Psychology Research, July-Aug. 2026, Vol. 16, No. 4, 188-196
doi:10.17265/2159-5542/2026.04.002

Ethical Competence Integration Model (ECIM)

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Background: Professional psychology in Ontario operates at the crossroads of aspirational ethical principles and enforceable regulatory standards, creating unique challenges for practitioners in training, particularly those in the supervised practice period. Objective: This conceptual paper introduces the Ethical Competence Integration Model (ECIM), a framework that adapts Rest's (1986) Four-Component Model for Ontario's supervised practice context. The ECIM integrates four interconnected pillars: positive ethics orientation, structured decision-making, regulatory literacy, and reflective self-awareness. Method: Drawing on foundational ethics scholarship (Knapp, VandeCreek, & Fingerhut, 2023; Barnett, 2019), the CPA (Canadian Psychological Association) Code of Ethics (2017), and CPBAO (College of Psychologists and Behaviour Analysts of Ontario) regulatory documents (2024), this paper synthesizes existing literature and regulatory requirements into a cohesive framework. The methodology employs a conceptual synthesis approach, integrating theoretical principles with practical regulatory knowledge derived from the author's lived experience as a supervised practice registrant. Findings: The ECIM provides a structured yet flexible approach that balances aspirational striving with procedural rigor, legal compliance, and self-awareness. The model addresses a critical gap identified in existing ethics education, which tends to emphasize either aspirational values or procedural rules, but rarely integrates both. Implications: This model has practical applications for graduate training programs, supervised practice relationships, clinical supervision, and continuing professional development, particularly within the Canadian regulatory context. Conclusion: The ECIM offers an integrative roadmap for developing ethical competence as a coherent professional identity, particularly valuable for psychologists navigating the supervised practice period in Ontario.

Keywords: ethical competence, positive ethics, CPBAO, ethical decision-making, supervised practice, Ontario psychology regulation, Rest's Four-Component Model, psychology regulation, ethics education, professional identity

Introduction

When I began my ethics training course, I expected to learn rules. I expected to memorize standards, understand boundaries, and complete the required readings. What I did not expect was how much the experience would challenge me to think differently about who I am as a psychologist. The course was not just about compliance—it was about identity. Over 12 weeks, as I studied case after case, and reflected on my own reactions

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to complex clinical situations, I came to realize that ethical competence is not something you simply acquire. It is something you grow into, step by step, through practice, reflection, and honest self-examination. This realization sits at the heart of the Ethical Competence Integration Model, or ECIM. Before I outline the model itself, let me explain what I mean when I say that ethical competence is more than just following rules. Conscientious practitioners can still make poor ethical decisions, not because they are careless or uninformed, but because the gap between knowing what is right and doing it can be surprisingly wide. I saw this clearly during my training. I would read a case study, understand the ethical principles at play, and yet when I imagined myself in that situation, I felt uncertain. What would I do? Would I have the courage to act on what I knew?

I quickly learned that I was not alone in this feeling. The ethics literature is full of examples of well-intentioned psychologists who made mistakes, not because they lacked knowledge, but because they were unprepared for the complexity of real-world dilemmas. Knapp, VandeCreek, and Fingerhut (2023) describe this as the gap between moral sensitivity and moral action. Barnett (2019) calls it the challenge of moving beyond "negative ethics"—a defensive, fear-based approach that focuses on avoiding complaints rather than striving for excellence. This insight landed with me personally. During my training, I caught myself thinking in defensive terms: What could get me in trouble? What would my supervisor say if I did this differently? It took time and reflection to shift my focus from fear to aspiration, from "what might I be doing wrong" to "what would excellent care look like here". The ECIM emerged from this process. It is not a theory I read in a book and decided to apply. I developed it because I needed a way to hold together the different demands of ethical practice—the aspirational values, the procedural rules, the regulatory requirements, and the self-awareness that makes it all meaningful. I needed a model that made sense for Ontario, where the regulatory environment is particularly complex. The creation of the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) in July 2024 brought psychologists and behaviour analysts under unified oversight, introducing new Standards of Professional Conduct that carry legal weight (CPBAO, 2024a). For supervised practice registrants like me, this means we are held to the same standards as fully autonomous practitioners. The stakes are high, and the learning curve is steep.

