

The Code of Ethics for Professional Rehabilitation Counselors:

What We Have and What We Need

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This article provides an overview of the ethical and professional trends and concerns that led to the formation of the Commission on Rehabilitation Counselor Certification "Ethics Task Force." This task force has been charged with rewriting the ethical code for rehabilitation counselors. Historical issues, the Commission's ethics review process, and the present code are briefly analyzed. Procedures used by the task force for revising the code are outlined. Code revisions should serve the profession by guiding ethical and professional practice well into the 21st century.

A code of ethics is the identifier that most directly and visibly defines a profession for its stakeholders. Scholars may point to an extensive body of academic literature, and practitioners may cling to particular clinical tools or practices. The public, legislators, and regulators, however, are most often concerned with the resolve of the profession to responsible practice and to regulation of its members as defined through a publicly presented code of ethics. This code-and the processes used to enforce it-serves as a manifesto for how the members of the profession define appropriate practice. The very act of setting down these concepts of proper and improper types of conduct creates a socially constructed understanding of the profession.

The current Code of Ethics for Professional Rehabilitation Counselors (Commission on Rehabilitation Counselor Certification, 1987; hereafter referred to as the Code) is unique historically because it performed an important function in contributing to the greater consolidation of the profession of rehabilitation counseling. It can be said that the affirmation of core concepts that bind the field together helped to lay the groundwork for the eventual creation in 1994 of The Alliance for Rehabilitation Counseling (The Alliance). This mission was advanced through both the process and product of a highly effective working dialogue among various segments of the rehabilitation counseling community, a dialogue concerning what practices should be accepted as the standard for rehabilitation counselors. The process permitted all participants to revisit and focus on those higher values that united the profession in its central concern?the well-being of the consumers of rehabilitation services. The resulting document was a unified code. When it was introduced in 1987, it had been jointly developed and endorsed by the American Rehabilitation Counseling Association (ARCA), the Commission on Rehabilitation Counselor Certification, the National Council on Rehabilitation Education, and the National Rehabilitation Counseling Association (Tarvydas & Pape, 1988). For the last 12 years, the profession of rehabilitation counseling has been defined by this document.

During subsequent years, a positive process of identity consolidation for rehabilitation counseling based on the standards embodied within the Code and further coalition-building activities within The Alliance have occurred. Collaborative public education efforts between the Commission on Rehabilitation Counselor Certification and the members of The Alliance (ARCA and the National Rehabilitation Counseling Association) have included several successful and important projects such

as the Scope of Practice for Rehabilitation Counselors (Commission on Rehabilitation Counselor Certification, 1994) and a professional overview brochure (Rehabilitation Counseling: The Profession and Standards of Practice, 1996) detailing the structure and standards of the professional. Together these form a "professional portfolio" the defining publications for the profession that offers a comprehensive statement articulating the core elements of the profession, thus allowing for appropriate professional advocacy and regulation.

Paradoxically, these events have occurred almost contemporaneously with the efforts of the American Counseling Association (ACA; previously the American Association for Counseling and Development) to consolidate its diverse constituencies into a membership that was seen as representing one profession-counseling. Some ACA leaders believed that, at a minimum, a logical indicator of this unified sense of professional identity would be endorsement of and governance by a single code of ethics. As a result, in 1987 the ACA Governing Council passed a resolution for the ACA Ethics Committee to oversee the assimilation of the various divisions' ethics codes into one main document of ethical standards. This policy required that all ethics disciplinary actions be referred to the ACA Ethics Committee for action. The process was largely completed despite the significant opposition of the American Mental Health Counseling Association, the American School Counseling Association, ARCA, the National Career Development Association, and the Association for Specialists in Group Work. These divisions wanted to maintain their individual codes, because the work settings of their practitioners presented unique ethical issues that were not addressed by the main code. About 3 years later, the ACA Governing Council rescinded the resolution. Currently, many of the ACA affiliates, including ARCA, continue to retain their codes, with the enforcement of ethical standards still occurring through the ACA Ethics Committee. The Association for Specialists in Group Work recently revised its code to a "best practices standards" format so that the supplementary role of this document in relationship to the ACA standards was clear.

