



# Canadian Association of Rehabilitation Professionals

## *Guidelines for Using the Canadian Code of Ethics for Rehabilitation Professionals*

*May - 2003*

*“A Code of Ethics that is aspirational promotes and encourages respect for individuals and assists professionals to think about doing what is in the best interests of their clients”*

**Dr. Jean Pettifor, 2001**

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# Chapter 1

## **Introduction**

Early in 2000, the National Board of the Canadian Association of Rehabilitation Professionals (CARP) appointed an Ad Hoc Committee on Ethics to review whether the Code of Ethics that was in place reflected the ethical needs of a diverse, interdisciplinary membership and its range of practice. Members expressed their views that rehabilitation professionals required a Code that reflected Canadian practice and that included the perspective that consumers' total well-being and quality of life in the community were important goals. We needed a Code that would guide the multi-disciplinary professionals represented by CARP in serving the rehabilitation needs of persons with a disability.

Members of CARP approved the *Interdisciplinary Canadian Code of Ethics for Rehabilitation Professionals* at their Annual General Meeting held in Ottawa, Ontario June 2002. The adoption of the Code was the culmination of two years of planning and consultation with the membership. Although the moral foundations are very similar across professional disciplines, and some CARP members adhere to the codes of other regulatory bodies, this Code is unique in meeting the multidisciplinary needs to apply ethical principles to rehabilitation practice.

CARP's aspirational Code of Ethics is based on the fundamental aspects of caring which include the respect for the dignity and autonomy of persons, responsible caring for the best interests of persons, integrity in professional relationships, and responsibility to society. All guidelines for ethical behaviour demonstrate one or more of these ethical principles and the appropriateness of behaviour may be evaluated against these principles.

Ethical decision-making based on moral values is especially important when working with persons who have traditionally been undervalued. The Code includes a problem-solving or ethical decision-making process that is designed to find the most ethical decisions in resolving dilemmas, especially when the situation is complicated by conflicting principles or conflicting interests of different parties. This approach differs from mandatory or prescriptive codes that are intended to protect the public by specifying what behaviour is, and is not, acceptable. Prescriptive codes may serve as the basis for processing disciplinary complaints through legislative authority. The Association does not have the legislative authority to enforce compliance but it does have authority to suspend membership and registration for what it deems as inappropriate behavior. CARP's Code of Ethics encourages individual practitioners to accept responsibility to maintain competent and ethical services on a daily basis. It also recognizes that each professional brings their own life experience and personal skills to the rehabilitation process and to their role in ensuring that the process is facilitative and collaborative.

The purpose of these Guidelines is to assist rehabilitation professionals in understanding the *Canadian Code of Ethics for Rehabilitation Professionals* and in applying it on a daily basis in

all of their professional activities. In addition to helping resolve ethical dilemmas, the Guidelines provide useful material for peer support and for educational activities. It includes an article on Keeping Ethical Practice Alive and Well in Rehabilitation Organizations, a running commentary on the Code itself, and demonstrations of the ethical decision making process. At the back of the Guidelines is a sampling of ethical dilemmas that have been collected from members, and which can be used to consider the possible alternative actions in resolving the concerns.

CARP is proud of its first *Canadian Code of Ethics for Rehabilitation Professionals*. It is a milestone in the advancement of the rehabilitation profession in Canada. It helps to define our professional identity. We hope that it serves well the needs of both professionals who provide, and clients who receive, rehabilitation services.

Special thanks and acknowledgments are extended to:

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## *Chapter 2*

### **KEEPING ETHICAL PRACTICES ALIVE AND WELL** **IN REHABILITATION ORGANIZATIONS**

#### **VAL LOUGHEED RSW, CCRC, CVE, RRP**

*In an increasingly complex and changing society with value systems constantly in flux, every [rehabilitation professional] must develop a methodology for analyzing value and ethical conflicts when they emerge. Agency structures need to be in place to assist in this process (Shulman, 1992, p. 29).*

Adherence to an ethical code of practice signifies that one is involved in a “profession” rather than “doing a job” (Tarvydas, 1997). The practice of rehabilitation has become professionalized over the years, as evidenced by two prominent codes of ethics – one developed by the Canadian Association for Rehabilitation Professionals (CARP) and the other by the Commission on Rehabilitation Counselor Certification (CRCC).

This paper presents an Ethics Training Package that rehabilitation organizations can utilize, in order to facilitate and sustain an ethical model of practice on a day-to-day basis.

Literature concerning ethical practices within the human services field, and ethical decision-making models currently in use in Canada today are referenced. The new CARP Code of Ethics (February 4, 2002) is used as the guiding code for ethical practice, because of its relevance to the field of rehabilitation and its Canadian focus.

#### **Values, Ethics and Day-to Day Practice**

Shulman (1992) aptly points out that all human service practice is based on values, and even the very act of intervening in a situation is based upon certain value assumptions. The problem is that some organizations only pay “lip service” to their values, vision and mission statements that pronounce ethical behaviour (Ontario Alliance of Career Development Practitioners, April, 2002).

The CARP Code of Ethics is also based on a set of core values or principles. All of these values can form the foundation for an approach to ethical practice in rehabilitation organizations, and help professionals to ensure that they are providing values-based services to their clients.

## **That “Icky” Feeling**

Initial discussions with rehabilitation staff revealed that many ethical dilemmas become apparent only because a staff has a vague “icky” feeling that something feels wrong during the process of service delivery. In fact, the literature confirms that most ethical dilemmas are first recognized when workers experience serious uncertainty (Shulman, 1992). Tarvydas (1997) supports the notion that this intuitive professional wisdom (that “icky” feeling) constitutes the first level of an ethical decision-making process. Shulman (1992) suggests that by simply recognizing the factors contributing to the dilemma, the worker begins to sort out the ethical issues.

Recognition of this intuitive “icky” feeling constitutes the doorway to an ethical model of practice in rehabilitation organizations.

## **Ethics Alive and Well in Rehabilitation Organizations – A Plan**

In order to keep professional ethics alive and well in rehabilitation organizations, and in order to keep the CARP Code of Ethics in the hands of staff, rather than on the shelf, it makes sense to develop an action plan to make this happen.

The following action plan, developed in consultation with rehabilitation professionals, is respectfully presented as one possible approach to bringing the CARP Code of Ethics to life in rehabilitation organizations.

### Cognitive Aim

The cognitive aim of this plan (what we hope staff learn) is that staff will become more familiar with what constitutes ethical dilemmas and how to use an ethical decision-making process in order to resolve such dilemmas, within the framework of the CARP Code of Ethics.

### Emotional Aim

The emotional aim of this plan (how we hope staff feel) is that staff will feel more confident in acknowledging their intuitive “icky feelings” in service delivery issues, and more capable of resolving such dilemmas according to solid ethical values and principles.

### Methodology

#### **1. Develop an Ethics Training Package**

- a. Establish a company-wide ethics project team, with a member from each of the geographic or project teams to co-ordinate the development of an Ethics Training Package.
- b. Collect vignettes from each team of situations in team members’ actual practice where they intuitively felt something was wrong.
- c. Prepare a number of these vignettes for use as training tools.

- d. Develop a supportive reference package that will guide teams, step-by-step, through a process of ethical decision-making, using the vignettes. This package should contain background information, a protocol of an ethical decision-making step process, a sample vignette along with an outline of the ethical-decision-making process in relation to that vignette, and the core values of the rehabilitation organization and the CARP Code of Ethics.
- e. Develop an evaluation tool, with quantitative and qualitative measures, to evaluate the effectiveness of the Training Package, in terms of cognitive and emotional aims.
- f. Pilot the complete Training Package with teams, as well as in the orientation sessions for new recruits.
- g. Evaluate the results on a regular basis (using the evaluation tool), and continue to refine and update the Training Package as time goes on, based on feedback from teams and current research.

## **2. Pilot the Training Package for Orientation Sessions**

- a. Introduce the draft CARP Code of Ethics to new recruits and review the core values and purpose of such a Code, along with the sections contained in the Code.
- b. Break the group into triads, and give each triad a different vignette, along with a protocol to work through an ethical decision-making process.
- c. Conduct a group discussion to review each triad's findings. Keep notes of salient points in order to incorporate into further Training Package developments.
- d. Tell recruits that such training and discussions will be a regular part of their teamwork with the rehabilitation organization.

## **3. Pilot the training within existing teams**

- a. Ask each existing team to add an ethics discussion to the agenda of every team meeting.
- b. During the first few such discussions, each team may want to use one of the prepared vignettes to work through the ethical decision-making steps, in order to orient team members to the process (same process as that outlined for Orientation Sessions).
- c. Once teams have the process of ethical decision making under their belt, team members may want to volunteer new vignettes at each meeting from their current practice, and work their way through these dilemmas as a large group.
- d. Encourage team members to continually raise any current "icky" situations at any time, so that they can receive support in resolving such situations within the team, and also so that the team can continue to learn from their own collective experiences.
- e. Encourage the inclusion of clients in ethical discussions, if at all possible.

#### 4. Support the Training at an Organization-Wide Level

- a. Continue to conduct and disseminate research concerning ethical practices in the rehabilitation, employment and staff training fields.
- b. Include “Professional Ethics” as a regular column in the rehabilitation organization’s Newsletter, or other internal information system, in order to feature new findings from the literature and the field.
- c. Develop a “Professional Ethics” site on the organization’s internal web site (for staff only).
- d. Support (financially and otherwise) staff time required to develop, evaluate and monitor on-going ethics training within the rehabilitation organization.
- e. Promote the development of an Ethical Continuing Competence Self-Assessment through CARP (borrowing from the BC Registered Nurses Association).

#### Conclusion

Admittedly, the plan outlined above is just a start. It will come to life with the involvement, collective wisdom and experience of the staff at the rehabilitation organization. What this plan does do, however, is establish an organization’s commitment to a process aimed at keeping ethics alive and well in the professional practice of rehabilitation.

The *practical* part of this plan is the steps outlined in the methodology. The *spirit* of this plan is to take the values of the rehabilitation organization and those of the CARP Code of Ethics and put them into action.

*As a version of the popular saying goes:*

*Values without action is merely a dream*  
*Action without values just passes the time*  
*Values with action can change the world.*

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Chapter 3

*Canadian Association of  
Rehabilitation Professionals*

*An Interdisciplinary*

*Canadian Code of Ethics For  
Rehabilitation Professionals*

*With Running Commentary*

*May 2003*

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# Canadian Code of Ethics for Rehabilitation Professionals

## The Four Ethical Principles and the Respective Values and Standards

<b>I. Respect for the Dignity and Autonomy of Persons</b>	<b>II. Responsible Caring for the Best Interests of Persons</b>	<b>III. Integrity in Professional Relationships</b>	<b>IV. Responsibility to Society</b>
1. General Respect I.1  2. Non-Discrimination I.1 – I.5  3. Vulnerabilities I.6  4. Community I.7  5. Informed Consent I.8 – I.9  6. Informed Choices I.10 – I.16  7. Privacy I.17 – I.19  8. Confidentiality I.20 – I.23  9. Extended Responsibility I.24	a) General Caring II.1  b) Competence II.6 – II.5  c) Self-Awareness and Self Care II.6 – II.9  d) Prevent Harm II.10 – II.12  e) Client and Community Collaboration II.13 – II.15  f) Electronic Communication II.16 – II.18  g) Formal Testing II.19 – II.20  h) Record Keeping II.21 – II.23  i) Extended Responsibility II.24	1. Accuracy and Honesty III.1 – III.5  2. Public Representation III.6 – III.9  3. Objectivity and Lack of Bias III.10 – III.14  4. Avoid Conflict of Interest III.15 – III.20  5. Remuneration III.21 – III.22  6. Letters of reference III.23  7. Reliance on the Profession III.24 – III.25  8. Extended Responsibility III.26	Respect for Society IV.1 – IV.2  Development of Society IV.3 – IV.12  Extended Responsibility IV.13

# Canadian Code of Ethics for Rehabilitation Professionals

## Ethical Principles

<b>I. Respect for the Dignity and Autonomy of Persons</b>	<b>II. Responsible Caring for the Best Interests of Persons</b>	<b>III. Integrity in Professional Relationships</b>	<b>IV. Responsibility to Society</b>
<p style="text-align: center;"><b>Ethical Decision-Making Steps</b></p> <ol style="list-style-type: none"><li>1. Identify the individuals and groups potentially affected by the decision.</li><li>2. Identify the ethically troubling issues, including the interests of persons who will be affected by the decisions, and the circumstances in which the dilemmas arose.</li><li>3. Consider how your personal biases, stresses, or self-interest may influence the development of choices of action.</li><li>4. Develop alternative courses of action remembering that you do not have to do this alone. (Where feasible, include interdisciplinary team members, clients, and others who may be affected by the decisions to share in the process. If the situation is difficult, consult with your professional association or other trusted professionals to maintain your objectivity and increase your options for action).</li><li>5. Analyze the likely risks and benefits of each course of action on the persons likely to be affected.</li><li>6. Choose a course of action, individually or collectively as deemed appropriate to the situation, after conscientious application of existing principles, values and standards.</li><li>7. Act, with an individual or collective commitment, to assume responsibility for the consequences of the action. (A collective commitment, as may occur within an interdisciplinary team, requires that someone be assigned the responsibility for follow-up).</li><li>8. Establish a plan to evaluate the results of the course of action, including responsibility for corrections of negative consequences, if any.</li><li>9. Evaluate the organizational systems in which the issue arose in order to identify and remedy the circumstances, which may facilitate and reward unethical practices.</li></ol>			

# Canadian Code of Ethics for Rehabilitation Professionals

May 2003

## INTRODUCTION

This code of ethics is more aspirational than prescriptive in striving for the best services, rather than defining minimum standards of behaviour. Therefore it is more than a set of rules for proper professional conduct. It articulates moral values and applies them to the relationships between professionals and others.

