

BC ASSOCIATION

of **CLINICAL
COUNSELLORS**



ENTRY-TO-PRACTICE COMPETENCY PROFILE

For Registered Clinical Counsellors

Effective November 1, 2023

Entry-to-Practice Competency Profile for Registered Clinical Counsellors in BC

Introduction

In 2022, the BC Association of Clinical Counsellors (BCACC) began work to create its own formal entry-to-practice competency profile for Registered Clinical Counsellors (RCCs) in BC. The BCACC conducted a review of competency-related documents currently in use by other Canadian Clinical Counselling and Psychotherapy-specific regulators, and professional associations, as well as other related health profession regulators. The purpose of this research was to create a document relevant to the British Columbia context; one that would demonstrate consistency with similar competency documents used in other Canadian jurisdictions relative to clinical counselling and psychotherapy practice. This ETPC Profile is a 'living' document- one that will be revised and updated on a regular basis as education changes and the clinical counselling profession grows and evolves within the BC health care system.

About the BCACC- a Dual-Mandated Organization

In 1988, the BCACC was founded as a non-profit professional association representing RCCs in British Columbia. As a professional association, the [BCACC](#) advocates for the clinical counselling profession and for public access to mental health services. In addition, with a dual mandate to protect the public, it sets standards of practice, requirements for membership and for acquiring the RCC designation, and has well-established complaint, inquiry, and disciplinary processes to hold its members accountable¹. Every person who receives the 'RCC' designation in British Columbia has met specific educational and training criteria required by the BCACC including: the minimum of a master's degree level of educational preparation in counselling or a related field of study, the completion of counselling-focused course requirements, verified clinical competence and completion of clinical supervision hour requirements, and has voluntarily committed themselves to adhering to a strict code of ethical conduct and to rigorous standards of practice, in service to and protection of the public.

The Purpose for Developing the BCACC's Entry-to-Practice Competency Profile

1. The necessity that all professions in Canada comply with the requirements of the Canadian Free Trade Agreement (CFTA) to facilitate mobility of professionals from one jurisdiction to another without diminishing the standards for registration.
2. To help facilitate and support public confidence that an RCC is qualified to practise and possesses the knowledge needed to practice safely.
3. To reduce the perception that inconsistent standards exist within the profession.

¹ Although clinical counselling is not currently a regulated health profession in BC, government's plan for the regulation of clinical counsellors is pending implementation of the Health Professions & Occupations Act. Through its ongoing work on regulatory modernization, BCACC will continue to align these activities with government expectations for regulation of the profession.

4. The intent to specify the minimum requirements for public protection, therefore, this document is not an exhaustive compilation of all the knowledge entry-level practitioners will be required to demonstrate.
5. The establishment of minimum requirements and the creation of a foundation upon which RCCs should endeavor to build their confidence and expertise through continuous learning.
6. The knowledge that entry-to-practice competencies will change over time in response to changes in RCC practice and the potential introduction of legislation to regulate the Clinical Counselling profession in British Columbia.

Expectations for Entry-Level RCC Practice

Competencies are specific and measurable descriptions of the integrated knowledge, skills, judgments, and attitudes required for the successful functioning of the RCC. Competencies that RCCs will require for successful practise are based on the context and situation of the work of these practitioners. The competency profile sets out the core professional competencies that must be possessed by individuals entering the clinical counselling profession for the first time, to practise safely, competently, and ethically across a variety of practice settings, regardless of the context in which they are employed. RCCs' practises are diverse and the challenges they face typically differ from sector to sector and from organization to organization. Entry-level RCCs utilize competencies in an informed manner based upon their practice context, and function independently. Entry-level RCCs monitor their environment and react appropriately, working within a reasonable timeframe toward the achievement of outcomes consistent with the standards of practice of the profession. When dealing with unusual, difficult to resolve and/or complex circumstances, the entry-level RCC recognizes situations which are beyond their professional capacity and addresses them in discussion with a clinical supervisor, a consultant, or through referral to a practitioner who is appropriately qualified.

