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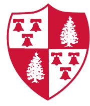

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Ethical Issues in Rehabilitation Counselor Supervision and the New 2010 Code of Ethics

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Abstract

The 2010 revision of the *Code of Professional Ethics for Rehabilitation Counselors* addresses changes in ethical standards related to rehabilitation counselor supervision. In an effort to promote awareness of these changes, this article offers a brief overview of the revisions and implications for practice including the responsibility of supervisors to actively engage in and support professional development activities.

Keywords

ethics, supervision, rehabilitation counseling

The new *Code of Professional Ethics for Rehabilitation Counselors* (Commission on Rehabilitation Counselor Certification [CRCC], 2010), hereafter referred to as the Code, outlines ethical issues about supervisory relationships and supervision practices, including issues surrounding the welfare of both clients and supervisees. The wording in the new Code referring to "rehabilitation counselor supervisors" does not differentiate among academic, field placement, and practice settings. Few articles have been written regarding ethics in rehabilitation counselor supervision (e.g., Blackwell, Strohmer, Belcas, & Burton, 2002; Tarvydas, 1995). This topic, however, is becoming more significant as the importance of clinical supervision in rehabilitation counseling emerges (Schultz, Ososkie, Fried, Nelson, & Bardos, 2002).

Rehabilitation counselor supervisors are required to attend to a variety of roles, tasks, and responsibilities, which may conflict with one another. At the basic level, however, regardless of work setting, supervisors are responsible for both the professional growth of their supervisees and the welfare of the clients being served, with the highest priority on client welfare. At times, supervisors may find themselves juggling these responsibilities along with the interests of either their employer or the employers of their supervisees. Because of this, supervisors must have a solid understanding of not only effective rehabilitation counseling practices but also the complex ethical issues that often arise in relation to the activities of their supervisees and to their own roles as supervisors (Blackwell et al., 2002). The new Code provides guidance to rehabilitation counselor supervisors as they traverse these various ethical responsibilities.

As noted by Blackwell et al. (2002), before the 2002 CRCC Code, rehabilitation counselor supervisors had few resources available to them pertaining to ethical issues in supervision. The Association for Counselor Education and Supervision (ACES), in its 1993 *Ethical Guidelines for Counseling Supervisors*, did offer guidance to counselors who were also providing supervision. At that time, however, the majority of the members of ACES included counselor educators and therefore would have access to those guidelines, leaving little guidance for rehabilitation counselor supervisors who were not academically based. This changed with the 2002 Code, which included several standards that spoke to responsibilities of rehabilitation counselor supervisors. The 2010 Code expands on the information from the 2002 edition and presents this information in a newly structured section (Section H: Teaching, Supervision, and Training). In addition to a greater number of subsections (as compared to the corresponding Section G of the 2002 Code), helping readers more easily find information on specific topics, there is also greater differentiation between responsibilities related to working with students in rehabilitation counseling programs and those related to both academic and non- or postacademic

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supervision, separate from the other ethical issues faced by rehabilitation counselor educators.

In this article, we provide a summary of the new provisions for rehabilitation counselor supervisors. We begin by providing a definition of supervision, followed by an overview of key changes in the Code. Within each of these areas, we offer implications for the day-to-day practice of supervision.

Supervision

Supervision is a distinct professional activity in which a more senior member of a profession monitors and evaluates the services provided by a trainee (student or postacademic counselor) with the goal of enhancing the trainee's proficiency while also safeguarding client welfare, the profession, and the greater society (Bernard & Goodyear, 2009; Falender & Shafranske, 2004). Supervision involves a formal relationship with the goal of facilitating knowledge and skill development of the supervisee. In most rehabilitation practice settings the supervisor plays a dual role—clinical and administrative supervisor. Clinical supervision often refers to "supervision that promotes supervisee development, the maintenance of counseling or psychotherapy skills, or both, in the counseling relationship, client welfare, clinical assessment and intervention approaches, clinical skills and prognosis" (Tromski-Klingshirn & Davis, 2007, p. 294). The administrative supervisor is more focused on assisting the supervisee function as an employee of the organization including putting the policies and procedures into operation (Schultz et al., 2002). Although there are significant differences between clinical and administrative supervision, the primary ethical issues addressed by the Code (confidentiality, competence and client welfare, informed consent, and the relationship between supervisor and supervisee) remain the same. We have organized the major changes using the following areas: supervisor preparation and continued competence, informed consent, evaluation and endorsement, boundary issues, and cultural competence.

