

GUIDELINES FOR ETHICAL PSYCHOLOGICAL PRACTICE WITH WOMEN¹

INTRODUCTION AND RATIONALE

In order to provide competent and ethical psychological practice with women, psychologists need to be aware of, and knowledgeable about, the issues and conditions that have an impact on women's lives in Canada. Psychological practice with women should be non-sexist, empowering, and recognize the realities of women's lives. These Guidelines provide Canadian psychologists with direction and guidance about how to achieve these ends.

In 1980, the Canadian Psychological Association adopted *Guidelines for Therapy and Counselling with Women*. These guidelines were partly in response to the recommendations of the *Task Force on the Status of Women in Canadian Psychology* (Wand, 1977) which, in turn, was established in response to the United Nations 1975 International Year of Women. Over the past twenty-five years, there has been a shift from needing to prove that discrimination toward women exists to a more general acceptance that people aligned with many forms of diversity, including gender, ethnicity, socio-economic status, and sexual orientation are harmed by discriminatory actions. Since 1980, there have been several positive developments in the practice of psychology. There is clearer recognition that psychologists are not value-free; rather, as with members of all disciplines, they are influenced by their beliefs, biases, socialization, life experiences, and degree of privilege and influence. There is greater acknowledgement of the issue of power and how it may be used and abused in relationships. Many psychologists have become increasingly aware of how an individual's sex intersects with the individual's age, race, ethnicity, culture, religious beliefs, sexual orientation, gender identification, ability, and social and economic conditions. There is greater insight into how Canadian women's psychological problems and concerns are often a consequence of social, cultural and economic conditions (Morrow, 1999; Stoppard & McMullen, 2003).

Within psychology, principles of social justice and social responsibility are slowly being recognized in a profession whose members have often prided themselves in their emphasis on the individual. The *Canadian Code of Ethics for Psychologists* (CPA, 1986, 1991, 2000, 2017) expanded the meaning of respect and caring to include the valuing of all individuals, groups, and collectivities with which psychologists may work. The *Feminist Therapy Code of Ethics* (Feminist Therapy Institute, 1987, 1999, 2000) and *Ethical decision making in therapy: Feminist perspectives* (Rave & Larsen, 1995) led the way in integrating feminist tenets with ethical thinking.

Although progress has been made, gender discrimination still exists, and women and women's roles in society still are often undervalued. Women expend more time in unpaid work than do men, are more likely to have low incomes, to live below the poverty line, and to be victims of criminal harassment and kidnapping (Statistics Canada, 2006). It is well documented that Canadian women and girls are more often victims of physical

¹ Approved by the Board of Directors of the Canadian Psychological Association (CPA) in 2007 (Updated 2017).

and sexual violence than are Canadian men and boys (Statistics Canada, 2006), and that abuse and trauma can have an enormous impact on the mental health of women and girls (Fisher, 1998; Rivera, 1999). Although the mental health issues and concerns of Canadian women differ from those of Canadian men (British Columbia Centre of Excellence for Women's Health, 2003; Janzen, 1998; Morrow, 1999) and women are more likely than men to seek treatment (Statistics Canada, 2000), there is a paucity of services that are specific to women's needs (Morrow, 1999; Morrow, 2002).

There is an ongoing need to foster awareness of women's issues in the context of psychological practice. In order to provide appropriate and non-sexist psychological services, psychologists must be sensitive to, and knowledgeable about, individual, group, and socio-cultural differences. Psychological practice also needs to be responsive to the complex and varied contexts of Canadian women's lives.

The 2007 revision of the original *Guidelines for Therapy and Counselling with Women* (CPA, 1980) was an application of the third edition of the *Canadian Code of Ethics for Psychologists* (CPA, 2000) and the *Guidelines for Non-Discriminatory Practice* (CPA, 1996, Updated 2001) to issues specific to the provision of psychological practice with women. This version of the guidelines has been updated to cross reference to the fourth edition of the *Canadian Code of Ethics for Psychologists* (CPA, 2017). The guidelines contained in the current document are grounded in the four ethical principles of the *Code*; namely, Respect for the Dignity of Persons and Peoples, Responsible Caring, Integrity in Relationships, and Responsibility to Society. The Guidelines do not duplicate ethical standards in the *Code* and thus should be used in conjunction with the *Code*.

This document consists of:

1. an introduction and rationale (above);
2. a summary of each of the four ethical principles of the *Canadian Code of Ethics for Psychologists* (CPA, 2017), followed by a statement of application of each principle to the provision of psychological practice with women;
3. specific guidelines for ethical psychological practice with women, referenced to the relevant ethical principle;
4. positive and negative examples of applying the guidelines to psychological practice with women.