This paper introduces the ECIM as a contribution to ethics education, supervision practice, and continuing professional development. It is offered from the perspective of someone who has navigated this journey and emerged with a framework that I believe can help others do the same.

Methodology

When I set out to develop the ECIM, I knew I was not conducting an experiment. This was not a study with hypotheses and control groups. Instead, it was a process of making sense of what I had learned, organizing it into a coherent structure, and testing it against real clinical scenarios. The methodology is what scholars call conceptual synthesis—a way of integrating theoretical principles, regulatory requirements, and practical experience into a usable framework (Knapp et al., 2023; Barnett, 2019). I began with the literature. Over the course of my ethics training, I read extensively. I worked through Knapp et al.'s (2023) practical ethics text, studied Barnett's (2019) work on positive ethics, and immersed myself in the CPA (Canadian Psychological Association) Code of Ethics (2017). I also explored the CPBAO Standards of Professional Conduct (2024a) and the Supervision Resource Manual (2024b). These were not just academic exercises. Each reading sparked questions about how the principles applied to my own practice. Would I know how to handle a confidentiality breach? Could I explain informed consent in a way that genuinely protected client autonomy? Did I understand my obligations under PHIPA and CYFSA?

The second process was regulatory analysis. I mapped each CPBAO standard to its underlying ethical principle, asking myself not just what the standard said but why it existed. This was not always straightforward. Some standards were clearly about protecting clients from harm. Others were more about maintaining public trust or ensuring professional accountability. I found that understanding the rationale behind the rules made them easier to remember and apply. It also made them feel less like external impositions and more like tools for good practice.

The third one was reflective integration. This is where the model truly took shape. I began to notice patterns in my thinking. I found myself asking four different kinds of questions. I asked about what excellence would look like. I asked about the steps I should follow. I asked about what the law required. And I asked about how I felt, what biases I might have, and what my reactions were telling me. These four questions became the pillars of the ECIM.

The final one was model construction. I took these four questions and organized them into a framework. I refined the model based on feedback from my supervisors. What emerged was a model that felt both practical and principled—one that I could actually use in my day-to-day practice.

A word about my positionality. I am a psychologist in supervised practice with the CPBAO. I am also an Iranian woman, a lecturer, a researcher, an immigrant, a mother, a cyclist, a poet, and a lifelong learner. These identities shape how I see ethical issues, how I understand cultural competence, and how I approach the work of becoming a psychologist. I do not pretend to be objective or neutral. The ECIM reflects that belief—it does not ask psychologists to set aside their humanity, but rather to bring it into the ethical decision-making process.

Theoretical Grounding: Rest's Four-Component Model

The ECIM rests on a foundation that has shaped ethics education for decades: Rest's Four-Component Model (1986). I first encountered Rest's work during my ethics training, and I was struck by how well it captured the complexity of moral behavior. Rest argued that doing the right thing requires four distinct psychological processes. First, you have to recognize that a situation has ethical dimensions—this is moral sensitivity. Second, you have to reason about what is right—this is moral judgment. Third, you have to prioritize ethical values over competing interests—this is moral motivation. Fourth, you have to follow through despite obstacles—this is moral character. As I read Rest's work, I began to see how each component mapped onto my own experience. Moral sensitivity was about learning to notice ethical issues in the first place. I remember early in my training, I would read a case and think it was straightforward, only to realize later that I had missed subtle but important ethical dimensions. Moral judgment was about developing the capacity to reason through those issues—not just intuitively, but systematically. Moral motivation was about caring enough to act, even when it was uncomfortable. And moral character was about persistence—following through even when it was difficult.