Supervisor Preparation and Continued Competence

All rehabilitation counselors are expected to practice only within the boundaries of their professional competence, as noted in Section D.1.a. of both the 2002 and 2010 Codes. In previous codes of ethics, however, it may not have been clear that supervision is considered to be a specialty area of practice. H.2.a. of the new Code clarifies that supervisors are required to pursue continuing education activities and that these must include professional development in supervision topics and skills. Although not explicitly delineating what preparation must entail, the authors believe that this new standard (H.2.a.), in combination with Standards D.1a. and D.1.b. (developing new specialty areas of practice), puts forth a clear message that rehabilitation counselors who provide supervision have an ethical mandate to receive training in how to, in fact, be a supervisor.

This change in the Code mirrors requirements that have been published in guidelines provided by other counseling organizations. For example, the American Counseling Association (ACA, 2005), the ACES (1993), the American Association of State Counseling Boards (AASCB, 2007), and the Center for Credentialing and Education (2008) all require that supervisors receive training in supervision methods and techniques. The professional literature, however, indicates that outside of academic settings, the majority of counseling supervisors are master's-level practitioners who have no formal training in supervision (Nelson, Johnson, & Thorngren, 2000), although the skills necessary to provide effective supervision do not automatically emerge from training received as a counselor. This is especially true in the rehabilitation field, where recommendations have been made to develop guidelines for rehabilitation counselor supervisors in public rehabilitation work settings (Schultz et al., 2002).

Many public agencies offer training activities for supervisors in working with new and experienced rehabilitation counselors. However, few training activities are offered to rehabilitation counselor supervisors in conducting more clinical supervision activities, such as methods of assessing the characteristics and skills the supervisee brings. In a study conducted of clinical supervision in public rehabilitation counseling settings, Schultz et al. (2002) found that 52.3% of the participants reported that they met with their supervisor for 30 minutes or less each week, and many of the respondents indicated that their supervision took place during their weekly staff meetings. Rehabilitation counselor supervisors need to understand their responsibility in adequately preparing to conduct supervision, which may include seeking out coursework in supervision at universities that offer courses in supervision at the master's or doctoral levels.

Academia, however, is not the only venue for receiving initial training in supervision or continuing one's education in this area. At present there is a broad range of requirements delineated by state licensure boards to become an approved supervisor of postacademic, prelicensed counselors, from no specifications to 4 states requiring training in supervision without any specified number of hours, 15 states requiring supervisors to from 3 to more than 30 hours of continuing education hours, and 3 states requiring completion of a graduate course in supervision (ACA, 2008). As more states require training to become an approved supervisor of counselors seeking licensure, many state counseling boards are also providing professional development training in supervision theories, techniques, and ethical issues related to supervision. In addition, we encourage

rehabilitation counseling supervisors to look to their state and national counseling association conferences as well as in-service training opportunities offered through their work settings.

Informed Consent

Engaging in effective informed consent practices is a one key way that counselors develop trust with their clients, considered by most to be essential for the counseling relationship. Just as clients have the right to have the information they need to make informed choices about entering counseling relationships, supervisees have a parallel right in regard to entering into supervisory relationships (Remley & Herlihy, 2007). For example, clients should know if their counselors are working under supervision and how this supervision may affect the limits of confidentiality in the counseling relationship (CRCC, 2010, H.1.c.). The Code clearly extends this to the rights of supervisees to receive information about the process of supervision: "Rehabilitation counselor supervisors are responsible for incorporating into their supervision the principles of informed consent" (H.4.a.). Supervisory informed consent is not a one-time discussion but rather an ongoing process during which supervisors and supervisees can come to an understanding about expectations and how they will work together to best serve clients and promote professional development. Bahrick, Russell, and Salmi (1991) posited that a lack of knowledge about the supervisory process can increase supervisee anxiety, especially in regard to evaluation criteria. This, in turn, may limit the effectiveness of supervision. Engaging in informed consent procedures with supervisees may help in forming more productive supervisory relationships, reduce anxiety levels, and help supervisees better utilize supervision, thus improving their provision of counseling services. So what type of information must supervisors include as part of informed consent practices, and how does one best go about delivering this information?

In general, supervisors are responsible for helping supervisees understand how to effectively use the supervisory process, what is expected of them, what they can expect of their supervisors, how they will be evaluated, and that supervisors have an ethical obligation to serve as "gatekeepers" for the profession. The Code specifies that the supervisors make supervisees aware of (a) any other professional roles (e.g., the duality of serving as both administrative and clinical supervisor or as supervisor and instructor in a counselor education program) and the responsibilities of each role (CRCC, 2010, H.3.a.); (b) any "policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions" (H.4.a.); (c) how supervisees may contact supervisors during an emergency and who they should contact if their direct supervisor is unavailable (H.4.b.); (d) ethical standards, legal responsibilities, and professional policies that should inform their practice (H.4.c.); (e) how they will be evaluated (H.5.a.); (f) what happens if supervisees are determined to be incapable of achieving, improving, and/or maintaining expected levels of competence (H.5.b.); (g) the criteria supervisors use to determine if they will or will not endorse supervisees for credentials (e.g., certification and licensure), employment (which would include initial and continued employment and advancement in a workplace), and completion of academic or training programs (H.5.d.); and (h) what avenues of recourse are available to supervisees if they disagree with decisions made by their supervisors (H.4.d., H.5.b.).

