



The Canadian Association for Marriage and Family Therapy
L'association Canadienne pour la thérapie conjugale et familiale

2019 CODE OF ETHICS¹

SECTION 1: BACKGROUND & CONTEXT

PREAMBLE

The Canadian Association for Marriage and Family Therapy (hereafter CAMFT) acknowledges its responsibility to encourage and support ethical attitudes and behaviours on the part of Canadian marriage and family therapists (hereafter called MFTs). This responsibility invites a variety of actions such as (a) articulating ethical principles, standards, and values; (b) promoting these through modelling, supervision, and training; (c) supporting self-reflective practice; (d) adjudicating complaints of unethical behaviour by members; and (e) taking corrective action when warranted.

This responsibility arises from the nature of the contract between the profession and the societies within which the profession functions. A profession earns the respect and support of its societies in part through its commitment to providing the highest standards of ethical behaviour, reflected in the profession's intent to place the welfare of its societies and the individual members thereof above its own.

This Code articulates ethical principles, values, and standards to guide all members of CAMFT when acting in a direct service, research, teaching, supervision, or any other role related to marriage and family therapy. Further, they are applicable regardless of the communication modality used (e.g., in person, telephone, text, video, internet).

¹This document owes a substantial proportion of its structure and content to *The Canadian Code of Ethics for Psychologists*, 4th edition, by the Canadian Psychological Association (2017) and to *The Code of Ethics: A Framework for Ethical Practice* by the New Zealand Association of Counsellors (2016). We appreciate both associations for granting permission to use their published materials.

In some circumstances, ethical decision-making is relatively straightforward, particularly when there are clear-cut guidelines or standards of care and alignment of participants' interests. In other circumstances, ethical principles, standards, or interests may be in conflict, requiring careful and complex deliberation. Although the individual MFT remains responsible for a decision, MFTs are expected to consult appropriately, including with advisory and regulatory bodies.

In all cases, MFTs are expected to follow a decision-making process based on a coherent set of ethical principles, sufficient to bear public scrutiny. The following four ethical principles, presented in order of priority, inform CAMFT members' decision-making:

- Principle I: Respect for the Dignity of Persons and Peoples. This principle, with its emphasis on inherent worth, non-discrimination, moral rights, and distributive, social, and natural justice, should be given the highest weight, except when there is a clear and imminent danger of bodily harm to someone.
- Principle II: Responsible Caring. This principle, which should be given second-highest weight, requires competence, maximization of benefit, and minimization of harm and should be applied only in ways that respect the dignity of persons and peoples.
- Principle III: Integrity in Relationships. MFTs are expected to demonstrate integrity in all of their professional relationships. The values of this principle (e.g., openness, cultural competency, and straightforwardness) might in some circumstances need to be subordinated to the values contained in Principles I and II.
- Principle IV: Responsibility to Society. When the welfare of an individual or group appears to conflict with benefits to society, it is often possible to find ways of working for the benefit of society that do not violate Principles I, II, and III. If this is not possible, the dignity, well-being, and best interests of persons and peoples, as well as integrity in relationships, should not be sacrificed.

This Code must be understood and applied within the legal frameworks of federal and provincial legislation, criminal and common or civil law (as appropriate), and the United Nations Declaration on the Rights of Indigenous Peoples, in addition to applicable treaties. If this Code prescribes a standard higher than that required by law, MFTs must meet the higher standard. They should comply with the mandates of law but make known their commitment to this Code and take steps to resolve the conflict in a responsible manner. The CAMFT supports legal mandates for the reporting of alleged unethical conduct.

This Code is binding on members of CAMFT in all membership categories, all CAMFT Approved Supervisors, and all applicants for membership or the Approved Supervisor designation. CAMFT members have an obligation to become familiar with this Code and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defence against a charge of unethical conduct.

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current CAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If a CAMFT member resigns in anticipation of or during an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the CAMFT will include the fact that the member attempted to resign during the investigation.

