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Ethical Dilemmas of Rehabilitation Counselors: Results of an International Qualitative Study

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This study reports the results of an international qualitative study conducted to inform the process of revising the Commission on Rehabilitation Counselor Certification's *Code of Professional Ethics for Rehabilitation Counselors*. The online survey gathered information regarding ethical dilemmas from a sample of certified rehabilitation counselors and Canadian certified rehabilitation counselors. In sum, 240 participants responded to an open-ended survey regarding current or recent ethical dilemmas and anticipated ethical dilemmas in the near future. Because of the functional purpose of the data set, a qualitative content analysis was performed with open coding guided by the structure of the standards outlined in the 2001 *Code*. Implications for *Code* revision and ethics governance are discussed.

Keywords: ethics, rehabilitation counseling, professionalism / professional issues

Periodic review and revision of a code is important to maintain its current to evolving professional issues. In the spirit of keeping the *Code of Professional Ethics for Rehabilitation Counselors* a living document (hereafter, the *Code*), the Ethics Committee for the Commission on Rehabilitation Counselor Certification (CRCC) adopted a 5-year *Code* review process in 2006. The committee proposed a methodology for the review and potential revision of the 2001 *Code*, which involved examining the experiences of the committee, coupled with the literature since the last revision. As such, the committee developed and administered a survey to certified rehabilitation counselors and Canadian certified rehabilitation counselors to gather information about ethical dilemmas and resolution methods. This article reports the results of the CRCC Ethics Committee survey, which were subsequently employed as a major part of the information base guiding the CRCC's Code Revision Taskforce and Ethics Committee in the *Code* revisions that became effective on January 1, 2010.

History of Ethical Dilemmas Research in Rehabilitation Counseling

Research in ethical dilemmas within rehabilitation counseling has a long tradition. The first known attempt to study ethical dilemmas among rehabilitation counselors resulted in the development of an initial draft of a code for public comment in 1971 (Obermann, 1971) and the adoption of the finalized code of ethics by the National Rehabilitation Counseling Association on September 25, 1972, at a delegate assembly in San Juan, Puerto Rico (Obermann, 1973). The literature regarding this initial study suggests that the research methodology employed was that of an open-ended qualitative questionnaire format.

This seminal research in rehabilitation counseling was followed in 1986 by a joint survey of members of the American Rehabilitation Counseling Association and the National Rehabilitation Counseling Association to determine the relevance of the draft rules of ethical conduct (Emener, Wright, Klein, Lavender, & Smith, 1987; Pape & Klein, 1986). Like its predecessor, the literature of the 1980s era suggested that these ethical dilemmas derived from qualitative questions as part of a larger study collecting quantitative

data. The significance of the 1987 collaboratively written and endorsed code cannot be overstated. Besides the obvious benefits unifying the different sectors of the rehabilitation counseling profession and its professional organizations, having a code adopted by a credentialing organization that had an active disciplinary process dramatically increased the potential for its enforcement. Using open-ended qualitative questionnaire methodology to study ethical dilemmas has long been employed in rehabilitation counseling and within areas of specialty, such as the private sector (Barros-Bailey, Holloman, Berens, Taylor, & Lockhart, 2005), the public sector (specifically, rehabilitation counselors using technology; Barros-Bailey & Fischer, 2010), and community- or state-based vocational rehabilitation programs (Patterson, 2008). For this study, we selected the qualitative research methodology assumed to be the method used in the development of the first codes in the profession (National Rehabilitation Counseling Association and CRCC) and in the study of ethical dilemmas in the profession.

Method

Participants

Survey participants were selected from the CRCC database of certified rehabilitation counselors and Canadian certified rehabilitation counselors. Of the 15,574 potential survey participants in the United States and 422 Canadian certified rehabilitation counselors, e-mail addresses were available for 7,790 rehabilitation counselors. From the pool of potential survey participants, a stratified random sample of 998 certified rehabilitation counselors and 118 Canadian certified rehabilitation counselors was selected for a sample that contained a 95% confidence level and an estimated ±3% sampling error.