RCCs begin their practise in a variety of practice settings, and work with diverse populations. An RCC's competencies will evolve based upon work experience and continuing professional development. Specifically:

- New competencies may be added,
- Levels of proficiency in competencies that are regularly utilized may increase, and
- Levels of proficiency in competencies that are not regularly utilized may decrease.

Principles Behind the Competency Profile

The competency profile is constructed to serve as a reference framework for users both within and outside the profession. The terminology is generic and should be interpreted in the context of the RCC's professional responsibility for upholding the requirements of self-regulation in British Columbia, in the interest of public protection, and in a manner relevant to the RCC's orientation², modality and practise. The profile does not represent a protocol or a listing of what the RCC must do in practice; rather, it represents what they must be able to do when necessary to address the situation at hand. In any practice situation the order of use and the significance of the competencies will vary according to context. The competencies are intended to guide understanding. They may not be all inclusive and the

² This document uses terms specific to clinical counselling that may not be familiar to all readers. Some words (e.g., "therapy") have no universally accepted definitions.

order in which or how often they are applied will be dependent on the individual's circumstances and/or the RCC's practice context.

The entry-to-practice competencies may be used to:

- Inform initial and ongoing registration requirements for:
 - new RCCs entering the profession for the first time
 - experienced RCCs
- Develop program curriculum
- Approve/recognize academic programs
- Develop and approve clinical counsellor examinations for entry into the profession
- Assess applicants educated in a Canadian jurisdiction outside of BC
- Assess internationally educated applicants
- Provide guidance for the purposes of clinical supervision
- Set expectations for RCCs related to standards of practice and ongoing quality assurance and professional development requirements
- Identify educational opportunities
- Support the review of professional conduct matters
- Increase public and employer awareness of the practice expectations and the practise of RCCs
- Improve utilization of the RCC workforce

The Competency Framework

The competencies are organized into five sections:

1. Foundations
2. Collegial and Interprofessional Relationships
3. Legal, Professional, and Ethical Responsibilities
4. Therapeutic Process
5. Professional Literature and Applied Research

Every competency section includes a number of **competency statements**, each of which are followed by a **competency set** of knowledge, skills, and abilities the RCC must possess and be able to draw upon to demonstrate competence in their practise. The competencies within the profile are not to be used in isolation. Instead, they should be thought of as an interdependent array of capabilities that an individual RCC brings to the workplace and uses according to the situations they encounter.

RCCs work with a variety of clients including individuals, couples, families, groups, organizations, and communities. In this document, the term "client" is used to refer to all of these groups.

At entry-to-practice, the Registered Clinical Counsellor (RCC) is able to:

