

BC ASSOCIATION

of **CLINICAL  
COUNSELLORS**



# **STANDARDS OF CLINICAL PRACTICE: Preparation of Family Law Reports**

Effective February 27, 2026



# OVERVIEW: STANDARDS OF CLINICAL PRACTICE

## **STANDARD 1: CLIENT-CENTERED CARE AND CONSENT**

The Clinical Counsellor ensures that every aspect of care is centered around the client's immediate and ongoing needs and goals.

## **STANDARD 2: COMPETENCE AND QUALITY IMPROVEMENT**

The Clinical Counsellor develops and maintains their competence, applies clinically indicated and/or evidence-informed methods, critical thinking and clinical and professional judgment, and engages in quality improvement to best serve clients and protect the public.

## **STANDARD 3: PROFESSIONAL INTEGRITY AND COMMUNICATION**

The Clinical Counsellor meets the ethical and legal requirements of professional practice and demonstrates responsible caring, honesty, integrity and respect for all persons and peoples. The Clinical Counsellor is truthful, accurate, and clear in all communications, respecting and supporting a client's, or potential client's, ability to make informed judgements and choices, and addresses misrepresentations appropriately.

## **STANDARD 4: DIVERSITY, EQUITY, INCLUSION AND ANTI-RACISM**

The Clinical Counsellor demonstrates cultural humility, which begins with a self-examination of values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact therapeutic relationships with all clients. In collaboration with the client, the Clinical Counsellor facilitates safer health care experiences where clients' physical, mental, emotional, spiritual, social, and cultural needs can be met.

## **STANDARD 5: INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY, AND ANTI-RACISM**

The Clinical Counsellor strives to be well-versed in the unique issues caused by structural and systemic racism and the impact on Indigenous clients. The Clinical Counsellor works to ensure they address systemic issues within the practice environment while creating a culturally informed, collaborative, and safer clinical experience for clients. Clinical Counsellors ensure they practice with cultural humility and awareness of systemic racism ensuring Indigenous clients get access to relevant, culturally informed, anti-racist care.

## **STANDARD 6: CLINICAL AND COUNSELLING ASSESSMENT AND REPORTING**

The Clinical Counsellor, within their individual range of competencies, training, and experience, conducts clinical or counselling assessments and prepares clear, concise, accurate, and timely reports appropriate to the needs of the client and the recipient.

## **STANDARD 7: VIRTUAL PRACTICE AND DIGITAL TECHNOLOGIES**

The Clinical Counsellor integrates technology and provides services via remote (virtual) means in a manner that does not compromise quality or integrity of professional service and is in the client's best interests.

## **STANDARD 8: RELATIONSHIPS, BOUNDARIES AND CONFLICT OF INTEREST**

The Clinical Counsellor manages relationships intentionally, maintains appropriate professional boundaries, and recognizes, prevents, and takes action to resolve conflicts of interest—direct, potential, or perceived.

### **STANDARD 9: SEXUAL MISCONDUCT**

The Clinical Counsellor refrains from all activities that would create the potential for sexual misconduct, including activities that exploit the power imbalance and/or trust required of the therapeutic relationship.

### **STANDARD 10: PRIVACY AND CONFIDENTIALITY**

The Clinical Counsellor respects clients' rights to the privacy and confidentiality of their personal information. All clinical content communicated through the course of care by both parties, including information contained in the clinical record is considered to be protected client information. Clinical Counsellors protect all communicated and stored client information and comply with relevant legislation, ethical guidelines and regulatory standards related to privacy and confidentiality at all times.

### **STANDARD 11: MARKETING, ADVERTISING AND FEES FOR SERVICE**

The Clinical Counsellor is truthful, accurate, and clear in all communications, and considers approaches to advertising and marketing activities that are in the best interests of clients and potential clients, and that respect and support the ability to make informed judgements and choices.

### **STANDARD 12: DOCUMENTATION AND RECORD KEEPING**

The Clinical Counsellor maintains and secures client and financial records with the highest integrity, adhering to BCACC bylaws and applicable legislative and regulatory requirements.

### **STANDARD 13: ETHICAL CONDUCT**

The Clinical Counsellor adheres to the ethical principles contained within the BCACC Code of Ethical Conduct and demonstrates ethical behaviour in all professional activities, recognizing the variable nature of ethical concerns and engaging in self-reflective, respectful, and caring practices to protect the inherent worth and wellbeing of all their clients.