Of the 1,116 participants who were identified for inclusion in the random sample for whom the CRCC had e-mail addresses, a total of 939 surveys were successfully delivered electronically, whereas the others bounced. Of the successful transmissions, 220 participants responded to the online survey and 20 requested and completed a paper survey (for an overall 25.6% response rate). Analysis of the data revealed 118 answers regarding current or recent ethical dilemmas and 216 responses regarding anticipated ethical dilemmas into the near future.

Counselor Demographic Characteristics

In sum, 73% of responses to the Ethics Committee survey were received from women and 27% from men, which is comparable to the CRCC database of more than 16,000 rehabilitation counselors in the United States and internationally (CRCC, 2008). Furthermore, 62% of counselors were between the ages of 35 and 54, and 24% were older than 55; less than 14% of participants were 34 or younger.

Study Design

The purpose of the Ethics Committee survey was to gather information regarding ethical dilemmas to inform the *Code*'s review and revision process. Adopting the American Psychological Association method for gathering ethical dilemmas among psychologists (Pope & Vetter, 1992), the *CRCC* Ethics Committee survey asked respondents to answer a question about the most ethically challenging or troubling incident or dilemma that she, he, or a colleague faced in the past year or two and a question about what she or he projected to be an ethically troubling issue or dilemma faced by rehabilitation counseling professionals in the near future. No additional instructions or follow-up questions were provided. Apart from these principal research questions, the survey queried respondents regarding the resolution of actual dilemmas described in the responses, the use of the *Code* and other resources in any resolution, and demographic information.

Procedures

The study was conducted in November 2006 through a Web-based survey instrument, Zoomerang (http://info.zoomerang.com/). An alternate paper survey was available to accommodate respondents who, through disability or desire, preferred that response method. Confidentiality was ensured, given that we did not have access to the individual e-mail or postal addresses of respondents, with CRCC staff supporting that function through the survey dissemination and data collection process. The tailored design method (Dillman, 2007), as applied to online surveys, was used to increase the probably of a greater response rate.

Data Analysis

Owing to the functional purpose of the research project, the content analysis of the qualitative responses was performed with open coding, using the structure of the standards outlined in the current *Code* (Commission on Rehabilitation Counselor Certification, 2001). The categories of the *Code* were used to identify the major themes described in the open-ended responses to the survey questions and to identify any content that lay outside these categories. This approach was selected because the analysis focused on (a) how well the *Code* functioned to address the ethical issues presented by respondents and (b) what future issues were anticipated and should thus be considered in efforts to revise the *Code* for future guidance to rehabilitation counselors.

Results

Ethical Dilemmas

Recent ethical incidents or dilemmas. Content analysis of the responses to the question regarding past ethical incidents and dilemmas involved a two-part analysis: The first coded the broad content themes that best described the material reported by the respondent; the second involved a functional analysis determining which ethical standards were most relevant to the content reported. Respondents provided 126 responses to the question, including 6 responses indicating no issue, for a total of 120 past ethical incidents or dilemmas reported for analysis.

The analysis of these responses, in terms of broad content, yielded nine general themes for the ethical incidents and dilemmas described by the respondents. The responses involved issues of the following types, as reported in descending order of frequency:

1. conflicts with organizations and payers or employer pressures (n = 20),
2. confidentiality and exceptions to confidentiality (n = 18),
3. autonomy and client choice (n = 17),
4. client relationship (n = 17),
5. violations by colleagues (n = 14),
6. miscellaneous (n = 12; with 2 responses or less in each theme),
7. discrimination or advocacy (n = 8),
8. legal concerns regarding clients' illegal or dishonest conduct (n = 7), and
9. conflicts of interest (n = 7)

A functional analysis was also performed to determine which ethical standards were most relevant to the content reported. For each response, a primary and secondary ethical standard from the *Code* was identified that addressed the issue reported in the response. If the response described two independent dilemmas, the item was divided into separate responses and each coded independent of the other. Also, if there seemed to be only one standard that was relevant, then only a primary standard citation was given. In this analysis, 214 standards were cited as having primary or secondary relevance to the issues provided by the respondents. These standards were then tabulated by section of the *Code* and by subsection and standard to provide an overview of the parts of the *Code* that were most relevant to the certificants who responded to issues that they or a colleague faced within these incidents.