APPLICATION OF THE FOUR PRINCIPLES OF THE CANADIAN CODE OF ETHICS FOR PSYCHOLOGISTS TO ETHICAL PSYCHOLOGICAL PRACTICE WITH WOMEN

Principle I. Respect for the Dignity of Persons and Peoples

In supporting the Principle of Respect for the Dignity of Persons and Peoples, psychologists actively demonstrate the belief that all human beings have innate worth and should be treated primarily as a person or an end in him/herself, not as an object or a means to an end. Psychologists appreciate that the innate worth of a human being exists regardless of real or perceived differences in culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, or any other preference or personal characteristic, condition or status.

Psychologists actively avoid and do not support discrimination based on any of these factors. Psychologists recognize that respect for moral rights (e.g., privacy, self-determination, and personal liberty) is included in respect for the dignity of persons and peoples, and that the manner in which such rights are promoted, protected, and exercised varies across cultures and communities. They acknowledge and respect such differences, while guarding against clear violations of moral rights. Psychologists also recognize that as the vulnerabilities of individuals or groups (e.g., couples, families, organizations, communities, or peoples) increase, or as the power of individuals or groups to control their environment or their lives decreases, psychologists have an increasing responsibility to seek ethical advice and to protect the moral rights of the individuals and groups involved.

In applying the principle of Respect for the Dignity of Persons and Peoples to their psychological practice with women, psychologists ensure that they do not, wittingly or unwittingly, engage in or support any previous or existing gender-based discrimination and/or oppressions (e.g., fewer choices, greater negative consequences, restrictions on personal liberty), whether these factors are based in the individual, the group, or the socio-political context. Psychologists also recognize that, in addition to gender-based discrimination and/or oppressions, a woman client also may be subject, or may have been subjected, to discrimination and oppressions due to other diversities (e.g., race, culture, poverty). When there are multiple discriminations and oppressions, women clients may be at greater risk of experiencing psychological problems.

Psychologists also understand that such circumstances can increase the power imbalance in the professional relationship, and that special consideration and safeguards for protecting and promoting moral rights are increasingly warranted in such circumstances.

Principle II. Responsible Caring

In supporting the principle of Responsible Caring, psychologists demonstrate an active concern for the well-being and best interests of the individuals and groups with

whom they work. They try to be of as much benefit as possible. They also avoid doing harm, minimize harm that cannot be avoided, and correct harm when they are able to do so. In order to achieve these ends, psychologists acquire and maintain the competence needed for their work, stay within the limits of their competence, and apply the knowledge and skills that are appropriate for the nature, and the social and cultural context, of a particular client or situation. They also develop adequate self-knowledge regarding how such factors as their own values, experiences, sex, gender identification, race, culture, socioeconomic situation, and social context might influence their actions, interpretations, choices and recommendations, and their ability to be of benefit and not do harm.

In applying the principle of Responsible Caring to their psychological practice with women, psychologists understand how women's lives are shaped by their gender in interaction with their culture, nationality, ethnicity, race, religion, gender identification, relationship status, sexual orientation, physical or mental abilities, age, socioeconomic status, as well as by other personal characteristics, conditions, or statuses. Psychologists also recognize that their women clients live in multiple contexts and that, while many of these contexts give meaning and satisfaction to their lives, some experiences (e.g., poverty, violence, undue pressure to make specific choices, socialization to a primarily passive and/or submissive role, other abuses of power) are harmful to their well being. In attempting to be of benefit to women clients, psychologists understand that it is important not to pathologize such harmful effects, but rather to view and treat them as understandable responses and results. In developing and monitoring their self-knowledge with respect to their psychological practice with women, psychologists are particularly sensitive to understanding how the contexts of their own lives might influence or interfere with their attempts to help and not harm women clients.

Principle III. Integrity in Relationships

In supporting the principle of Integrity in Relationships, psychologists are open, honest, and accurate in their communications with others. They view trust as essential to the professional relationship and, to this end, they recognize, monitor, and manage potential biases, multiple relationships, and other conflicts of interest that could result in the real or perceived exploitation of the client and to the diminishment of trust. Psychologists balance completeness and openness of communication with cultural differences and expectations regarding appropriateness. They also recognize and respect cultural differences with regard to boundaries and multiple relationships, while ensuring that the best interests of the client are always the paramount consideration.