In Ontario, you cannot be morally sensitive without knowing what the law and professional standards require. You cannot exercise moral judgment without understanding the legal framework within which you are operating. The CPBAO Standards, PHIPA, CYFSA, RHPA—these are not optional add-ons. They are integral to ethical practice. Thoma (2002) extends Rest's work by emphasizing that moral judgment develops through stages, and that ethical competence requires not only stage-appropriate reasoning but also the ability to apply that reasoning in context. Narvaez and Rest (1995) similarly argue that ethical expertise involves the integration of knowledge, skills, and attitudes. I took these insights and adapted Rest's model for Ontario. The ECIM makes regulatory literacy an explicit pillar, alongside positive ethics orientation, structured decision-making, and reflective self-

awareness. Each pillar corresponds to one of Rest's components, but with a Canadian, Ontario-specific twist. Regulatory literacy is moral sensitivity grounded in jurisdictional knowledge. Structured decision-making is moral judgment operationalized through systematic steps. Positive ethics orientation is moral motivation driven by aspirational values rather than fear. Reflective self-awareness is moral character sustained through honest self-examination.

Positive Ethics and Risk Management: A Critical Distinction

One of the most important shifts in my thinking during the ethics training was understanding the difference between positive ethics and risk management. I had come into the course thinking of ethics as a set of rules to follow—boundaries to respect, forms to sign, procedures to complete. This is the defensive approach, what Barnett (2019) calls "negative ethics". It is about avoiding complaints, preventing lawsuits, and staying out of trouble. There is nothing wrong with risk management—it is essential—but it is not enough. Knapp et al. (2023) make this point powerfully. A practitioner can follow every rule and still provide mediocre care. You can obtain a signed consent form without ensuring genuine understanding. You can avoid dual relationships without providing the warmth and connection that clients need. Risk management is about the floor; positive ethics is about the ceiling. One keeps you safe; the other helps you soar.

I noticed this tension in my own practice. Early on, I was overly cautious. I worried about what could go wrong, what I might be missing, what my supervisor would think. This defensive mindset did not make me a better psychologist; it made me an anxious one. Over time, I learned to shift my focus. Instead of asking "what could get me in trouble", I started asking "what would excellent care look like here". The shift was subtle but profound. It did not mean ignoring risk; it meant placing risk within a larger framework of aspiration. The ECIM is designed to help practitioners hold these two orientations together. Table 1 contrasts the aspirational and defensive approaches, but I want to emphasize that they are not mutually exclusive. You can and should be both proactive and cautious, both value-driven and rule-bound. The defensive stance can feel safer and more concrete; the aspirational stance can feel vague and demanding. The ECIM does not choose one over the other—it provides a way to integrate both.

Table 1

Contrasting Orientations in Professional Ethics

Dimension	Aspirational (positive) approach	Defensive (risk management) approach	Balanced integration
Core concern	Promoting client welfare and pursuing clinical excellence	Preventing legal liability and disciplinary complaints	Both—client welfare prioritized within regulatory framework
Mindset	Proactive and growth-oriented, seeking opportunities to enhance care	Reactive and cautious, focused on identifying and avoiding pitfalls	Proactive within clear boundaries; excellence pursued within regulatory limits
Standard	Striving toward the highest attainable quality of service	Meeting minimum enforceable requirements	Striving for excellence while ensuring all minimums are met
Relationship with regulation	Principles and values as guiding lights for ethical aspiration	Rules and prohibitions as boundaries to be respected	Principles guide aspirations; rules provide enforceable floor
Emotional experience	Engagement, confidence, and professional meaning	Anxiety, defensiveness, and avoidance	Confidence balanced with healthy caution
Guiding question	"What would excellent care look like in this situation?"	"Does this course of action create unacceptable risk?"	"How can I provide excellent care while ensuring I stay within regulatory requirements?"

Note. This table synthesizes and extends distinctions articulated by Knapp et al. (2023) and Barnett (2019).

Structured Decision-Making: Beyond Intuition

Even with a positive ethics orientation, we need systematic methods for analyzing complex dilemmas. I learned this lesson early in my training when I encountered a case that seemed straightforward but turned out to be anything but. A client disclosed something that triggered a mandatory reporting obligation, but the client asked me not to report. My intuition told me to respect the client's wishes; my training told me I had a legal duty. The conflict was painful, and I realized that intuition alone would not resolve it. Knapp et al. (2023) observe that ethical dilemmas rarely present themselves with clear solutions attached. They typically involve competing obligations—the duty to respect client autonomy versus the duty to prevent harm, the obligation to maintain confidentiality versus the requirement to report abuse, or the commitment to professional boundaries versus the realities of practice in small communities. When obligations conflict, we need a process that ensures all relevant factors are considered, all stakeholders identified, and all potential consequences evaluated.