### **STANDARD 14: SUPERVISION**

The Clinical Supervisor ensures that clinical supervision is centered around the supervisee's professional development, and is intended to facilitate growth, complement practice, and promote safe and effective client care.



# STANDARD 15: PREPARATION OF FAMILY LAW REPORTS

Family law reports prepared by clinical counsellors play a central role in resolving parenting disputes following separation or divorce. These reports provide the court or arbitrator with an impartial, evidence-informed analysis of a child's needs, views, and circumstances, as well as each parent's ability and willingness to meet those needs. Because these reports carry significant influence over judicial decisions and family outcomes, clinical counsellors must meet high standards of ethical conduct, legal compliance, and clinical competence.

This Standard establishes expectations for the preparation of family law reports under s. 211 of the Family Law Act (B.C.), relevant provisions of the Divorce Act (Canada), and related court rules. It sets out ethical duties, assessment and reporting requirements, and responsibilities when appearing as an expert witness.

## Expected Outcome

The client can expect the clinical counsellor to prepare family law reports that are impartial, accurate and focused on the child's best interests, providing clear evidence informed observations and recommendations. Clients can expect professional, transparent communication, respectful handling of consent and confidentiality and equitable consideration of all parties. Clients can expect clinical counsellors reports and testimony to be neutral, clear and fair throughout the assessment process to better support decision-makers.

## Scope and Practice

This Standard applies to all clinical counsellors who undertake family law assessments and reports. It sets out expectations for:

The **ethical and professional duties** governing impartiality, consent, confidentiality, and communication.

The **conduct of family law assessments**, including observation, interviews, and collateral information gathering.

The **preparation of family law reports**, including report types, mandatory content, and recommendations.

The **role of clinical counsellors as expert witnesses**, including preparation for testimony and standards of accuracy, transparency, and professionalism.

## Guiding Principles

This Standard must be read considering:

The **best interests of the child**, as the paramount consideration in all assessments and recommendations.

The **scope of the appointment**, which defines the limits of the report and the authority of the clinical counsellor.

The **counsellor's professional competence**, which includes specialized advanced training in relevant legislation, report writing, and demonstrated proficiency and clinical training(knowledge and skills) in working with families and children involved in family law matters before accepting an appointment.


The **role of the court or arbitrator**, which remains the final decision-maker. Clinical counsellors provide impartial analysis and recommendations, not determinations.

## Criteria

The Clinical Counsellor demonstrates compliance with the standard through the following behaviours:

### Ethical Decision-Making

- 15.1 Acts fairly and impartially when preparing family law or other expert reports, exercising their professional judgement and clinical reasoning, and withdrawing from the process if objectivity or impartiality has been compromised.
- 15.2 Discloses prior relationships with all the parties involved in the assessment and only accepts an appointment if all parties provide informed consent.
- 15.3 Avoids dual roles that compromise objectivity to the same clients and undertakes multiple roles only if authorized by the court or with informed consent from all parties, ensuring the assessor role is clearly understood by the parties.
- 15.4 Declines or withdraws from an appointment if unable or unwilling to meet these responsibilities, notifying the referring authority without delay.
- 15.5 Conducts assessments impartially treating all parties consistently and equitably and ensuring each has an equal opportunity to provide information and respond to relevant concerns.
- 15.6 Prepares assessment reports that are objective, neutral, and limited to the information relevant to the best interests of the child by avoiding irrelevant, subjective, or disparaging statements and refrain from favouring or advocating for either parent.
- 15.7 Obtains informed consent from all required adults, all mature minors, and, where applicable, from parents or guardians on behalf of children not capable of providing their own consent, unless the appointment arises from a court order or arbitrator's award.
- 15.8 Assesses the capacity of mature minors to determine whether a young person has the ability to understand the nature, risks and consequences of the assessment. Has explained to the mature minor the limits of consent and has been satisfied that the mature minor understands the nature, risks and consequences of the limits of consent and the assessment.
- 15.9 Obtains consent directly from them if capable. If not, consent must be obtained from:
  - a) both parents where no agreement or order allocate parental responsibilities, or
  - b) all parents or guardians with decision-making authority where responsibilities have been allocated.
- 15.10 Records obtained consent in writing, retaining it in the case file and documents.
- 15.11 Responds promptly to parent or guardian withdrawal of consent by stopping services, documenting the withdrawal, and informing all parties involved.
- 15.12 Explains how personal information will be collected, used, disclosed, and secured at the start of each interview.

