The Rehabilitation Professional 18(2), pp. 47–54

Empirical Influences on the 2010 *Code of Professional Ethics for Rehabilitation Counselors*

Jodi L. Saunders and Michael J. Leahy

This article provides an overview of the selected literature that informed the themes and areas of concentration for the revision of the *Code of Professional Ethics for Rehabilitation Counselors*. It offers a review of the most recent research conducted on the core knowledge and competencies reported by practicing certified rehabilitation counselors, given that such research is one of the foundations of the revised code.

Keywords: ethics, research, evidence, code revision

Ongoing changes in service delivery systems and practice settings are an important challenge facing the profession and practice of rehabilitation counseling (Shaw, Leahy, Chan, & Catalano, 2006). They necessitate the need for clear, up-to-date, and comprehensive ethical standards and guidelines in service delivery. These changes have included new knowledge generation and translation, emerging disability populations, and federal legislative mandates. Every practice setting that provides rehabilitation counseling services (e.g., public, private for-profit, and private nonprofit community-based rehabilitation organizations) has undergone significant changes in the way that it delivers services to persons with disabilities, and each has experienced the emergence of new knowledge and skill requirements for practitioners who deliver these services

Evidence Guiding the Revision

Consistent with the research-based changes implemented within the Commission on Rehabilitation Counselor Certification's examination and Council on Rehabilitation Education's standards, many changes or additions in the new *Code of Professional Ethics for Rehabilitation Counselors* (*CPERC*) are based on the results from recent research. An overview of the results from the Leahy, Muenzen, Saunders, and Strauser study (2009), in addition to other recent ethics literature, offers a glimpse into the necessity for changes, additions, and enhancements made in the new *CPERC*. Capturing and addressing new areas of practice, as well as the skills and competencies related to those areas, is critical in developing a *CPERC* that provides appropriate guidance and evolves with the profession.

Relationship Between Research and Changes in the *CPERC*

There is a clear connection between ethics research and the newest *CPERC*. The Commission on Rehabilitation Counselor Certification developed a code revision binder that included primary- and secondary-reference documents and articles for the Taskforce on Code Revision—such as ethics codes from related professional groups and articles exploring current ethics issues within the profession of rehabilitation counseling that were determined to be important influences on the code revision. Each taskforce member received these materials for perusal before beginning the code revision process. This section provides a brief overview of some of the major changes in the *CPERC* and a selection of references supporting these changes. The commission used numerous sources of research and literature in the code revision; as such, the following scholarly works are merely a sample of some of the major sources consulted.

Barros-Bailey, Benshoff, and Fischer (2009). This study, conducted by the Commission on Rehabilitation Counselor Certification, examined the responses of 529 counselors regarding the future of rehabilitation counseling, general trends in the profession and how those trends might affect the sector of employment, and concerns regarding the profession. Results indicated concerns revolving around the aging workforce, the complexity of the client population be-

ing served, the role of assistive technology, the sources of funding, and the development of counseling skills adequate to meeting the needs of the more complex client. This study influenced the revisions to the *CPERC* by offering major additions and clarifications in technology and distance counseling, in recognition of advancing technology across all media.

Saunders, Barros-Bailey, Rudman, Dew, and Garcia (2007). This study examined the ethical complaints filed against certified rehabilitation counselors between 1993 and 2006 and the resulting violations, classified into three categories: competence and conduct with clients (e.g., abandonment, sexual intimacies, dishonesty), business practices (e.g., billing, reports, documentation), and professional practice (e.g., referral upon termination, obtaining appropriate potential employment opportunities, nonprofessional relationships). The results of this study influenced the enhancement of the *CPERC* in the section regarding teaching, training, and supervision, to include issues within the workplace. It also highlighted the need for a glossary, and it influenced the enhancement of the preamble, such as the addition of veracity.

Shaw and Lane (2008). This study was a content analysis of advisory opinions provided by the Commission on Rehabilitation Certification Ethics Committee between 1996 and 2006, organized by category. Results indicated that disclosure was the area with the largest numbers of advisory opinions, followed by confidentiality, legal, informed consent, dual roles, and employer relations. That there was a high request for advice on how to proceed when one is dealing with these types of ethical issues led directly to the following changes in the *CPERC*: new requirements regarding written professional disclosure statements, the expansion of informed consent, and the clarification and enhancement of guidelines related to roles and relationships with clients.

Shaw et al. (2006). This Delphi study examined the challenges to the profession of rehabilitation counseling and the issues that respondents found critical to the field. Participants identified 42 issues, 41 of which they ranked as *important*. The Barros-Bailey et al. study (2009) confirmed many of the results of this study. Areas of great concern and importance included rehabilitation counselors' ability to provide effective services for people with severe disabilities, improved training of rehabilitation counseling professionals in professional ethics and risk management, licensure and credentialing issues, and adapting the profession to the changing demographics and needs of society—thus providing more support for the changes mentioned earlier in these areas.