The CPA Code of Ethics (2017) outlines a decision-making process that includes identifying the situation and individuals involved, examining relevant ethical principles and values, considering personal biases and contextual factors, generating and evaluating possible courses of action, choosing and implementing a decision, and taking responsibility for consequences. Raines and Dibble (2021) describe a similar seven-step model for ethical decision-making in mental health settings. These frameworks share common elements, reflecting broad consensus about the essential steps of ethical reasoning. What matters most is not which specific model a practitioner follows, but that they follow some structured process consistently. The ECIM is compatible with multiple decision-making frameworks, serving as a flexible scaffold rather than a rigid formula. Table 2 outlines a systematic approach that I have found helpful—one that combines recognition, consultation, analysis, deliberation, collaboration, action, and reflection. I do not always follow these steps perfectly, but having them as a guide prevents me from rushing to judgment or relying solely on emotion.

Table 2

A Systematic Approach to Ethical Decision-Making

Phase	Purpose	Core activities
1. Recognition	Identifying the ethical dimensions of the situation	Distinguish ethical concerns from purely clinical or legal questions; name the competing values or obligations at play
2. Consultation	Grounding the decision in professional standards	Review relevant ethical codes (CPA Code, CPBAO Standards) and applicable legislation (PHIPA, CYFSA, HCCA, RHPA)
3. Analysis	Examining principles and contextual factors	Consider foundational principles (beneficence, nonmaleficence, autonomy, justice, fidelity) alongside the specific context
4. Deliberation	Generating and evaluating possible responses	Identify feasible options; assess risks and benefits for all affected parties; consider short- and long-term consequences
5. Collaboration	Seeking external perspective	Discuss the dilemma with supervisor, peer consultant, or ethics committee; remain open to alternative interpretations
6. Action	Implementing and documenting the decision	Execute the chosen course; document the reasoning process, steps taken, and rationale
7. Reflection	Learning from the outcome	Evaluate results; identify lessons for future practice; complete documentation and integrate insights into ongoing professional development

Notes. This table summarizes a structured decision-making process consistent with approaches found in Knapp et al. (2023), the CPA Code of Ethics (2017), and Raines and Dibble (2021). The phases are presented sequentially, but in practice they may be iterative, with movement back and forth as new information emerges.

Ontario's Regulatory Framework

The July 1, 2024 proclamation of the Psychology and Applied Behaviour Analysis Act, 2021 marked a turning point for Ontario's psychology profession. This legislation replaced the Psychology Act, 1991 and established the CPBAO as the unified regulatory college for psychologists and applied behaviour analysts (CPBAO, 2024a). The new Act brought significant changes, including the introduction of Standards of Professional Conduct that are legally binding and enforceable. These standards apply to all registrants, including those in supervised practice (CPBAO, 2024a, Applicability). This means that psychologists in training are held to the same standards as fully autonomous practitioners. During my ethics training, I spent considerable time studying these standards. They address multiple domains: competence, confidentiality, consent, boundaries, fees, advertising, and quality assurance. Each domain reflects underlying ethical principles. Professional responsibility standards require practitioners to practice within their scope of competence, reflecting the principle of nonmaleficence. Confidentiality requirements protect personal health information, embodying the fiduciary duty of trust. Consent standards respect client autonomy. Boundary provisions prioritize client welfare. Fee and billing requirements demand transparency. Reporting obligations under CYFSA and RHPA reflect the principle of justice.

For supervised practice registrants, the CPBAO Standards impose additional requirements related to supervision. The Supervision Resource Manual (CPBAO, 2024b) specifies that a written supervision contract must be signed before supervision begins, detailing goals, meeting schedule, feedback process, confidentiality limits, and termination conditions. This reflects the recognition that supervised practice is not just about accumulating hours—it is about forming ethical habits that will last a career. Fouad et al. (2009) emphasize this developmental perspective, noting that competence develops over time through education, training, and experience.

Table 3 maps the CPBAO standards to their underlying ethical principles. I have found this mapping helpful because it reminds me that standards are not arbitrary—they are grounded in values that matter.