This Code describes generally prevalent principles of ethical behaviour and acknowledges that CAMFT members are also expected to respect the specific standards and guidelines of other regulatory or voluntary associations such as provincial/territorial colleges or statutory bodies. The Code applies to the professional behaviour of MFTs and does not guide or regulate private behaviour. Personal behaviour becomes a concern of the profession only if it is of such a nature that it undermines public trust in the profession as a whole or if it raises questions about an MFT's ability to carry out professional responsibilities.

Definition of Terms for the Purposes of this Code²

A. Terms related to persons and peoples.

“Primary client” means an individual or *group* (e.g., couples, families, organizations, communities, peoples) that has contracted for and/or is receiving services intended to help with issues, responsibilities, or questions. *Primary clients* may be *independent*, *partially dependent*, or *fully dependent* in terms of deciding their involvement. This means that individuals or *groups* mandated to receive such services (e.g., by a court) and individuals who require a substitute decision-maker to receive such services (e.g., young children) are considered primary clients. More than one individual or *group* can be *primary clients* in a single service contract.

²Within each definition, any other terms for which there is a definition are italicized.

“Community” means a *group* of individuals of any size who are connected to each other by relatively durable social relations that extend beyond immediate family ties and who share a common sense of identity and interests. A community may or may not live in the same geographic area.

“Group” refers to a number of human beings connected by a shared activity, interest, or quality (e.g., couples, families, *organizations, communities, and peoples*).

“Independent,” “partially dependent,” and **“fully dependent”** are terms that can describe *primary clients*, research participants, and any other individuals or *groups* with whom MFTs come in contact in the course of their work. Such individuals or *groups* are “independent” if they can independently contract or give informed consent, “partially dependent” if the decision to contract or give informed consent is shared between two or more parties (e.g., parents and school boards, workers and Workers’ Compensation Boards), and “fully dependent” if they have little or no choice about receiving a particular service or participating in a particular activity (e.g., patients involuntarily committed to a psychiatric facility, very young children involved in a research project).

“Organization” means a *group of persons or peoples* organized for some end or work.

“Others” means any individual or *group* with whom MFTs come in contact in the course of their work, such as *primary clients*, research participants, employees, students, trainees, colleagues, third-party payers, and members of the public.

“Peoples” refers to distinct *groups* of persons who are linked by a common identity, culture, history, and collective interests.

“Persons” means human beings, as individuals and as members of *groups*, including couples, families, *organizations, communities, and peoples*.

“Society” means a structured system of human organization and relationships, which normally provides protection and continuity for its members. In this Code, it can refer to such systems on a small scale (e.g., neighbourhoods, *communities, peoples*) as well as larger scale (e.g., individual nations, the entire community of nations, the global community).

B. Other terms.

“**Best interests**” mean those morally justifiable interests that support the dignity and well-being of individuals, *couples*, *families* and other *groups*.

“**Ethical attitudes**” refers to personal dispositions and ways of thinking and feeling about ethics and ethical issues. It includes such concepts as ethical sensitivity, moral perception, and moral intent and integrity, and is reflected in what an individual, *couple*, *family* or other *group* says or does.

“**Moral rights**” means the fundamental and inalienable rights of all human beings that are grounded in moral reasoning (i.e., reasoning that helps to identify and justify moral rights). Some aspects of moral rights may be protected by international, regional, and national declarations, treaties, constitutions, laws, and statutes (e.g., human rights declarations, just laws defining the legal and civil rights of *persons* or *peoples* living in a country or region). Of particular significance to MFTs are moral rights to developmentally appropriate privacy and confidentiality, self-determination, and liberty; cultural identity, cultural survival, and social participation; and distributive, social, and natural justice.

“**Sexual harassment**” is (a) the use of power or authority in an attempt to coerce another individual or *group* to engage in or tolerate sexual activity (e.g., through explicit or implicit threats of reprisal for noncompliance, promises of reward for compliance) or (b) engagement in deliberate and/or repeated unsolicited sexually oriented comments, anecdotes, gestures, or touching when such behaviours are offensive and unwelcome; create an offensive, hostile, or intimidating working, learning, or service environment; or can be expected to be harmful to the recipient.³

“**Marriage and family therapy**” refers to the scientific and applied methods and knowledge of the discipline and to the structures and procedures used by its practitioners for conducting their work in professional relationships.