The use of individualized supervision contracts (as compared to more generic information often provided in professional disclosure statements) has been recommended by multiple authors (e.g., AASCB, 2007; Bernard & Goodyear, 2009; Borders & Brown, 2005) to ensure that supervisees and supervisors have a shared understanding of the aforementioned information along with information about the supervisor's credentials, supervision approach, and counseling and supervisory experience, a clear delineation of the purposes, goals, and objectives of supervision, and fees, if any, for supervision. Developing supervision contracts is one way for rehabilitation counseling supervisors, across all work settings, to meet their ethical requirements to provide supervisees with an adequate orientation to the supervisory experience. It is beyond the page limitations of this article to provide an example of a contract, but readers can find several in the professional literature (e.g., Bernard & Goodyear, 2009; Remley & Herlihy, 2007).

Evaluation and Endorsement

As has already been mentioned, supervisees are often and understandably anxious about how their performance will be evaluated. The responsibility of supervisors to assess the appropriateness of services being provided as well as the appropriateness of their supervisees to provide those services also may cause anxiety for supervisors, as this is a great responsibility. It is essential for supervisors to use a variety of approaches to assessing supervisee performance. Supervisee self-report, although one of the most often used methods, especially in nonacademic work situations, also has very low validity and reliability (Noelle, 2003). In addition, reliance on this method may increase the risk to both client welfare and the professional development of supervisees (Fall & Sutton, 2004), the two fundamental purposes of supervision. Although not new to the 2010 Code, we would like to highlight the requirement that supervisors meet with supervisees not only to discuss their perceptions of their work and what transpired during their sessions with clients or meetings with employers but also to "review case

notes, samples of clinical work, or live observations to ensure the welfare of clients" (CRCC, 2010, H.1.a.). Having multiple means to assess supervision performance also serves as the foundation for supervisors to provide "ongoing performance appraisal and evaluation feedback" (H.5.a.) to their supervisees.

Supervisors in counselor education programs often have videotaping equipment and one-way mirrors for live observation, which help them meet the requirement. This, however, may not be part of the culture of many agencies, especially if those agencies do not serve as practicum or internship sites for academic programs. Regardless, we strongly suggest that rehabilitation counseling supervisors include in their supervision contracts that supervisees audiotape some of their work sessions and that these sessions include a representative cross-sample of the individuals they serve. This, of course, will also require that clients give informed consent to the taping.

Endorsement and Documentation

H.5.d. of the Code states that "regardless of qualifications, supervisors or educators do not endorse supervisees or trainees whom they believe to be impaired in any way that would interfere with the performance of the duties association with the endorsement." If supervisors come to a conclusion that a supervisee does not meet criteria for endorsement, be it because of lack of knowledge, counseling skills, or interpersonal competence or impairment, this should never come as a surprise to the supervisee in question (CRCC, 2010, H.5.a., H.5.b.). Long before deciding not to endorse a supervisee, supervisors have an ethical obligation to "assist supervisees or trainees in securing remedial assistance" (H.5.b.).

Although not explicitly included in the Code, the authors recommend that supervisors extend the record-keeping requirements for counselors (CRCC, 2010, B.6.a.) to their supervisory practices. For example, Westefeld (2008) contends that supervisors should keep records, which include a log of each supervision contact, a description of the content of each session, a review of the clients seen by supervisees and outcomes such as termination of services and referral to other service providers, and records of any evaluations given to supervisees. We further recommend including documentation of any discussions related to evaluation, remediation, and endorsement. This is not only to address legal issues that may arise if supervisors may need to take appropriate action to prevent unqualified or impaired individuals from becoming or remaining rehabilitation practitioners; from an ethical perspective, we believe that keeping supervisory notes may increase reflection on the part of supervisors regarding their own effectiveness in their professional roles as supervisors and which steps they may need to take to improve that effectiveness (CRCC, 2010, D.1.d.) to best promote supervisee professional development and protect client welfare.

Boundary Issues

There have been several additions to standards in the Code related to roles and relationships between supervisors and supervisees or trainees. In addition to the previously noted ban on engaging in sexual or romantic relationships with current supervisees or trainees, the Code requires that rehabilitation counselor supervisors be aware of the inherent power differential in their relationships (H.3.e.). If supervisors and former supervisees or trainees are considering engaging in social, sexual, or other intimate relationships, it is the ethical responsibility of supervisors to consider and discuss with their former supervisees or trainees how their former relationship may influence their new one.