Codes of professional ethics identify those moral principles and standards of behaviour that professions, institutions, and organizations believe will assist them in distinguishing between right and wrong, and ultimately in making good moral judgments. Codes address professional relationships and do not prescribe personal morality. Codes of ethics define the appropriate relationships between professionals and others with whom they interact in a professional capacity. Professional relationships include many persons, e.g., direct consumers of services, family members, third parties, students, employees, supervisees, colleagues and program managers. Codes of ethics help to define the profession and assist professionals in serving the public good. Continuous discussion by professionals on the application of ethical principles may result in more respect and caring in the provision of services. The Canadian Association of Rehabilitation Professionals has developed the Canadian Code of Ethics for Rehabilitation Professionals to guide the ethical practice of its members

### *Purpose*

The purposes of a code of ethics are to:

- a) Guide members of the profession on morally appropriate behaviour in conducting their professional activities.
- b) Guide members of the profession on appropriate relationships for the protection of the public and consumer.
- c) Identify the values and characteristics of the profession.
- d) Provide tools, aids and supports for members in ethical decision-making.
- e) Guide the teaching and learning of professional ethics.

### *Scope of Practice*

This code is addressed to rehabilitation professionals working in a broad array of activities, across a broad range of disabilities, and across the life span. The ethical principles are relevant across all specialty areas within the profession, even though the specific contexts in which professionals work may vary. There is also a wide range of professional relationships, e.g., clients, families, other

Rehabilitation professionals are committed to facilitating the personal, social, and economic well being of persons with a disability and/or disadvantage. All persons have the right and opportunity to participate fully in society including quality of life and work in the community. Rehabilitation professionals may work within any setting that promotes these goals. Rehabilitation professionals serve clientele with a wide range of disabilities and/or disadvantages across the life span. These disabilities and/or disadvantages may be the result of developmental, sensory, mental, learning, chemical, physical or socioeconomic challenges.

The consumers' total well-being and quality of life in the community are as important as achieving vocational and financial independence. Extended family, community supports, collaboration among professional disciplines and social advocacy may all be necessary to enhance the quality of life of persons with a disability and/or disadvantage. Professionals advocate for the full recognition of the rights, and accessibility of persons with a disability and/or disadvantage.

service providers, employers, third party payers.

The four ethical principles of this code are modeled on the Canadian Code of Ethics for psychologists (2000), which were originally based on the responses of Canadian psychologists on the values used in resolving ethical issues. There is some parallel to the principles in the Commission on Rehabilitation Counselor Certification Code of Professional Ethics for Rehabilitation Counsellors, namely, Autonomy, Beneficence, Nonmaleficence, Justice, and Fidelity.

The priority ordering of the ethical principles should they be in conflict is new in the development of professional codes of ethics and is modeled on the Canadian Code of Ethics for Psychologists (2000). All four principles are important and the prioritizing is only relevant when there is conflict between them. This ordering reflects the Euro-North American cultural emphasis on the importance of individual rights, responsibility, and achievement. It is not consistent with the beliefs of many other cultures including aboriginal ones that focus on family, community and the collective good. This diversity of cultural beliefs can cause dilemmas for North American practitioners.

Professionals work with persons with a disability and/or disadvantage to enhance their power and control over their own lives.

### ***Ethical Principles***

Ethical relationships are maintained between professionals and direct service clients, family members, third parties, community agencies, employers, colleagues, and students. They are also maintained with third parties who contract for assessments; rehabilitation plans, and who provide work placement and job development services.

The fundamental spirit of respect and caring is the philosophical basis of the Canadian Code of Ethics for Rehabilitation Professionals. The ethical principles are described as:

**(a) Respect for the dignity and autonomy of persons.**

This principle, with its emphasis on moral rights, should be given the highest weight except in circumstances in which there is a clear and imminent danger to the physical safety of any person.

**(b) Responsible caring for the best interests of persons.**

This principle generally should be given the second highest weight. Responsible caring requires competence and should be carried out only in ways that respect the dignity of persons.

**(c) Integrity in professional relationships.**

This principle generally should be given third highest weight if the principles are in conflict. However, in rare circumstances, values such as openness and straightforwardness may be subordinated to the principles of Respect and Responsible Caring.

**(d) Responsibility to society.**

This principle should be given the lowest weight when it conflicts with one or more of the other ethical principles. When a person's welfare appears to be in conflict with the benefits to society, it may be possible for the professional to serve both, but, if this is not possible, the respect and well being of the individual must take priority over that of society.

## ***Ethical Dilemmas***

A dilemma presents a problem that needs to be resolved consistent with and guided by ethical principles. It is NOT a forced choice between two unacceptable courses of action. Ethical dilemmas are not restricted to professional client relationships, but may arise in a wide range of other relationships relevant to service, teaching and research

Ethical dilemmas arise when it is not clear what is the right action for a professional to take in a given situation. Sometimes the dilemmas are based on not having sufficient information, or there is conflict between two or more principles or between the interests of different parties. The existence of an ethical dilemma may be signaled by one's feelings of discomfort about a situation, or there is a question of whose interests are being served. Identifying the reason for the discomfort may be the first step in engaging in a process of ethical decision making

The range of ethical dilemmas is wider than between individual professionals and clients. For example, ethical dilemmas may arise in the relationships between professionals and third parties of various kinds, e.g., referrers, parents, teachers, doctors, lawyers, other agencies, and other professional disciplines. They also may arise between professionals and employers, funders, policy makers, administrators, and those who may contract for assessments. There may also be concerns about the relationships with program evaluators, accreditation surveyors, and researchers. Professionals may also be uncertain about the ethics of caring for oneself and colleagues in order to guard against burnout or impairment. In many dilemmas there is not one right or wrong answer, but rather the issue is how to manage the ongoing relationships in respectful and caring ways.

## ***Ethical Decision-Making Steps***

The ethical decision-making model assists in resolving ethical dilemmas. The steps are fairly straightforward in solving problems that arise in day-to-day interactions between rehabilitation professionals and those individuals and organizations with whom they work. While similar models have been put forward, (Tymchuk, 1986; Van Hoose and Kottler, 1985; Hill, Glaser and Harden, 1995) the Canadian Code of Ethics for Psychologists in 1986 appears to be the first code to include steps within the code. The steps in this CARP code have added certain features to the original model namely,  
#2. Identify the circumstances in which the dilemmas arose.  
#3. Look at your personal

Ethical decision making steps assist in the process of choosing the action that is most consistent with the ethical principles.

The following problem solving steps are typical in models for ethical decision-making:

1. Identify the individuals and groups potentially affected by the decision.
2. Identify the ethically troubling issues, including the interests of persons who will be affected by the decisions, and the circumstances in which the dilemmas arose.
3. Consider how your personal biases, stresses, or self-interest may influence the development of choices of action.
4. Develop alternative courses of action remembering that you do not have to do this alone. (Where feasible, include interdisciplinary team members, clients, and others who may be affected by the decisions to share in the process. If the situation is difficult, consult with your professional association or other trusted professionals to maintain your objectivity and increase your options for action).
5. Analyze the likely risks and benefits of each course of action for the persons likely to be affected.
6. Choose a course of action, individually or collectively as deemed appropriate to the situation, after conscientious application of existing principles, values and standards.

motivations and biases.

#4. Professionals do not necessarily work alone and recognition must be given to multidisciplinary teams and to the advisory role of professional associations.

#6 and 7. Allowance must be made for collective decisions and collective responsibility for the consequences.

#9. Individuals do not have full control of the circumstances in which they work. If the problems are more the responsibility of organizational systems than of individual professionals, this needs to be taken into consideration in preventing future problems.

7. Act, with an individual or collective commitment, to assume responsibility for the consequences of the action. (A collective commitment, as may occur within an interdisciplinary team, requires that someone be assigned the responsibility for follow-up).
8. Establish a plan to evaluate the results of the course of action, including responsibility for corrections of negative consequences, if any.
9. Evaluate the organizational systems in which the issue arose in order to identify and remedy the circumstances, which may facilitate and reward unethical practices.

### ***Relationship of CARP Ethics to other Professional Codes***

CARP is considered an interdisciplinary association committed to serving the rehabilitation needs of persons with disabilities in the community. CARP members may also belong to other professional organizations, e.g., social work, psychology, occupational therapy, and nursing. Therefore it is difficult to say that one code must supercede all other codes. Differences of opinion are more likely to be on the specific applications of principles than on the principles themselves. Such differences can also arise with members adhering to the same code. Therefore, consultation, negotiation and decision making that focus on respect and caring for the primary client is recommended.

The members of the Canadian Association of Rehabilitation Professionals include representation from multiple professions with various approaches to the provision of rehabilitation services for persons with a disability and/or disadvantage. Therefore, while all of them must adhere to the CARP Code of Ethics, some must also adhere to the codes of other professional associations or regulatory bodies. While the ethical principles of the different professional codes may be very similar, there may be differences in how they are interpreted. In a given situation these differences may be resolved through consultation or an ethical decision-making process that evaluates the proposed behaviours against the common values of the professions. Those persons, who work in the rehabilitation field without formal membership in a professional association, and their supervisors, also may refer to this code for guidance in maintaining ethical practices.

### ***Periodic Review***

CARP does not have

CARP, as a national voluntary association, provides leadership in

mechanisms for legal enforcement of ethical standards because it is a national organization and professional legislation falls under provincial jurisdictions. However, CARP is in a strong position to provide leadership in defining standards and in promoting educational activities – which some would say is more significant than discipline in protecting the public. CARP can also provide consultation and advice to members. Rehabilitation services will continue to evolve and it is important for ethical guidelines to remain current. The input of members is necessary in order to maintain its relevance.

establishing standards for the practice of rehabilitation professionals. CARP has the authority to suspend membership and registration for inappropriate behaviour, but does not have the legislative authority to enforce compliance to a code of ethics. Provincial governments may grant such authority to professional disciplines through legislation. This code of ethics contains both aspirational and prescriptive statements.

Professional codes of ethics must be reviewed periodically in order for them to remain current; it is recommended within 3-5 years. The ethical principles provide a framework that remains durable over time, although changes occur in philosophical thinking, legislation and technological advances. Attitudes and access to services for persons with a disability and/or disadvantage are continuing to change. CARP welcomes the suggestions from members, persons with a disability and/or disadvantage, and other interested parties on additions or revisions that would improve the usefulness of the Code of Ethics.