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- 15.13 Advises informants of legal obligation to report concerns to the Ministry of Children and Family Development where there is reason to believe a child may be in need of protection.
- 15.14 Clarifies to informants that information they provide is not privileged or confidential and may become part of the public record in litigation, including testimony under oath.
- 15.15 Handles children's requests for confidentiality sensitivity, using professional judgement, disclosing information only when it is in the child's best interests and submitting directly to the decision-maker without disclosure to the parents or their lawyers.
- 15.16 Maintains equitable communication with all parties throughout the assessment process and ensures that any information shared with one parent or their legal representative regarding the assessment or the report is shared at the same time with the other parent or their legal representative.

### **Conducting Family Law Assessments**

- 15.17 Conducts assessments only when lawfully appointed, ensuring reports respond to the specific purpose of the appointment including: the child's needs, the child's views, or each party's ability and willingness to meet those needs.
- 15.18 Reviews court orders relating to custody, guardianship, or parental rights before beginning an assessment and ensures that both parents agree to provide updates if the order changes and adjusts their process accordingly. Documents any instance where a parent or guardian is not contacted during the assessment process and provide a detailed written rationale in the clinical file explaining why. Makes an extensive effort to contact the parent and document these efforts in their clinical notes.
- 15.19 Documents any instance where a parent or guardian is not contacted during the assessment process and provide a detailed written rationale in the clinical file explaining why.
- 15.20 Clarifies the scope of the appointment and distinguishes between a full Family Law Act s. 211 report and a more limited "views of the child" report.
- Full s. 211 reports require the clinical counsellor to assess the child's needs, the child's views, and each party's ability and willingness to meet those needs.
  - A limited report, such as one ordered under Family Law Act, s. 37(2)(b), or Divorce Act, s. 16(3)(e), focuses only on the child's views and preferences.
- 15.21 Refrain from providing opinions about parental capacity or parenting arrangements, unless expressly authorized.
- 15.22 Applies the best interests of the child as the sole consideration in assessments and recommendations unless the appointment specifies otherwise and applies the legislated factors in Family Law Act, s. 37(2), and Divorce Act, s. 16(3), which include:
- the child's health and emotional well-being;
  - the child's views and preferences;
  - the strength of the child's relationships with parents and others;

- d) the history of the child’s care and each parent’s plans for future care;
- e) the child’s need for stability;
- f) each parent’s ability to meet the child’s needs;
- g) each parent’s willingness to encourage the child’s relationship with the other parent; and
- h) the impact of family violence.

15.23 Exercise critical thinking and clinical judgment in weighing these factors according to the circumstances of each case.

15.24 Provide an independent and impartial perspective informed by professional observation, assessment, and judgment. which assist the court in determining the child’s best interests and remain mindful that their role is not to advocate for either parent.

15.25 Observe parent-child interactions in each parent’s home wherever feasible and when home visits cannot be arranged, due to safety concerns, geographic barriers, or refusal by one parent, observations should occur in neutral or virtual settings that allows facilitates genuine interaction. Observation logistics and directions should be as similar as possible between each parent and the child(ren) with similar place time and directions from the RCC.  
[e.g. if the RCC is requesting to see the parent and child interacting over a meal, the same request should be made to the other parent, not substituting a substantially different activity such as a games night or the visit occurring at a substantially different time—afternoon vs evening.]

15.26 Conducts interviews with children in a developmentally appropriate way, taking care to reduce parental influence or pressure and if suitable asks older children how they would feel about potential changes in living arrangements.

15.27 Interviews each parent and, where appropriate, their new partners or other significant caregivers equally to gather perspectives on the child’s needs, parental capacity, family dynamics, history of caregiving, and identifies the individual conveying these perspectives.  
[RCCs have written reports and not indicated which person interviewed has make a critical statement that was used as a basis for action or opinion—resulting in a complaint]

15.28 Gathers balanced collateral information from individuals who have direct knowledge of the parents or children, such as teachers, doctors, extended family, or community supports and obtains written authorization from each parent before contacting collateral sources, unless a general authorization has been provided.