“**Unjust discrimination**” means activities that are prejudicial to or promote prejudice against persons or *peoples* because of their culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socioeconomic status, or any other preference or personal characteristic, condition, or status. The word “unjust” is used to differentiate such activities from the justifiable

³Adapted from the Canadian Psychological Association’s (1985) *Guidelines for the Elimination of Sexual Harassment*.

recognition and understanding of differences needed to determine, for instance, what might benefit or harm *persons* and *peoples*.

“**Vulnerable**” refers to individuals, *couples*, *families* or *groups* whose dignity, well-being, and best interests are more easily violated due to such factors as (a) individual, couple, family, or group characteristics (e.g., level of cognitive and emotional functioning, history of oppression); (b) level of voluntary consent/assent (e.g., consequences threatened if consent not given); (c) competing interests with more powerful others (e.g., claimant vs. insurance company); and (d) high risk of harm (e.g., life-changing decision based on inadequate assessment).

Review Schedule

To maintain the relevance and responsiveness of this Code, it will be reviewed regularly and revised as needed. You are invited to forward comments and suggestions to the CAMFT office. This invitation is extended to all readers, including members of the public and other disciplines.

PRINCIPLE I: RESPECT FOR THE DIGNITY OF PERSONS AND PEOPLES

Values Statement

In the course of work, the MFT comes into contact with many individuals and groups, including clients, students, team members, third-party payers, and the general public. The MFT strives to develop and maintain constructive and collaborative relationships that reflect the fundamental principle of respect for the dignity of persons and peoples.

This is the most fundamental ethical principle and most universally found across disciplines. It includes the concepts of equal inherent worth, non-discrimination, moral rights, and distributive, social, and natural justice. In respecting dignity, the MFT acknowledges that all human beings have a moral right to have their innate worth appreciated, regardless of culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socioeconomic status, and any other preference or personal characteristic, condition, or status. As such, the MFT does not engage in unjust discrimination based on these factors and promotes non-discrimination in all activities.

The MFT also acknowledges that all human beings are social beings who are born into, live in, and are a part of the history and evolution of social groupings (e.g., couples, families, organizations, communities, peoples). The

different cultures, ethnicities, religions, histories, social structures, and other such characteristics of social groupings are often integral to the identity of the individuals who belong to them and give meaning to their lives.

Therefore, the MFT acknowledges, respects, and takes into account the uniqueness, diversity, and role structures involved in these social groupings.

Adherence to moral rights is essential to respecting the dignity of persons and peoples, and this requires the protection of moral rights to developmentally appropriate privacy and confidentiality, self-determination, and liberty; cultural identity, cultural survival, and social participation; and distributive, social, and natural justice. The MFT protects and promotes these rights by developing and following procedures regarding informed consent, protection of privacy and confidentiality, non-discrimination, fair treatment, and due process. At the same time, the MFT understands that the manner in which such rights are promoted, protected, and exercised varies across communities and cultures. For instance, definitions of what is considered private vary, as does the role of families, other community members, and community leaders in personal decision-making.

As the moral rights of any individual or group exist within the context of the moral rights of other individuals and groups, as well as responsible caring (see Principle II), the MFT has a responsibility to balance these rights. There might be circumstances in which the possibility of serious detrimental consequences to the MFT or others, a diminished capacity to be autonomous, or a court order will disallow aspects of some rights (e.g., privacy and confidentiality, self-determination). Such circumstances might be serious enough to create a duty to warn or protect others. However, the MFT still has a responsibility to respect the moral rights of the persons and peoples involved to the greatest extent possible, and to do what is necessary and reasonable to reduce the need for future disallowances.

The nature of the contract between the MFT and society demands that the greatest responsibility be to persons and peoples in the most vulnerable positions. Vulnerability can be permanent or temporary, and it can be increased by such factors as limited capacity or reduced voluntariness to consent, difficulties in cognitive or emotional functioning, economic disadvantage, history of oppression, or urgency of a situation. As the vulnerabilities of individuals, couples, families, and groups increase, or their power to control their environment or their lives decreases, the MFT has an increasing responsibility to seek ethical advice and to establish safeguards to protect the moral rights of the persons and peoples involved.