In applying the principle of Integrity in Relationships to their psychological practice with women, psychologists are aware that some women clients' experiences may have led them to have issues related to trust, including being distrustful or overly trustful of those in authority. Psychologists also recognize how their own biases and early socialization might affect their attitudes and actions towards their women clients, and strive to be as self-aware, objective, and unbiased as possible. When psychologists and women clients have different beliefs relative to psychological practice, the psychologist

should acknowledge this and work collaboratively with the client to resolve the issue in the best interests of the client. In some instances, this may mean referring the woman client to another psychologist.

Principle IV. Responsibility to Society

In supporting the principle of Responsibility to Society, psychologists acknowledge that they have responsibilities to the societies in which they live and work and to the welfare of all human beings in those societies. Psychologists do whatever they can to ensure that psychological knowledge is used for beneficial purposes. When they are used contrary to these purposes, they do what they can to try to correct such misuse. They demonstrate respect for democratically established law and social structures, but also speak out when such laws seriously ignore or oppose the ethical principles of respect for the dignity of persons and peoples, responsible caring, or integrity in relationships.

In applying the principle of Responsibility to Society to psychological practice with women, psychologists acknowledge that their concern for the welfare of all human beings in society includes concern for the well-being and best interests of women in society, and that some psychological theory, research, and practice have distorted, ignored or pathologized women's experiences. In response, psychologists accept the responsibility to do what they can to change societal laws and structures that discriminate or lead to oppressions of women. They recognize that there are multiple avenues to improve the lives of women, and choose the most appropriate and beneficial use of their time and talents to help meet this collective responsibility.

GUIDELINES FOR PSYCHOLOGICAL PRACTICE WITH WOMEN

These Guidelines provide descriptions of the knowledge, attitudes, skills, and behaviours needed for ethical psychological practice with women. Although the four ethical principles of the *Canadian Code of Ethics for Psychologists* (CPA, 2017) are interrelated, each guideline is referenced to the main ethical principle that the guideline supports.

In psychological practice with women, psychologists:

1. Respect, listen, and learn from women clients, particularly when women clients' life experiences differ substantively from the psychologist's own. (Principle I)
2. Use inclusive and respectful language with women clients, label issues related to women as such (e.g., "women's issues"), use non-specific terms regarding an individual's sex when appropriate (e.g., police "officer"), and avoid language that stereotypes, demeans, or infantilizes (e.g., "girl"). (Principle I)
3. Recognize that women clients might feel in a power-down situation when working with a male psychologist, or with any "expert," be they male or female, and that the power imbalance may make it difficult for some women clients to challenge the psychologist. (Principle I)

4. When needed, take special precautions with women clients (e.g., more time, more reassurance about right to choose) to ensure that any consent for psychological services is informed and voluntary. This includes consent for services and consent for disclosure of confidential information to others who may claim the right or need to know (e.g., partners or physicians).
5. Understand that, with repeated exposure to traumatic events, some women cope through making what may appear to be poor lifestyle “choices” (alcohol abuse, etc), and that it is important to avoid diagnostic labeling that may stigmatize.
6. Are aware of their own cultural, moral, social, and gender-based beliefs and values and how these may influence or interfere with their ability to help and not harm their women clients, for example, how their position of privilege as professionals may lead to de-sensitization regarding the realities of women clients who live in poverty. (Principle II)
7. Keep up to date regarding current research and issues related to working with women clients through continuing education activities such as attending conferences, reading, workshops, and courses. (Principle II)
8. Are aware of how some psychological theory, research, and practice have distorted, ignored, or pathologized women’s experience, critically appraise the applicability of psychological theories and research to women, and only use those aspects that are appropriate. (Principle II)
9. Obtain supervision or consultation, or refer to another practitioner, if their beliefs and values about a woman client’s particular situation (e.g., beliefs and values regarding abortion or a woman’s role in child rearing) are likely to interfere in any way with their ability to benefit and not harm the woman client. In these situations, collaborate with women clients on the solutions that best serve their interests. (Principle II)
10. When needed, consult with others who are more knowledgeable about, and experienced in, working with issues related to psychological services for women. (Principle II)
11. Are knowledgeable about community resources and programs for women, recognize how such community supports and programs can be helpful and empowering, and refer women clients to them as appropriate. (Principle II)
12. Recognize that women clients may live in multiple contexts and have diverse identities, and that gender inequity may be only one of many inequities with which they contend. (Principle II)
13. Assess accurately the source of woman clients’ difficulties, apportioning causality appropriately among individual, situational, and socio-cultural factors. (Principle II)
14. Help women clients to become aware of the various factors that contribute to their difficulties and, where appropriate, facilitate women clients’ examination