Table 3

CPBAO Standards Mapped to Ethical Principles

CPBAO Standard (2024a)	Key requirement	Underlying ethical principle
Professional responsibility	Practice within scope of competence	Nonmaleficence (avoiding harm)
Confidentiality & privacy	Protect personal health information	Fidelity (trust)
Consent	Obtain informed consent before treatment	Autonomy (respect for choice)
Boundaries & dual relationships	Avoid relationships that impair judgment	Beneficence (prioritize client welfare)
Fees & billing	Transparency, no false claims	Integrity (honesty)
Reporting obligations	Mandatory reporting under CYFSA, RHPA	Justice (legal compliance)
Cultural competence & diversity	Provide culturally responsive care	Justice and respect for persons

Note. This table represents the author's synthesis of the CPBAO Standards of Professional Conduct (2024a) and their alignment with foundational ethical principles.

The Ethical Competence Integration Model (ECIM)

When I look back on my ethics training, I realize that what I needed was not more rules, but a way to integrate the different aspects of ethical competence into a coherent whole. I needed a model that would help me balance aspirational values with regulatory requirements, systematic reasoning with self-awareness. The ECIM is my attempt to create that model. The ECIM is built on four interconnected pillars. These pillars work together,

informing each other and contributing to ethical decision-making simultaneously. The model is not a checklist—it is a framework for thinking, a way of approaching ethical dilemmas that honors both the complexity of the situation and the humanity of everyone involved.

The Four Pillars of the ECIM

Positive Ethics Orientation was the first shift in my thinking. I had to move from asking "what must I avoid" to "what would excellence require". This was not easy. The defensive stance is more familiar—it is the voice that says "play it safe, don't take risks, follow the rules". The aspirational stance is harder. It requires courage, engagement, and a willingness to pursue excellence even when mediocrity would be easier. I found that reading Knapp et al. (2023) and Barnett (2019) helped me reframe ethics as a source of meaning rather than a burden. The CPA Code of Ethics (2017) is also aspirational; it does not just tell us what to avoid, but invites us to strive toward the highest ethical ideals.

Structured Decision-Making became my anchor. When I face a difficult dilemma, I now have a process to follow. I identify the ethical issue. I consult the relevant codes and laws. I examine principles and context. I evaluate possible actions. I seek supervision or consultation. I implement a decision and document my reasoning. And then I reflect on the outcome. This process does not guarantee that I will make the right decision every time, but it does ensure that I am making decisions thoughtfully, not reactively. The CPBAO requires that supervisees demonstrate knowledge and skills in ethical decision-making (CPBAO, 2024a, Standard 4.1c), and this pillar provides a way to meet that requirement while also developing genuine competence.

Regulatory Literacy is the pillar that makes the ECIM distinctly Ontario-specific. You cannot practice ethically in Ontario without understanding the regulatory framework. This is not just about knowing the rules—it is about understanding the rationale behind them, the principles they embody, and how they apply in diverse clinical contexts. During my training, I studied the CPBAO Standards, the CPA Code, PHIPA, CYFSA, RHPA, and HCCA. This was not always exciting reading, but it was essential. The CPBAO explicitly requires that supervised practice registrants demonstrate a good knowledge of Ontario jurisprudence and ethics (CPBAO, 2024a, Appendix H). I found that understanding the why behind the rules made them easier to remember and apply.

Reflective Self-Awareness is the pillar that connects all the others. It is about examining my own values, emotional reactions, and potential blind spots. When I feel anxious about a client, I ask myself why. When I notice myself avoiding a difficult conversation, I reflect on what I am afraid of. This self-awareness does not come naturally—it takes practice, and it requires honest self-examination. The CPA Code of Ethics (2017) encourages psychologists to consider how their own biases and personal needs might influence their judgment. The CPBAO also emphasizes cultural competence, which requires awareness of one's own cultural background and biases (CPBAO, 2024a, Standard 3.1). I have found that regular reflection—often with my supervisor, sometimes on my own—has been essential to my growth. These four pillars work together. They do not operate in sequence; they interact dynamically. When I face an ethical dilemma, I draw on all four simultaneously. The positive ethics orientation shifts my focus from avoiding harm to promoting good. The regulatory literacy grounds my decision in enforceable standards. The structured decision-making provides a systematic process. The reflective self-awareness helps me recognize and manage my own reactions. Together, they lead to decisions that are both principled and practical.