PRINCIPLE II: RESPONSIBLE CARING

Values statement

The second-highest principle expressed and identified in this Code incorporates the full definition of accountability to the welfare of society. It requires competence, maximization of benefit, and minimization of harm. All activities must be carried out in ways that respect the dignity of persons and peoples. This ensures that the work of the MFT provides a benefit to society in general. The minimum level of accountability is to ensure that no harm comes to participants, directly or indirectly, such as individuals, couples, families, organizations, and communities.

Societal welfare is identified in the recognition of and respect for the best interests of clients from an individual and systemic orientation. The MFT must be competent and responsible, maintain current and appropriate knowledge, identify and reduce conflicts of interest, and establish and engage in supervision to maintain a high standard of ethical behaviour.

PRINCIPLE III: INTEGRITY IN RELATIONSHIPS

Values Statement

The third-highest principle is described in terms of honesty, openness, and avoidance of conflicts of interest, among other considerations. Respect for the dignity, well-being, and culture of clients must guide the MFT's decisions regarding openness and straightforwardness, and any decision to limit openness or straightforwardness must be justified.

Conflict of interest is defined as any situation where the judgement of the MFT may be distorted so that the MFT acts in ways that promote personal interests over the best interest of the client(s). Dual relationships represent possible conflicts of interest; however, these may be unavoidable or acceptable in some situations, such as in rural communities or when culturally expected. The MFT is expected to assess the risks and benefits of providing therapy, and ensure the client is protected.

PRINCIPLE IV: RESPONSIBILITY TO SOCIETY

Values Statement

Within the context of this document, social structures and policies that have

just and beneficial purposes are defined as those that more readily support and reflect respect for the dignity of persons and peoples, responsible caring, integrity in relationships, and responsibility to society. The MFT does whatever is necessary to ensure that professional knowledge, when used in the development of social structures and policies, is used for just and beneficial purposes. If professional knowledge or structures are used against these purposes, the MFT has a responsibility to try to draw attention to and correct the misuse. Those with direct involvement in the structures of the discipline, social development, or the theoretical or research undertaking that is being used (e.g., through research, expert testimony, policy advice) have the greatest responsibility to act.



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SECTION 2: STANDARDS OF ETHICAL PRACTICE

PRINCIPLE I: RESPECT FOR THE DIGNITY OF PERSONS AND PEOPLES

In adhering to Principle I, MFTs will do as follows:

- General respect
 - I.1 Show respect for the knowledge, insight, experience, expertise, and cultural perspectives and values of others, limited only by those that seriously contravene the ethical principles of this Code.
 - I.2 Use language that conveys respect for the dignity of persons and peoples in all spoken, written, electronic, or printed communication.
 - I.3 Use appropriate language in all communications to and about clients, avoiding diagnostic labelling that is likely to cause harm to clients.
- General rights
 - I.4 Refuse participation in practices disrespectful of the moral rights of persons or peoples, including their human, legal, and civil rights.
 - I.5 Respect the moral right of primary clients, research participants, and others to safeguard their own dignity.

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- Non-discrimination

- I. 6 Take account of their own cultural identity and biases, and seek to limit any harmful impact of these in their work with clients.
- I.7 Develop multicultural competence by learning about and considering clients' cultural contexts and practices, while working in meaningful and respectful ways in the context of clients' cultural communities.
- I.8 Avoid discriminating against clients on the basis of race, colour, disability, ethnicity, culture, gender identity or expression, sexual orientation, social class, age, religious or political beliefs, or on any other grounds prohibited by the Human Rights Code of Canada.
- I.9 Support clients to challenge the injustices they experience, and promote social justice through advocacy and empowerment.
- I.10 Demonstrate commitment to the equitable provision of marriage and family therapy services to all individuals and social groups.
- I.11 Not practice, condone, facilitate, or collaborate with any form of unjust discrimination.
- I.12 Inform clients, where relevant, of the availability of government funding for marriage and family therapy services.

- Fair treatment/due process

- I.13 Seek to design research, teaching, supervision, practice, and business activities to contribute to the fair distribution of benefits and not unfairly exclude those who are vulnerable or disadvantaged.