In essence, the ACA affiliate groups' codes have become advisory guidelines for their members to assist them in applying the best ethical practices within their specialized settings. Many of the states that have licensed counselors have adopted either the ACA code or a locally drafted one that closely follows the ACA code. Some individuals among the counseling leadership continue to view the willingness to endorse one counseling code of ethics as the litmus test of whether a professional group is a member of the counseling profession. If this position persists within the ACAs leadership past the end of the most recent organization redefinition, it will be most troublesome for rehabilitation counseling because of its complex, coalition-based organizational structure and a historically unique credentialing system.

It is often said that a code of ethics is a living document (Pape, 1987). Like any living thing, in order to survive and develop beyond its weak, immature state into a force that will be strong and fulfill its potential, it must be encouraged to grow and change in response to the demands of its evolving role and environment. As a result, ethics committees often must begin compiling information to guide future revisions almost as soon as the new code is adopted (Welfel, 1998). In understanding some of the trends that might be important for code revision, two types of information should be considered: (a) the structural form of regulatory ethics documents may suggest any revisions in format and (b) the types of grievances considered by the organization may pinpoint content areas for further consideration.

ETHICS REGULATORY TRENDS

Structural Considerations

The nature and complexity of professional standards for practice have grown dramatically in recent years. The general term "professional standards" can be seen as referring to the professional criteria indicating acceptable professional performance (Powell & Wekell, 1996); however, the term no longer simply and specifically refers to the ethical standards of the profession. Also, imprecise terminology can result in confusion in proper application of the standards. A more diverse set of meanings stems from a differentiation in the functions of standards. Tarvydas (1997) proposed a threefold model for describing standards relevant to professional practice. She identified three types of standards and their functional scopes of application. These included (a) internal standards of the profession (e.g., codes of ethics and practice guidelines); (b) clinical standards for individual practitioners within the profession (e.g., care pathways and best practices standards); and (c) external regulatory standards (e.g., codes of conduct in licensure statutes, community professional practice standards established in specific legal cases, and quality assurance review standards).

The relationship between internal professional standards of practice and those at the external regulatory level can be complex and interrelated in that the internal standards may be used as a basis in whole or in part for external standards. The process of professional regulation of ethical practice is multifaceted and can be difficult for both practitioners and consumers to understand. It involves a combination of legislatively mandated and voluntary (only binding by the professional's elective choice) standards and processes of discipline. For example, the code of ethics adopted by the practitioner's professional organization (a voluntary membership) may not be adopted by the state in which the individual holds a license. This situation historically has been the case for rehabilitation counselors who are licensed and are also members of ARCA or the National Rehabilitation Counseling Association, or who also hold certification through the Commission on Rehabilitation Counselor Certification. Another example of the crossover influences between standards involves the instance in which the code of ethics for the profession is invoked as the community professional standard to which the actions of a specific professional practitioner should be held in a malpractice suit. In fact, the code of ethics of the American Psychological Association (1992) is the only code mentioned here that specifically alerts the member that the code may be used in legal matters outside of that organization's own jurisdiction. Clearly, such crossover uses of ethical standards require that the leadership of the professional organizations make knowledgeable choices about how they formulate their ethical standards so as not to place their members in an unnecessarily conflicted position.

Increasingly, practitioners have become more sophisticated in their levels of concern about the possibility of being sued by clients or being disciplined by ethics governance bodies. As testament to this concern, between 1993 and 1995 more than 2,000 counselors registered for seminars concerning the legal aspects of counseling (Nelson, as cited in Welfel, 1998). Thus, greater clarity regarding the specific standards that are enforceable, and how carefully and objectively those passages are written, is increasingly necessary to meet the needs of today's practitioners and the governance bodies.