In reviewing changes in the Code, one can see parallel revisions between Section A.5., "Roles and Relationships With Clients," and Section H.3., "Roles and Relationships With Supervisees or Trainees." For example, Standard H.3.f. cautions that rehabilitation counselor supervisors avoid any other professional or nonprofessional relationships with supervisees that may interfere with the effectiveness of the supervisory experience. H.3.g. expands on this by specifying that rehabilitation counselors avoid supervising their romantic partners, close relatives, or friends, recognizing that, although this is encouraged, there may be some circumstances in which these overlapping relationships cannot be avoided. In those situations, rehabilitation counselor supervisors should develop a "formal review mechanism" (H.3.g.); however, the Code does not offer specifics for that mechanism. The authors suggest that rehabilitation counselor supervisors begin this review by carefully reflecting on their reasons for entering into the overlapping relationship and consult with other supervisors. In addition, this consultation should help the supervisor carefully consider the potential for harm to the supervisee (and ultimately client welfare) and weigh that against the potential benefits of such a relationship. Supervisors then should engage in a similar review process with the potential supervisee before entering into a formal supervision relationship. Finally, they should document these discussions and formalize the supervisory relationship using a supervision contract.

As previously mentioned, supervisors who are also in nonprofessional or other professional relationships with their supervisees must weigh potential risks and potential benefits of such relationships. This is discussed in H.3.h. of the Code, which is an important acknowledgement that such relationships may, in fact, be beneficial or potentially beneficial. Examples noted in the Code include "attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in professional associations, organizations, or communities." In examining these examples, however, it is important to note that these are time limited and are not about establishing close friendships. In addition, these actions are to be taken with forethought, open

discussions with supervisees before entering into these relationships, and an examination of the rationale for these interactions and the potential risks and benefits.

Cultural Competence

Standard H.2.b. of the Code requires rehabilitation counselor supervisors to be "aware of and address the role of cultural diversity in the supervisory relationship." This new standard is also reflected in H.4.d., which notes that cultural issues may be crucial to the viability to the supervisory relationship. Furthermore, H.8.b. states that "rehabilitation counselor educators actively infuse cultural diversity competency into their training and supervision practices." Although this last standard specifically mentions counselor educators, the expectation that all ethical rehabilitation counselors, including those who provide supervision regardless of work settings, competently address cultural issues, is infused through the Code.

Addressing cultural issues and issues of power within the supervisory relationship is a critical step in helping supervises be able to recognize and address similar issues with their clients. Depending on their own training and supervisory experiences, some supervisees may feel better prepared than others to engage in such dialogues (Durham & Glosoff, 2010). It also is often uncomfortable to examine one's own worldviews, privileges, and biases. Failure to do so and to address such issues in supervision, however, can contribute to unproductive or harmful counseling interventions (Estrada, Wiggins Frame, & Braun-Williams, 2004). Given the diversity of clients served by rehabilitation counselors and the societal inequities often faced by those clients, it is imperative that supervisors be able to work with supervisees to effectively recognize the impact of cultural factors on assessment, counseling, and supervisory processes. Simple examples of things supervisors can do with supervisees include the use of reflective questions (e.g., "How might your growing up in an affluent home influence how you may be interpreting your client's current situation?"), discussions of issues of power and privilege within the supervisory relationship, having supervisees create cultural genograms, and analysis of agency assessment and intake practices for indications of cultural assumptions. These are examples of strategies to address cultural issues in the counseling and supervisory relationships. The main point we wish to raise is that supervisors are ethically obligated to seek those out, to participate in ongoing professional development to increase their own cultural competence and that of their supervisees, and to seek consultation when appropriate.

Conclusions

Rehabilitation supervisors need to understand the importance and impact of their role on the behaviors of those counselors they supervise whether in an academic or a work setting (Blackwell et al., 2002). They serve as role models for their supervisees and as such are responsible for being up to date on ethical guidelines related to rehabilitation counseling services and on those specific to supervisory practices. In this article, we focused on the latter but would like to emphasize that to "make their supervisees aware of professional and ethical standards" (CRCC, 2010, H.4.c.), supervisors must first themselves be aware of all standards in the Code. As discussed throughout this journal issue, there have been substantial revisions across the various sections of the Code. It is essential for supervisors to remember that they are responsible for adhering to all standards included in Code, as noted in the Preamble. In addition to carefully reading the new Code and reviewing the articles in this issue, we encourage readers to participate in professional development activities that afford them opportunities to more closely explore ethical issues that they and their supervisees face.

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