The three *Code* sections that were most frequently involved were as follows, in descending order of citation: Counseling Relationships, Confidentiality, and Professional Responsibility. The standards cited within these three sections account for 76.2% (n = 163) of all citations involved in the study. Table 1 provides further information about the number of citations by *Code* section.

Further insight into components of the *Code* that are closely involved in the issues of concern may be gained by determining which ethical standards were relevant to the ethics problems described. Table 2 displays the analysis of all 214 standards of relevance by section, subsection, and standard. The leading five *Code* sections in Table 2 accounted for 62.1% (n = 133) of the citations identified as being relevant to the issues described.

The specific standards within these sections of the code most frequently involved as primary or secondary standards were as follows: A.1.a. Definition of Client, (n = 14); A.1.c. Career and Employment Needs (n = 8); A.3.a. Disclosure to Clients (n = 8); A.3.d. Freedom of Choice (n = 14); A.6.a. Potential for Harm (n = 14); B.1.a. Respect for Privacy (n = 20); B.1.b. Client Waiver (n = 7); K.2.b. Organizational Conflict (n = 7); and K.2.c. Informal Resolution (n = 6). These nine standards accounted for 45.8% of the responses (n = 98) for the ethical problems encountered by respondents.

Future ethically troubling issues or dilemmas. Respondents were also given an open-ended question that asked them to project what may become an ethi-

Table 1
Code Sections for Respondents' Ethical Incidents and Dilemmas in the Past Year or Two

Section	Primary/Secondary Citations	
	n	%
A: Counseling Relationship	121	56.5
B: Confidentiality	36	16.8
D: Professional Responsibility	15	7.0
K: Resolving Ethical Issues	14	6.5
C: Advocacy and Accessibility	12	5.6
E: Relationships With Other Professionals	9	4.2
G: Teaching, Training, and Supervision	4	1.9
J: Business Practices	2	0.9
I: Electronic Communication and Emerging Applications	1	0.5
Total	214	99.9

Table 2
Frequency of Code Standard Citations Involved in Ethical Incidents and Dilemmas in the Past Year or Two, by Section and Subsection

Standard	Citations (*n*)		Frequency Rank
Section A: Counseling Relationship			
A.1. Client Welfare		38	1
A.1.a. Definition of Client	14		
A.1.b. Rehabilitation and Counseling Plans	9		
A.1.c. Career and Employment Needs	8		
A.1.d. Autonomy	7		
A.2: Respecting Diversity		2	16
A.2.b. Interventions	1		
A.2.c. Nondiscrimination	1		
A.3. Client Rights		32	3
A.3.a. Disclosure to Clients	8		
A.3.b. Third Party Referral	1		
A.3.c. Indirect Service Provision	3		
A.3.d. Freedom of Choice	14		
A.3.e. Inability to Give Consent	3		
A.3.f. Involvement of Significant Others	3		
A.4. Personal Needs and Values		11	8
A.5. Sexual Intimacies With Clients		9	9
A.5.a. Current Clients	7		
A.5.b. Former Clients	2		
A.6. Nonprofessional Relationships		14	5
A.6.a. Potential for Harm	14		
A.8. Group Work		1	22
A.8.b. Protecting Clients	1		
A.9. Termination and Referral		5	11
A.9.a. Abandonment Prohibited	1		
A.9.b. Inability to Assist Clients	1		
A.9.c. Appropriate Termination	1		
A.9.d. Referral Upon Termination	2		
Section B: Confidentiality			
B.1. Right to Privacy		35	2
B.1.a. Respect for Privacy	20		
B.1.b. Client Waiver	7		
B.1.c. Exceptions	3		
B.1.e. Court-Ordered Disclosure	1		
B.1.f. Minimal Disclosure	1		
B.1.g. Explanation of Limitations	2		
B.1.h. Work Environment	1		
B.5. Alternative Communication		1	22