In addition, the general levels of direction provided by the internal ethical standards of the profession must be clarified as being either mandatory or aspirational. The most binding is the mandatory level

for those persons who are members of an organization or are holders of a certificate or license maintained by a professional organization or state that governs that practice. These persons affirm their willingness to be governed by the organization's code at initiation and then must uphold a required code of professional ethics to avoid censure and/or revocation of membership or credentials. In contrast, aspirational standards are those to which the professional voluntarily subscribes in order to preserve the best possible level of ethical practice. Some professional organizations do not provide an ethics disciplinary process, so that their members, in effect, follow the group's code on an aspirational basis (e.g., the National Council on Rehabilitation Education and the National Rehabilitation Counseling Association).

In addition, professionals are urged to seek out and personally adopt exemplary ethical practices of their own profession and other groups with which the practitioner is not affiliated if they offer appropriate guidance for supplementing mandatory ethical dictates. For example, a practitioner who is a certified rehabilitation counselor (CRQ and is governed by the Commission on Rehabilitation Counselor Certification Code as a mandatory code of ethics may rely on the Standards for the Ethical Practice of Web Counseling, which was developed by the National Board for Counselor Certification (1997), for aspirational guidance in matters of cybercounseling because the Commission's code does not address these issues. Written aspirational ethical standards and ethical practice guidelines are offered by professional groups to supplement and elucidate mandatory standards. They also encourage a more sophisticated process of seeking to uphold the highest level of ethical practice by reflecting on the welfare of the clients served, their needs, and the effects of the counselor's actions on the profession as a whole.

Credentialing and governing bodies also have become more cognizant of the distinction between the aspirational and mandatory aspects of the ethical standards. Although these bodies wish to support the professionals they govern in striving for the highest aspirational standard of ethical practice, they are faced with the more practical and legally daunting task of enforcing the mandatory ethical standards in such a way that the process is fair to those governed and is legally defensible if challenged. As a result, clear distinctions are made within a document between its aspirational and mandatory portions. Increasingly, the wording of the mandatory, enforceable portion of the code is expected to consist of nontechnical, behaviorally specific standards that are clearly interpretable.

The current Commission on Rehabilitation Counselor Certification Code contains both canons and rules. The canons are "general standards of an aspirational and inspirational nature that reflect the fundamental spirit of caring and respect which professionals share." In contrast, the rules are "more exacting standards intended to provide guidance in specific circumstances" (Commission on Rehabilitation Counselor Certification, 1987, p. ii). This distinction generally does help readers to see the rules as the more enforceable aspect of the Code. However, the difference is not necessarily apparent to everyone, and the wording in many of these rules is not as behaviorally specific as might be needed when particular circumstances are questioned during adjudication. Because the Code was drafted in the mid-1980s, when such issues were just beginning to be considered, this limitation is understandable. The current revision of the Code will address this structural need.

At the increasing insistence of legal advisors and due to the disciplinary experience of the professional organizations themselves more recent trends have involved the development of professional ethics standards that contain a very clear delineation of the mandatory, enforceable portion of the standards.

One influence has been the trend for the statutory regulators, legislatures, and state licensure boards to increasingly favor adoption of behaviorally specific statements of "grounds for disciplinary action" or "rules/code of conduct." These rules of conduct documents are used to either anchor or supplant the more traditional codes of professional ethics that historically had been adopted from the professional organizations. The latter documents were often seen as being too aspirational in nature and not easily legally interpretable or enforceable.