15.29 Demonstrates legal, clinical and psychological competence relevant to family law contexts by maintaining up-to-date knowledge of the Family Law Act, the Divorce Act, and the applicable court rules that govern expert reports and testimony. Clinical counsellors demonstrate competence by:

- a) Applying legal knowledge, including:

- I. Family Law Act, ss. 37–38 (best interests of the child and family violence factors);
  - II. Family Law Act, s. 211 (scope of reports);
  - III. Divorce Act, s. 16 (best interests of the child); and
  - IV. Supreme Court and Provincial Court rules on expert reports and witnesses.
- b) Applying psychological and clinical knowledge, including:
- I. child development, including the impact of abuse, neglect, trauma, and separation;
  - II. attachment theory, especially resist–refuse dynamics;
  - III. family systems and the impact of parental conflict;
  - IV. coercive control and family violence, including screening and impacts on children and adults; and
  - V. mental health and substance use issues and their effect on parenting capacity.

### Writing Family Law Reports

- 15.30 Supports resolution of parenting disputes by providing impartial, child-focused, and evidence-informed assessments that are written with clarity and neutrality.
- 15.31 Supports resolution of parenting disputes by providing impartial, child-focused, and evidence-informed assessments that are written with clarity and neutrality.
- 15.32 Prepare reports in accordance with the requirements of the Supreme Court Family Rules (Rules 13-1, 13-2, 13-6) and the Provincial Court Family Rules (Rule 11). Reports must:
- a) Provide an address for service to ensure reliable communication with the parties and their legal representatives;
  - b) Acknowledge and certify the duty to the court by stating that the clinical counsellor is aware of their obligation to assist the court and not act as an advocate for any party.; and
  - c) Maintain impartiality and objectivity throughout the assessment and report by providing an honest, neutral, independent expert opinion, and refraining from advocating for either party.
- 15.33 Prepares family law reports for arbitration in line with the principles and content requirements of the Supreme Court Family Rules unless the arbitrator directs otherwise, while maintaining professional standards of impartiality and accuracy.
- 15.34 Prepare reports with professional judgment, accuracy, and impartiality, mindful of their influence on judicial decision-making and implications for children and families.
- 15.35 Accepts appointments to prepare s. 211 reports only when they have the training and experience required to competently complete them. Reports may address:
- a) the needs of a child in relation to a family law dispute (s. 211(1)(a));
  - b) the views of a child in relation to a dispute (s. 211(1)(b)); and/or
  - c) the ability and willingness of a party to satisfy the needs of a child (s. 211(1)(c)).
- 15.36 Confirms the scope of their appointment at the outset, resolving any ambiguity in the order or referral letter and determines whether the report requested is evaluative or non-evaluative:

- a) Evaluative reports (Family Law Act, s. 211(1)(b)) include interpretation and professional opinion about the child’s views, often weighing their consistency, context, and alignment with best interests.
- b) Non-evaluative reports (Family Law Act, s. 37(2)(b); Divorce Act, s. 16(3)(e)) summarize the child’s statements without analysis or interpretation.

15.37 Uses precise statutory terminology, such as “evaluative views of the child report” or “non-evaluative views of the child report.” and refrain from using informal or interchangeable labels such as “voice of the child” or “hear the child” unless those terms are formally defined in the appointment.

15.38 Includes mandatory content in all views of the child reports ensuring that all reports include at minimum:

- a) the child’s age, school, and grade level;
- b) impressions of the child’s maturity, personality, and character;
- c) the child’s health and emotional well-being, including any special needs;
- d) the child’s involvement in extracurricular activities;
- e) the child’s current parenting arrangements, contact with siblings, and the role of extended family or other significant persons; and
- f) the extent of the child’s knowledge of the dispute resolution process and their parents’ positions.

15.39 Reports on the needs of the child by providing information addressing the child’s developmental, emotional, physical, social, cultural, and relational needs. At minimum, reports include:

- a) the child’s maturity, personality, and character;
- b) health and emotional well-being, including any special needs or unmet needs;
- c) physical, psychological, social, and economic needs;
- d) education and involvement in extracurricular activities;
- e) emotional bonds with parents, siblings, and extended family;
- f) each parent’s role in care, nurturance, and discipline, and their competence in fulfilling these functions;
- g) the roles of extended family or other significant caregivers;
- h) cultural and religious heritage and practices, particularly where they differ from past practices;
- i) the length of time the child has lived in a stable home environment; and
- j) the child’s experience of parental conflict, including exposure to family violence.