1. FOUNDATIONS	
1.1 Integrate a theory of human psychological functioning	
a.	Integrate knowledge of human development across the lifespan.
b.	Integrate knowledge of the psychological significance of spiritual, moral, socio-cultural, emotional, cognitive, behavioural, gender, biological, and sexual development.
c.	Integrate knowledge of abnormal psychology.
d.	Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.
1.2 Work within a framework based on established therapeutic theory	
a.	Integrate relevant theory or theories into the RCC's practice.
b.	Form therapeutic relationships founded on the theoretical framework(s) guiding the RCC's practise.
c.	Integrate knowledge of comparative therapy and treatment relevant to RCC practice.
d.	Integrate knowledge of key concepts common to all therapy/counselling practice.
e.	Recognize the range of therapy/counselling practised within the province of British Columbia.
f.	Integrate knowledge, based on the RCC's theoretical orientation, of how human problems develop and how change can be facilitated.
g.	Integrate knowledge of the impact of intergenerational and historical trauma and violence, including/related to issues such as colonization and the legacy of residential schools, on psychological functioning.
h.	Recognize the benefits, limitations, and contraindications of differing therapeutic approaches.
i.	Identify circumstances or situations where therapy/counselling is contraindicated.
1.3 Integrate knowledge of human and cultural diversity into counselling practice	
a.	Evaluate personal beliefs, values and attitudes related to the RCC's own, as well as others', human and cultural diversity.
b.	Incorporate knowledge of culture and how multiple identities (e.g., race, gender, ethnicity, disability, sexual orientation) shape one's life experience and contribute to health outcomes.
c.	Establish rapport and trust by effectively applying skills such as understanding barriers to engagement, being empathetic and supporting self-efficacy.
d.	Recognize and learn how historical and current systemic oppression, power imbalance, injustice, racism, and socio-cultural barriers may affect the client's access to therapeutic services and impact their health care experiences and the therapeutic process.
e.	Acknowledge and learn about the negative impact of Indigenous-specific racism, and the historical and current impacts of colonialism on Indigenous clients accessing the health care system, and how this may impact their health care experiences.
f.	Engage with each client to adapt the RCC's therapeutic approach to the uniqueness of the client's human and cultural identity.
g.	Identify culturally-relevant resources.
h.	Apply a broad range of gender and culturally safe and inclusive, evidence-informed counselling approaches tailored to the needs of the client.
1.4 Integrate awareness of self in relation to professional role	
a.	Integrate knowledge of the impact of the RCC's own self on the therapeutic process.

b.	Reflect on and identify how the RCC's personal beliefs, values, attitudes, and life experiences may impact interactions with diverse clients.
c.	Recognize and assess how the RCC's own cognitive, emotional, and behavioural patterns may enhance or compromise therapeutic effectiveness.
d.	Understand and demonstrate cultural humility.
e.	Reflect on, learn and address how privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with clients.
f.	Reflect on, identify and address any stereotypes or assumptions the RCC may hold about LGBTQ2IAS+, Indigenous Peoples and other visible and invisible minority groups.
g.	Evaluate and seek feedback on one's own behaviour towards Indigenous Peoples.
2. COLLEGIAL & INTERPROFESSIONAL RELATIONSHIPS	
2.1 Contribute to and maintain effective collaborative relationships	
a.	Demonstrate personal and professional integrity.
b.	Promote effective interpersonal interactions.
c.	Show respect to others.
d.	Maintain appropriate professional boundaries.
e.	Recognize and identify actual or potential conflicts of interest.
f.	Utilize effective conflict-resolution and reconciliation approaches and techniques.
2.2 Use effective professional communication	
a.	Use clear and concise written, oral, and electronic communication.
b.	Communicate in a manner appropriate to the recipient.
c.	Use effective listening skills; be open to learning from the client and others and be comfortable with silence.
d.	Recognize and respond appropriately to non-verbal communication.
e.	Use technology, electronic communication, and social media responsibly and professionally.
f.	Differentiate fact from opinion.
2.3 Contribute to a collaborative and productive atmosphere	
a.	Create and sustain working relationships with other professionals of diverse socio-cultural identities encountered in practice.
b.	Collaborate with other practitioners to provide integrated care for clients.
c.	Collaborate with others to take action on issues impacting mental health and wellness.
3. LEGAL, PROFESSIONAL AND ETHICAL RESPONSIBILITIES	
3.1 Comply with legal and professional obligations	
a.	Comply with applicable federal and provincial legislation, and other relevant legal statutes including municipal and local bylaws, and legal requirements related to private RCC practice.
b.	Understand the role of BCACC and its dual mandate as a regulating body and a professional member-services association.
c.	Comply with BCACC policies, procedures, standards of practice and ethical conduct.
d.	Identify organizational/employer policies and practices that are inconsistent with legislation, legal requirements, and standards of practice and ethical conduct.
e.	Collaborate to develop, implement, and evaluate organizational/employer policies, procedures and activities that promote quality care and client safety.