The Association of State and Provincial Psychology Boards is an organization of the state and provincial licensure bodies governing psychologists in the United States and Canada. In the counseling profession, it is roughly analogous to the American Association of State Counseling Boards. The Association of State and Provincial Psychology Boards adopted a code of conduct in 1991 specifically to assist regulatory boards in providing a model set of enforceable ethical standards that would apply to psychologists when their behavior would be measured in the Association's jurisdictions (Sinclair, 1996). The Association's Rules of Conduct state that they "are nonoptional and always pertain. They are coercive, not advisory or aspirational. They are nontrivial, to the extent that any violation is basis for formal disciplinary action, including loss of licensure" (Association of State and Provincial Psychology Boards, 1991, Foreword, no. 7). To this end, the language within this code uses mandatory, active words such as "shall" or prohibitive words such as "shall not/would not/do not." This code also uses more specific behavioral verbs such as "provide," "obtain," or "clarify," rather than more permissive attitudinal verbs such as "strive" or "promote." These word choices are intended to underscore the mandatory nature of the rules in addition to adding to their enforceability (Sinclair, 1996).

Such a code of conduct is helpful in its precision of language and enforceability. Nonetheless, its major weakness is that it provides for limited articulation of the overall ethical framework of a profession. As a consequence, when used as the sole ethical standard, it may diminish the identity of a profession if its effect is to reduce the ethical practice of a group of professional practitioners to only those behaviors necessary to meet the letter rather than the spirit of the law. Therefore, professional organizations must still take seriously their role of setting broader, aspirational ethical standards to supplement the mandatory level.

Similar trends and concerns are reflected in the 1995 revision of the ACA ethical standards in its resultant documents, the ACA Code of Ethics and Standards of Practice (1995). This process began in 1991 with several goals: development of comprehensive, user-friendly ethical standards, and an inclusive revision process allowing all ACA members to have input (Herlihy & Corey, 1996). As part of this process, the ACA Ethics Committee specifically reviewed the ethics documents of all of its divisions and of related mental health professional organizations. The committee's objective was to incorporate any standards that were applicable to all counselors so that the result would be "a comprehensive set of standards that are acceptable to all groups of professional counselors that currently have their own sets of standards" (Herlihy & Corey, 1996, p. 6). It is important to note that a rehabilitation counseling perspective was present in this group during its critical work period due to the involvement of Jorg6 Garcia, a rehabilitation counselor educator who was co-chair of the ACA Ethics Committee from 1993 to 1995.

The American Counseling Association's Code has a format that provides both aspirational and mandatory standards for counselors. There has been some confusion regarding the relative roles of

the standards of practice section and the code of ethics section. Even though all ACA members are required to observe both portions, the code of ethics is used to discipline members through the Ethics Committee. The standards of practice "were developed in response to the needs of nonmembers of ACA to understand our minimal expectations for ethical behavior and to enforce these expectations in legal arenas" (Herlihy & Corey, 1996, p. 7). These briefer, behaviorally specific statements are intended to be clearly understood by those who are not in the profession. The code of ethics provides more detailed interpretation of the ethical standard and includes further information about "best practice that represents the ideals of the profession" (Herlihy & Corey, p. 7). Thus, the 1995 ACA Code incorporates both mandatory and aspirational elements in clearly differentiated components.

Commission on Rehabilitation Counselor Certification Ethics Process

In addition to the need for an updated format or structure for the new Code, the Commission's Ethics Committee considered two additional types of information related to the need for Code revision: (a) the patterns of ethics concerns and complaints received and (b) several preliminary evaluations of the Code. The Code was examined in terms of the types of changes that might be needed and its level of compatibility with the ACA code.

Ethics Concerns and Complaints. The Commission's ethics governance process is of relatively recent origin compared to those of other mental and behavioral health professions, but its level of sophistication and activity has risen relatively quickly. The earliest complaints to the Commission came in 1989 after the publication of the Code in the February 1989 CRCC Certification Update. The Commission is an affiliate member of the American Association of State Counseling Boards, and through their Disciplinary Information Network it also participates in efforts to protect consumers of counseling services from ethical misconduct across jurisdictional boundaries. The members of the Disciplinary Information Network, who are primarily the licensure boards of the states that regulate counselors, share information concerning completed ethical cases that involve the most serious ethical violations.