## **Glossary of Terms**

### **Advocacy**

The ability to speak or act on one's own behalf.

### **Assent**

To express agreement.

### **Autonomy**

To honour the right to make individual decisions.

### **Attitudinal Barriers**

A state of mind, and/or demonstration of a behaviour that expresses an opinion or purpose that creates an obstacle.

### **Beneficence**

To do good to others.

### **Critical Analysis**

The ability to critically reflect and examine the issue by separating it into its elements.

### **Dependant Persons**

An individual whose maintenance is another person's responsibility.

### **Fidelity**

To be loyal, honest, and keep promises

### **Funders**

Are persons, businesses and/or organizations that provide and/or obtain fund(s) in various ways.

### **Informed Consent**

An individual fully understands the proposed nature of the services, including any risks involved and consents to their participating.

### **Justice**

To be fair and give equally to others.

### **Legal Guardian**

A person appointed by the court to make decisions on behalf of an individual who is considered by the court as not competent.

### **Moral Principles**

Concepts/values/beliefs those are fundamental to determine right and wrong behaviours.

### **Need To Know**

Information that is needed in order to provide competent services.

### **Nonmaleficence**

To do no harm to others

### **Over-Interpretation**

Making interpretations that is beyond what the data supports.

### **Persons With Disabilities And/Or Disadvantages**

Experiencing difficulties in life functions, activities of daily living as a result of poverty, abuse, limited education, lack of social skills, un/underemployment and/or disabilities.

### **Rehabilitation Plans**

A comprehensive plan of action that identifies specific goals and objectives that can be achieved through various means including education, training, exercise etc.

## **PRINCIPLE I: Respect for the Dignity and Autonomy of Persons**

### **VALUES STATEMENT**

#### *Description of Principle*

Respect means a positive valuing of all persons, not just a lack of bias and discrimination. The innate worth of persons with disabilities should be independent of the disability, and independent of other characteristics that may be a basis for unjust discrimination. Respect is shown in many ways in the daily interactions of people.

Rehabilitation professionals in practice, teaching, and research respect the dignity, autonomy, self-determination and rights of all persons with whom they interact in a professional capacity. The innate worth of human beings is neither enhanced or reduced by their ethnicity, religion, gender, marital status, sexual orientation, physical or mental abilities, age, socioeconomic status, or any other preference or personal characteristic, condition, or status. Legal rights are defined in the Canadian Charter of Rights and Freedoms in terms of non-discrimination and equality. Moral rights may require a higher level of respect and caring than indicated in legal rights. In the context of the historical devaluation of persons with disabilities and/or disadvantages, rehabilitation professionals have special responsibilities to demonstrate respect in proactive ways that go beyond the minimum of non-discrimination.

Professionals typically demonstrate respect by ensuring that they:

- (a) Understand what is being said
- (b) Use language that the listener understands.
- (c) Honour moral and legal rights of individuals
- (d) Care for the well being of others
- (e) Allow choices
- (f) Do not abuse or misuse positions of power.

#### *Vulnerable Clientele*

Persons with disabilities are frequently vulnerable in our society in that they may be less able to protect their own rights and best interests. Rather than treating everyone exactly the same, the code requires professionals to be proactive in protecting the rights of those who are less able to protect themselves.

Rehabilitation professionals recognize that as individual, family, group, or community vulnerabilities increase and/or as the power of persons to control their own environments or their lives decreases, professionals have increased responsibilities to promote and protect the rights of those less able to protect themselves. When the interests of different parties are in conflict, typically the well being of the more vulnerable person is given priority.

There are many forms of diversity in an increasingly diverse society (e.g.; types of disabilities, gender, poverty, age, unemployed, underemployed). Of special significance are the different beliefs, values, customs, and language of different cultures that exist within communities. Rehabilitation professionals strive to understand and respect these differences and to avoid unintentional racism while providing high quality professional services.

#### *Who is the Client? (\*Section under review)*

This is a difficult question in today's practice since professionals are committed to serving the needs of the immediate recipient of services. As business, financial and legal interests become involved, third parties may maintain that

Codes of ethics usually identify the person with a disability and/or disadvantage as the primary client for whose rights and well being the professional is committed. In some situations in the rehabilitation field, however, a third party, such as an insurance company, Workers' Compensation Board, or solicitor, may contract and pay for services, such as, assessment, review of files, serving as expert witness, that are not direct personal client services. Therefore the third party may be considered the primary client. The rehabilitation professional that has a direct relationship with the client has an obligation to inform the individual of the relationships with the third party, including the nature and purposes of the

they are the clients since they are the parties requiring and paying for the services. This is especially true in the rehabilitation field when compensation is sought regarding disabilities resulting from injury. The ethical course for the professional is to know these third party restrictions prior to offering service and to include them in the informed consent of the immediate client.

service and any limitations relative to consent, confidentiality and access to records. The rehabilitation professional must avoid doing harm, and to the extent possible, continue to serve access the best interests of the person with the disability and/or disadvantage.

### ***Community***

Community rehabilitation is a psychosocial process with an emphasis on quality of life in communities. It goes beyond the physical medical rehabilitation provided within hospitals. Sometimes professionals walk a fine line between protecting privacy and developing broad based support networks. Always the persons with the disabilities need to share in the planning and its implementation.

Rehabilitation professionals respect and collaborate with other professional disciplines, agencies, and community organizations for the purpose of serving the interests of persons with a disability and/or disadvantage to enjoy normal lives in the community. They actively promote the maintenance of the natural supports such as families and friends in the community. They may advocate for individuals in the community as well as contribute to the development of programs and opportunities for larger groups of persons.

Rehabilitation professionals continually monitor how they demonstrate respect when working with diverse populations in the community. Special attention must be given to the issues of informed consent, privacy, and clarifying the protection and limitations on confidentiality under the legislative requirements for the jurisdictions in which they are working.

### ***Health and Safety***

Ethical principles emphasize the constant commitment to serving the best interests of others respectfully and competently. However, practitioners, teachers and researchers also have rights to protect their own health and safety and not to be harmed by others.

Professionals are entitled to take necessary precautions to protect their own health and safety from the inappropriate actions of others and are obliged to follow the requirements of the Occupational Health and Safety legislation in the jurisdiction in which they are working.

## **ETHICAL STANDARDS FOR PRINCIPLE I**

In demonstrating the Principle of Respect for the Dignity and Autonomy of Persons, rehabilitation professionals will:

### ***General Respect***

I.1. This does not mean that the professional has to agree with the other person, but that the opinion of the other person is heard and considered.

I.1. Demonstrate appropriate respect for the knowledge, insight, experience, and areas of expertise of others with whom they are professionally involved.

### ***Non-Discrimination***

I.2 - I.3. Non-discriminatory behaviour that is to be avoided includes degrading comments or jokes in public statements, reports, or directly with other persons.

I.2. Not discriminate against clients, students, supervisees or others on the basis of their age, color, culture, disability, ethnicity, gender, religion, sexual orientation, marital status, or socioeconomic status.

I.3. Use language that conveys respect and addresses issues of differences in ways that are open and professional. Not make demeaning or disparaging remarks or jokes about clients, families, colleagues, or agencies. Refrain from harassment, coercion, and unwarranted promises.

I.4. The definition of respect is pertinent to cross-cultural work and the acceptance of persons from other cultures.

I.4. Demonstrate respect, acceptance and a willingness to understand different cultural beliefs that affect their professional activities. Respect for cultural differences may require culturally sensitive interpretations and adaptations in providing direct services, including assessment/testing, diagnosis, and interventions; in educational programs, instruction and supervision; in hiring and promotion of personnel; and in research and program evaluations.

I.5. Professionals have a responsibility to prevent or correct injustices perpetrated by others within the realm of their professional activities.

I.5. Act to prevent or correct practices that are unjustly discriminatory, and avoid or refuse to participate in practices that are disrespectful of the legal, civil, or moral rights of others. Not practice, condone, facilitate, or collaborate with any form of unjust discrimination.

### ***Vulnerabilities***

I.6. Because persons with disabilities have typically been marginalized in society they may require extra help in protecting their rights.

I.6. Take extra measures to protect the rights of persons with diminished autonomy or ability to protect their own rights because of their physical, mental or economic status lack of language, age, gender or other condition that contributes to vulnerability for discrimination, neglect or abuse. This may include identifying and working for full participation in society of persons with a disability and/or disadvantage.

## ***Community***

1.7. Promoting quality of life within the community is as important in rehabilitation as the physical measures that are taken to alleviate the effects of the disability.

1.7. Respect families of clients, social and workplace or school networks and enlist their support in achieving rehabilitation goals when the client agrees to such collaboration.

## ***Informed Consent***

1.8 - 1.13. Informed voluntary consent is one of the important tenets of ethical practice. Coercion is not consent either legally or morally. The conditions for informed consent and informed choices are described in some detail, primarily because of the ease with which they are not honored.

1.8. Honour the right of clients, students, research participants, and any other persons who are direct consumers of services to give fully informed and specific consent to their participation and to withdraw that consent when they wish. Inform consumers of any legitimate third party restrictions on these rights.

1.9 Take special care to protect the best interests of clients when working with minors or other persons who are unable to give voluntary, informed consent. When obtaining formal consent from legal guardians, when feasible, obtain assent as well from dependant persons.

## ***Informed Choices***

Professionals need to be vigilant in respecting the right of individuals to be informed and to make choices. Where consent from legal guardians is required it is important to obtain assent from legally dependent persons including minors.

1.10. Offer clients' options to make informed choices regarding rehabilitation plans and daily living procedures and fully explain confidentiality issues prior to obtaining formal consent. Informed consent should involve choices rather than consent to a single proposal.

1.11. Ensure that the person giving voluntary consent understands the information that a prudent person would wish to know, including what procedures are proposed, any risks that may be involved, and what financial arrangements are proposed.

1.12. Respect clients' rights to:

- (a) Expect confidentiality and to be informed of limitations, including disclosure to supervisors and treatment team professionals
- (b) Obtain clear information about their case records
- (c) Participate in the development and implementation of rehabilitation plans
- (d) Be informed of legal limitations or benefits
- (e) Refuse any recommended services
- (f) Be advised of the consequences of refusal.

1.13. Obtain informed consent for all direct services including assessment, interventions, release of client information, audio and videotaping, being observed, participating in public promotional programs, and participating in research.

1.14 Keep signed consent forms on file unless written consent is not considered appropriate for cultural or other reasons, in which case

1.14. Although normally consent forms should be

document what information was provided to the other persons and to what they

signed, there are times when this may not be appropriate, e.g., cultural differences or illiteracy.

I.15. Third parties, e.g., Workers' Compensation, insurance companies, or lawyers may require services of rehabilitation professionals that are not direct services to the persons with the disabilities. In these circumstances, limitations on freedom of consent, confidentiality, use of data, etc. must be fully communicated to the individual prior to service.

I.17 - I.19. The privacy of persons with disabilities is often ignored. Privacy can be protected by keeping personal information confidential, soliciting only that personal information that is relevant to providing services, and protecting privacy in residential living situations.

I.20 - I.23. Confidentiality is one of the most important, and often violated, principles in respecting others. For this reason the code provides considerable detail on ways of protecting confidentiality and on informing others on limitations on confidentiality.

have given consent.

I.15. Inform all parties of their ethical responsibilities and roles when employed by third parties for purposes other than direct client services, and especially ensure that individuals with a disability and/or disadvantage are aware of the limitations on their freedom of consent and protection of confidentiality.

I.16 Comply with relevant standards in conducting research regarding informed consent, protection of confidentiality, avoidance of risk, and temporary use of partial disclosure guidelines.

### ***Privacy***

I.17. Respect the right to privacy of clients, students, employees, colleagues, and others about whom information is obtained in the course of one's professional activities, and avoid unwarranted or illegal disclosures of information that is provided with the expectation of confidentiality.

I.18. Respect the privacy of individuals by soliciting only that personal information that is relevant to providing quality professional services.

I.19. Comply with provincial laws regarding freedom of information and protection of privacy.