- Free and informed consent

- I.14 Provide services to clients in the context of free and informed consent (i.e., clients understand and consent with no pressure).
- I.15 Ensure information for informed consent is conveyed clearly to and understood by the involved individuals, couples, families, and groups (with translation into another language, if needed).
- I.16 Take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward.

- I.17 Respect clients' rights to refuse or withdraw consent at any time, and be responsive to non-verbal indications from clients (e.g., young children, individuals with language disabilities, individuals unlikely to verbally communicate refusal due to culture).
- I.18 Use clear and understandable language to discuss with clients the purposes, risks, limits, and costs of marriage and family therapy.
- I.19 Respect the rights of children to receive age-appropriate information and give consent for themselves, in line with their capacity to do so.
- I.20 As much as possible, seek full participation from clients in decisions that affect them and respect their wishes, including written or clearly expressed directives. In an organizational or community context, this includes relevant individuals and subgroups who may not be represented by the formal leadership.
- I.21 Respect the wishes of clients to involve others (e.g., family members, community leaders) in decisions of informed consent.
- I.22 If signed consent forms are used, employ forms that specify the dimensions of informed consent or that acknowledge that such dimensions have been explained and are understood.
- I.23 Accept and document non-written consent (e.g., verbal agreement, handshake, or other culturally normative exchange) in situations in which consent forms are not acceptable culturally or there are other valid reasons for accepting non-written consent.
- Protections for vulnerable individuals and groups
- I.24 Seek to use methods that maximize the understanding of and ability to consent of vulnerable groups or members of vulnerable groups, including individuals of diminished capacity to give informed consent.
- I.25 Carry out informed consent processes with those who are legally responsible or appointed to consent on behalf of other clients, seek to respect previously expressed preferences of clients, and clarify protections and limitations of privacy and confidentiality.
- I.26 Take all reasonable steps to safeguard the interests and rights of clients with limited capacity to give informed consent. This may need to be done in partnership with designated or authorized caregivers.

- Privacy

- I.27 Seek and collect only information that is germane to the purpose(s) for which consent has been obtained.
- I.28 Respect the right of primary clients whose identifiable information is recorded to access and obtain copies of records and request corrections for accuracy or completeness, except as otherwise required or justified by law (e.g., court order; potential serious physical, emotional, or mental harm to the client; violation of the privacy of another individual or group).
- I.29 Collect, record, store, and handle all private information, written and unwritten, with regard to the needs for privacy, confidentiality, and security. This requires protection from loss or unauthorized access, education of staff or other agents, and adequate plans in case of an MFT's serious illness, death, or termination of employment.
- I.30 Take all reasonable steps to ensure that records over which they have control remain personally identifiable only as long as necessary in the best interests of those to whom they refer and/or of the research project for which they were collected, or as required or justified by law (e.g., the possible need to defend oneself against future allegations), and render anonymous or destroy any records under their control that no longer need to be personally identifiable.

- Confidentiality

- I.31 Treat all communication with clients (individuals, couples, families or groups) as confidential and privileged, unless consent to disclose particular information has been given.
- I.32 Take all reasonable steps to communicate clearly the extent and limits of confidentiality.
- I.33 Protect clients' identities when information gained from therapeutic relationships is used for other purposes such as training or research.
- I.34 Respect confidences about the clients of colleagues.

- Exceptions to confidentiality

- I.35 Exceptions to confidentiality are based on legal requirements as established by provincial, territorial, and federal law. Exceptions

occur when a client is an immediate threat to self or others, or is a danger to vulnerable persons such as children, elders, or persons with disabilities.

- I.36 Provide only the minimum information necessary to those people for whom it is absolutely essential.
- I.37 Wherever possible, decide an exception to confidentiality after
 - seeking the client's cooperation, unless doing so would further compromise the safety of the client or others, and
 - consulting with a clinical supervisor.
- I.38 Seek legal advice about their rights and obligations under the law when their work with clients involves contact with the legal system.
- I.39 When issued a search warrant or subpoena to give evidence in court or other legal processes, pursue the status of privileged communication, in accordance with the client's wishes, until all legal avenues have been exhausted.
- Extended responsibility
- I.40 Assume overall responsibility regarding Principle I for the scientific and professional activities of assistants, employees, supervisees, students, and trainees, who all, however, incur similar obligations.