Section C: Advocacy and Accessibility			
C.1. Advocacy		11	8
C.1.a. Attitudinal Barriers	3		
C.1.b. Advocacy With Cooperating Agencies	5		
C.1.c. Empowerment	1		
C.2. Accessibility		1	22
C.2.b. Barriers to Access	1		
Section D: Professional Responsibility			
D.1. Professional Competence		3	12
D.1.e. Qualifications for Employment	1		
D.1.f. Monitor Effectiveness	1		
D.1.h. Continuing Education	1		
D.5. CRCC Credential		1	22
D.5.b. Support of Candidates	1		
D.6. Public Responsibilities		11	8
D.6.a. Sexual Harassment	1		
D.6.b. Reports to Third Parties	3		
D.6.d. Conflicts of Interest	3		
D.6.e. Dishonesty	4		
Section E: Relationships With Other Professionals			
E.1. Relationships With Employers and Employees		8	10
E.1.a. Negative Conditions	2		
E.1.e. Employer Policies	6		
E.3. Agency and Team Relationships		1	22
E.3.c. Dissent	1		
Section G: Teaching, Training and Supervision			
G.1. Rehabilitation Counselor Educations and Trainers		2	16
G.1.a. Relationship Boundaries	1		
G.1.e. Endorsement	1		
G.2. Rehabilitation Counselor Education and Training Programs		2	16
G.2.b. Evaluation	1		
G.2.g. Diversity in Programs	1		
Section I: Electronic Communication and Emerging Applications			
I.2. Counseling Relationship		1	22
I.2.a. Ethical/legal Review	1		
Section J: Business Practices			
J.3. Client Records		2	16
J.3.a. Accurate Documentation	2		
Section K: Resolving Ethical Issues			
K.2. Suspected Violations		14	5
K.2.b. Organizational Conflicts	7		
K.2.c. Informal Resolution	6		
K.2.d. Reporting Suspected Violations	1		

cally troubling issue or dilemma faced by rehabilitation counseling professionals in the near future. Although they raised some new issues, respondents tended to continue discussing many of the same issues they had raised in their earlier reports of issues and dilemmas recently encountered.

There were 216 responses provided to the question about future dilemmas anticipated, but a number of these involved several aspects or components. In such cases, the response content was divided and reported in all the relevant issue areas, yielding an overall total of 239 coded responses. The analysis resulted in 14 general content themes describing the concerns related by the respondents about future ethical issues. Table 3 summarizes these themes in descending order of frequency.

Within the overall content theme of confidentiality, some notable issues included problems related to the Health Insurance Portability and Accountability Act, release-of-information complexities, increasing societal security concerns, and family or parental contact or notification. The conflicts-of-interest theme included a variety of issues that involved pitting or balancing clients' interests against those of other parties—most notably, the payer or counselor's employer. Respondents frequently mentioned one subtheme in addition to the overall concern with conflict of interest—namely, that of balancing the counselor's, employer's, or payer's financial gain against the client's best interests. Respondents reported specific instances of direct pressures applied to them and specific types of actions by which their payer, supervisor, or other representative of their employment setting created pressures that affected their abilities to serve their clients optimally or render ethical services. The most common subtheme in this area (reported in more than half the responses) involved pressing the respondents to return their clients to work as rapidly as possible, despite whether the clients were prepared, or to juggle their caseload statuses to advantage the agency. Another type of subtheme involved pressures to serve larger numbers of clients and/or cut corners, such as falsifying documentation. The theme areas of technology and miscellaneous concerns resulted in roughly the same levels of response from the participants. Some of the subthemes that respondents targeted within the area of technology included concerns about maintenance and use of electronic records, confidentiality, and use of e-mail and other forms of electronic communications. Miscellaneous concerns included systems compatibility and collaboration, legal issues of undocumented workers, and billing.