Illustrative Case Example

To show how the ECIM works in practice, let me share a case that came up during my training. A supervised practice registrant is treating a client who discloses that a child under 18 is being physically abused by the client's partner. The client explicitly asks the registrant not to report. This is a moment of high tension. The registrant has competing obligations: to the client, to the child, and to the law. The positive ethics orientation asks not just what is required, but how the registrant can uphold the client's dignity while fulfilling a legal duty. The structured decision-making process identifies the issue as mandatory reporting under CYFSA. The regulatory literacy reminds the registrant that CYFSA mandates reporting on reasonable grounds to suspect—a low threshold intentionally set to protect children. The reflective self-awareness recognizes the registrant's anxiety about confronting the client and brings those feelings to supervision. The registrant then reports the abuse while attempting to preserve the therapeutic relationship. They explain the legal duty to the client before reporting, offer support throughout the process, and discuss the impact in subsequent supervision sessions. This is not an easy path, but it is an ethical one. The ECIM provides a framework for navigating it.

Implications for Training and Practice

The ECIM has practical implications for how ethics is taught and practiced. Fouad et al. (2009) emphasize that competence development requires intentional curriculum design. The ECIM suggests that ethics training should be woven throughout the curriculum, not confined to a single course. Faculty members should model positive ethics, demonstrating aspirational engagement in their own practice. Students should practice structured decision-making in case conferences. Regulatory literacy should be tested through jurisprudence examinations. Reflective self-awareness should be cultivated through supervision and, where appropriate, personal psychotherapy. For supervisors, the ECIM provides a framework for structuring supervision conversations. Instead of focusing solely on case content, supervisors can explicitly address each pillar. They might ask what excellence looks like in this situation, walk me through your reasoning step by step, what the CPBAO standard requires here, and what feelings came up for you. These questions ensure that supervision addresses the full range of ethical competence. The CPBAO's Supervision Resource Manual emphasizes that supervision is an ongoing educational, evaluative relationship, and the ECIM provides a way to make that relationship more effective.

Applicability Beyond Ontario

While the ECIM was developed within Ontario's regulatory context, its four-pillar structure has broader relevance. Positive ethics orientation and reflective self-awareness are concerns that transcend jurisdiction. The CPA Code of Ethics (2017) applies to all psychologists regardless of specialty, and the ECIM provides a framework for integrating its principles across diverse professional contexts. The model's emphasis on regulatory literacy can be adapted to other jurisdictions by substituting the relevant codes and legislation.

Limitations and Future Research

The ECIM is a conceptual model, not an empirically validated tool. This is a limitation, but also an invitation. Future research might ask: Do training programs that adopt the ECIM produce measurable improvements in ethical decision-making? Does the model need cultural adaptations for Indigenous, newcomer, or other

marginalized communities? Wieczorek and Dobson (2021) highlight the importance of cultural competence in ethical practice, and future iterations of the ECIM should integrate cultural humility more explicitly.

Conclusion

Ethical competence is not about knowing rules. It is about integrating aspirational values, systematic reasoning, regulatory knowledge, and honest self-awareness into a coherent professional identity. The ECIM is one tool for achieving that integration, adapted from Rest's (1986) Four-Component Model and grounded in Ontario's regulatory context. It is offered not as a final answer, but as a contribution to the ongoing conversation about how we become the psychologists we aspire to be.

Acknowledgements

The first author wishes to thank Dr. Hadi Bahiraee, his alternate supervisor for their thoughtful feedback during the ethics training plan. She also extends her gratitude to her primary supervisor, Dr. Wendy Ledoux for unfailing support through the journey. Finally, she acknowledges the CPBAO for providing the regulatory framework that ensures accountability and excellence in psychological practice.

Conflict of Interest Statement

The authors declare no conflicts of interest.

Funding

This paper received no specific funding from any agency in the public, commercial, or not-for-profit sectors.

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