

AMENDED NOTICE OF FORMAL HEARING

TO: Olivia Dolphin

TAKE NOTICE that pursuant to section 55(2) of the *Regulated Health Professions Act*, SPEI 2013, c. 48, (the "Act") you are hereby notified of a hearing ("Hearing") into a complaint dated July 24, 2024, whereby it is alleged that you, Olivia Dolphin, registration number 273, engaged in conduct which violated the provisions of the Act.

The Hearing shall commence at 9:00 AM on January 12, 2026 at Unit 1, 45 Paramount Drive, Charlottetown, Prince Edward Island, and will be continued at the same location on January 14, 2026 at 9:00 AM or such further dates as are set by the hearing committee.

The allegations which will be considered at the Hearing relate to the following incident:

1. Between October 13, 2023, and July 4, 2024, while employed as a counsellor at Holland College at 4 Sydney Street, Charlottetown, Prince Edward Island, you engaged in conduct which violated the provisions of the Act, in that you engaged in a sexual relationship with "Client A", a person who had received counselling services from you within the previous three years, thereby committing professional misconduct pursuant to section 57(1)(a) and section 57(1)(a.1) of the Act.

Schedule "A" annexed hereto contains reference to, without limitation, relevant provisions of the Code of Ethics (2020) and Standards for Practice (2021), for the purposes of the Act.

AND FURTHER TAKE NOTICE THAT you are required to attend the hearing, and failure by you to attend at the time and the date indicated in this Notice and thereafter as required by the hearing committee could result in the hearing proceeding without you, and with no further notice being given to you.

AND FURTHER TAKE NOTICE THAT where the hearing committee finds that a respondent member of the College of Counselling Therapy of Prince Edward Island is guilty of professional misconduct, that member may be subject to one or more orders pursuant to section 58(2) of the Act.

Amendment dated at Charlottetown, Queens County, Prince Edward Island, this 4th day of December, 2025.



Bernard Plourde
Registrar, College of Counselling
Therapy of Prince Edward Island

Schedule “A”

The relevant provisions of the Code of Ethics (2020) and Standards for Practice (2021) for the purposes of the Act include, but are not limited to, the following:

Code of Ethics

A11: Sexual Harassment

Counsellors/therapists do not condone or engage in sexual harassment in the workplace, with colleagues, students, supervisees, clients, or others. These encounters may be verbal, pictorial, written comments (including but not exclusive of texting, messaging, taking photos, making posts and comments on websites, Twitter, or other platforms), gestures, unwanted sexual images, or physical contacts of a sexual nature. (See also G11, G12)

B1: Primary Responsibility

Counsellors/therapists respect the integrity and promote the welfare of their clients. They work collaboratively with clients to devise counselling/therapy plans consistent with the needs, abilities, circumstances, values, cultural, or contextual background of clients. (See also C1, D2, E1, E4, Section I)

B8: Multiple Relationships

Multiple relationships are avoided unless justified by the nature of the activity, limited by time and context, and entered into with the informed consent of the parties involved after assessment of the rationale, risks, benefits, and alternative options.

Counsellors/therapists make every effort to avoid or address and carefully manage multiple relationships with clients that could impair objectivity and professional judgment and increase the risk of exploitation or harm. When multiple relationships cannot be avoided, counsellors/therapists take appropriate professional precautions such as role clarification, ongoing informed consent, consultation and/or supervision, and thorough documentation. (See also B4, E7, F5, G4, G6, I5, I8, I9)

B11: Relationships with Former Clients

Counsellors/therapists remain accountable for any relationships established with former clients. Relationships could include, but are not limited to, those of a social, financial, business, or supervisory nature. Counsellors/therapists are thoughtful and thorough in their consideration of potential post-counselling/therapy relationships. Counsellors/ therapists seek consultation and/or supervision on such decisions. Relational accountability also applies to electronic interactions and relationships. (See also B12)

B12: Sexual Contact

Counsellors/therapists avoid any type of sexual contact with clients and they do not counsel persons with whom they have or have had a sexual or intimate relationship. Counsellors/therapists do not engage in sexual contact with former clients within a minimum of three years after terminating the counselling/therapeutic relationship.