In the last 7 years, there has been an acceleration of the activities of the Commission's Ethics Committee, including the review and adoption of improved guidelines and procedures for processing complaints, initiation of a variety of educational workshops and newsletter articles, and increased numbers of complaints and requests for advisory opinions. The Committee has seen an increasing number of complaints over the last 5 years (see Table 1 for information about complaint activity and Table 2 for their disposition). During this period, there have been approximately 14,000 certificants in the Commission's jurisdiction. Although the absolute number of complaints may seem small (e.g., 17 complaints from about 14,000 certificants), it compares favorably to the experience of ACA in terms of the level of utilization (e.g., 32 complaints from a base of approximately 50,000 members during 1993-1994; Garcia, Glossoff, & Smith, 1994). It also represents only completed complaints, not inquiries and requests for advisory opinions.

The types of alleged ethical violations have been diverse, but some patterns may be discerned. Complaints have included dual relationships involving conflicts of business and professional interests, sexual misconduct with clients and/or students, fraudulent use of credentials, inappropriate personal financial gain, failure to act as a client advocate, disparaging remarks about a colleague, inappropriate billing practices, use of an illegal substance, and improper supervision techniques.

TABLE 1. CRCC Ethics Complaints, 1994-1999

Year	Total Complaints	Complaints accepted	Complaints not accepted^a
1998-1999	12	10	2
1997-1998	17	16	1
1996-1997	17	8	9
1995-1996	7	5	2
1994-1995	7	5	2

a Complaints may not be accepted for a variety of reasons, including such problems as the complainant refused to sign a complaint and be identified or the activity complained of was not performed as part of the certificant's professional role as a rehabilitation counselor.

In addition to the specific ethical issues named in the complaints, three more pervasive themes were identified by the first author during her tenure on the Commission Ethics Committee as contributing to the ethical problems of the certificants that were heard by this body:

o Theme 1. This was the difficulty experienced in identifying and managing the risks inherent in the various relationship boundary issues that may be encountered in rehabilitation counseling practice. For some practitioners, the ability to understand and balance the conflicting interests involved in professional and business practice demands is particularly problematic. The rise of pressure to respond to the demands of a changing, increasingly business? and outcome?oriented practice environment are present. However, more specific attention and guidance needs to be given to how ethical practice can be conducted within this context. Another type of boundary problem noted was the more historically traditional, but still distressing, problem of inability to avoid sexual relationships or harrassment or to avoid or appropriately manage the risks of other types of dual relationships with subordinates, students, or clients.

o Theme 2. Many ethical problems could have been avoided entirely, or substantially mitigated, if rehabilitation counselors provided meaningful and thorough professional disclosure information, including an appropriate informed consent process within this context and proper documentation of these activities. Clients need to be informed "up front" about such critical matters as (a) client confidentiality and its limitations, (b) all of the professional and business obligations that the rehabilitation counselor may have that might create conflicting interests in their case, and (c) how the counselor will manage these conflicts.

o Theme 3. This concerns how the rehabilitation counselor can determine what the appropriate limitations to advocacy on behalf of a client should be. The obligation to advocate for a client's interests is a very complex one and relates to the ethical principle of justice or more specifically distributive justice. In other words, how does one determine what fair and just distribution would be in circumstances where resources are limited? The managed care climate has emphasized

management of access to and payment for supplies and services in order to conserve health resources and ensure that services are provided in the most cost-efficient manner possible. In addition, in recent years, many states in the public vocational rehabilitation system have had to revert to order of selection dictated by the Rehabilitation Act Amendments of 1992. This policy dictates that services be provided first to clients with the most severe disabilities when there is not enough funding to provide services to all.