3.2 Establish business practices relevant to the RCC's professional role	
a.	Establish business management policies and procedures that comply with relevant legislation and bylaws, including those related to ethical advertising principles and practices.
b.	Advocate for and integrate the use of technology to provide counselling services, especially to people living in rural and remote locations.
c.	Establish policies and procedures regarding the provision of services to clients in crisis or experiencing an emergency, and during therapeutic absence.
d.	Explain limitations and potential barriers and challenges to service availability.
e.	Comply with the requirements of relevant standards of practice and ethical conduct.
3.3 Evaluate and take steps to enhance professional practice	
a.	Engage in critical self-reflection to identify personal and professional limitations and biases.
b.	Assess own level of competence and suitability to practise with specific clients or issues.
c.	Solicit client feedback throughout the therapeutic relationship as appropriate.
d.	Seek and obtain feedback from peers and supervisors to assist in practise review.
e.	Identify strengths and areas for development as an RCC.
f.	Set goals and implement strategies for personal and professional improvement.
g.	Participate in relevant professional development activities.
h.	Modify practise to enhance effectiveness.
i.	Plan and implement a variety of assessment methods to determine effectiveness of actions and interventions.
j.	Build and maintain an awareness of and access to resources and supports relevant to practice.
k.	Undertake ongoing education on equity, diversity, and inclusion, cultural safety, cultural humility, anti-racism and trauma-informed practice.
l.	Engage in a process of continuous learning and self-evaluation, including following requirements for continuing competence and professional development.
3.4 Use critical inquiry and apply an ethical decision-making process	
a.	Recognize and understand the impact of clinical limitations, and the potential consequences for working outside of one's individual level of competence.
b.	Ensure RCC practise is within the limits of one's individual level of competence.
c.	Recognize and identify actual or potential ethical issues/dilemmas encountered in practice.
d.	Resolve ethical issues/dilemmas in a manner consistent with relevant legislation and BCACC standards of practice and ethical conduct.
e.	Accept responsibility for own actions, decisions, and professional conduct, and any consequences that may result.
3.5 Seek and obtain clinical supervision or consultation	
a.	Practise within own level of competence and use professional judgment when accepting responsibilities, including seeking out clinical supervision or consultation when required.
b.	Differentiate between administrative supervision, clinical supervision, consultation, and referral.
c.	Collaborate to determine the difference between supervision and consultation and clearly communicate the parameters of the supervisee-supervisor relationship.
d.	Engage in self-analysis with a clinical supervisor and work to lessen/resolve any identified issues, limitations, and/or biases.

3.6 Maintain client records	
a.	Adhere to standards and policies regarding proper documentation, including being timely, accurate, clear, concise, and legible.
b.	Document and maintain a comprehensive record of all services provided to the client.
c.	Safeguard the privacy, security, and confidentiality of client records, making disclosure only where permitted or required.
d.	Adhere to relevant legislation that governs the privacy, security, collection, access, use, retention, and disclosure of personal information.
e.	Identify and address exceptions in relevant legislation that may impact confidentiality, access, and transfer of client records and information to others.
3.7 Assist client to meet needs for advocacy and support	
a.	Demonstrate understanding of barriers to engagement through empathy and support for client self-efficacy.
b.	Support the client to develop coping strategies and build on strengths to deal with challenging circumstances.
c.	Collaborate with the client to act on issues that may impact their health and well-being.
d.	Recognize when advocacy or third-party support may be of value to the client and advise accordingly.
3.8 Provide ongoing health education and training consistent with the RCC's competencies and practice	
a.	Recognize when to provide education and teaching to clients and others.
b.	Recognize limits of the RCC's professional expertise and competence as a trainer/educator.
c.	Plan, implement and evaluate effectiveness of instructional strategies and activities.
3.9 Provide reports to third parties	
a.	Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the client and the recipient.
b.	Adhere to ethical and legal requirements when preparing third-party reports.
c.	Recognize ethical and legal implications when preparing third-party reports.
d.	Seek and obtain legal consultation when required and as necessary.
3.10 Maintain self-care and a level of health necessary for the provision of safe, competent, and ethical therapy/counselling services	
a.	Demonstrate an understanding, in the context of public protection, of the significance of fitness to practice issues, such as any personal concerns that have the potential to affect professional competency or any impairment likely to harm a client.
b.	Maintain personal physical, psychological, cognitive, and emotional fitness to practice.
c.	Engage in self-care activities, such as seeking one's own therapeutic support, to decrease the risk of secondary trauma and burnout.
d.	Maintain appropriate professional behaviour and presentation.
e.	Build, maintain and use a personal and professional support network.
4. THERAPEUTIC PROCESS	
4.1 Orient client to the RCC's practice	
a.	Describe the RCC's education and qualifications.
b.	Describe and differentiate between the role of the RCC and other health professionals.
c.	Explain the responsibilities of the counsellor and the client in the therapeutic relationship.

