence and Quality Improvement

Criteria

The Clinical Counsellor:

- 2.1 Accepts responsibility for the development and maintenance of ongoing professional competence development activities through engagement in professional development quality improvement activities.
- 2.14 Obtains client consent to exchange relevant client information with other Clinical Counsellors, other regulated health care professionals, students, supervisees, and those in the clients' circle of care to enhance effective collaboration and to collaboration, ensure continuity of care. care, and/or to share in clinical consultation supervision sessions.

Glossary Definitions

Case consultation: A process similar to clinical supervision in many ways but differing in two important aspects: (1) The power differential is no longer in play, so the evaluation component is not a requirement. (2) The people seeking consultations are practicing clinicians seeking some level of advanced clinical knowledge or experience to augment their practice. It is a voluntary relationship between colleagues in which one is a more experienced practitioner, and in which information and strategies are shared with no obligation on the clinician seeking consultation to implement the information or strategy as shared.

<u>Clinical supervision:</u> A planned, goal-directed systemic activity that takes place on a regular basis between a more experienced and trained clinical supervisor and a supervisee.

<u>Professional development activities: Relevant activities that contribute to the professional growth and development of the practitioner.</u>

Quality improvement: A problem solving problem-solving framework that supports the Clinical Counsellor in elevating practice, personal, or professional development.

Practice Standard 4 — Diversity, Equity, Inclusion, and Anti-Racism Glossary Definitions

Disrespectful: in relation to words, actions, sustained behaviours, or policies and procedures that:

- a) Degrade, demean or objectify
- b) Intimidate or threaten, both verbal and physical
- c) Are based on assumptions of individual characteristics (gender, race, culture, age, sex, socioeconomic status, ability, community affiliation, or other)
- d) Destroys or otherwise defaces or intentionally devalues private property
- e) Ignores or minimizes collective and/or lived experience.

Practice Standard 6 – Clinical and Counselling Assessment and Reporting

STANDARD 6: CLINICAL AND COUNSELLING ASSESSMENT AND REPORTING

The Clinical Counsellor, within their individual range of competencies, education, training, and experience, conducts clinical evaluations or assessments and prepares clear, concise, accurate, and timely reports appropriate to the needs of the client and the recipient. and/or third parties (e.g. courts). Expected Outcome: The client can expect the Clinical Counsellor to conduct a clinical assessment and produce a resulting report as requested by the client and/or an agreed-upon recipient. third party (e.g. courts).

<u>Criteria</u>

The Clinical Counsellor:

- 6.1 Acts in a professional <u>fashion-manner</u> that adheres to the Clinical Counsellor's ethical and legal duties when undertaking an evaluation, assessment or preparing a report.
- 6.2 Develops and maintains legal and psychological knowledge, skills, and abilities that relate to the issues or problems requiring clinical evaluations or assessment. clinical evaluations or assessments.
- 6.3 Obtains written, and/or verbal, informed consent of adult(s), guardian(s), parent(s) of child, and/or mature minor(s) participating in the assessment process before commencing assessment.
- 6.5 Makes every effort during an assessment to obtain or gather all relevant information from the best sources available sources and, if necessary, seeks as many sources as reasonable that support the evaluation process.
- 6.9 Adheres to ethical principles of respect, informed consent, competence, confidentiality, and integrity when preparing and writing clinical reports, including:
- a. Taking a holistic, multi-factorial, carefully considered clinical perspective/approach.
- b. Preserving Respecting the dignity and privacy of the clients.
- c. Adding constructive comments and recommendations to the report. report if requested and/or where appropriate.
- d. Holding a clinically indicated and relevant theoretical orientation and assessment approach.
- e. Avoiding irrelevancies both including irrelevant content and making absolute predictions.
- 6.11 Incorporates a writing style that is required to properly convey clinical opinions, judgements, assessments and recommendations that are evidenced, supported, researched, educated and appropriately clinically-Maintains the highest standards of clinical and professional writing in keeping with the responsibilities of a profession that determines a course of care. writing.
- 6.17 Withdraws from any assessment process when there may be a conflict of interest or other factor that compromises the Clinical Counsellor's ability to provide ethical assessment. Notifies any party including the client or requesting party that ethical assessment is the client and/or requesting party that the ethical assessment was not able to be completed and undertakes to provide may be required to provide a referral elsewhere.