- of their experiences of discrimination and oppressions, and support them in making new choices and developing new strategies. (Principle II)
15. Take care with women clients to determine whether they have experienced physical or sexual assault, recognizing that women are more likely than men to have been victims of physical and sexual assault, including in the context of private family discord. In such circumstances, psychologists hold the view that those who are assaulted are victims of crimes and those who assault are guilty of crimes. (Principle II)
 16. Where appropriate, confirm the validity of the reality, variety, and implications of discrimination and/or oppressions experienced by woman clients. (Principle II)
 17. Recognize women clients' right to self-determination and work collaboratively with them to develop solutions that are in their best interests. (Principle I)
 18. Do not engage in any sexual behaviour with women clients. Psychologists establish clear boundaries in professional relationships, and if needed, seek supervision or consult with colleagues in order to maintain these boundaries. (Principle III)
 19. Establish an appropriate level of trust through honest, open, and transparent communication that is considered culturally appropriate by the woman client, being careful not to subtly invalidate her questions or opinions (e.g., by not fully listening). (Principle III)
 20. Evaluate the meaning of overlapping relationships in conjunction with clients. When dual/multiple and overlapping relationships are unavoidable, they collaborate with clients on how to respect boundaries and avoid doing harm. (Principle III)
 21. Establish an atmosphere of collaboration regarding all relevant decisions, including the goals of the psychological services being delivered, the risks and benefits of possible activities or interventions, any foreseeable problems, and any issues that arise, thus creating a more equal relationship by sharing power and responsibility. (Principle III)

EXAMPLES OF APPLYING THE PRINCIPLES AND GUIDELINES TO PSYCHOLOGICAL PRACTICE WITH WOMEN

Positive Examples

You are a school psychologist working in a school where teen pregnancy has become a particularly salient issue. The School Board has decided to implement an educational program that is aimed exclusively at young women and asks that you deliver the program. You believe that to provide the program to female students exclusively would

be sexist and you make an argument that the educational program should target both male and female students.

As Director of a mental health clinic, you have hired a well-qualified psychologist. All goes well until a woman client complains that the psychologist has advised her to ignore her husband's abusive behaviour and do more to keep him happy. You meet with the psychologist to explore the client's complaint. Based on your meeting, you recommend that the psychologist take a course in diversity, that the assignment of cases to this psychologist be restricted, and that closer supervision be provided. You will review the situation in six months. You also remind yourself that you need to be more sensitive to cultural beliefs of psychologists regarding women's roles, especially when recruiting new staff.

You are seeing a couple for relationship counselling who say they do not want to divorce. Both partners blame the other for having extramarital affairs. After hearing more detail in the second session with them, you suddenly realize that the wife's current lover is a well-known and respected member of the community whose work you have admired, although you have discounted occasional rumours that he takes advantage of young female employees. With this unexpected insight, you decide that you cannot remain objective in counselling the couple, and that you need to find a way to withdraw your services in as sensitive and as caring a manner as possible.

You are a psychologist specializing in the delivery of services related to violence against women. You have heard many stories of the harm done to victims of abuse by previous service providers who have viewed the aftereffects of abuse as character defects (e.g., personality disorders). You design educational workshops for the benefit of other professionals.

Negative Examples

After eight years as an employment counselor, you decide to shift your practice to marital therapy. You have come to the opinion that mothers of dependent children should not work outside the home unless out of dire financial necessity, a situation that you experienced as a single parent. In your marital therapy sessions, you routinely explore in depth why a mother who is working outside the home is doing so and emphasize the important role that mothers have in nurturing their children.

You are seeing a woman who was referred for therapy for continuing depressed mood and lack of self-esteem. You learn that her husband, who is always repentant afterward, is physically abusing her. Your client feels guilty for the marital problems, because her husband has told her repeatedly that he would not hit her if she were more obedient and submissive and she believes that wives are primarily responsible for the success or failure of a marriage. Because she does not wish to leave him, you advise her to be more obedient and submissive, in order to avoid physical harm.

You believe that you are very accepting of women of all races and cultures and describe yourself as a cross-cultural psychologist. One of your goals is to help women immigrants become comfortable in their new country. You believe that the some cultural dress codes are repressive and will make it difficult for immigrants to integrate into Canadian society. If your women clients wear such traditional clothing, you recommend that they switch to Western clothing.