Tarvydas and Barros-Bailey (2010 [this issue]). This study surveyed more than 7,000 certificants, asking them to respond to questions about current, emerging, and relevant ethical issues in the rehabilitation counseling profession. The results of this survey (in this special issue) influenced the current code revision. For instance, the expansion and clarification of guidelines related to roles and relationships with clients is an example of *CPERC* changes and additions influenced by the results of this study.

Leahy et al. (2009). In a continuation of the role and function of knowledge and competency research, this recent study examined the domains required for rehabilitation counseling practice in the current, rapidly changing practice environment. The results provided the anchors on which many of the changes were based. The importance of each knowledge and competency item, including the frequency with which rehabilitation counselors use the item as they perform their jobs, informed areas to address within the code. Not only does the CPERC address areas ranked high in importance, frequency, or both; it also provides adequate guidance for the rehabilitation counseling professional Because of its strong influence on the code revisions, we review this article more thoroughly here.

As these settings and service delivery systems change, so do the required job functions, tasks, and knowledge and skill competencies of the rehabilitation counselor. Recognizing and understanding these changes is instrumental in maintaining valid standards for educational program accreditation, national certification, and ensuring that new graduates and experienced rehabilitation counselors are well equipped with useful ethical guidelines and decision-making models to perform and navigate within this ever-changing service delivery landscape (Leahy et al., 2009).

Over the past 50 years, a significant body of empirically based knowledge—as acquired through various research methods (e.g., job analysis, role and function, professional competency, and critical incident approaches)—has identified and defined the specific competencies (knowledge and skills) and job functions important to the practice of rehabilitation counselors and the achievement of positive outcomes with the consumers whom they serve (Leahy, Chan, & Saunders, 2003). In these studies, researchers sought to understand the role of rehabilitation counselors in terms of what they do in practice, by focusing on the job functions and tasks they perform. Researchers also addressed issues related to differences in function of importance and frequency of application in relation to type of practice settings and counselor characteristics. In a similar vein, researchers studied the underlying knowledge domains required by practitioners to perform the essential job functions associated with their roles; they also examined these professional competencies in relation to their importance in terms of practitioner preparation and individual attainment. Finally, researchers explored any differences in these variables of interest in relation to practice settings and counselor characteristics (Leahy et al., 2009).

During the past 15 years, there have been three large-scale national research initiatives (Leahy et al., 2003; Leahy et al., 2009; Leahy, Szymanski, & Linkowski, 1993) that have identified and defined the specific competencies and job functions important to the practice of rehabilitation counselors and the achievement of positive outcomes with the consumers whom they serve. These three studies sampled the same population of interest and used parallel definitions of variables, research questions, and research instruments. Each successive replication and extension of this line of inquiry added to the evidence-based foundation of practice in terms of underlying knowledge dimensions essential for effective rehabilitation counseling based on the perceptions and experience of rehabilitation counselors (Leahy et al., 2009).

The results of the most recent study (Leahy et al., 2009) provides further empirical support for the description of the knowledge base underlying the practice of rehabilitation counseling, and it contributes additional empirical evidence to the content and construct validity of the knowledge domains identified in this replication and extension of the study completed in 2003 (Leahy et al., 2003). This study included all the previously defined knowledge items and divided them into three factors, 12 domains, and 81 subdomains. This configuration of factors, domains, and subdomains is consistent with prior research related to rehabilitation counselor role and function (Leahy et al., 2003), and it provides a usable model identifying critical knowledge competencies while detailing importance and frequency of use in practice. Identifying the broader factors that are expanded to include specific domains and subdomains allows for rehabilitation educators and policy makers to clearly define the scope and practice of rehabilitation counseling in the ever-changing human service field while providing educators with detailed information that allows for the training of ethical and effective rehabilitation counseling practitioners. In terms of importance, all three factors and 11 of 12 domains depicted in Table 1 have mean importance scores above 3.0 (on a Likert-type scale of 1 to 4), indicating that rehabilitation counselors viewed these items at least moderately important. The only domain that did not have a score above 3.0 was group and family counseling, with a mean of 2.9, which can be interpreted as a moderate level of importance. In terms of frequency (on a Likert-type scale of 1 to 5), the only domain that did not receive a mean score higher than 3.0 was group and family counseling, with a mean score of 2.5, which suggests that the rehabilitation counselors did not use this knowledge domain more than a couple times a year. In comparison, according to Leahy et al. (2009), rehabilitation counselors indicated that they used six knowledge domains at least weekly: individual counseling; career counseling and assessment; medical and functional aspects of disabilities; foundations, ethics, and professional issues; rehabilitation services and resources; and case and caseload management. The frequency with which the identified domains are utilized provides further support regarding the complexity and diversity of the skill set needed in the provision of rehabilitation counseling services.