### ***Confidentiality***

I.20. Inform others at the onset of services of the confidential nature of the relationship and of any limitations, or potential limitations.

I.21. Keep individuals informed on any limitations to maintaining confidentiality of personal information, such as, but not necessarily limited to:

- (a) Discussions with team members and supervisors, and consultation with other professionals, for the purpose for providing effective services.
- (b) Legal requirements such as reporting risk of neglect or abuse of children, response to subpoena or court order, or investigation of complaint by a regulatory body.
- (c) Actions to prevent clear, serious and imminent harm to self or others.
- (d) Compliance with local legal requirements to report contagious and fatal diseases.
- (e) Conditions of services contracted and paid for by third parties

(f) Limiting disclosure of information to third parties, to the extent possible, on a "need to know" basis. Information that is not relevant to the purpose of

disclosure is not disclosed.

I.22. Take additional measures to protect confidentiality such as:

- (a) Maintain, store, and dispose of records in ways that protect confidentiality including the use of computer technology and other electronic communication.
- (b) Arrange interview rooms, reception areas, and conference areas to protect confidentiality.
- (c) Ensure that employees, students, supervisees, clerical assistants, interpreters, personal care assistants, and volunteers who have access to personal client information are fully aware of their obligations to maintain confidentiality.
- (d) Ensure that members of family or group counseling are aware of the importance of confidentiality and are committed to maintain it.
- (e) Ensure that other agencies with which client information is shared have policies to effectively protect confidentiality.
- (f) Ensure that publication of research or position papers adequately protect the confidentiality of clients and research participants.
- (g) Ensure that current case studies, or audio or videotapes that are used for educational purposes, not only have client consent for their use, but also take adequate measures to protect the confidentiality of personal identity and information.

I.23. Ensure that clients are directly involved in sharing relevant information within the community especially when strict adherence to rules of confidentiality may be seen as barriers to obtaining effective community based support services.

#### ***Extended Responsibility***

I.24. Professionals sometimes deny responsibility for the ethical behaviour of subordinates and place blame on others. Responsibility of professionals must include those persons over whom they have supervisory authority. Professionals need to take care not to abuse the positions of power that they may hold.

I.24. Assume overall responsibility for the scientific and professional activities of their assistants, employees, supervisees, and students with regard to the Principle of Respect for Dignity and Autonomy of Persons.

## **PRINCIPLE II: Responsible Caring for the Best Interests of Persons**

### **VALUES STATEMENT**

#### *Description of Principle*

Responsible caring requires commitment in using knowledge, skills, and attitudes for the best interests of clients. Other codes may use parallel terms, e.g., competency, welfare of clients, best interest, beneficence, and nonmaleficence. Caring emphasizes positive relationships. Caring relationships are often seen as a basis for feminist ethics.

The Principle of Responsible Caring for the best interests of persons requires professionals actively to demonstrate a concern for the welfare of all individuals, groups, and communities with whom they interact professionally. Rehabilitation professionals are committed to the empowerment of persons with a disability and/or disadvantage so that they have equal opportunities for choices and quality of life within the communities in which they live. Rehabilitation professionals recognize that to achieve the full integration and acceptance of persons with a disability and/or disadvantage in society, services may include the enhancement of personal coping skills and local community collaboration to bring about improved accessibility through changes in political, legal, environmental and social structures. Challenges faced by persons with disabilities and/or disadvantages that are socially constructed require social solutions.

#### *Competence*

Competence requires self-awareness and self-monitoring to avoid being judgmental or taking control of power at the expense of others.

Rehabilitation professionals are committed to being competent in all their professional activities, because competence combined with caring is believed to be beneficial for recipients of services, and incompetence may result in no benefit or even harm. Core competency areas include, Interpersonal Relationships, Assessment, Interventions, Consultation, Ethics, Teaching, Supervision, Research/Program Evaluation, and Administration of Programs. Each of these areas has its own set of knowledge, skills, and attitudes. Competent professionals also have the necessary self-awareness of their own values, attitudes, experiences, and beliefs to respect the beliefs of others, to be non-judgmental, and to avoid imposing a single world-view on others. Rehabilitation professionals self-monitor their practice and take measures to ensure continuing competence.

Rehabilitation professionals need to discern potential benefit and harm, to maximize benefit and minimize harm. Rehabilitation professionals are aware of power differentials that result in discrimination, and they take care not to take control of power that rightfully belongs to others.

## **ETHICAL STANDARDS FOR PRINCIPLE II: RESPONSIBLE CARING FOR THE BEST INTERESTS OF PERSONS**

In demonstrating the Principle of Responsible Caring for the Best Interests of Persons rehabilitation professionals will:

### ***General Caring***

Professionals need to be alert to what they can do to correct harm while recognizing that some circumstances are beyond their scope of influence.

II.I. Protect and promote the welfare of persons with a disability and/or disadvantage, families, students, research participants, colleagues, and others; avoid doing harm; and make reasonable efforts to correct harm that has been done.

### ***Competence***

II.2 - II.5. In some aspects of the rehabilitation practice, there is a blurring between skills of a trained professional and those of a good friend or neighbor. One needs to be aware of one's professional skills and to keep them up-to-date with current developments.

II.2. Practice only within the boundaries of established competency, based on such criteria as education, training, supervised experience, professional credentials and appropriate professional experience.

II.3. Maintain knowledge of new developments and emerging areas of practice through such activities as reading, courses, professional meetings, peer consultation, supervision, and other continuing education activities.

II.4. Continually monitor rehabilitation plans to ensure continued viability and effectiveness, remembering that people have the right to make choices. Not place, or participate in placing, persons in positions that will harm either them or their employers.

II.5. Delegate activities only to persons who are competent to carry them out, continue practices only when they benefit others, continue to practice only when physical or psychological conditions do not impair their ability to benefit others, and refer to appropriate alternative services as needed.

### ***Self-Awareness and Self Care***

II.6 - II.9. Professional must be aware of conditions that may impair their own ability to provide competent services, and take appropriate action to protect clients. This code is one of a very few that explicitly legitimizes the self-care activities that will prevent impairment on the job.

II.6. Evaluate their own experiences, attitudes, culture, beliefs, values, social context, individual differences, and stresses that may influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others.

II.7. Engage in healthy self-care activities that help to avoid conditions, such as, addictions, and burnout, that could result in impaired judgment and interfere with their ability to benefit and not harm others.

II.8. Take measures to recognize professional and personal limitations, to balance one's professional and personal life activities, and to prevent excessive stress and impairment.

II.9. Recognize on a continuing basis their own needs, and refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance.

***Prevent Harm***

II.10 - II.12. Professionals need to be proactive in preventing harm and this consideration is for the actions of others as well as oneself. The commitment is aspirational in doing good rather than the minimum of doing nothing wrong.

II.10. Not assist individuals, families, groups, or communities to engage in self-destructive activities that would cause serious physical or psychological harm to themselves or others.

II.11. Do everything reasonably possible to stop or offset imminent serious harm resulting from the actions of clients either to themselves or others, including breaking confidentiality to protect others. Assess risk and if there is time consult. Appropriate action will vary with the circumstances, but could include seeking hospital admission, warning an intended victim or family, notifying the police.

II.12. Alert employers of rehabilitation professionals to working conditions that may potentially disrupt or damage their abilities to carry out their activities effectively or result in harm for persons with disabilities and/or disadvantages.

***Client and Community Collaboration***

II.13 - II.15. The community rehabilitation philosophy supports collaboration and cooperation to enable persons with disabilities to take their rightful place in the community.

II.13. Work jointly with clients to enhance their abilities and power in undertaking self-advocacy activities. Work jointly with clients to devise integrated; individualized rehabilitation plans consistent with their abilities and circumstances.

II.14. Work co-operatively with clients, team members, other professional disciplines, and community services as appropriate in serving the interests of clients. Participate in implementing collaborative decisions unless such decisions clearly violate the ethical principles and are likely to result in harm to others. Support your position with reasoned argument and in a respectful manner.

II.15. Respect the rights and reputation of any institution, organization, or firm with which they are associated when making oral or written statements. When the demands of an organization pose a conflict with the ethical principles, specify to responsible officials the nature of such conflicts, their commitment to their code of ethics, and their desire to effect change by constructive action within the organization.

### ***Electronic Communication***

Computer and communication technologies have developed more quickly than ethical guidelines for their use in serving persons with disabilities. Therefore, extra care must be taken to ensure that clients benefit and their rights are protected.

II.16. Ensure that in using electronic communications (e.g.; telephone, fax, e-mail, web sites) they address ethical issues of appropriateness and competency of service, consent, and confidentiality.

II.17. Ensure in using computer technologies with persons with disabilities and/or disadvantages those issues of competency, consent, confidentiality, and welfare of the client are adequately addressed.

Ensure that:

- (a) The client is intellectually, emotionally, and physically capable of using the computer application.
- (b) The computer application is appropriate for the needs of the client.
- (c) The client understands the purpose and operation of the computer applications.
- (d) A follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.
- (e) Accommodations are made for emergencies, technical failures, and times when the rehabilitation professional is unavailable.

II.18. Ensure that in using new computer technologies in distance education and supervision that legal issues, competency, consent, confidentiality, and the welfare of students and supervisors are adequately addressed.

### ***Formal Testing***

II.19 - II.20. Competency in formal testing and knowledge of human functioning is essential if test results are to be used for the benefit rather than harm. Testing in the past has been seductive with the promise of accurate measurement of human functioning, and abuses have occurred under the guise of scientific measurement.

II.19. Maintain competence in testing, assessment and diagnosis in order to maximize benefit and minimize harm, including a consideration of the validity, reliability, psychometric limitations and appropriateness of instruments when selecting tests for use in a given situation with a particular client. Keep information up-to-date.

II.20. Proceed with caution, and avoid over-interpretation, or generalization when evaluating the performances of people with a disability and/or disadvantage, minority group members, or other persons who are not represented in the standardized norm groups. Recognize the effects of socioeconomic, ethnic, disability, and cultural factors on test scores and report reservations about the test results. Ensure that computer or other electronic means for administering and interpreting tests function properly to provide accurate results.

### ***Record Keeping***

II.21 - II.23. There is basic information that is required for keeping client service records, although there is lack of consensus on matters of content, access, storage, retention, and use of electronic technology.

II.21. Maintain accurate records necessary for rendering professional services and as required by applicable laws, regulations, or agency/institution procedures.

- (a) Maintain strict measures to protect the confidentiality of client records.
- (b) If the record needs to be altered, preserve the original information and indicate the date of the change, who made the change, and the rationale for the change.

(c) Maintain files for the number of years required by the jurisdiction, or for a

Records should support the ability to provide continuity of care as well as provide accountability for services provided. Increasingly the criteria for client records in publicly supported services are being defined in legislation.

longer period if such records could reasonably be expected to be beneficial in providing future services to clients.

- (d) After that time, destroy records in a manner that assures confidentiality.
- (e) Avoid creation of duplicate client files.

II.22. Adhere at all times as employees and as private practitioners to the following minimum record-keeping standards:

- (a) Reason for referral
- (b) Written evaluation
- (c) Written agreements such as on-the-job training, training, release of client records, responsibilities.
- (d) Medical/ psychological reports
- (e) Correspondence between interested parties
- (f) Regulatory orders affecting or related to the client
- (g) Other interventions
- (h) Written closure report

II.23. Adhere to local laws regarding client access to personal records, recognizing that clients normally have legal access to their own records although the record itself is owned by the agency or the private practitioner.

#### ***Extended Responsibility***

II.24. Assume overall responsibility for the scientific and professional activities of their assistants, employees, supervisors, and students with regard to the Principle of Responsible Caring for the best interests of persons.