You are a psychologist who works with women who have suffered from spousal abuse. You are a strong advocate for funding to expand services for the prevention of family violence, and you frequently give presentations at fund raising events for this cause. You always ask one or two of your women clients to be present on the platform to describe publicly their stories as victims or survivors of abuse.

REFERENCES

- Morrow, M. (2003). *Mainstreaming women's mental health: Building a Canadian strategy*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health.
- Canadian Psychological Association. (1980). *Guidelines for therapy and counselling with women*. Ottawa, ON: Author.
- Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists*. (4th ed.). Ottawa, ON: Author.
- Canadian Psychological Association. (1992; Updated 2001, 2017). *Guidelines for non-discriminatory practice*. Ottawa, ON: Author.
- Feminist Therapy Institute. (2000). *Feminist therapy code of ethics*. Revised by Marcia Chappell. San Francisco, CA: Author.
- Fisher, P. (1998). Women and mental health issues: The role of trauma. *Visions: BC's Mental Health Journal, Winter*, 6-7.
- Janzen, B. (1998). *Women, gender and health: A review of the recent literature*. Winnipeg, MB: Prairie Women's Health Centre of Excellence.
- Morrow, M. (1999). *Hearing women's voices: Mental health care for women*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health.
- Morrow, M. (2002). *Violence and trauma in the lives of women with serious mental illness: Current practices in service provision in British Columbia*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health.
- Rave E., & Larsen, C. (Eds). (1995). *Ethical decision making in therapy: Feminist perspectives*. New York: Guilford Press.
- Rivera, M. (Ed.). (1999). *Fragment by fragment: Feminist perspectives on memory and child sexual abuse*. Charlottetown, PEI: Ragweed Press.
- Statistics Canada (2006). *Women in Canada: A Gender-based Statistical Report* (5th ed.). Ottawa, ON: Author.
- Statistics Canada (2000). *Women in Canada: A Gender-based Statistical Report*. (4th ed.). Ottawa, ON: Author.
- Stoppard, J. & McMullen, L. (Eds.). (2003). *Situating sadness: Women and depression in*

social context. New York: New York University Press.

Wand, B. (1977). Report of the task force on the status of women in Canadian Psychology. *Canadian Psychological Review*, 18, 3-18.

OTHER RELEVANT CANADIAN PUBLICATIONS

Boatswain, S., Brown, N., Fiksenbaum, L., Goldstein, L., Greenglass, E., Nadler, E., & Pyke, S. (2001). Canadian feminist psychology: Where are we now? *Canadian Psychology*, 42, 276-285.

Canadian Psychological Association. (1981). Education of graduate students. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author.

Canadian Psychological Association. (1981). Female role models. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author.

Canadian Psychological Association. (1981). Psychology of women. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author.

Canadian Psychological Association. (1981). Discrimination in employment areas. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author.

Canadian Psychological Association. (1981). Sexual harassment. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author.

Canadian Psychological Association. (1982). Discrimination on sexual orientation. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author.

Canadian Psychological Association. (1984). Prejudicial discrimination. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author.

Canadian Psychological Association. (1995). CPA response to Canadian panel on violence against women. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author.

Canadian Psychological Association. (1996). Equality for lesbians, gay men, their relationships, and their families. *Canadian Psychological Association Policy Statement*. Ottawa, ON: Author

Church, E., Pettifor, J., & Malone, J. (2006). Evolving Canadian guidelines for therapy and counselling with women. *Feminism and Psychology*, 16, 259-271.

Gurevich, M. (2001). W(h)ither psychology of women?: Current trends and future

directions for the section on women and psychology. *Canadian Psychology*, 42, 245-248.

Pettifor, J., Larsen, C., & Cammaert, L. (1984). *Therapy and Counselling with Women: A Handbook of Educational Materials*. Ottawa, ON: Canadian Psychological Association.

Pyke, S. (1996). Sexual harassment and sexual intimacy in learning environments. *Canadian Psychology*, 37(2), 13-22.

Pyke, S. (2001). Feminist psychology in Canada: Early days. *Canadian Psychology*, 42, 268-275.

Stark, C. (1997). Academic freedom, “political correctness”, and ethics. *Canadian Psychology*, 38, 232-237.

Stark-Adamec, C., & Kimball, M. (1984). Science free of sexism: A psychologist’s guide to the conduct of nonsexist research. *Canadian Psychology*, 25, 23–25.

Storm, C., & Gurevich, M. (2001). Looking forward, looking back: Women in psychology. *Canadian Psychology*, 42, 245-248.