



CANADIAN ASSOCIATION OF PSYCHOANALYTIC CHILD THERAPISTS

CODE OF ETHICS AND STANDARDS OF PROFESSIONAL CONDUCT

The following principles of moral behaviour clarify professional responsibility in relation to patients, colleagues and society, and define responsible behaviour in specific professional situations.

RESPONSIBILITIES TO THE PROFESSION AND ASSOCIATION

Members shall:

1. Support the policies and activities of the Association,
2. Contribute to the development of the profession through the exchange of knowledge with colleagues and candidates,
3. Be mutually supportive of colleagues.

USE OF TITLES: DESIGNATION

Members

CATEGORY	QUALIFICATIONS	RIGHTS	ANNUAL FEE
Clinical Member	<ul style="list-style-type: none"> ▪ Registered Psychotherapist of CRPO, Reg.# Required OR ▪ Registration in a College approved by the Ontario Legislation to practice Psychotherapy ▪ Registration # Required PLUS: ▪ Graduate of CICAPP (TCPP) training program OR ▪ Graduate of a recognized child and adolescent psychoanalytic training program as recognized by CAPCT * 	<ul style="list-style-type: none"> ▪ Vote ▪ Attend AGM ▪ To hold Director or Committee positions ▪ Attend all CAPCT events 	\$270 + PEPWeb
CATEGORY	QUALIFICATIONS	RIGHTS	ANNUAL FEE
Associate Member	<ul style="list-style-type: none"> ▪ Registered Psychotherapist of CRPO, Reg.# Required 	<ul style="list-style-type: none"> ▪ Attend AGM ▪ Hold committee 	\$250 + PEPWeb



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	<p>OR</p> <ul style="list-style-type: none"> Registration in a College approved by the Ontario Legislation to practice Psychotherapy Registration # Required <p>PLUS:</p> <ul style="list-style-type: none"> Qualified to work with Children and Adolescents as recognized by CAPCT * 	<p>positions</p> <ul style="list-style-type: none"> Attend all CAPCT events 	
Qualifying Member	<ul style="list-style-type: none"> Post academic candidate, CICAPP AND Registration as a Qualifying Member in a College approved by the Ontario Legislation to practice Psychotherapy AND Registered as a Qualifying Member of CRPO, Registration # Required 	<ul style="list-style-type: none"> Attend AGM Attend all CAPCT events Hold Committee positions 	\$220 + PEPWeb
Candidate Member	<ul style="list-style-type: none"> CICAPP candidate OR Candidate in another recognized child and adolescent psychoanalytic training program as recognized by CAPCT * 	<ul style="list-style-type: none"> Attend AGM Attend all CAPCT events Hold Committee positions 	\$140 + PEPWeb

COMPETENCE

Members shall:

1. Maintain current theoretical and clinical knowledge,
2. Refrain from knowingly undertaking any activity in which their personal problems may interfere with professional services or harm a client, and be willing to take appropriate



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steps to remedy any such difficulties,

3. Work within One's Scope of Practice:

Members will confine themselves to assessment and treatment in those areas where they are sufficiently trained and skilled and refer to professionals with appropriate expertise where necessary, or seek appropriate supervision or consultation.

4. Work in Accordance with:

- Child and Family Services Act
- The Personal Health Information Protection Act
- Health Care Consent Act: Consent to Treatment
- Children's Law Reform Act
- Mental Health Act

ADVERTISING

Public statements, announcements of service, and promotional activities serve the purpose of providing sufficient information to enable clients to make informed choices. They must be factual and not include testimonials or self-promoting endorsements. They must emphasize the need for individualized assessment to determine the need for appropriate treatment.

Members shall not solicit prospective clients in ways that may mislead them or disadvantage colleagues or discredit other professionals or the Association.

CLIENT RIGHTS

Clients are children, parents, institutions or organizations receiving direct therapeutic, consultative, or educational service from a member.

Members shall:

1. Inform clients of their rights regarding the collection, use and disclosure of personal health information in accordance with the Personal Health Information Protection Act 2004.

2. Obtain consent to treatment in accordance with the Health Care Consent Act.

*The Association recommends the age of consent for treatment and confidentiality be 12 years of age (see 1 under Confidentiality).