If the client is clearly vulnerable, by reason of emotional or cognitive disorder, to exploitative influence by the counsellor/therapist, this prohibition is not limited to the three-year period but

extends indefinitely. Counsellors/therapists, in all such circumstances, clearly bear the burden to ensure that no such exploitative influence has occurred and seek documented consultation for an objective determination of the client's ability to freely enter a relationship or have sexual contact without impediment. The consultation must be with a professional with no conflict of interest with the client or the counsellor/therapist. This prohibition also applies to electronic interactions and relationships. (See also A11, B12, G11, G12)

Standards of Practice

A11: Sexual Harassment

Sexual Harassment Counsellors/therapists do not condone or engage in sexual harassment. Sexual harassment includes unwelcome sexual advances, sexual solicitation, unnecessary touching or patting, compromising invitations, the unwelcome telling of sexually explicit jokes, the display of sexually explicit materials, suggestive sexual comments and other verbal and physical behaviour directed towards a person by an individual who knows or ought reasonably to know that such behaviour is unwanted, offensive, or contributes to an unpleasant or hostile working environment. Counsellors/therapists are expected to conduct themselves according to a high standard of ethical behaviour that prohibits actions such as sexual harassment. When counsellors/therapists are aware of sexual harassment, they act on their responsibility to address concerns about the ethical conduct of another professional.

B1: Primary Responsibility

The fact that this ethical article is first in this “counselling relationships” section underscores the need for counsellors/therapists to be mindful of their primarily obligation to help clients. Counsellors/therapists enter into a collaborative dialogue with their clients to ensure understanding of counselling/therapy plans intended to address goals that are part of their therapeutic alliance. Counsellors/therapists inform their clients of the purpose and the nature of any counselling/therapy, evaluation, training or education service so that clients can exercise informed choice with respect to participation. Counselling/therapy plans and progress are reviewed with clients to determine their continued appropriateness and efficacy. The counsellors/therapists' primary responsibility incorporates most aspects of CCPA's six ethical principles:

- Beneficence
- Fidelity
- Autonomy
- Nonmaleficence
- Justice
- Societal Interest

B8: Multiple Relationships

Multiple relationships exist when counsellors/therapists, simultaneously or sequentially, have one or more relationships with a client additional to the counselling/therapy relationship.

Counsellors/therapists recognize that such multiple relationships have the potential to negatively affect their objectivity and to compromise the quality of their professional services. They understand that this potential for harm increases as the expectations for these multiple roles diverge. The power and status differential between the counsellor/therapist and client can be affected when multiple relationships exist.

Counsellors/therapists, whenever possible, avoid entering into social, financial, business, or other relationships with current or former clients that are likely to place the counsellor/therapist and/or client in a conflict of interest and/or compromise the counselling/therapy relationship. This includes relationships via social media, such as “friending”, “following”, or “linking” via various electronic messaging platforms. Personal profiles on social media should be kept separate from professional profiles.

Counsellors/therapists make every effort to avoid entering into counselling/therapy relationships with individuals with whom they have had a previous relationship which could impair professional judgement or have the inherent potential for client exploitation.

Counsellors/therapists do not use information obtained from social media sources, the counselling/therapy process, or their relationship with clients, to obtain advantage or material benefits. Nor do counsellors/therapists behave in any way which would be an exploitation of clients.

Counsellors/therapists should avoid accepting gifts of more than token value from their clients and do not influence their clients to make contributions to organizations or causes in which the counsellor/therapist may have a personal interest. It should be noted that in some Indigenous and other communities, gifting is an important cultural attribute. Denying a gift impacts the relationship and could be seen as an expression of power over and/or judgment of the gift giver. Further, some people see gifting as part of the process where the gifting is directly related to an expression of their commitment to change. Counsellors/therapists are advised to consider contextual factors when considering gifts.

In rural communities and other settings such as closed communities or remote, northern, and isolated areas, it may be difficult, unreasonable, or even impossible for counsellors/therapists to avoid social or other non-counselling/therapy contact with clients, students, supervisees, or research participants. Counsellors/therapists should manage such circumstances with care to avoid confusion on behalf of such individuals and to avoid conflicts of interest.

Lack of anonymity requires rural counsellors/therapists to think carefully as they develop new social networks. Boundary management is a challenge in small communities as multiple relationships are inevitable. Practitioners discuss these overlapping relationships in session; ignoring multiple relationships, or not addressing the possibility of overlapping relationships, can lead to a fracture in the client relationship. A nuance of this same caveat applies to counsellors/therapists living and working in northern and remote areas of Canada, and counsellors/therapists who live and work within unique cultural and linguistic groups that have formed enclaves in urban centres.

As a routine, counsellors/therapists should discuss with their clients the manner in which they intend to respond to them should they meet outside their counselling/therapy workplace, and their intention to avoid behaviour in such circumstances that could have the potential to embarrass clients or inadvertently call attention to their status as a client and/or to their counselling/therapy issues.