As displayed in Table 2, the individual knowledge subdomains within this organizational schema provide highly detailed information on knowledge competency importance and frequency of use in working with individuals with disabilities from a rehabilitation counseling role. A clear observation among these data is the significant breadth and depth of the competency areas that represent the practice of rehabilitation counseling. Rehabilitation counselors are counselors, but their area of specialization in relation to vocational and rehabilitation knowledge extends far beyond the typical scope of a counseling specialty and places the discipline in a unique position of one's practicing as a counselor with the added complexity of providing service delivery within a number of specialty areas of counseling practice (e.g., specific populations, part of a rehabilitation team). This considerable sophistication and breadth of content, along with highly diverse delivery systems of practice, underscores the critical need for explicit guidance and standards of ethical practice. In other words, knowledge and application of ethical standards guide practitioners in the application of knowledge from all the related competency areas in Table 2. Note that competencies related to ethics have emerged over the years, through the research efforts described previously, to the point that they now represent one of the main knowledge domains of practice for rehabilitation counseling. Additionally, as indicated in Table 2, practitioners view ethical standards for rehabilitation counselors and ethical decision-making models and processes as highly important knowledge competencies. In fact these two ethics-orientated subdomains represent two of the highest-ranked competency areas in terms of importance and frequency of application.

Based on the results of this study, changes and additions to the *CPERC* include the importance of infusing diversity and multiculturalism throughout the code, the addition of a new requirement regarding cultural competence and diversity, and the addition of an entire section devoted to forensic and indirect service. The results of this study also influenced the addition in the preamble that practitioners are responsible for utilizing a ethical decision-making model when faced with a possible ethical dilemma.

Revisions Based on the Evidence

Notwithstanding the direct relationship between the research studies and the changes and additions to the *CPERC*, these studies influenced the revision process in many areas beyond the ones mentioned here. Note

Table 1
Importance and Frequency Ratings for Knowledge Domains per Factor

	Importance			Frequency of Use		
Factor: Knowledge Domains	*n*	*M*	*SD*	*n*	*M*	*SD*
Counseling knowledge						
Individual counseling	643	3.7	0.5	641	4.2	1.1
Group and family counseling	640	2.9	0.9	643	2.5	1.2
Mental health counseling	642	3.4	0.8	640	3.4	1.4
Psychosocial and cultural issues in counseling	642	3.4	0.7	642	3.5	1.2
Vocational knowledge						
Career counseling and assessment	640	3.7	0.5	643	4.1	1.1
Job development and placement services	639	3.7	0.6	643	3.8	1.3
Vocational consultation and services for employers	641	3.3	0.8	643	3.0	1.2
Core rehabilitation knowledge						
Case and caseload management	642	3.8	0.5	640	4.6	1.0
Medical, functional, and environmental aspects of disabilities	644	3.8	0.4	642	4.4	0.9
Foundations, ethics, and professional issues	639	3.6	0.6	642	4.1	1.1
Rehabilitation services and resources	639	3.7	0.5	640	4.2	1.0
Health care and disability systems	643	3.4	0.7	643	3.6	1.1

also that the studies mentioned above are just a sample of the research and literature consulted as part of the revision process and that numerous other data points (e.g., professional experiences, other codes of ethics) informed the revision.

Future Revisions

The *CPERC*, as well as all good codes of ethics, should be viewed as a living document. As the practice of rehabilitation counseling and the configuration of ethical challenges and emerging issues continue to shift, so will the *CPERC*. Areas for future consideration or enhancement might well include those just beginning to appear in the ethics and practice literature, those where the possibility of affecting service delivery and decision making exist, and those whose complexity requires additional clarification. Genetics, group counseling, end-of-life issues, the continuing advancement of technology, and new practice settings might all be areas for future consideration and clarification. In addition, there are likely areas that we cannot envisage today. As the practice and ethics of rehabilitation counseling continues to evolve, so will the *CPERC*.

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About the Authors

Jodi L. Saunders, PhD, CRC, is an associate professor and program coordinator of the graduate programs in rehabilitation at the University of Iowa. She is a past ethics committee member and past chair of the Commission on Rehabilitation Counselor Certification. Her research interests include ethics, professional issues, and vocation outcomes in rehabilitation counseling. She is also associate director of the Institute on Disability and Rehabilitation Ethics at the University of Iowa.

Michael J. Leahy, PhD, LPC, CRC, is a professor and the director of the Office of Rehabilitation and Disability Studies at Michigan State University. He has a doctorate in rehabilitation counseling psychology from the University of Wisconsin, Madison, and more than 35 years of experience in rehabilitation as a counselor, administrator, researcher, and educator. His continuing research interests include issues related to professional competency development and education, professionalization of practice, vocational assessment, case management, evidenced-based practice research, and vocational outcomes.

Author Notes

Declaration of Conflicting Interests: The authors declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

Financial Disclosure/Funding: The authors received no financial support for the research and/or authorship of this article.

Please address correspondence to Jodi L. Saunders, University of Iowa, N354 Lindquist Center, Iowa City, IA 52242; Email: Jodi-saunders@uiowa.edu

DOI: 10.1177/0034355210368727