3. Inform clients as to the nature of any assessment



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4. Make an agreement with the client as early as possible as to the general nature and extent of services to be provided and fulfil the terms of the agreement,
5. On request, provide clients with information regarding professional qualifications, code of ethics, and affiliations,
6. When appropriate, supply a letter or report requested by a client,
7. When appropriate, consult with other professionals for the benefit of the client,
8. Not discontinue treatment without making reasonable arrangements in consultation with the client for continuation of care, if necessary,
9. Attempt to terminate a clinical or consulting relationship when it is reasonably clear that the client is not benefiting,
10. Obtain adequate malpractice insurance coverage.

CONFIDENTIALITY

Members shall:

1. Keep in confidence any information revealed during the course of a professional relationship and release it only when the client's specific, informed consent is obtained in writing by the client or client's legal designate. Third party information contained in a file must not be released unless there is also written consent from all concerned persons.

*The Association recommends the age of consent for treatment and confidentiality be 12 years of age, according to the CFSA, "**Counselling service: child twelve or older**"

2. A service provider may provide a counselling service to a child who is twelve years of age or older with the child's consent, and no other person's consent is required, but if the child is less than sixteen years of age the service provider shall discuss with the child at the earliest appropriate opportunity the desirability of involving the child's parent. R.S.O. 1990, c. C.11, s. 28".

*Exceptions include limits of confidentiality: for example, but not inclusive

- a. When there is a clear and imminent danger (for example physical or sexual abuse) to an individual or to society.
- b. When required to do so by law or when ordered to do so by a court.



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2. Avoid indiscreet conversations, even with a spouse, friend or family, about clients, even when not named or otherwise identified,
3. Adequately disguise the identity of the persons involved in clinical and other materials used in classroom teaching or in professional publications,
4. Obtain written consent for any recording or filming of treatment.

RECORDS

Clinical records and treatment notes can be requested by our patients, parents of clients and can be subpoenaed to be used in court. Members shall maintain professional writing standards and make reasonable efforts to ensure that records are complete.

Individual Client Records

A member shall keep a record related to the psychotherapy services provided by the member for each client.

Each Record shall include:

- a. Clients identifying information
- b. Description of presenting problem and history relevant to the problem
- c. Treatment notes (see guidelines)
- d. All reports or correspondence about the client received by the member
- e. All reports or correspondence about the client prepared by the member
- f. Copy of every written consent or documentation of the process of verbal consent
- g. Relevant information about every referral of the client, by the member, to another professional.

Retention of Records

Records shall be preserved for a minimum of ten (10) years from the last interaction with the client or the client's 18th birthday, whichever is later.



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When the time period for keeping the record has expired, the records should be destroyed in a secure manner that prevents anyone from accessing, discovering, or otherwise obtaining the information. If a therapist destroys any records, she/he should record the names of the destroyed files and the date they were destroyed.

Client Access to Records

Although the therapist may own the client record and be responsible for it, clients are authorized by *PHIPA* to access their record. An exception applies if access would significantly jeopardize the health or safety of the client or another person. Clients also have the right to correct any errors in their client record. If a client requests any relevant parts of the record, the therapist should provide a copy and not the original.

FEES

Members shall:

1. Clearly explain fees charged before commencing service,
2. Submit promptly an itemized receipt or statement when requested,
3. Advise if charges are to be made for missed appointments not cancelled in an agreed upon manner,
4. Be permitted to charge interest on overdue accounts.

PROFESSIONAL RELATIONSHIPS

Members shall:

1. Respect the traditions and practices of other professional groups with which they work and with the client's consent, cooperate as needed with members of such groups in the interest of a client,

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2. Avoid providing services to a client known to be receiving service of the same nature from another professional,
3. Refrain from making professionally disparaging comments about colleagues to peers, clients and the public,
4. Report in writing alleged incompetent or unethical practice or behaviour of colleagues to the Association,
5. Strive to ensure that other professionals, candidates or students whom they supervise, provide service that meets professional standards and quality.

RESEARCH



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When involved in research, members shall:

1. Use an acceptable scientific approach,
2. Follow an acceptable code of ethics for research on human subjects.

PROFESSIONAL MISCONDUCT

Professional misconduct shall be any conduct related to the practice of psychoanalytic psychotherapy for children that, having considered all the circumstances, would reasonably be regarded by members as dishonourable and/or unprofessional.

1983, Revised November 1985, Revised January 1988, Revised October 1991, Revised February 1995, Revised February 2008, Revised June 2009, Revised October, 2013, Revised November 2021.