BC ASSOCIATION of CLINICAL COUNSELLORS

STANDARDS OF CLINICAL PRACTICE

Relationships, Boundaries, and Conflict of Interest

Effective November 30, 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 supervisees professional development, and is intended to facilitate growth, competent practice, and promote safe and effective client care.

STANDARD 15: PREPARATION OF FAMILY LAW REPORTS

The Clinical Counsellor conducts family law assessments and prepares clear, accurate, impartial, and evidence-informed reports focused on the best interests of the child. The Clinical Counsellor works within their competence and the scope of their appointment, meets applicable legal and ethical requirements, and maintains fairness and transparency in assessments, reports, and testimony.



STANDARD 8: RELATIONSHIPS, BOUNDARIES, AND CONFLICT OF INTEREST

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

Expected Outcome:

The client can expect their Clinical Counsellor will provide a safe counselling and therapeutic environment based on trust, respect for individual dignity, and the client's best interest and that actual or potential conflicts of interest will be disclosed, when possible, and managed with care to prevent harm to the client.

Criteria

The Clinical Counsellor:

8.1 Recognizes the therapeutic relationship is built on a relationship of trust and has an inherent power imbalance and holds responsibility to safeguard against misuse or abuse.

8.2 Uses a collaborative and informed consent process to appropriately initiate and maintain Clinical Counsellor-client or supervisor-supervisee relationships and refers, transfers or ceases client care through a collaborative process with the client when appropriate and possible

8.3 Refrains from committing acts of misconduct that are prohibited by applicable laws, BCACC Bylaws, Standards of Clinical Practice, and Code of Ethical Conduct of the clinical counselling profession

8.4 Maintains ongoing and current awareness and understanding of any legislative and regulatory requirements to report the perception of or actual acts of misconduct by health care professionals.

8.5 Avoids and addresses, when aware, any direct, potential, or perceived conflict of interest that is not in the best interest of the client or supervisee.

8.6 Discloses all conflict(s) of interest to clients, supervisees, students, research participants, trainees, organizations, contractors, employers and others, as appropriate, and documents in a complete, open, and timely manner how the conflict was managed.

8.7 Recognizes and manages risks associated with services provided to multiple clients and/or in collaboration with other health care professionals and is intentional in establishing clear and appropriate boundary, confidentiality and consent parameters specific to the service context.

8.8 Respects and complies in a timely manner with a client's request for referral to another counsellor.

8.9 Provides appropriate referrals, or makes reasonable provisions to facilitate continuity of care, to other qualified professionals in the event of limiting, suspending, or cessation of services for any reason.

8.10 Avoids multiple relationships with client(s) while conducting clinical or counselling assessment and expert reporting.

8.11 Recognizes and manages the increased risk of multiple relationships when circumstances may require it.

8.12 Seeks guidance from the BCACC or the appropriate regulatory body, professional colleagues, clinical supervisors, or legal counsel and documents this clearly

8.13 Clearly Documents multiple relationships including potential for harm, safeguards, and known outcomes, especially when providing services within close-knit communities.

8.14 Uses professional judgment to identify when personal relationships could compromise objectivity, client trust, or the therapeutic relationship. Where access to counselling is limited, including in Indigenous, rural, or close-knit communities, the Clinical Counsellor may:

a. provide or continue services only after taking reasonable steps to exhaust referral options, minimize risk, preserve respectful and unbiased care, and
b. document the rationale and safeguards applied.

8.15 Must not engage in social, business, or personal relationships with current clients or supervisees and those with close personal relationships with the aforementioned.

8.16 Properly manage own personal and professional risk factors that may increase their risk for boundary violations including:

a. physical and mental health vulnerabilities
b. personal stressors
c. social or professional isolation
d. lack of knowledge about professional boundaries
e. lack of awareness of scope limitations

8.17 Assesses the risks and benefits before entering a social, business, or close personal relationship with a former client, mentee, supervisee, or student, including any continuing power imbalance or risk of harm. Proceeds only where risks can be adequately addressed, discusses safeguards with the person, documents decisions, and seeks professional or legal guidance as required.

8.18 Maintain professional boundaries in a manner that remains sensitive to the clients cultural norms.

8.19 Refuses the following from clients, students, supervisees, research participants, or others:

a. offers of money;
b. gifts of significant monetary value;
c. other non-clinically relevant incentives or personal requests; or
d. Inappropriate use of personal information.

This applies where acceptance or participation could exploit, or appear to exploit, the power imbalance or interpersonal nature of the professional relationship, cause harm, or compromise client care, professional judgment, or trust in the clinical counselling profession.

Related BCACC Documents

- Code of Ethical Conduct
- Entry to Practice Competency Profile
- Standards for Clinical Counselling Reports

Related Standards of Clinical Practice

- Standard 1: Client-Centered Care and Consent
- Standard 3: Professional Integrity and Communication
- Standard 4: Diversity, Equity, Inclusion, and Anti-Racism
- Standard 5: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism
- Standard 10: Privacy and Confidentiality

Glossary Definitions

Assessment: Refers to the variety of methods used for the purpose of collecting information relevant to drawing conclusions.

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/family, couple, group or supervisee) is at risk of exploitation or harm.

Continuity of care: Ongoing review of the care of the client, in collaboration with the client, and the professional relationships supporting the clients care to ensure there is no, or limited, stops to the service or support until there is an agreed upon cessation of care and services.

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.

Health care professional: Member of a regulated health profession or occupation.

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

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

Supervisee: Any person who performs a counselling service under the supervision of a Clinical Supervisor.

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