### **PRINCIPLE III: Integrity In Professional Relationships**

#### **VALUES STATEMENT**

##### ***Description of Principle***

Perceived and actual integrity in relationships is essential to maintain public trust in the profession. Dishonesty, deception, and conflict of interest must be avoided. Sometimes professionals have to negotiate among those who have competing interests. In making public presentations professionals need to differentiate between speaking as individual citizens and speaking as

The Principle of Integrity in Professional Relationships requires professionals to be honest, open, objective and accurate in all their professional activities. They avoid dishonesty, deception, bias, inaccuracy and conflict of interest. The individual characteristics, early socialization, worldview and beliefs of professionals influence the questions they ask and the assumptions, observations, and interpretations that they make about other people. Professionals are responsible for managing situations where conflicts arise between their own personal, political, or business interests and the interests of others. There may be significant differences in the perspectives of persons with a disability and/or disadvantage, their care providers, family members and/or guardians, and those who manage and fund programs. Self-knowledge, critical analysis and impartiality are essential to maintain integrity in relationships. Integrity in relationships is essential to maintain public trust that professionals act in the best interests of others.

a members of their profession.

#### **ETHICAL STANDARDS FOR PRINCIPLE III**

In demonstrating the Principle of Professional Integrity in Professional Relationships rehabilitation professionals will:

***Accuracy and Honesty***

III.1. Act honestly and openly in all professional relationships and not participate in, condone, or be associated with dishonesty, fraud, or misrepresentation.

III.2. Consult on a benefit/harm analysis of the scientific and human values before making any exceptions to completely honest communication, such as, to misinform, to disclose partially, or to delay disclosure. If information is withheld or distorted when perceived in the best interest of the client or in the interest of the research, provide full disclosure as soon as possible in order to respect others and to maintain public trust in the profession.

III.3. Accurately represent their own and their associates' qualifications, education, experience, competence, and affiliations in all spoken, written, or printed communications.

III.4. Refrain from using credentials in public announcements of rehabilitation services that are not pertinent to rehabilitation practice and may mislead the public. Do not use statements that could be misinterpreted, and correct misrepresentations that are made by others.

III.5. Accurately represents their activities, functions, and likely or actual outcomes of their work, and limitations of their work, in all spoken, written, and printed communication. This includes, but is not limited to reports to third parties, assessment reports, advertisements of services and products; course and workshop descriptions; academic grading requirements; and research and evaluation reports.

***Public Presentation***

III.6. Ensure when providing advice or comment by means of public lecture, radio or television programs, prerecorded tapes, printed articles, mailed materials, web-sites, e-mail, or other media that:

- (a) The statements are based on appropriate professional literature and practice
- (b) The statements are consistent with the professional code of ethics
- (c) The recipients of the information are not encouraged to believe that they are receiving professional advice on their personal problems.

III.7. Clarify when making public statements or when involved in public activities whether they are acting as private citizens, as members of specific organizations or groups, or as representatives of their profession.

III.8. Not use testimonials from clients or former clients who, because of their particular circumstances, may be vulnerable to undue influence.

III.9. Take credit in publications, presentations, and other venues only for the work and ideas that they have actually done or generated, and give credit for work done or ideas contributed by others (including clients, colleagues, and students) in proportion to their contribution.

***Objectivity / Lack of Bias***

III.10. Differentiate between facts, opinions, theories, hypotheses, and ideas, when communicating their knowledge, findings, and views. Acknowledge limitations of their knowledge, methods, findings, interventions, and views

III.11. Evaluate how their personal experiences, attitudes, values, social context, individual differences, and stress levels may influence their activities and integrate this awareness into all attempts to be objective and unbiased in their professional activities.

III.12. Produce objective evaluation findings that can be substantiated by the literature and the use of appropriate techniques. Define the limits of their reports or testimony and do not make professional recommendations about persons whom they have not assessed professionally.

III.13. Honour all promises and commitments included in any written or verbal agreement unless there are serious and unexpected circumstances. If such circumstances occur, make a full and honest explanation to other parties involved.

III.14. Provide accurate information in understandable language about the results of assessments, evaluations, or research findings to the persons involved, if appropriate and/or requested. Explain any restrictions on sharing information as part of the informed consent prior to initiating services.

#### *Avoid Conflict of Interest*

III.15 -III.16. There is controversy over the interpretation of dual and multiple relationships. In reality it is not possible to completely avoid dual or overlapping relationships and there may be circumstances where it is harmful to do so. However where multiple relationships exist professionals have increased responsibility that they are not exploitive or confusing for clients and that they do

not compromise professional competency and objectivity

III.17 - III.18. Sexual intimacy between professionals and clients is a common cause for disciplinary complaints and also one of the most damaging and exploitive types of misconduct. Sexual intimacy with former clients is not entirely prohibited but

III.15. Not exploit any relationship established as a professional to further personal, political, or business interests at the expense of the best interests of their clients, research participants, students, employers, or others. Avoid dual relationships that could impair professional judgment or increase the risk of harm to others, such as, relationships that are familial, social, financial, business, or close personal relationships with clients, employees, supervisors, students, research assistants.

III.16. Take precautions, (such as, consultation, supervision, informed consent, documentation), when a dual relationship cannot be avoided and may compromise professional objectivity not to exploit, or be perceived to exploit, the relationship for self-interest.

III.17. Not engage in any type of sexual intimacy with current clients, or provide direct services for any persons with whom they have had a prior sexual relationship.

III.18. Not engage in sexual intimacies with former clients unless considerable time has elapsed and they establish that such a relationship is not exploiting the trust and dependency of the previous relationship. Consider:

conditions are put forward for the protection of the former client from exploitation.

III.19. Examples are given of other types of conflicts of interest to be avoided. Consideration must be given to the potential of both short term and long term harm.

III.21. Some professionals are in private practice either individually or as director/member of an agency. Therefore ethical practices in handling remuneration are important. In addition, dilemmas arise when clients are in need of services but do not have the financial resources to pay.

III.22. Professionals in private practice or managers in private agencies are in a position to set and collect fees. These business matters must be handled in an ethical manner. Dilemmas also arise when clients are in need of services but do not have the financial resources to pay.

- (a) The amount of time that has elapsed since the professional relationship was terminated
- (b) The duration of the previous relationship
- (c) The circumstances of termination
- (d) Any potential adverse impact on the former client
- (e) Whether the professional suggested a sexual relationship after termination of the professional relationship.

III.19. Avoid conflicts of interest for financial gain or other personal benefits that may exploit or interfere with the exercise of sound professional judgment and skills. Such conflicts of interest may include, but are not limited to:

- (a) Soliciting clients from the agency where they are employed to their private practice
- (b) Taking advantage of trust or dependency to frighten clients into receiving services
- (c) Appropriating students' ideas, research or work
- (d) Using the resources of one's employing institution for purposes not agreed to
- (e) Securing or accepting significant financial or material benefit for activities which are already awarded by salary or other compensation
- (f) Prejudicing others against a colleague for reasons of personal gain
- (g) Or conducting personal counselling with students or supervisees over whom they hold administrative, teaching, or evaluative roles.

### ***Remuneration***

III.20. Discontinue service and refer if conflict of interest arises that may compromise their ability to provide competent services.

III.21. Establish reasonable fees for professional services considering the value of the services and the ability of clients to pay.

- (a) Maintain billing records that accurately reflect the services provided and the time engaged in the activity and that clearly identify who provided the service.
- (b) Neither give nor receive a commission or rebate or any other form of remuneration other than minimal token gifts for referral of clients for professional services.
- (c) Not accept for professional work a fee or any other form of remuneration from clients who are entitled to their services through

an institution or agency or other benefits structure, unless clients have been fully informed of the availability of services from other such sources.

III.22. Avoid where possible the acceptance of goods or services from clients in return for professional services because such arrangements create a potential for conflicts, exploitation, and distortion of the professional relationship. Participate in bartering:

- (a) Only if the relationship is not exploitive
- (b) Other alternatives for payment are not available
- (c) A clear written contract is established
- (d) Such arrangements are an accepted practice in the community.

### *Letters of Reference*

III.23. One is usually reluctant to write letters of reference that are not praise worthy. However, it is unethical to provide positive references for persons who are incompetent or unethical because they are likely to do harm to others and be a discredit to the profession. It is also honest.

III.23. Not initiate or support the candidacy of any person for certification or licensure with a professional association if the person is known to engage in unethical practices. Not endorse students or supervisees for certification, licensure, employment, or completion of academic training if they believe that they do not demonstrate the required competencies.

### *Reliance on the Profession*

III.24. Professional associations provide leadership in developing standards of practice for their members. They can also provide support and consultation on an individual basis.

III.24. Understand and abide by the ethical and practice standards of the profession. Do not advocate, sanction, participate in, and cause to be accomplished, or condone any act that is prohibited by the Code unless doing so would be seriously detrimental to the rights and well being of others. Consult with other professionals when faced with a difficult ethical dilemma. Co-operate with any committee authorized by the professional association to investigate or act upon an alleged violation.

III.25. Complaints against professionals should always be for the public good, and not for personal vindictiveness. Sometimes complaints processes are misused for personal gain.

III.25. When they believe that another professional is unethical in their practice, and their source of information is not confidential, attempt to resolve the issue informally if the misconduct is of a minor nature and/or appears to be due to a lack of sensitivity, knowledge, or experience. If the violation does not seem amenable to an informal solution, or is of a more serious nature, bring it to the attention of appropriate committees within the organization or the professional association. Initiate, participate in, or encourage the filing of ethics complaints only when they are warranted for the protection of the public, and never when the purpose is to harm another professional rather than to protect the public.

### *Extended Responsibility*

III.26. Assume overall responsibility for the scientific and professional activities of their assistants, students, supervisees, and employees with regard to the Principle of Integrity in Professional Relationships.

## **PRINCIPLE IV: Responsibility to Society**

### **VALUES STATEMENT**

#### *Description of Principle*

Rehabilitation professionals serve a broad range of needs for persons with disabilities. The handicaps faced by these persons are seen as socially constructed and not an inherent part of the

The Principle of Responsibility to Society requires that professionals demonstrate a concern for the welfare of all human beings in society. Responsibility with respect represents the upholding the established structures of society, while responsibility with vision represents working for the social changes that will benefit its citizens. Professionals may choose for themselves the most appropriate and beneficial use of their time and talents to help meet this collective responsibility. While laws normally take precedence over codes of

disability. Therefore, when societal attitudes or government policies violate notions of respect, caring and honesty for persons with disabilities, there is an ethical obligation to advocate for change.

ethics, in the absence of legal guidelines the ethical principles are binding. Professionals involved in social action activities continue to adhere to the ethical principles of their profession.

Many of the problems faced by persons with a disability and/or disadvantage and other minority populations are socially constructed and created by attitudes and policies in society that discriminate rather than by any inherent characteristics of the individuals. Persons with a disability and/or disadvantage are still among those least valued and most in need of empowerment. When social policy and societal attitudes seriously ignore or violate the ethical principles of respect, caring and honesty to the detriment of special populations, then professionals have a responsibility to be critical and to advocate for change to occur as quickly as possible.

There are multiple avenues for social action. A profession that maintains high standards for its members in practice, teaching and research is serving the interest of society. Knowledge may be used to influence social policy through public education, advocacy, and lobbying on local community levels, or at provincial, national, or international levels. Rehabilitation professionals also may assist persons with disabilities and/or disadvantages to work for change. Social change activities on a broad scale and community development on a local scale are needed in order to achieve a better quality of life for all citizens.

## **ETHICAL STANDARDS FOR PRINCIPLE IV:**

In demonstrating Responsibility to Society rehabilitation professionals will:

### ***Respect for Society***

Professionals are expected to respect the structure and customs of society that support civilized living. Professionals need to be reflective, consultative, focused and rational in identifying needs for social change and in planning strategies. In bringing about change through advocacy, one complies with the ethical principles of respect, caring and honesty. Constructive measures supercede destructive ones.

Abide by the laws and statutes in the legal jurisdiction in which they work, and respect and abide by prevailing community mores, social customs, and cultural expectations in their professional activities. Not participate in criminal activities.

Consult with colleagues if faced with an apparent conflict between abiding by a law or regulation and following an ethical principle, unless in an emergency, and seek consensus as to the most ethical course of action and the most responsible, knowledgeable, effective, and respectful way to carry it out.

### ***Development of Society***

V.3. Act to change those aspects of society that are detrimental or that discriminate against persons with a disability and/or a disadvantage.