PRINCIPLE II: RESPONSIBLE CARING

In adhering to Principle II, MFTs will do as follows:

- General caring
- II.1 Protect and promote the safety and well-being of all persons, including clients, research participants, employees, and others.
- II.2 Avoid doing harm at any level of their responsibilities.
- II.3 Warn third parties and appropriate authorities in the event of an imminent threat of serious harm to client(s) or others.
- II.4 Accept responsibility for the consequences of their direct or indirect actions.

II.5 Refuse to advise, train, or supply information to anyone who, in their judgment, will use the knowledge or skills to harm others.

II.6 Make every reasonable effort to ensure that psychological knowledge is not misinterpreted or misused to harm others.

- Competence and self-knowledge

II.7 Practice within the scope of their competence, which includes knowledge, training, and experience.

II.8 Not delegate professional activities to individuals or groups not trained in marriage and family therapy.

II.9 Determine whether they are an appropriate therapist in consultation with the client; refer the client to other professionals when they are more appropriate; obtain client consent before making referrals and disclosing information. This does not override principle I.8. MFTs cannot use any grounds protected by the Human Rights Code of Canada as a reason to initiate a referral out.

II.10 Engage in regular supervision, professional education, and development activities.

II.11 Evaluate how their experiences, attitudes, culture, beliefs, values, individual differences, specific training, external pressures, personal needs, and historical, economic, and political context might influence their interactions with and perceptions of others and integrate this awareness into their efforts to benefit and not harm others.

II.12 Monitor their well-being and withdraw from professional activities when any aspect of their health or well-being is significantly impaired.

II.13 Establish suitable procedures for responding to emergencies, including situations in which they are unavailable due to illness, absence, death, or technology failure.

- Risk/benefit analysis

Maximize benefit

II.14 Provide competent and relevant service, specific to the needs and context of the client and relevant others, by using appropriate methods, interventions, assessment tools, and best practice

recommendations and by consulting and collaborating with others in the community as needed.

Minimize harm

- II.15 Create and maintain records in sufficient detail to track the sequence and nature of the professional services provided and in a manner consistent with ethical practice that considers all statutory, regulatory, agency, and institutional requirements.
- II.16 Obtain informed consent from clients when writing reports for third parties.
- II.17 Monitor and evaluate the effect of their activities, record their findings, and communicate new knowledge to relevant others.
- II.18 Apply discretion in the recording and communication of information, in order that it not be misinterpreted or misused to the detriment of others. This includes but is not limited to not recording or communicating information vulnerable to misinterpretation or misuse, avoiding conjecture, clearly labelling opinion, and using language that can be understood clearly by the recipient of the information.
- II.19 Ensure that clients are not abandoned or neglected. This may be accomplished via appropriate referrals or continuation of service until reasonable notice is given or service is terminated.

- Research

- II.20 Respect diversity by avoiding research that contributes to the marginalization or objectification of people.
- II.21 Provide participants with sufficient information about the nature and purpose of the research, including the right to withdraw at any time, to ensure informed consent is freely given.
- II.22 Debrief participants in such a way that the participants' knowledge is enhanced and the participants have a sense of contribution.

- Education

- II.23 Ensure that students or trainees are not exploited for purposes of personal, professional, political, or financial gain.

- II.24 Ensure that educational instruction is current, scholarly, and accurate so that all parties can make clear and informed choices.
 - II.25 Facilitate the professional and scientific development of employees, supervisees, students, and trainees by ensuring they understand the values and ethical prescriptions of the discipline, as well as the competencies needed for their areas of activity, and by providing or arranging for adequate working conditions, timely evaluations, and constructive supervision, consultation, and experience opportunities.
- Inappropriate relationships
- II.26 Consider the importance of power imbalance and not misuse their position in relationships with clients, students, or colleagues.
 - II.27 Not engage in any activity that can be construed as harassment with clients, students, or any others.
 - II.28 Not engage in or pursue a relationship outside of the professional relationship with clients (past or present), students, or supervisees. This includes sexual/romantic relations, or general harassment.
 - II.29 Not solicit testimonials from current or former clients.
- Extended responsibility
- II.30 Uphold the values, integrity, and ethics of the profession.
 - II.31 Assume overall responsibility regarding Principle II for the scientific and professional activities of assistants, employees, supervisees, students, and trainees, who all, however, incur similar obligations.