TABLE 2. CRCC Ethics Complaint Disposition, 1994-1999

Year	Complaints accepted	No violation	<u>Action</u>					Letter of instruction ^a
			Cease & desist	Action stopped	Revocation	Reprimand	Suspension	
1998-1999	10	3	3	0	1	0	0	3
1997-1998	16	5	3	0	5	1	0	2
1996-1997	8	3	3	0	0	1	1	--
1995-1996	5	2	2	1	0	0	0	--
1994-1995	5	2	1	1	1	0	0	--

^aThe letter of instruction is a new type of disposition status adopted in 1997. It does not involve a judgment that there was an ethical violation. Rather, it represents instructive advice to the certificant to clarify and improve the best standard of ethical practice.

One of the proudest philosophical and practical traditions of rehabilitation counseling is client advocacy, and it is prominently displayed in Canon 3 of the Commission's Code. Only the ethical standards of the National Association for Social Work provide such a substantial emphasis on this core obligation among the mental health, rehabilitation, and helping professions. Many clients are confused and feel betrayed when they read this commitment and then realize that this obligation is not the sole motivation of their rehabilitation counselor. Often, no prior information has been provided to them by the counselor, and the Code does not directly address how that obligation will be reconciled with the rehabilitation counselor's obligations to other clients and/or the counselor's employer or contractor. This dynamic tension among the obligations of rehabilitation counselors relates to their frequent dual functions as both case manager and direct service provider. Unfortunately, some settings are making ill advised attempts to broaden the area of conflict even further by adding additional business related responsibilities such as claims management to the duties of rehabilitation counselors and case managers. With increasing conflicts of interest created by accelerated demands for managing scarce resources or making increasing profits, greater guidance from the Code is needed.

Code Analysis. Since its adoption in 1987, two systematic reviews of the Code have been undertaken to better evaluate its effectiveness to address issues in rehabilitation counseling practice and its level of compatibility with the ACA code.

The earliest systematic review of how the ACA code and the Commission's Code of Ethics for Professional Rehabilitation Counselors was undertaken in 1994 by the ARCA Ethical Standards Committee under the direction of its chair, Jan LaForge. This work, which was done with great detail and precision, involved a rule-by-rule comparison. The overall conclusion did not seem to raise concerns about compatibility on basic concepts, but it did note that the ACA code was more specific and detailed in its treatment of the standards of practice and ethical standards (J. LaForge, personal communication, May 10, 1994). Beyond that general commentary, the Committee noted some areas in which each of the two documents differed in terms of the depth of coverage. The Commission Code does not address the following topics:

- group counseling
- experimental methods of treatment
- fees and bartering
- computer technology
- groups and families
- diagnosis of mental disorders and
- test security.

The report also indicated there were questions regarding the degree of adequate coverage in the following areas:

- Client welfare
- respecting diversity
- personal needs and values
- termination and referral
- confidentiality versus privacy
- records
- credentials, and
- relationships with employers and employees, counselor educators and trainers.

The Code was seen as having more specificity in treating concerns relating to testing, and a rule by rule analysis noted many instances where the rehabilitation standard was more definite or specific on a particular issue (J. LaForge, personal communication, May 10, 1994).

In order to review and supplement the ARCA analysis, the Commission Ethics Committee undertook an additional analysis of the Code during its 1996-1997 work year. This work was done to determine what changes should be considered if the Code were to be revised. During this process, many of the same areas were earmarked for further treatment in a Code revision. Special note was taken of the particular need to provide more emphasis on diversity and multicultural issues, business and financial issues in practice, client privacy and confidentiality rights, and dual relationship and relationship boundary issues. This audit ultimately triggered planning of the formal Code revision process the

Ethics Committee would recommend to the full Commission on Rehabilitation Counselor Certification in 1998.

REVISING THE CODE

One of the standing charges to the Commission Ethics Committee is to review and update the Code. Based on the several years of study described in this article and the recommendation of the Ethics Committee, in early 1999 the Commission established an Ethics Task Force to officially review and update the Code. The task force was directed to consider the core standards from the counseling profession as embodied by the ACA code and to develop supplemental standards specifically related to rehabilitation counseling.