IV.4. Act to promote choice, opportunity, elimination of discrimination and attitudinal barriers, and promote respect of diversity of persons receiving services.

IV.5. Exercise particular care when reporting the results of any work regarding vulnerable groups, in order to ensure that manipulation or discrimination of vulnerable persons does not occur.

IV.6. Not participate in employment practices that are inconsistent with the moral or legal standards regarding the treatment of public employees. Not condone practices that result in illegal or otherwise unjustifiable discrimination on any basis in hiring, promotion, or training.

IV.7. Contribute to the profession of rehabilitation and society's understanding of people with a disability and/or disadvantage, and human beings generally through a free pursuit and sharing of knowledge, unless such activity conflicts with other basic ethical requirements.

IV.9. Assist those who enter the profession by helping them to acquire a full understanding of the ethics, responsibilities, and needed competencies of their chosen area of practice, teaching or research.

IV.10. Participate in the process of critical self-evaluation of the profession's place in society and in the development and implementation of ways that help the profession to contribute to the betterment of society. Professionals in leadership positions have a special responsibility to support others to find constructive ways to contribute to society.

IV.11. Enter only those agreements that allow them to act in accordance with ethical principles and standards.

IV.12. Uphold the profession's responsibility to society by promoting the highest standards of the profession, complying with educational standards, and by supporting measures to maintain accountability.

*Extended Responsibility*

IV.13. Assume overall responsibility for the scientific and professional activities of their assistants, students, supervisees, and employees with regard to the principle of Responsibility to Society.

**ACKNOWLEDGEMENTS**

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In developing the Canadian Code of Ethics for Rehabilitation Professionals, CARP wishes to acknowledge the influence of other codes of ethics, namely:

Canadian Association of Rehabilitation Professionals (1995). Code of Ethics and Standards. Toronto, ON, Author

Commission for the Certification of Rehabilitation Counselors (2001). Code of Ethics for Rehabilitation Counselors. Rolling Meadows, Illinois, Author

Canadian Psychological Association (2000). Canadian Code of Ethics for Psychologists. Ottawa, ON, Author.

Feminist Therapist Institute (1999). Feminist Therapy Code of Ethics, Author: San Francisco

# Chapter 4

## Demonstrating the Ethical Decision Making Process

Sometimes ethical decision-making is easy and takes very little time, or answers are readily available by referring to the code of ethics. The dilemmas that are more difficult are those in which there are conflicting principles or conflicting interests of different parties. It is in the more complex situations that the ethical decision making steps are invaluable in arriving at the most respectful, caring and ethical decisions.

In this chapter, three vignettes are chosen to demonstrate an ethical decision making process. The vignettes represent different types of work situations, namely, third party interests, direct individual care, and interdisciplinary team services. In any problem-solving situation there may be more than one acceptable decision, it is important to know how and why one arrives at a particular decision in a particular context.

### **The First Ethical Dilemma**

You work for a private for-profit organization that provides vocational rehabilitation support to individuals who are experiencing adult on-set of disability and require assistance to return to work. As an outside service provider for WCB you have been working with John who suffered from a subtle brain injury as a result of a construction site accident. John has difficulty controlling violent outbursts and so has resorted to street drugs to “mellow him out”. He has also disclosed that he is spending time with drug traffickers. Your attempts to return him to suitable employment has been met with resistance so far, although you feel that you are the only positive influence in his life. WCB has decided to terminate services due to a lack of compliance and has notified you to cease your involvement with him immediately. You have been forbidden to contact John again to explain the circumstances, as a standard form letter will be sent to the client.

**Step 1.** Identification of the Individuals and Groups Potentially Affected by the Decision

- John
- Me
- WCB

**Step 2.** Identification of Ethically Troubling Issues and Practices, including the interests of persons who will be affected by the decisions, and the circumstances in which the dilemmas arose.

Note: These have been highlighted in chart.

## The Four Ethical Principles and the Respective Values and Standards

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<ol style="list-style-type: none"> <li>1. <b>General Respect</b> I.1 – General Respect</li> <li>2. Non-Discrimination I.1 – I.5</li> <li>3. Vulnerabilities I.6</li> <li>4. Community I.7</li> <li>5. Informed Consent I.8 – I.9</li> <li>6. Informed Choices I.10 – I.16</li> <li>7. Privacy I.17 – I.19</li> <li>8. Confidentiality I.20 – I.23</li> <li>9. <b>Extended Responsibility</b> 1.24 – Extended Responsibility</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>General Caring</b> II.1 – General Caring</li> <li>2. Competence II.6 – II.5</li> <li>3. Self-Awareness and Self Care II.6 – II.9</li> <li>4. <b>Prevent Harm</b> II.10 – Prevent Harm – II.12</li> <li>5. Client and Community Collaboration II.13 – II.15</li> <li>6. Electronic Communication II.16 – II.18</li> <li>7. Formal Testing II.19 – II.20</li> <li>8. Record Keeping II.21 – II.23</li> <li>9. <b>Extended Responsibility</b> II.24—Extended Responsibility</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Accuracy and Honesty</b> III.I – Accuracy and Honesty – III.5</li> <li>2. Public Representation III.6 – III.9</li> <li>3. Objectivity and Lack of Bias III.10 – III.14</li> <li>4. Avoid Conflict of Interest III.15 – III.20</li> <li>5. Remuneration III.21 – III.22</li> <li>6. Letters of reference III.23</li> <li>7. Reliance on the Profession III.24 – III.25</li> <li>8. <b>Extended Responsibility</b> III.26 – Extended Responsibility</li> </ol>	<ol style="list-style-type: none"> <li>1. Respect for Society IV.1 – IV.2</li> <li>2. Development of Society IV.3 – IV.12</li> <li>3. <b>Extended Responsibility</b> IV.13—Extended Responsibility</li> </ol>

**Step 3.** Consideration of How Personal Biases, Stresses or Self-interest May Influence the Development of Choices of Action

- I think I am important in John's life.... but maybe that is just my own perception; maybe John doesn't think so (and obviously neither does WCB); maybe I am overrating my impact in this situation
- I think it is respectful to let John know about this decision myself...this is just the way I treat people
- I want to explain to John why I will not be working with him anymore...not just for his sake, but to make me feel better too.... and part of this is to absolve myself of any blame for this decision
- I think John has potential....maybe I am not seeing the situation clearly
- Maybe John needs to be referred to an addictions program right now....maybe I am not providing him with the service he currently needs

**Step 4.** Development of Alternative Courses of Action (not necessary to do in isolation)

- a) Call John anyway and don't let WCB know
- b) Ask WCB if I can call John and give my rationale for this based on ethical professional behaviour standards, and also talk about the best service response for John right now
- c) Comply with WCB and don't call John
- d) Ask WCB to re-consider the decision to terminate

**Step 5.** Analyze the Likely Risks and Benefits of Each Course of Action on the Persons likely to be affected.

**Alternative A**

Call John anyway and don't let WCB know

- At least John will feel respected enough to deserve a phone call and explanation from me rather than just getting a form letter
- I will feel better that I have explained myself to John
- But, I might get into big trouble with WCB and risk future contracts with them
- And, that trouble might spill over onto John
- This won't help if John needs a different type of service (e.g., addictions program)

**Alternative B**

Ask WCB if I can call John and give ethical rationale

- If they say yes, then I can contact John (see Alternative A in terms of the benefits of this action)
- Gives me an opportunity to have a dialogue with WCB about professional ethics
- May be able to influence the WCB system to be more client-centred and ethical
- Also gives me an opportunity to have a dialogue with WCB about John...maybe he needs a referral to an addictions program right now
- But, if they say No, then I really can't call John (e.g., might have been better to call and just tell no one...then if caught, apologize later)
- At least I can put my opinions re future services for John in writing (my final report)

**Alternative C**

Comply with WCB and don't call John

- I stay in good standing with WCB
- John is left "out to dry" so to speak, with just a form letter to tell him about being terminated
- I feel badly about how John is treated and about my actions
- John might be missing out on essential services

**Alternative D**

Ask WCB to re-consider the decision to terminate

- Gives John more time to get engaged in the rehab process

- Gives me more time to work with John towards a more positive outcome
- Maybe I can “save” John
- But, WCB may be angry at me and terminate referrals, because they do not like their service providers acting as advocates (they are very clear about this)
- Maybe John doesn’t see me as being as helpful as I seem to think I am
- Maybe John needs a different type of service...e.g., a referral to an addictions program

**Step 6.** Choice of Course of Action, Individually or Collectively as deemed Appropriate to the situation, after conscientious application of Existing Principles, Values and Standards

**Choice: Alternative B**

**Ask WCB if I can call John and engage in a dialogue about his future**

- This action more clearly supports the values of:
  - General respect
  - General caring
  - Respect for society
  - Development of society
- This gives me a chance to have a dialogue with WCB about the ethics and values associated with termination procedures
- Hopefully this will lead to a more ethical and respectful response to John about what can happen next for him
- This also give me a chance to explore other alternatives for John with WCB (in terms of a referral upon termination)
- Perhaps, our dialogue will lead to positive changes within the WCB system and thus the “benefit to society” values are met

**Step 7.** Act, with an individual or collective commitment, to assume responsibility for the consequences of the action

- I think this is the most reasonable course of action, in terms of ethical practices and being in compliance with WCB at the same time

**Step 8.** Establish a plan to evaluate the results of the Course of Action, including responsibility for corrections of negative consequences, if any

- This action still relies heavily on the response from WCB...I will have to hope they see things my way!
- If they say no, I will have to consider what to do next at that time
- If WCB say No, that I will go to my professional association for support and guidance...in terms of whether I should call John anyway, and also if they can lobby WCB for me on the procedural issue here
- I also have the option to follow this issue further up the ladder with WCB, but would want the support of my professional association if I did this

**Step 9.** Evaluate the organizational systems in which the issue arose in order to identify and remedy the circumstances, which may facilitate and reward unethical practices

- Maybe I should outline in any contractual agreements I make with referring agents that our organization always works within professional Ethical Guidelines in terms of informing clients personally of any changes in status with us
- I could take this issue to the WCB ethics department (or have my professional association do so) to start a dialogue about ethical practices
- I could use this as a vignette for teaching ethics to others in my organization and in the field

## **The Second Ethical Dilemma**

Tyler is a residential support worker with three young dependent handicapped men. All three men are non-verbal, ambulatory and require assistance with ADL routines. Neither Tom, Norman nor Justin uses the toilet independently. The staff routinely helps them use the toilet every 3-4 hours. The management of the agency has decided to hire a consultant/researcher to look at ways to cut costs. His report recommends as a first step, to further develop the clients self-help skills, and thus free up support staff's time. He develops a toilet training program based on the research literature, which advocates an aversive intervention program. Management sees this as a cost saving measure and agrees. Management indicates to employees that any lack of co-operation on their part may result in termination, and they have hinted to the guardians that if they are not satisfied they are welcome to look elsewhere for services. Tyler believes that no consent is being obtained for these procedures and that the aversive procedures will be very harmful to the residents. What should he do?

**Step 1.** Identification of the Individuals and Groups Potentially Affected by the Decision

- Tyler, the residential support worker
- Tom, Norman, & Justin (clients)
- Tyler's colleagues in the home
- Management

**Step 2.** Identification of Ethically Troubling Issues and Practices, Including the interests of persons who will be affected by the decisions, and the circumstances in which the dilemmas arose.

Note: These have been highlighted in chart.