6.19 Makes clear, specific and practical recommendations that are supported by the Clinical Counsellor's experience, knowledge, education, training and clinical judgement including recommendations that are clinically indicated and/or evidence- informed in the support of the client. informed.

6.22 Consults legal <u>counsel or obtains legal</u> advice when engaging in any communications or reporting that may <u>require have</u> further requirements, responsibilities or procedures that the Clinical Counsellor is not aware of or familiar with.

Practice Standard 6 – Virtual Practice and Digital Technologies Criteria

The Clinical Counsellor:

- 7.5 Carefully considers Understands the potential increased risks of providing virtual services to anonymous clients.
- 7.6 Obtains express-explicit and informed consent for the provision of virtual services, including the:
- a. Tools used for the service,
- b. Requirements to take up the receive service (e.g., phone, internet access, other specifications for privacy and security for effective use of the virtual service), and
- c. Potential risks with using the service.
- 7.8 Ensures any website or technological interface used as part of virtual practice:
- a. Complies with BCACC's Bylaws, Code of Ethical Conduct, and Standards of Practice relating to advertising.
- b. Identifies the full name and <u>registration_designation_and/or license number of any Clinical Counsellor who that interacts with <u>a-the_client through the interface.</u></u>
- 7.9 Refrains from providing <u>client specific information such as</u> clinical assessment, <u>or clinical clinical treatment</u>, <u>personal</u>, <u>financial</u>, <u>and/or medical information</u> on publicly accessible websites, blogs, forums, or other communications platforms, such as social networking sites.

Glossary Definitions

<u>Express-Explicit</u> consent: Consent given directly and explicitly, regardless of consent implied by context or behavioural norms.

Practice Standard 11 – Marketing, Advertising, and Fees for Service Criteria

The Clinical Counsellor:

- 11.9 Refrains from Avoids modifying fee schedules for third-party payors, payors. Avoids issuing receipts to others than the client/payor, or indicating other than the accurate payor, unless they are the client/payor. Where the payor is not the client, the Clinical Counsellor clearly indicates who the client is that services were provided to.
- 11.16 Avoids recruiting clients while serving from organizations in which the practitioner is in positions on those Boards, Councils, and/or Committees.

11.18 Ensures public communications and advertising through social media and other platforms are not false, misleading, illegitimate, or unverifiable. unverifiable, or reflect negatively on the profession.

Practice Standard 13 – Ethical Conduct

Criteria

The Clinical Counsellor:

- 13.1 Applies the BCACC Code of Ethical Conduct in all-professional settings.
- 13.3 Continuously and consistently reviews ethical aspects of practice and discusses new ethical issues and questions with a clinical <u>supervisor supervisor</u>, <u>professional colleague</u>, <u>or peer supervisor</u>; and, when clinically appropriate, brings ethical concerns or questions to the attention of the BCACC.
- 13.4 Recognizes the <u>variable_contextual</u> nature of ethical decisions and consults with professional colleagues, clinical supervisor(s), the BCACC or appropriate regulatory body or appropriate legal counsel, when required.
- 13.5 Addresses perceived or actual unethical behaviour of colleagues in an appropriate a manner, which, where appropriate, emphasizes remedial clarification and education.
- 13.7 Cooperates with BCACC committees or groups committees, groups, and regulatory staff involved with ethical considerations and decision-making.
- 13.9 Demonstrates understanding of the inherent and unique value of all human beings, persons, peoples, and environment(s) in counselling activities.
- 13.10 Upholds the rights of clients, peoples, others, and self.
- 13.15 Works to minimize harm from any effects that actual or perceived differences in personal characteristics with all persons, peoples, and others. others and self. may cause in negatively colouring ones professional and clinical judgement of the client.
- 13.19 Seeks to maximize potential for positive outcomes in interactions with clients, peoples, and others. clients.
- 13.20 Recognizes and manages potential for harm in relationships with clients, peoples, clients.
- 13.21 Models respectful professional boundaries in all interactions. boundaries.
- 13.22 Upholds-Demonstrates impartiality in professional relationships and activities. relationships.