15.40 Reports on each parent’s capacity to meet the child’s needs, grounding the analysis in the best-interest factors set out in the Family Law Act, s. 37(2), and Divorce Act, s. 16(3). Reports typically include information on:

- a) the parent–child relationship;
- b) the parent’s personal and family history, including relationships with the other parent and any new partner;
- c) the parent’s relationships with their own parents, extended family, and community;
- d) presence or history of coercive control and family violence;
- e) criminal history related to family or intimate partner relationships;
- f) child protection involvement or complaints;
- g) mental health, cognitive, or substance use concerns affecting parenting;

- h) past and present parenting arrangements, and future parenting plans;
- i) willingness to cooperate with the other parent and support the child's relationship with them;
- j) parenting knowledge, skills, and attitudes;
- k) strengths and weaknesses in parenting, including ability to make difficult decisions in the child's best interest;
- l) available supports and resources, particularly for children with special needs;
- m) the safety of the parent's home environment;
- n) the parent's views of the other parent's capacity; and
- o) the level and expression of inter-parental conflict.

Where family violence is a factor, reports must also address the additional considerations in Family Law Act, s. 38, and Divorce Act, s. 16(4).

- 15.41 Prepares Progress reports only when:
- a) they are in an ongoing therapeutic relationship with the individuals involved, and
  - b) a mediator, arbitrator, or judge has specifically requested the report.
- 15.42 Writes progress reports to address only the issues identified in the request and tailor the content to the scope of the decision-maker's instructions, ensuring that reports are concise, impartial, and directly relevant.
- 15.43 Provide in their reports the minimum information required by court rules, including:
- a) the expert's name, address, and areas of expertise;
  - b) the expert's qualifications, employment, and educational experience in their area of expertise;
  - c) the instructions given to the expert;
  - d) the nature of the opinion sought from the expert and the issues in the lawsuit to which the report relates;
  - e) the expert's opinion on those issues; and
  - f) the reasons for the expert's opinion, including the facts on which the opinion is based, a description of any research relied on, and a list of any documents relied on.
- 15.44 Write reports that are clear, concise, and well-organized to support the reader's understanding and refrain from using unnecessary legal or psychological jargon, and technical terms are defined when needed.
- 15.45 Provide recommendations on parenting time, parental responsibilities, and contact that are specific, concrete, realistic and directly addresses all requested by describing arrangements measurable terms free of vague language.
- 15.46 Refrain from offering comprehensive or prescriptive parenting plans unless explicitly instructed by providing impartial analysis and highlight the advantages and disadvantages of options, without predetermining the court's decision.
- Preparing for Court**
- 15.47 Fulfills the role of expert witness by providing specialized knowledge and opinions on parenting issues after separation that extend beyond common knowledge and prepare reports and testimony

consistent with those requirements, or consistent with arbitrator's directions in instances of arbitration.

- 15.48 Prepares thoroughly for testimony by attending court or arbitration hearings, bringing all relevant materials, including reports, notes, and supporting documentation to ensure they can respond confidently and accurately under examination.
- 15.49 Responds truthfully, accurately, and professionally during examination and cross-examination and are prepared to explain their instructions, methodology, factual basis, theoretical framework, and conclusions.
- 15.50 Maintains accuracy and transparency by ensuring that all facts, references, and sources cited in their reports or testimony are accurate and clearly identified, attributing sources explicitly to support the reliability of their evidence and remaining impartial and composed when their opinions are challenged



## Related Documents

- The Family Law Act
- Divorce Act
- Provincial Court Family Rules
- Supreme Court Family Rules
- [Implementation of the Family Law Act Bulletin \(Ministry of Justice Victim Services and Crime Prevention\)](#)

## Related BCACC Documents

- Code of Ethical Conduct
- Bylaws
- Entry to Practice Competency Profile
- Guideline for Ethical Decision Making
- Standard for Informed Consent to Clinical Counselling and the Collection, Use and Disclosure of Personal Information
- PIPA: A Counsellor's Guide for Developing Client Personal Information Protection Policies and Procedures
- Legal Commentary - Consent to Clinical Counselling Services
- Legal Commentary – The New Family Law Act

## Related Standards of Clinical Practice

All other Standards of Clinical Practice contain specific applications of Standard 13: Ethical Conduct, however the following are of specific value in reference to Criteria noted:

- Standard 1: Client-Centered Care and Consent
- Standard 2: Competence and Quality Improvement
- Standard 4: Diversity, Equity, Inclusion, and Anti-Racism
- Standard 8: Relationships, Boundaries, and Conflict of Interest
- Standard 9: Sexual Misconduct

## Glossary Definitions

**Assessment:** Refers to the variety of evaluation methods and tools used for the purpose of determining a course of care.