The rationale for this charge is related directly to (a) consolidating ethical standards, (b) avoiding duplication and inconsistencies, and (c) relating the Commission standards to the general counseling code used as an example or model by other credentialing bodies, such as state licensure boards and other certification agencies. This approach is also informed by analysis of the Scope of Practice for Rehabilitation Counseling. This document reflects an understanding that "the field of rehabilitation counseling is a specialty within the rehabilitation profession with counseling at its core, and is differentiated from other related counseling fields" (Commission on Rehabilitation Counselor Certification, 1994, p. 1); as such, it is part of the profession of counseling.

As with the earlier unified code of ethics endorsed by the Commission, ARCA, and the National Rehabilitation Counseling Association, a specific effort was made to create a diverse working group that would represent the key professional organizations and types of rehabilitation counselor practitioners. The Task Force is chaired by R. Rocco Cottone and is composed of representatives from the Commission Ethics Committee, the Commission administration, ARCA, the National Rehabilitation Counseling Association, a rehabilitation facility accredited by the Commission on the Accreditation of Rehabilitation Facilities, a for-profit rehabilitation firm, the insurance industry, and consumers of rehabilitation services. A rehabilitation educator and a recent graduate of a rehabilitation education program were also appointed. The Task Force met in May 1999 at the Commission's administrative offices, and at that first meeting the Task Force members came to a consensus on several issues:

1. It was agreed that the ACA code was well drafted, more contemporary, and more comprehensive than the current Commission Code. Even though some problems were identified with the ACA code, its clarity and breadth were obvious. Some changes to certain passages in the ACA code were recommended before it could be adopted for rehabilitation counselors.
2. The ACA code was found to be deficient in reference to specific disability-related issues. A supplementary or addendum document specifically addressing rehabilitation issues therefore was needed.
3. A comprehensive set of standards such as a complementary set of ethical governance documents? a modified ACA code and an addendum document or standards of practice for rehabilitation counseling? would serve rehabilitation counseling well into the 21st century.

In drafting a new, more effective code of ethics, the Task Force members were mindful of several overall issues, including the need to

- draft a code of ethics that provides rehabilitation counseling with a document placing the profession squarely within the counseling professional community;
- objectify and operationalize the standards of practice to ensure enforceability;
- avoid complaints on aspirational guidelines that, if enforced, could punish otherwise ethical individuals for not performing to sometimes unrealistic ideals; and
- provide clearer and more specific guidance to practitioners in the field.

Utmost attention was given to the concept of delineating aspirational guides versus enforceable or mandatory standards. Task Force members made the case that the rehabilitation counseling standards of practice should be enforceable. In both the present Commission Code and the ACA code, there are aspirational guidelines for behavior "in the ideal." These are stated as ethical directives. For example, the issue of voluntary work done pro bono publico (for the public good) for little or no remuneration became a point of discussion. Pro bono publico work is directed by the Section A.10.d of the ACA code. The question was raised as to whether rehabilitation counselors, who put in a hard day of work often for salaries below the average for counseling in general, should be required to donate time and effort as professional counselors. Although Task Force members argued that this practice would be laudable, they also felt that counselors should not be considered unethical if they do not perform such work. As such, the directive to do pro bono work was considered to be aspirational, and thus not enforceable.

A similar issue was raised about the current Commission Code directive that rehabilitation counselors "shall serve as advocates for individuals with disabilities" (Canon 3). Although this canon is laudable, it is not easily defined. How is advocacy measured? How can it be proven that a rehabilitation counselor has not advocated for individuals with disabilities? In an early critique of the Code, Vash (1987) noted that a stance more consistent with rehabilitation philosophy would be to include an ethical obligation for rehabilitation counselors to teach and support rehabilitation clients in advocating for themselves. This skill building and support was seen as preferable to making the paternalistic assumption that rehabilitation counselors must always perform this service for persons with disabilities.