d.	Explain the advantages and disadvantages of participating in therapy/counselling.
e.	Explain the client's right to privacy and confidentiality, and any limitations or exceptions imposed upon it by law.
f.	Explain legal duty to report, including the duty to report abuse or to report unprofessional or unsafe practise, and legal duty to warn.
g.	Explain and provide key administrative policies and procedural information to the client.
h.	Explain and obtain informed client consent on an ongoing basis in accordance with legal requirements.
i.	Assess the client for the capacity to consent to treatment.
j.	Demonstrate openness, honesty and integrity when responding to client questions.
4.2 Establish and maintain core conditions for therapy	
a.	Establish rapport and promote trust through empathy, respect, acceptance, authenticity, and collaboration.
b.	Explore the client's cultural needs, beliefs, practices, and preferences.
c.	Demonstrate awareness and sensitivity to the impact of the client's context on the therapeutic process, seeking to understand the client's lived experiences.
d.	Demonstrate understanding of the impact of trauma on psychological functioning.
e.	Demonstrate sensitivity to the setting in which therapy takes place.
f.	Employ a non-judgmental approach.
g.	Explain theoretical concepts using language and terms the client can understand, and check client understanding regularly.
h.	Promote and encourage client autonomy and right of choice (e.g., right to live at risk).
i.	Establish, negotiate, and maintain clear and appropriate boundaries (e.g., role and service offered, length and frequency of meetings, responsibilities) that clarify the nature, content, and limits of the therapeutic relationship.
j.	Identify the increased risks associated with managing multiple relationships with client(s), including being aware of legislation that specifically prohibits providing services to friends or family members.
k.	Take all reasonable measures to safeguard the client's physical, emotional, psychological, and cultural safety during clinical work.
4.3 Ensure safe and effective use of self in the therapeutic relationship	
a.	Demonstrate awareness of the impact that one's own personal experiences, attitudes, beliefs, and values may have on the therapeutic process, and take steps to minimize those impacts.
b.	Recognize the effect power dynamics can have within the therapeutic relationship.
c.	Ensure verbal and non-verbal communication is congruent and effective.
d.	Use self-disclosure appropriately within the therapeutic relationship.
e.	Integrate knowledge of the appropriate use of touch within the therapeutic relationship.
f.	Conduct oneself in a manner that reflects honesty, integrity, reliability, and impartiality.
g.	Demonstrate effective observation of self, the client, and the therapeutic process.
4.4 Conduct an appropriate risk assessment	
a.	Recognize and maintain awareness of the major diagnostic categories identified in the DSM and IDC, and their possible implications for counselling.
b.	Recognize the major classes of psychoactive drugs and their effects.