Table 3
Content Themes of Future Ethically Troubling Issues or Dilemmas and Their Frequency of Mention

Theme	Frequency of Mention
Confidentiality	47
Conflicts of interest	31
Employer or payer pressures	28
Technology	22
Miscellaneous	18
Client boundary issues	17
Scarce resources and allocation	13
Changing client populations	12
Diversity or discrimination	9
Client choice and autonomy	8
Profession's problems	6
Family role or issues	4
Training, education, and competence	4
Ethical knowledge and skills	4
Unsure or no response	16

Client boundary issues were an important theme—particularly, those involving dual relationships. Several responses cited boundary challenges in rural and small communities and practitioners who themselves were former or current clients.

The theme of scarce resources and resource allocation was discussed in general terms. Examples include one that focused on order-of-selection pressures in the state–federal system; another focused on problems of accessing the medications needed by clients with mental health problems so that they could be successfully rehabilitated.

Changing client populations provided a range of items that called attention to ethical challenges that would increase in the future as new client groups presented in practitioner caseloads. Types of clients included those with obesity who might experience employer discrimination, clients with mental health issues, older clients, gamblers, clients with criminal records, and returning veterans.

New ethical issues were mentioned within the general theme of diversity or discrimination. In this area, several respondents reported concerns about how to ethically balance the needs of undocumented workers against the eligibility requirements and legal constraints of their service programs. Other themes were genetic screening and employer discrimination, cultural diversity and competency, and age and sexual discrimination.

The final five areas involved diverse groupings of responses per theme—client choice and autonomy; the profession's problems; family role and issues; training, education, and counselor competence; and ethical knowledge and skills concerns.

Problem Resolution

When asked if the *Code* addressed a past ethically troubling problem, only 40% of the rehabilitation counselors responding to this question stated that it was, the majority of which (60%) said it was not (40%) or that they did not know (20%).

Methods of resolution. Additional questions were asked of those who reported problems, to determine if the dilemma was resolved, and the majority (63%) stated that it had been and reported a variety of means through which they had dealt with the issue. In sum, 73 individuals responded with information about the means they used in resolution, and content analysis of these responses yielded 84 general themes that emerged in these reports. The largest category of responses involved a highly specific description of the outcome of the dilemma (n = 20).

For those respondents who described information related to a process or means of resolution rather than the outcome of the situation reported, the most frequently noted approach involved consulting with the client or other parties directly involved in the problem (n = 16), followed by consulting with other professionals (n = 13). These two categories alone—discussion with the parties involved and broader consultation—accounted for 42.6% of the methods of resolution reported.

Other methods for resolution that were reported with greater levels of frequency included transferring or referring the client (n = 6); reviewing the ethical code, principles, or standards (n = 6); and reporting the situation to an authority and/or having an investigation or resolution with some form of discipline, such as termination or discipline (n = 6). Approaches used with less frequency included discussing or negotiating with a payer (n = 3), bringing the problem to the attention of the offender (n = 3), consulting the law (n = 2), declining the request (n = 2), and reviewing agency policies (n = 2).

Finally, there was a group of strategies for which each resolution was mentioned by only one respondent. These methods included making an apology, using the Internet to research policy, working extra for no pay, engaging in advocacy for the consumer, involving the client's family, and changing the rehabilitation counselor's role.