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**Step 3.** Consideration of How Personal Biases, Stresses or Self-interest May Influence the Development of Choices of Action

- I believe clients have a right to be involved in decisions impacting their quality of life
- I believe the client’s guardians are not getting all the information in order to make an informed choice
- I may not be aware of other potential toileting techniques that could be used that are not aversive

**Step 4.** Development of Alternative Courses of Action (not necessary to do in isolation)

- a) I could resign and leave the situation
- b) I could research and present management with alternative toileting programs that are non-aversive other ways that our clients may become independent, thus saving money
- c) I could approach the client's guardians with my concerns
- d) I could approach management and share my concerns

**Step 5.** Analyze the Likely Risks and Benefits of Each Course of Action on the Persons likely to be affected

**Alternative A**

- This would be an easy way out but I could not live with myself without at least trying to resolve the issues. I would violate my code of ethics and my own personal values that helped me to get into this field in the first place
- I am supposed to be an advocate for my clients.
- I would not be showing much team spirit for my colleagues
- Management would be getting off easy by not having to deal with conflict

**Alternative B**

- Presenting alternative, non-aversive toileting programs may be an avenue for management to reconsider their choices
- Presenting other ideas that I and my colleagues have generated for ways for our clients to become more independent and that will also assist management
- Following this course of action would be more suited to advocating for the clients

**Alternative C**

- Going to the client's guardians is valid but only with a plan of action.
- I risk the wrath of management and a possible firing if I have not gotten their permission to do so
- Although the guardians, just like the clients have the right to all the information before making an informed decision I may not be able to share this with them if I do not get management to see the value of it

**Alternative D**

- I believe that this alternative would be tied into Alternative B, once I had all my information
- Just going to management to whine about them not going ahead with this plan would not be constructive and probably very futile

**Step 6.** Choice of Course of Action, Individually or Collectively as deemed Appropriate to the situation, after conscientious application of Existing Principles, Values and Standards

**Alternative B**

Research alternatives, non-aversive toileting programs and explore other areas to increase the client's independence with their input, present this to management for consideration

- This alternative supports the values of:
- Non-Discrimination I.5
- Vulnerabilities
- Community
- Informed Choices
- General Caring
- Competence III.4
- Prevent Harm II.2
- Client and Community Collaboration III.13 & III.15

- This alternative gives everyone an opportunity to explore and consider all options before making any final decisions
- It provides an opportunity for dialogue with the client's guardians and management in determining whether the philosophy of the agency has changed and whether or not the clients remaining at this residence will be long term. This may lend itself to the Ethical principle of Development of Society

**Step 7.** Act, with an individual or collective commitment, to assume responsibility for the consequences of the action

- I feel this is the course of action that I will take in presenting alternative options that are more respectful and more in advocating for my client's rights.

**Step 8.** Establish a plan to evaluate the results of the Course of Action, including responsibility for corrections of negative consequences, if any

- I do not know what management's decision will be. If they have already made up their mind on their course of action I will reconsider my next step
- If the answer is no, I would outline in a letter to management my concerns and why I would no longer be able to work for this agency. I would probably send a copy of the letter to the client's guardians.

**Step 9.** Evaluate the organizational systems in which the issue arose in order to identify and remedy the circumstances, which may facilitate and reward unethical practices

- For future employment I will research the agency's philosophy carefully to attempt to ensure that I was not placed in this ethical situation again

## **Introduction to The Third Ethical Dilemma**

Ethical dilemmas occur throughout the myriad of workplace environments in which rehabilitation professionals are providing service. Often the rehabilitation professional is working as a member of a multi-disciplinary team in which some members may not aspire to an identified code of ethical practice. Members of multidisciplinary teams may serve clients who are in such clinical settings as hospitals, rehabilitation facilities, outpatient medical centres, outpatient medical centres, long-term care centres, physical/occupational therapy centres, and in such community settings as private homes, schools, workplaces, spiritual centres. The challenge for team members is to establish who is responsible and accountable for specific aspects of services.

Team members in each environment may include individuals who will have contact with the client in the clinical and the community based setting. The challenge for the team members is to establish who is responsible and accountable for completion of support and services. Unfortunately there is not a well-established process in order to achieve this. As a result, ethical dilemmas often arise. Resolution of these dilemmas is becoming increasingly complex.

## The Third Ethical Dilemma

You are a community-based rehabilitation professional of a multi-disciplinary community/clinical based team that meets initially in a clinical setting. The objective of the team is to provide transition services for Sonia who is planning on moving to an independent living situation within a community setting. Sonia is 23 years old and had attained a college diploma in recreation therapy prior to sustaining an injury that resulted in multiple physical disabilities. The goal is to facilitate transition from the clinical environment to the community. It is established that the Sonia will require various human and mechanical supports on a daily basis in order to live independently. In order to assist Sonia in establishing a routine that allows her the highest functional independence it is decided to “trial” the plan for a two-week period in a clinical setting. This works well until the weekend arrives and there is not enough clinical staff available to proceed with the plan. Note – typically on weekends patients in the clinical setting are left to sleep in and are often assisted to return to bed early in the evening. This is not something that Sonia likes, however due to short staffing on weekends she has resigned herself to the situation while she is living in a clinical setting.

The community-based workers are not permitted to provide services in the hospital setting. You believe that Sonia needs to be able to plan/experience the full week, Monday – Sunday as it is an integral part of preparing Sonia to live independently in the community. You are committed to the plan, as you are well aware that services on weekends in the community differ than the services available on the weekend in the clinical setting. The clinical staff has advised you that it is not possible to proceed with the plan over the weekend because the hospital’s liability insurance does not cover non-hospital staff such as the community based workers who wish to come in.

**Step 1.** Identification of the individuals and groups potentially affected by the decision

- Sonia
- Community based team members
- Clinical based team members

**Step 2.** Identification of Ethically Troubling Issues and Practices, Including the interests of persons who will be affected by the decisions, and the circumstances in which the dilemma arose.

Note: These have been highlighted in the chart.

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**Step 3.** Consider how your personal biases, stresses, or self-interest may influence the development of choices of action

- I think it is important that Sonia is given the opportunity to identify issues and resolve them in collaboration with a clinical/community-based team
- I have a close friend for whom it took two years of negotiation in order to live independently in a community setting. He never did get the opportunity to practice management of the community-based team in the clinical setting
- I own a private practice community-based rehabilitation company that is paid to develop strategic plans to move individuals from clinical to community settings

**Step 4.** Develop alternative courses of action remembering that you do not have to do this alone.

- a) Co-ordinate the community based team and go into the hospital anyway on the weekend
- b) Respect the hospital policy and develop scenarios as they may arise on weekends and role play with Sonia how she would manage them;
- c) Ask if the hospital can “request” staff members to change/add to the shift pattern to allow for the two weekends in questions to be covered by appropriate staff;
- d) Request specialized funding to offset wages for the necessary clinical staff to be available during the two weekends required.

**Step 5.** Analyze the likely risks and benefits of each course of action on the persons likely to be affected.

**Alternative A**

Co-ordinate the community based team and go into the hospital anyway on the weekend.

- Sonia will benefit from being able to work through the weekend with her community based team in place;
- Community team members may be advised that they are not welcome in the hospital;
- Community team members may be reported their respective professional organizations;
- Sonia may be put into harms way as the community based staff is likely not to be aware of the appropriate procedures should an emergency occur.

**Alternative B**

Respect the hospital policy and develop scenarios as they may arise on weekends and role-play with Sonia how she would manage them.

- Role Play is not like Real Life;
- The quick decision making that is required in some situations is pre-determined due to the nature of the role play, unless significant thought and time has gone into the planning of the Role Play scenario;
- Community based team maintains good relationships with the hospital.

**Alternative C**

Ask if the hospital can “request” staff members to change/add to the shift pattern to allow for the two weekends in questions to be covered by appropriate staff.

- Hospital staff may feel “obligated” and this may incur hard feelings throughout the community and hospital based teams and in turn significantly effect Sonia;
- All goes well and Sonia has the opportunity to experience Monday-Sunday and the challenges associated to each day.

**Alternative D**

Request specialized funding to offset wages for the necessary clinical staff to be available during the two weekends required.

- All members of the community and hospital based team are able to fulfill their respective roles in completing the plan to allow Sonia the highest degree of opportunity for problem solving;
- Hospital is over-budget and services to others are reduced.

**Step 6.** Choice of Course of Action, individually or collectively as deemed appropriate to the situation, after conscientious application of existing principles, values and standards.

**Choice: Alternative C**

Ask if the hospital can “request” staff members to change/add to the shift pattern to allow for the two weekends in questions to be covered by appropriate.

- This action supports the values of:
  - General Respect
  - General Caring
  - Extended Responsibility
  - Respect for Society
  - Development of Society
  - Prevent Harm
- It gives Sonia the opportunity to work with staff members who may not be happy with working on the traditional weekend;
- It allows for the clinical and community based team to problem solve for future patients who are planning on moving to independent living
- It gives me the opportunity to feel confident in Sonia’s abilities to problem solve throughout the complete week.

**Step 7.** Act, with an individual or collective commitment, to assume responsibility for the consequences of the action.

- I believe the plan in place allows Sonia the greatest opportunity to practice her abilities in self-management of her community based team, hence meeting my key ethical criteria. Unfortunately some hospital staff members may feel obliged to change their shifts.

**Step 9.** Establish a plan to evaluate the results of the course of action, including responsibility for corrections of negative consequences if any.

- This course of action allows Sonia to experience various components of living independently in the community throughout the week, unfortunately until she is actually living in the community, it will need to be recognized that it is still a clinical setting.
- Should the clinical staff take exception to plan of action to go ahead over the weekend, Sonia will still need to interact with them on a day-to-day basis, which may be difficult if the clinical staff takes the decision personally and they then transfer their negative feelings to Sonia.
- If clinical staff member’s actions do negatively impact on Sonia then I will need to address this through the various systems available through the hospital hierarchy and then if not successful there, in the community. Note: Contact with my professional organization would be crucial in ensuring my actions don’t negatively impact on Sonia, nor individuals who may be wanting to move from a clinical setting to a community based setting in the future.

**Step 10.** Evaluate the organizational systems in which the issue arose in order to identify and remedy the circumstances, which may facilitate and reward unethical practices.

- It would be beneficial to review with the clinical/community based team members the ethical considerations that need to be taken into consideration when working with vulnerable populations;
- It would be beneficial to develop vignettes to use as professional development for the community/clinical team members.

## *Chapter 5*

### **Vignettes of Ethical Dilemmas**

The following vignettes of ethical dilemmas demonstrate the wide range of situations in which the rehabilitation professionals may need to decide how to respond. These examples can be used to increase one's sensitivity to ethical issues and to enhance one's decision-making skills. Practicing rehabilitation professionals from across Canada have provided the situations and the details have been modified in order to protect the anonymity of individuals.

1. Betty is a 25-year-old woman with a disability who lives in a supported living situation and sees a rehabilitation career counsellor within the same agency. She has been seeing the same boyfriend for the past two years. Betty and David have been sexually active and Betty is now 6 months pregnant. Betty's mother asks to see the rehabilitation counsellor and wants advice on Betty's current condition. The rehabilitation counsellor thinks that Betty's mother means her part-time job and the effect on her pregnancy. When she arrives at the office she wants to talk about having the rehabilitation counsellor help her to prevent Betty marrying David and to seek help in convincing Betty to obtain sterilization after the birth of this child. What should the counsellor do?
2. Charles works for a private consulting firm that provides case management services for insurers supporting individuals who have sustained brain injuries. Charles has, on his caseload a young child, Michael, who has sustained a moderate brain injury as a result of a motor vehicle accident. Charles has been asked to coordinate services for Michael to ensure that his special needs are met. The single parent father has become verbally aggressive in conversations with Charles and is noncompliant in following through on medical appointments and other services required for Michael. All attempts to meet the family in the home environment to assess the situation have been thwarted. Charles is very suspicious that the father is physically abusing his child. What should he do?
3. Well-Come Support Services" is a small town company that provides case management services to individuals who have sustained workplace injury/illness. In addition, the company provides education and training to staff that is implementing disability management services. Mary-Lou Jeffries is the owner-operator of the company. As an independent service provider Mary-Lou contracts or sub-contracts some of her work to other organizations. Well-Come Support Services have also been involved in providing an overview of recommendations on reports submitted for catastrophic loss injury for plaintiff counsel. In accessing certain personal services in the community that have been identified in these reports, Mary-Lou has been offered "special rates". While nothing has been said directly about expectations regarding the routing of referrals in return, Mary-Lou is aware that this is the likely intent. What should Mary-Lou do?
4. Marnie works in a group home for developmentally disabled adults. She used to be inspired by the vision of helping to empower the residents to live independently in the community. She was encouraged to be true friend and share her family and home on special occasions. Now she feels exhausted, guilty and stressed out. The residents do not respond as well as she expected. She feels unappreciated by her employer, who pays poorly, provides no job security, is inconsiderate in assigning shift hours, and seems to demand better outcomes to prove that they are doing a good job. She feels that she is failing to do enough for the disadvantaged people, is failing to please the employer, and is also failing to give enough time to her own family. No matter what choices she makes she will be selfish and neglectful of people who need her, or in other words a failure! What is the ethical dilemma for Marnie, for her employer, for a stress management counsellor?