The Task Force members agreed that advocacy issues should be transformed into several measurable, disability-specific directives reflecting advocacy rather than continuing as merely a general, unenforceable statement of an aspirational nature. For example, advocacy can take many forms, such as soliciting equal opportunities in jobs or training for individuals with disabilities; educating potential vendors, service providers, or employers about accessibility issues; or proactively assisting consumers of rehabilitation services in understanding and using all mechanisms of appealing unfavorable decisions or conditions affecting them in their services. These activities are accepted aspects of rehabilitation counseling practice, and where they are applicable to a job setting, they are measurable.

The Task Force continues the process of assessing the ACA code as a starting point and has received permission from ACA to adopt its code in whole or in part for rehabilitation counselors. To

date, the Task Force has formulated an initial draft "Standards for Practice" specifically related to rehabilitation counseling practice. These standards were derived from a comparison of the ACA code and the current Commission Code. The process used to form these standards involved assessing (a) whether a particular Commission Code standard addresses a specific, measurable aspect of rehabilitation counseling or (b) if the standard was unaddressed or under addressed by the ACA code. In either case, a standard of practice was defined and affirmed for rehabilitation counselors. The resultant Standards of Practice is a drafted document specifically related to rehabilitation counseling that becomes a companion to the ACA code.

The Task Force will engage in a complex process during 1999-2000 to allow review and advisement on the updated draft Code by the general rehabilitation counseling community. A hearing was held at the Fall 1999 conference of the National Rehabilitation Association in Minneapolis. A questionnaire soliciting opinions and reactions has been developed by the Task Force and will be sent to all certificants in the Commission newsletter. After this, the major rehabilitation counseling professional organizations and several consumer and provider organizations will review the draft code and standards to identify potential oversights and improvements. It is the intent of the Task Force to solicit advice from the full range of diverse stakeholders in the rehabilitation counseling profession. Finally, it is expected that the final document will be reviewed and adopted as the official revision of the Code by the Commission and The Alliance (ARCA and the National Rehabilitation Counseling Association). This last step would preserve the unified endorsement of this important document for rehabilitation counseling as a whole.

Ultimately, the goal of this revision process is to update and improve the Code; further align rehabilitation counseling ethical standards with those accepted for the profession of counseling; and maintain the identity, autonomy, and applicability associated with rehabilitation counseling practice. Duplication of effort in setting ethical standards is expensive, results in potentially conflicting and confusing standards of practice, and thus taxes practicing rehabilitation counselors unnecessarily. For example, the Task Force members agreed that building a completely new rehabilitation counseling code of ethics or revising the old code extensively would be a cumbersome, time-consuming process duplicative of the more recent work already done by ACA's Ethics Committee. In addition, acting separately from the ACA could produce inconsistent or even conflicting standards. This situation had been an historical problem for rehabilitation counseling prior to the adoption of the present unified Code (Cottone, Simmons, & Wilfley, 1983; Tarvydas & Pape, 1988). The Task Force is also mindful of the limited resources that can be applied to adopting the revised ethics code. Those resources would be better put toward proactive efforts such as publicity about the standards to stakeholders, ethics education for rehabilitation counselors, and enforcement.

SUMMARY

The critical importance of a profession's code of ethics in defining the profession to the public and its stakeholders cannot be underestimated. The Code has unified rehabilitation counseling and provided a well respected statement of best practices in ethics to assist in protecting the clients of rehabilitation counselors. As a result of the evolution of the structure and content of ethical standards in the related helping professions in the years since the Code was adopted in 1987, the need for revisions to the Code became clear. The ethics disciplinary and education activities of the Commission Ethics Committee have provided additional guidance regarding the types of ethical issues that are

problematic for rehabilitation counselors. The Commission has initiated a full review and revision of the Code through instituting an Ethics Task Force. This process will involve all major rehabilitation counseling professional organizations and stakeholders, and it is expected that this Code revision will enhance the future quality of practice in the profession.

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