PRINCIPLE III: INTEGRITY IN RELATIONSHIPS

In adhering to Principle III, MFTs will do as follows:

- Accuracy/honesty
- III.1 Not knowingly participate in, condone, or be associated with dishonesty, fraud, misappropriation, or misrepresentation.

- III.2 Notify the Association if convicted of a serious offence (i.e., any offence covered under the Criminal Code of Canada or one commonly understood as likely to impact quality of service).
- III.3 Represent honestly and accurately their qualifications, such as credentials, education, experience, membership status, and competencies, in all communications.
- III.4 Accurately represent activities, functions, contributions, and likely or actual outcomes of those activities in all communications.
- Straightforwardness/openness
- III.5 Provide clear information to establish valid agreement on the terms for therapy, such as fees, relevant conflicts of interest, business policies, confidentiality offered, handling of documentation, complaint procedures, and possible risks and benefits of therapy.
- III.6 Take all reasonable steps to ensure that documentation remains retrievable as long as is professionally prudent, or as required by law.
- III.7 Establish with clients the purposes of therapy and renegotiate them as necessary.
- Conflict of interest
- III.8 Not exploit any relationship established as an MFT in order to further personal, political, or business interests.
- III.9 Avoid dual or multiple relationships that are not justified by the nature of the activity or by cultural or geographic factors, or where there is a lack of reasonably accessible alternatives.
- III.10 Assume full responsibility for setting, making clear to the client, and monitoring the boundaries between the therapy relationship and any other kind of relationship with that client.
- III.11 Not provide assessment services (specifically forensic or custodial) for current or former therapy clients.

- Reliance on and responsibility to the discipline
- III.12 Be familiar with and abide by the Association's rules and regulations, unless doing so would cause serious harm to the moral rights or welfare of others as demonstrated in Principles I and II.
- III.13 Use the Association's name, logo, and letterhead only for purposes for which they are authorized.
- III.14 Represent the Association in an official capacity only when authorized by the Association to do so.
- III.15 Cooperate with the Ethics Committee if a complaint against them is received, complying with any sanctions imposed after a hearing.

PRINCIPLE IV: RESPONSIBILITY TO SOCIETY

In adhering to Principle IV, MFTs will do as follows:

- Development of knowledge
- IV.1 Not interfere or condone interference with free inquiry, innovation, and debate and the acquisition, transmission, and expression of knowledge and ideas.
- IV.2 Keep informed of, take into account, and contribute to progress in their area(s) of professional activity.
- Beneficial activities
- IV.3 Assist those who enter the profession to understand their ethical responsibilities and the needed competencies of their chosen area(s), including critical analysis and the variations, uses, limitations, and possible misinterpretations and misuses of the scientific paradigm.
- IV.4 Provide or contribute to a work environment that supports the respectful expression and constructive resolution of ethical concerns.
- IV.5 Engage in regular monitoring, assessment, and reporting (e.g., through peer review, program reviews, case management reviews, and reports of their own research) of their ethical practices and safeguards.

- IV.6 Help develop, promote, and participate in accountability processes and procedures related to their work, including but not limited to registration with appropriate licensing and credentialing bodies.
- IV.7 Contribute to the general welfare of society and/or their discipline by offering a portion of their work time for little or no financial return.
- IV.8 Uphold the discipline's responsibility to society by bringing incompetent or unethical behaviour by others, including misinterpretations or misuses of professional knowledge and techniques, to the attention of appropriate authorities, committees, or regulatory bodies, in a manner consistent with the ethical principles of this Code, if informal resolution or correction of the situation is not appropriate or possible.