c.	Create a gender-sensitive, inclusive and culturally safe environment, including screening for immediate safety concerns.
d.	Assess for crises and specific risks, such as suicidality, intimate partner violence, or children at risk, as indicated by the client's context.
e.	Develop appropriate safety plans with clients in crisis and/or at risk.
f.	Refer to external professional services as appropriate, according to the client's needs.
g.	Report to authorities as required by law.
h.	Follow up with the client and monitor risk over time.
4.5 Structure and facilitate the therapeutic process	
a.	Communicate in a manner appropriate to the client's developmental level and socio-cultural identity.
b.	Utilize a variety of formal and informal assessment strategies to formulate an assessment and determine appropriate therapeutic approach and interventions required by the client.
c.	Provide the client with the necessary time and safe space to share their needs and goals.
d.	Identify the client's strengths, vulnerabilities, resilience, and resources, and respond appropriately.
e.	Synthesize assessment data and explain information so the client understands its relationship to proposed therapeutic process.
f.	Collaborate with the client to develop individualized goals and objectives that promote a strengths-based approach to health and wellness, an agreed to counselling treatment plan, and address behaviours that are inconsistent with well-being.
g.	Provide clear information about the options available, including information about what the client may experience during the therapeutic process.
h.	Provide therapy/counselling that is within the RCC's individual level of competence.
i.	Facilitate, guide and support the client to explore issues and patterns of behaviour, and a range of emotions and feelings.
j.	Anticipate and respond appropriately to the expression of intense emotions and help the client toward understanding and management.
k.	Employ and maintain a non-reactive approach when responding to client anger, hostility, and criticism.
l.	Respond professionally to expressions of inappropriate attachment from the client and address the impact of transference and countertransference in the therapeutic relationship.
m.	Ensure interventions are timely and appropriate to the client's needs.
n.	Focus therapy/counselling sessions by engaging the client according to their demonstrated level of commitment to therapy.
o.	Recognize the significance of inaction and action, in addition to other contextual influences impacting the client.
p.	Review and evaluate therapeutic process and progress with the client regularly and make adjustments as required.
q.	Recognize when to discontinue or conclude therapy.
4.6 Refer the client	
a.	Develop, maintain, and utilize a referral network.
b.	Identify circumstances when referral or specialized treatment may benefit or be required by the client.

c.	Integrate knowledge of the community and its available resources to identify culturally relevant resources, based on the client's needs and preferences.
d.	Coordinate appropriate referrals and liaise with others to promote access to resources that can optimize health outcomes and support continuity of care.
4.7 Conduct an effective closure process whenever possible and as appropriate	
a.	Prepare the client in a timely manner, for the ending of a course of therapy/counselling.
b.	Solicit the client's perception of the therapeutic interventions that were provided.
c.	Summarize and discuss the outcomes of the therapeutic relationship with the client.
d.	Collaborate with the client to identify/determine when existing services are no longer needed.
e.	Outline follow-up options, support systems and resources available to the client.
f.	Demonstrate awareness and compassion during transitions and, in collaboration with the client, develop plans that include long-term sustainable supports and follow-up services as needed.
g.	Establish the boundaries of the post-therapeutic relationship.
h.	Terminate the therapeutic relationship.
5. PROFESSIONAL LITERATURE & APPLIED RESEARCH	
5.1 Maintain currency with professional literature	
a.	Read and review current professional literature relevant to the RCC's area(s) of practice.
b.	Access information from a variety of current and legitimate peer-reviewed and professional sources (e.g., published research, clinical practice guidelines, professional standards, policies, decision-making tools, etc.).
c.	Employ critical thinking and professional judgment when analyzing information and its source.
d.	Reflect on current evidence from various sources and determine relevance to client need and application of information to specific clinical situations and practice settings.
e.	Apply knowledge appropriately to enhance practice.
5.2 Use research findings to inform clinical practice	
a.	Understand and respect the scientific underpinnings of the discipline.
b.	Integrate knowledge of research methods, and scientific research activities, models, and practices.
c.	Reflect on and determine the applicability of research findings to specific clinical situations.
d.	Employ critical thinking when analyzing and synthesizing research findings to arrive at a clinical judgment.
e.	Collaborate with professionals in other fields of study to gather insight on alternative approaches to counselling/therapy.
f.	Innovate counselling approaches based on theory, research, trends, promising practices, and new knowledge.

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