Additional resources. Respondents who reported that their dilemmas had not been resolved were asked what additional resources would have helped to clarify their situations or resolve their problems. This question received 51 responses, of which 44 involved a specific answer. A large number of solutions did not focus on resources. The resources that were mentioned included access to the following strategies, persons, entities, or methods: an index to the *Code*, Ethics Committee consultation or guidance from CRCC, making a job change, university faculty of student supervised, better knowledge and information about the client problem, training or continuing education, advocacy, ethical standards for supervisors and management, changes/clarification of the law, discussion with the consumer, education of other professionals, discussion groups, clarification of policy from agency, textbook information, consultation with peers and supervisors, authority for resolution, ability to refer to probate court, legal advice, and external mediator or ombudsperson. Clearly, the ideas noted were specific and diverse. The general concepts that summarize the suggestions involved having access to specific types of information, consultation, and educational resources to assist in problem resolution.

Discussion and Implications

The results of this survey provide wide-ranging information about the perceptions of the responding rehabilitation counselors and the types of ethical problems they faced and those they anticipate. The degree to which their responses provide specific guidance regarding revisions of the *Code* is indirect—and likewise for what additional material might need to be addressed in future standards of the code.

General Perspectives

Several perspectives would need to be considered to interpret the bearing of these results on the identification of recommendations for revision of the *Code*. First, it is unclear what meaning to ascribe to the responses for the question regarding whether the *Code* addressed the problem. A heartening 40% of the respondents indicated that it did address the issue; however, 20% said that they did not know if the *Code* addressed it. Another perspective relevant to the consideration of the interpretation of this survey for purposes of revision involves the role of the practitioners' use of ethical decision-making skills. There is a trend in ethics governance toward emphasizing and building ethical decision-making awareness and skills as part of the expectations for competent ethical problem solving. Because of the increasing complexity and frequency of ethical dilemmas confronting practitioners, more guidance must be obtained, not just through the simple presence, knowledge, and application of highly specific standards, but also through a more complex use of a systematic process that encourages application of standards and resources within the context of a specific ethical decision-making process. It is for that reason that ethics educators are now increasingly emphasizing that approach in their courses and trainings. Furthermore, various helping professions are more often incorporating an explicit requirement that the practitioner demonstrate knowledge and use of the code, the ethical principles,

and an ethical decision-making approach in their codes of ethics or standards of practice.

Areas Considered in *Code* Revision

The information gained through the analysis of the survey data suggests several fertile areas for potential revision of the *Code*. The sections that address boundaries with clients and ex-clients were certainly among the most prominent areas to be addressed for several reasons. First, the respondents clearly described these issues as being most relevant to the dilemmas they have encountered. Additionally, the trend in ethical standards is moving away from a general prohibition of dual relationships to a reformulating of standards that permit and manage the risk of nondetrimental, potentially beneficial relationships, as embodied in the American Counseling Association's code of ethics (2005).

The areas of third-party referral and indirect services were evaluated to see how they might be augmented or clarified to better support practitioners who practice in this area. The high levels of concern with conflicts of interest and the pressure to confuse primary responsibility to the client with the interests of the payer or referral source continue to be described as troublesome. In a number of instances, this issue is tied to other concerns, such as violation of confidentiality and/or adequacy of informed consent about the limitations to confidentiality. Because rehabilitation counselors provide a substantial service in the forensic and indirect service arenas, specific and elaborated guidance in this area may be wise.

Standards that deal with the relationship between ethics and legal issues were evaluated for their clarity, specificity, and sufficiency. Rehabilitation counselors reported a concern in this area about illegal or fraudulent activities of their clients. This is evident in the example of undocumented workers who present themselves for state or federally funded services. The 2001 *Code* standards must have appeared too general to serve the respondents well in addressing these concerns. It would be an ethically dangerous mistake to blur the important principle that ethical counselors should not see themselves as being required to uncritically follow legal dictates. However, there is a need to provide additional guidance to assist in interpreting this ethical concern.

Perhaps the area that appeared to be the most troubling for the respondents involved responding to a payer's, employer's, or supervisor's pressures to disregard ethical best practices. The sections of the 2001 *Code* that dealt with employer pressures and organizational conflict and what actions rehabilitation counselors should take in response are meaningful, yet they appeared to provide limited comfort to those who experienced these problems.