5. As a private consultant Mary Money assesses and coordinates rehabilitation services for individuals following motor vehicle accidents. Mary provides comprehensive, impartial rehabilitation assessments for plaintiff counsel for those injured in motor vehicle accidents. One of Mary's clients is John, a 34-year-old male who sustained soft tissue injuries to the lumbar region. In her report, Mary advises John's lawyer that with specific short-term rehabilitation goals, the medical documentation supports a quick recovery and return to work to his pre-accident employment. Plaintiff counsel is not happy with Mary's findings and asks her to change the recommendations slightly so that the John may benefit in litigation. The lawyer also hints that there will be lots more work coming Mary's way. How can this dilemma be resolved?
6. Susan has been coaching Alice in parenting skills with a mentally and physically disabled four-year-old boy, and both are pleased with the progress that she is making. Suddenly Alice calls Susan, very distraught. The day care centre where she has been volunteering says that she cannot help any more and that she must leave promptly when she comes to deliver or pick up her son. The day care operator seemed upset and when pressed for a reason, said that a social worker told her that the centre would be closed down if Alice had contact with any of the children since it would be considered dangerous and neglectful. In trying to get more information from Alice, Susan learns that Alice's former husband sexually abused the older daughters. Alice's extended family convinced her that she could not care for the children alone, so the other children went to live with relatives. The disabled boy stayed with his mother because no one else wanted him. Susan thinks that Alice's increasing social skills and self-confidence are being shattered for no good reason. What should she do?
7. Delia works for an insurance company as a case manager who reviews and coordinates vocational rehabilitation services for claimants who are in receipt of both short and long term disability benefits. The majority of the direct work with the claimant is outsourced to outside agencies. Delia has been having some difficulty with a claimant and that claimant's physician. The physician is giving medical information to the vocational rehabilitation consultant hired to provide the services and telling the Vocational Rehabilitation consultant what information can or can not be released to Delia as the contractor of service. Consequently, important medical information is being left out of the rehabilitation report that may have serious implications for the claimant's rehabilitation process. Delia is uncertain how to proceed. What should she do?
8. Allan is a 49-year-old gentleman, with a mild mental handicap who had always lived at home with his parents until recently. Two years ago he moved into a group living situation with one agency and began a one-to-one, 6-hour a day support program with another agency. He was busy going to a senior's choir, volunteering at meals on wheels, bowling, going to the library and having a complete meaningful day. After 18 months, Allan and his day support worker decided that Allan would enjoy working with someone. Sara, a woman in her mid 40s, with a mild mental handicap joined them 3 days a week. A great friendship began to develop between Sara and Allan. They enjoyed volunteering and chatting as they assembled servings for meals on wheels. Allan's mother had a lot of difficulty with understanding that Allan's whereabouts could not always be pinned down. Allan's mother would call his social worker saying she wanted Allan in a sheltered workshop so she would know where he was in the day. She never felt he could accomplish much when not in a highly structured surroundings. The social worker put Allan's name on waiting lists and during the summer a placement became available. Allan's social worker and mother made the final arrangements for Allan to begin at the sheltered workshop the following month. They gave his day support agency notice and told Allan to say good-bye to everyone at his volunteer placements. What should the support worker do?
9. Tarkan is an independent rehabilitation counsellor providing future care cost analysis reports for legal defense. He also facilitates return to work programs for individuals on short and long-term disability. One of Tarkan's newer clients, Adam, has become verbally abusive with him, refusing services that have been requested through the Long Term Disability (LTD) carrier. The insurer

was adamant that Tarkan meet with Adam. However, Tarkan has been frightened by Adam and is concerned for his safety and well-being. How should he deal with this situation?

10. Suzanne is rehabilitation counsellor with a private company that does third party work with insurance companies and legal firms. Suzanne is approached by Mr. Smith to assist him with a rehabilitation plan as he has suffered a mild brain injury as the result of a motor vehicle accident. Mr. Smith has retained legal counsel who has agreed to allow Suzanne to work with his client so long as the third party insurer agrees to pay for Suzanne's rehabilitation services. Several months later the client becomes disillusioned with Suzanne and she reports that she is submitting to the insurance company. He terminates her services. She notifies the insurance company, which in turn asks Suzanne to continue working on the file for them on a consultative basis. Suzanne is in a dilemma what she should do.
11. Over 200 individuals receive vocational evaluation and planning services at "Line-M-Up Resources" a non-profit provincial training centre. Referrals to the centre come from a variety of sources, including schools, Workers' Compensation Board (WCB), mental health, and the government insurance company. Referred individuals most often are experiencing intellectual disabilities, acquired brain injuries, mental illness, and learning disabilities. The centre is contemplating connecting with a new referral source that seeks resources for sexual offenders who have served their time and are now trying to re-enter society. Rightway Jones is a manager at Line-M-Up who has been assigned the task of developing a strategy for balancing the rights of these potential new referrals while maintaining the safety of the current clients who he considers to be extremely vulnerable. How should Rightway handle this challenge?
12. Sarah is a psychologist who has been consulting to a residential agency that provides accommodation to eight dependent handicapped adults. She has a contract to consult to the agency's staff for sixteen hours a month, in the evening. The director of the agency calls her to ask if she can come to the group home in the afternoon instead because the clients are now at the home in the daytime. The director has cancelled all day programs for the clients and will offer "in-house" activities instead. Because it was so difficult relying on transportation systems to get the clients back and forth to their day program the agency decided to provide its own programs. Sarah is upset because she believes that the group home may become very institutional in its services for these consumers. How strongly should she advocate against this move, especially since it may mean the end of her contract? How many options does she have for coping with this development? What ethical principles are involved?
13. Janice Starr works as an independent community based rehabilitation therapist. Her clientele are adults with acquired brain injuries. She assists them in developing compensatory cognitive strategies, learning how to access community resources, and provides them with affective counselling and the acquisition of vocational re-entry skills. Janice has been providing intensive one to one services to Ginger, a client at a local rehabilitation agency that contracted with her to provide this service. Ginger, supported by her family, decided to leave the rehabilitation agency and asked that Janice provide the one to one services on a private basis rather than under the auspices of the agency. Janice has agreed as she feels she developed an excellent working relationship with Ginger over a period of 8 months and feels strongly that it is in Ginger's best interests to continue therapy with her. When he found out, however, Reg, the director of the rehabilitation agency becomes incensed and accuses Janice of "stealing" the client. How should this be addressed?
14. The agency Habib works for provides career counselling to assist individuals who have psychiatric disabilities develop return to work plans and obtain job placements. Currently, Habib is working with an individual (Angelo) who is an identified pedophile. Although Habib has had his own moral struggles while working to re-integrate an individual with these problems, he is sensitive to the complex confidentiality issues in disclosing this information to potential employers. By way of compromise, Habib goes out of his way to ensure that the job placement he secures for Angelo presents no opportunities for interaction with children but he still wonders if the employer has the right to know of Angelo's tendencies. How would you advise Habib?

15. Merky Waters works as a rehabilitation consultant for a private for-profit company where he completes disability assessments, provides case management of Short Term Disability (STD) and Long Term Disability (LTD) files and assists clients with return to work programs. An employer, Bert's Best Bites has retained Merky's services to assess the status of one of their employees, Freddy, who is on LTD for a very debilitating psychiatric illness. During Merky's initial visit with him, Freddy discloses that he is planning to go to BBB's and shoot some people. Merky takes this threat very seriously and first tries to contact the treating physician. However, it happens to be Friday afternoon and Merky is told that it is impossible to reach the physician before Monday morning. Merky then arranges a meeting with Bert because he is convinced that he must let the employer know of Freddy's comment. Upon hearing this news, Bert immediately takes action and deactivates Freddy's access card. However, Bert chooses not to call the police and aggravate the situation any further but opts to wait until Monday when the physician can be contacted for further direction. Subsequently, the physician sees Freddy on Monday, assesses him as being in the midst of a severe psychotic episode and admits him to hospital. Merky's relief at hearing this is short-lived, however, as when he returns to the office, his supervisor informs him that he did not have the right to tell Bert of Freddy's comment. The supervisor maintains that Merky's responsibility was simply to have left a message for the physician and let the physician handle the situation. Who is right in this situation and why?
16. Hope provides vocational rehabilitation services to individuals on Short Term Disability (STD) and Long Term Disability (LTD) disability benefits. As the independent contractor retained by the insurance company her role is to meet with the claimants and develop a rehabilitation plan that includes the client's input but also stays within the boundaries of the insurance carrier's policy obligations. An assertive client, Stan Dup, informs Hope that he wants a copy of the rehabilitation report and any subsequent medical information Hope acquires. Stan asserts that since this information concerns him, it is his right to see it. The insurance representative, however, is adamant that the report belongs to the company and they will dictate whether or not the client receives a copy. Hope is confused about whom the report rightfully belongs to and how the issue of confidentiality should be addressed. How would you advise her?
17. A rehabilitation counsellor, Arnold Cooper provides vocational rehabilitation services to individuals with spinal cord injuries. One particular client of Arnold's, Jason, a quadriplegic, has great potential to be a public speaker/advocate for a road safety program developed by the government automobile insurance agency. Jason receives benefits from the Canada Pension Plan (CPP) and the same government automobile insurance agency that developed the road safety program. Jason is concerned that he will gradually lose his benefits if he is too successful as a public speaker. Both insurers have policies in place that require the systematic decreasing of insurance benefits over a period of six months once one has a stable, predictable income. Neither insurer would consider an incentive plan to reduce his benefits, dollar for dollar for every dollar earned until a balance was found that ensured that he could maintain both employment and insurance benefits over the long term. The bottom line became that if Jason succeeded at his job over a six-month period, he would lose both benefits and would not be eligible to re-apply unless he could demonstrate that his health status had further declined. In the end, Jason decides to work as a volunteer rather than risk losing his benefits. Arnold feels caught between wanting to provide ethical services and having to cope with the systemic barriers associated with assisting clients back to work. What should Arnold do?
18. Earnest has been enjoying his new job at a privately owned for-profit rehabilitation agency and likes the clientele he gets to work with. One day, quite by accident, however, he discovers that it is standard practice to "over bill" or add additional travel time and mileage to invoices associated with Long Term Disability (LTD) insurance claims. To make matters worse, Earnest also finds out that several colleagues deliberately seek out insurance files that are outside the agency's district, knowing that they will be able only to see the clients infrequently. After losing several nights' sleep over the issue, Earnest decides to discuss these issues with the agency Director. During their meeting, he further points out that, in the case of the clients who reside outside the agency's jurisdiction, a local professional in their own community would likely be able to provide

better service. Earnest is crushed when the Director tells him to keep his opinions to himself and curtly advises him to “just do your job”. How would you advise Earnest?

19. Clients Hester works with are receiving social assistance. Her employing agency is considered a resource to assist these individuals to find employment and become independent of public assistance. Agency policy requires that each client be asked to sign a Release of Information form giving Hester permission to speak, not only with the caseworker but also with other people who may have the potential to assist in this task (social workers, past employers, employee references etc). One new client, Maddy, refused to sign the Release of Information form. However Hester did not worry about this “paperwork” issue and continued to work with her anyway. After a few months, Maddy’s social worker called to obtain an update on her progress. Because Maddy had not signed the Release of Information form Hester was unable to talk to the social worker. To complicate matters further Hester had, by now, begun to suspect that Maddy was involved in illegal activities while collecting social assistance. She even guessed that this was a factor in Maddy’s adamant refusal to sign the Release of Information form and, in this way, effectively ensure that Hester did not share information with anyone. What ought Hester to do?