When a counsellor/therapist becomes aware that a multiple relationship exists with a client, or when a conflict of interest occurs, the counsellor/therapist shall take steps to resolve the situation in the best interest of the client and in a manner consistent with the ethical principles of the CCPA Code Ethics.

When counsellors/therapists become aware that they may be expected or required to perform potentially conflicting roles, such as when one person involved in group, marital, relationship,

couples, or family counselling/therapy seeks private time with the counsellor/therapist, and/or when an anticipated request to be a court witness compromises counselling/therapy, then the counsellor/therapist undertakes to clarify roles, including withdrawing from roles when appropriate.

When counsellors/therapists work with individuals who have a relationship with each other, such as parents and children, or adult partners, they take initiative to identify who the clients are and the expected roles for the relationship with each and clarify the expected use of any information that may be generated (see B13).

Counsellors/therapists should consult when they are uncertain about the appropriateness of multiple relationships with a client. They should remember that if such a relationship is justified that it should, if it were to become necessary, stand up to the scrutiny of peer review

B11: Relationships with Former Clients

When clients end their counselling/therapy sessions, counsellors/therapists remain accountable for ensuring that any future non-counselling/therapy relationship, including friendship, social, financial, or business, are free of any power differentials or other encumbrances. Counsellors/therapists are cautious when entering any such relationship with former clients and assess whether or not the issues and relational dynamics present during the counselling/therapy have been fully resolved and properly terminated. They are mindful of and appropriately address any power differentials that may arise. Counsellors/therapists also consider the potential ethical actions required should future counselling/therapy be required for the former client.

Counsellors/therapists do not use knowledge from a prior counselling/therapy relationship to re-establish contact, and intentions for a post-termination relationship must not originate in the counselling/therapy relationship. Counsellors/therapists should always seek consultation on such a matter and have the burden to ensure the ethical appropriateness of any such relationships.

B12: Sexual Contact

CCPA and all allied professional organizations, have an ethical prohibition against sexual involvement with clients. Sexualizing the counsellor/therapist-client relationship is always inappropriate regardless of the client's behaviour, or any counselling/therapy ideology or personal belief system that might be invoked to justify such behaviour. This prohibition also means that counsellors/therapists refrain from counselling/providing therapy to individuals with whom they have been sexually intimate, and it extends to former clients unless certain specific conditions are met.

Counsellors/therapists are prohibited from being sexually intimate with former clients even after the three-year period following counselling/therapy termination unless:

- counselling/therapeutic contact was brief and non-intensive;
- the client is not vulnerable to exploitation by virtue of their mental health status;
- no knowledge is used from the counselling/therapy experience with the client to re-establish contact; and,
- the possibility of a post-termination relationship did not originate in the counselling/therapy relationship.

Counsellors/therapists who establish intimate relationships with former clients three years after counselling/therapy termination have the responsibility to demonstrate that there was no exploitation and no advantage taken because of the prior counselling/ therapy relationship. In

such circumstances, counsellors/therapists should always seek consultation and have the burden to ensure that no such exploitation influences occur.

Counsellors/therapists understand that a client's response to touch and references to sexual issues can be influenced by gender, cultural and religious background, and personal sexual history, including any traumatic sexual experiences.

The following guidelines assist counsellors/therapists in avoiding boundary violations with respect to intimate and sexual matters in their counselling/therapy:

- Be vigilant about setting and maintaining counsellor/ therapist-client boundaries in counselling/therapy.
- Seek out consultation or supervision whenever a sexual attraction to a client is likely to interfere with maintaining professional conduct.
- Avoid making sexualized comments about a client's appearance or physical attributes.
- Be alert and sensitive to client differences and vulnerabilities with respect to their sexuality.
- Avoid exploring client sexual history or sexual experiences unless it is germane to the goals of counselling/therapy for the client.
- Avoid disclosures about the counsellor/therapist's sexual experiences, problems, or fantasies.
- Respond to any seductive or sexualized behaviour on behalf of clients in a professional manner consistent with the goals of counselling/therapy and seek consultation or supervision when needed.

Boundary violations are acts that breach the core intent of the professional-client association. They happen when professionals exploit the relationship to meet personal needs rather than client needs. Changing that fundamental principle undoes the covenant, altering the ethos of care that obliges professionals to place clients' concerns first. In fact, all of the boundaries in a professional-client relationship exist in order to protect this core understanding. (Peterson, 1992, p. 75)