Related to this concern about pressures on rehabilitation counselors, it would seem that at least a portion of the supervisors or professionals who are applying the pressures or making the requests for ethically questionable actions of the respondents must themselves be rehabilitation counselors. In fact, one respondent made the possibly cynical suggestion that there should be a code of ethics for administrators and supervisors. Although this was seen to be beyond the scope of the ethics *Code* revision, expanding rules for rehabilitation counselors who are working in the capacity of supervisor, payer, referral party, or administrator would be beneficial to clarify their ethical obligations in those roles. In the 2005 revision of the American Counseling Association's code of ethics, substantial effort was expended to rearrange and clarify its analogous section in an effort to ensure that it was clearer and seen as being directly applicable to supervisors in agency and direct practice settings, not just to academics.

Concerns about the limits of client choice and reasonable limits on the counselor's obligation for consumer advocacy and empowerment have been troublesome for a number of years and are clearly reflected in the issues voiced in the survey. Some consideration of the standards that address ethically appropriate limitations on these obligations, as well as a recognition of how scarce resources should be allocated across a group of clients, is an example of the issues noted by survey respondents.

Finally, the survey results noted several targeted areas addressed in the revised standards—including the need to update the standards for the use of technology in counseling, especially in the areas of electronic transmission and the storage of information and client records. Internet-based and telephonic counseling and its increasing prevalence have caused other needs for reexamining and elaborating these standards. Two further areas include providing guidance in working with clients on end-of-life issues and working with families of more diverse and multiculturally distinct populations.

Limitations

Some limitations of the study need to be acknowledged. First, note that the certified rehabilitation counselors and Canadian certified rehabilitation counselors who were selected for this study were drawn from a list of certificants for whom the CRCC had available e-mail addresses. Responding to an Internet-based survey may have been uncomfortable, uninviting, or novel for some potential respondents, even if they did receive the e-mail inviting their participation. This use of electronic media may have affected the types of respondents or the response rate in an unknown manner. Second, the survey asked for relatively brief and specific responses on the key ques-

tions, and no follow-up questions were provided. Although the two main questions allowed participants to provide a general description of the issues they wished to report, they allowed respondents no opportunity to develop a sense of the context for the situation, details that might be relevant, or information that is characteristic and useful in other types of qualitative research—all of which might have provided for a more complete understanding of such responses regarding whether the *Code* was beneficial in resolving ethical conflicts. Although the open-ended survey-question format was useful for the functional needs of the study, it would be important to conduct future research on these topics using techniques such as face-to-face or telephonic interviews to gain a better understanding of the participants' perspectives and experiences of the ethical dilemmas and problem solution strategies they reported. Third, the material provided in response to the question regarding future ethical issues was similar to that discussed concerning ethical problems encountered in the recent past. This similarity raises the possibility that respondents might be projecting unresolved concerns into the future rather than developing more independent ideas concerning potential future ethical conditions, thus raising the potential of conflated responses that do not truly differentiate counselors' present and future concerns. Therefore, the completeness of the future concerns reported needs to be viewed with caution. Finally, the open coding method used was driven by a specific functional use of the *Code* standards to identify and frame the themes presented by the respondents. Approaching the data from an open-ended coding unconstrained by functional analysis, as is done in grounded theory, might yield other themes than those identified in the present study.

In summary, the respondents to the survey provided many perspectives on the ethical challenges present in the field and those predicted to occur in the future. There were clear indicators that specific topics in the *Code* should be reviewed, that additional standards may be necessary, and that others may need to be clarified. Critically needed improvements appeared to involve practitioners' understanding and employment of consultation and robust ethical decision making competencies. Additional challenges appear related to systemic and organizational ethical issues that can be only partially addressed within a *Code* focused on individual practitioner obligations. These challenges will confront not merely those professionals and ethicists involved in the processes of ethics governance; they call upon innovations and commitment from the entire rehabilitation counseling professional community in seeking solutions to difficult educational, supervisory, and practitioner challenges that affect the well-being of the clients to whom we are all ethically obligated.

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