- Respect for society

- IV.9 Acquire an appropriate knowledge of the culture, social structure, history, customs, and laws or policies of organizations, communities, and peoples before beginning any major work with them, obtaining guidance from appropriate members therein as needed.
- IV.10 In scientific and professional activities, convey respect for and abide by prevailing mores, social customs, and cultural expectations of organizations, communities, and peoples, provided that this is consistent with the ethical principles of this Code.
- IV.11 Do whatever they can to uphold the ethical principles contained herein if the laws or regulations of the societies in which they work seriously conflict with these principles. If upholding these principles could result in serious personal consequences (e.g., jail, physical harm), decision for final action is a matter of personal conscience.
- IV.12 Unless in an emergency, consult with colleagues or appropriate others, including advisory groups, if faced with a conflict between a law or regulation and an ethical principle, and seek consensus as to the most ethical course of action.

- Development of society

- IV.13 Act to change those aspects of the discipline that detract from just and beneficial societal changes, where appropriate and possible.

- IV.14 Develop awareness of the social, economic, and political climate and previous and possible future societal misinterpretations and misuses of psychological knowledge, and exercise discretion in communicating such information to discourage further misinterpretation or misuse. Specifically, this concern applies in determining research questions, provision of services, teaching content, and the collection of information.
- IV.15 Exercise care when reporting on work with clients, ensuring the results are not likely to be misinterpreted or misused in the development of social policy, attitudes, and practices.
- IV.16 Not promote, contribute to, or engage in any activity that contravenes international humanitarian law (e.g., declarations, treaties, or conventions regarding human rights; economic, social, and cultural rights; civil and political rights; Indigenous rights).
- IV.17 When MFTs possess expert knowledge bearing on social policies and structures, it is appropriate for them to provide professional information to individuals and groups involved in the shaping of those policies and structures.
- Extended responsibility
- IV.18 Assume overall responsibility regarding Principle IV for the scientific and professional activities of assistants, employees, supervisees, students, and trainees, who all, however, incur similar obligations.

SPECIFIC DOMAINS OF PRACTICE

Technology-Mediated Professional Services

Therapy, supervision, and other professional services may occur via different platforms such as the telephone, video, and messaging services and also over social media channels that permit connections to the wider public. MFTs understand and acknowledge the benefits and responsibilities that arise in the context of mediated services. In following this Code, MFTs will do the following:

- **Direct service delivery** (therapy, supervision, consulting, etc.)

Establish that they comply with legal requirements for offering services in their professional jurisdiction as well as the requirements arising from all the jurisdictions of the service recipient(s). This includes but is not limited to requirements for appropriate certification, registration, or licensure; specific elements of local codes of conduct such as duty to report; and liability insurance coverage across jurisdictions.

Establish that they are competent in the services to be offered and that these services are appropriate given the intellectual, physical, and emotional characteristics of the service recipient(s).

Demonstrate that consent was obtained through clear discussion of the risks and responsibilities specific to mediated service delivery for the MFT and for the service recipient(s).

Establish clear procedures to maintain security, privacy, and confidentiality of all documentation arising during and subsequent to delivery of mediated professional services. This includes but is not limited to the security of the communication medium, encryption and/or other secure storage of records whether analog or digital, and best practices for file maintenance and access, including secure destruction of records when appropriate.

- **Email and Texting** (messaging)

Recognize that email and texting may be appropriate for scheduling and other administrative functions but are no substitute for direct personal communication and cannot generally be considered confidential.

Describe circumstances when texting and email are appropriate in the disclosure and consent discussion at the beginning of a service relationship.

- **Social Media** (Facebook, Twitter, LinkedIn, chatrooms, blogs, etc.)

Establish a strict separation between their professional social media profile and their personal social media profile.

Implement strict privacy controls in their personal use of social media, including but not limited to private opinions, interests, beliefs, activities, and information related to their personal relationships.

Respect current service recipients' privacy by not viewing their personal social media content without first receiving their explicit permission to do so.

Exercise great care so that personal opinions and professional postings do not risk altering established or future relationships with service recipients.

Acknowledge that social media use for professional services constitutes a form of advertising and therefore all relevant sections of this Code apply.

Strictly adhere to the highest standards of professional conduct when providing general information to the public, ensuring that personal opinion is identified as such and is distinguished from established facts, which are presented fairly and accurately and referenced as appropriate.