**Child:** except in Parts 3 and 7 and section 247 of the Family Law Act, means a person who is under 19 years of age.

**Child support guidelines:** means the child support guidelines, provided under section 247 of the Family Law Act, for calculating child support.

**Discrimination:** Conduct that is prohibited under the Human Rights Code and that is undertaken in relation to the practice of a designated profession or occupation by a regulated health practitioner, including with respect to the provision of health services or services related to the provision of health services, the employment of persons in relation to the practice of the designated profession or occupation, and the housing of person in community care facilities or assisted living residences within the meaning of the Community Care and Assisted Living Act, or other types of facilities where health services are provided; and interactions between a regulated health practitioner and any of the following, conducted in the course of practicing a designated profession or occupation or in the carrying out of business, professional or other activities related to the practice of a designated profession or occupation: clients; persons who exercise powers or perform duties for a regulator; persons within a prescribed class of persons; or the use of the regulated health practitioner's status as a regulated health practitioner in relation to an activity prohibited under section 7 [discriminatory publication] of the Human Rights Code.

**Disrespectful:** in relation to words, actions, 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.

### Dual/Multiple Relationship

Multiple relationship occurs when people have more than one role/ social role with each other and can be managed appropriately, but also presents risks when the power imbalances are not mitigated well, and or the person with less power (client/ supervisee) is at risk of exploitation or harm.

**Equity:** Recognizes that each person has different circumstances, allocating the resources and opportunities needed to seek to reach equal outcomes.

**Evidence-informed:** Using an established body of data and evidence to inform clinical determinations within the course of care.

**Family violence:** includes, with or without an intent to harm a family member,

- (a) physical abuse of a family member, including forced confinement or deprivation of the necessities of life, but not including the use of reasonable force to protect oneself or others from harm,
- (b) sexual abuse of a family member,

- (c) attempts to physically or sexually abuse a family member,
- (d) psychological or emotional abuse of a family member, including
  - (i) intimidation, harassment, coercion or threats, including threats respecting other persons, pets or property,
  - (ii) unreasonable restrictions on, or prevention of, a family member's financial or personal autonomy,
  - (iii) stalking or following of the family member, and
  - (iv) intentional damage to property, and
  - (e) in the case of a child, direct or indirect exposure to family violence;

**Mature Minor:** In British Columbia, the concept of a mature minor is defined under the Infants Act. A *mature minor* is a person under the age of 19 who is deemed capable of making their own health care decisions without parental or guardian consent. This determination is made by a health care provider based on the minor's ability to understand:

- a) The nature and purpose of the proposed health care,
- b) The risks and benefits involved,
- c) The consequences of receiving or not receiving the treatment, and
- d) Whether the treatment is in the minor's best interests.

There is no fixed age at which a minor is automatically considered mature. Instead, the assessment is individualized and based on the minor's mental, emotional, and physical maturity.

**Multiple Relationships:** Multiple relationships occur when people have more than one role/ social role with each other and can be managed appropriately but also presents risks when the power imbalances are not mitigated well, and or the person with less power (client/ supervisee) is at risk of exploitation or harm.

**Guardian:** means a guardian under section 39 of the Family Law Act [parents are generally guardians] and Division 3 [Guardianship] of Part 4;

**Parent:** means a parent under Part 3 of the Family Law Act [Parentage]

**Parental responsibilities:** means one or more of the parental responsibilities listed in section 41 of the Family Law Act.

**Parenting arrangements:** means arrangements respecting the allocation of parental responsibilities or parenting time, or both;

**Parenting coordinator:** means a person who may act as a parenting coordinator under section 14 of the Family Law Act

**Parenting time:** means parenting time as described in section 42 of the Family Law Act [parenting time];

**Reasonable:** That which any other Clinical Counsellor with similar education, experience and/or training would do in a similar situation.

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



**Referral:** Written (or verbal) orders/requests for care from other health care professionals and/or services.

**Risk of harm:** Likelihood of negative impacts and events, whether physical or psychological in nature that negatively affect the client's health and/or quality of life.

**Self-reflection:** Reflection is a metacognitive process undertaken before, during, and after situations with the purpose of developing greater understanding of both the self and the situation so that future encounters are informed/improved/changed from previous encounters.

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