Ethics in Rehabilitation Counselor Supervision

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This article is an exploration of some of the ethical issues facing rehabilitation counselors who provide clinical supervision. Ethical issues related to competence, evaluation and due process, dual relationships, confidentiality, and informed consent are discussed.

Clinical supervision is an activity that causes the supervisor to confront many of the ethical issues addressed by the newly revised *Code of Professional Ethics for Rehabilitation Counselors* (hereafter referred to as the *Code*) that became effective on January 1, 2002. As with their role as practitioners, counselors in a supervisory role must constantly be aware of their ethical obligations (Dickey, Housley, & Guest, 1993; Scofield & Scofield, 1978). They are likely to confront ethical issues or concerns both in terms of their supervisees' activities and their own professional conduct as a supervisor. Being able to effectively handle these complex situations is of critical importance for a variety of reasons, not the least of which is the fact that supervision is an integral part of the practitioner's training and is one of the key ways that the supervisee can acquire and enhance the competencies needed to fulfill his or her professional responsibilities (Corey, Corey, & Callanan, 1998; Herbert, 1997; Tarvydas, 1995; Thielsen & Leahy, 2001).

Rehabilitation counselor supervisors perform a variety of roles, duties, and responsibilities that typically place them in an intermediary position between the employing agency or organization and the rehabilitation practitioner. Although supervisors have responsibilities for the interests of the employer and the professional growth of the supervisee, the client's welfare must still be primary (Pope & Vasquez, 1998). Section G.1.d of the revised *Code* obligates the supervisor to provide direct supervision sufficient to ensure that the rehabilitation counseling services provided by others are adequate and do not cause harm to the client (Commission on Rehabilitation Counselor Certification [CRCC], 2001). Ultimately, the supervisor is responsible, both ethically and legally, for the services and actions of the rehabilitation trainees or practitioners under his or her supervision. Recent research (Thielsen & Leahy, 2001) has provided support for the significance of ethical issues in rehabilitation counselor supervision. This research found that ethical and legal issues were considered by practicing rehabilitation counselors to be an important supervisory knowledge area.

Prior to the most recent revisions (CRCC, 2001), the *Code* had provided little direction for practitioners functioning in a supervisory role. Now, however, there are several general areas in the *Code* that rehabilitation supervisors need to be aware of in terms of identifying their roles and responsibilities. Rehabilitation counselor super-

visors need to be cognizant of their responsibilities in the following areas: *competence, evaluation and due process, dual relationships, confidentiality,* and *informed consent* (Blackwell, Martin, & Scalia, 1994). The following sections offer an overview of some of the ethical issues associated with these areas of responsibility and provide guidelines for the clinical supervisor.

COMPETENCE

Because rehabilitation counselor supervision is a complex and significant professional activity, it requires a high level of demonstrated competence (Pope & Vasquez, 1998; Stebnicki, 1998; Thielsen & Leahy, 2001; Tucker, McNeill, Abrams, & Brown, 1988; Tucker, Parham, McNeill, & Knopf, 1988). Under the revised *Code*, supervisors are obligated to "supervise only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (Section G.1.c). Although the *Code* does not set out criteria for clinical supervision, the *Ethical Guidelines for Counseling Supervision* (Association for Counselor Education and Supervision [ACES], 1993) has stressed that training in supervision is a necessary prerequisite prior to the assumption of the role (Section 2.01). However, as Corey et al. (1998) pointed out, few counseling supervisors have actually received explicit training in supervision.

To address some of the issues related to prerequisites for supervision, the CRCC currently offers an adjunct designation for supervisors of certified rehabilitation counselors. The certified rehabilitation counselor-clinical supervisor (CRC-CS) is a voluntary credential designed for certified rehabilitation counselors (CRCs) who practice in the area of clinical supervision. In creating the CRC-CS, the Commission set forth specific education, training, counseling, and supervisory experience required for this credentialing (1999). Table 1 provides an overview of the preparation and practice requirements that will be needed by 2004 for certification as a CRC-CS.

The *Code of Ethics* of the National Rehabilitation Administration Association (NRAA, 1979) requires that supervisors demonstrate competency in managing their conduct and the organization's work environment and that they be skilled in using this knowledge to promote the development of the rehabilitation counseling professionals they supervise. The NRAA standards specify ways in which supervisors can promote practitioner development. These include (a) providing positive work conditions by clearly informing supervisees of their job responsibilities and expectations and sharing all information that concerns them directly or indirectly; (b) enhancing professional development by striving to develop their own, as well as their supervisees', capabilities to the fullest, assisting them in obtaining the best performance and taking corrective action when they fall short of standards; (c) ensuring quality of service delivery by maintaining a high level of technical competence so that clients receive quality services from the professional; and (d) interacting with supervisees in a manner that respects their individual and professional dignity and exhibiting courtesy and temper-

TABLE 1. CRC-CS Guidelines for Clinical Supervision

Area	Requirement
Credentials	Must hold the CRC credential (minimum of 60 months) and licensure in a counseling discipline where the primary focus of that discipline is to effect positive behavioral changes (provided licensure is available to CRCs).
Education/training	Graduate-level course in clinical counseling supervision (minimum of 2 semester hours or its equivalent in quarter hours) or a total of 30 clock hours of workshop training in clinical counseling supervision. Must include, but not be limited to, each of the following areas: 1. Supervision process; 2. Roles and functions of clinical supervision; 3. Models of clinical supervision; 4. Counselor development; 5. Methods and techniques of clinical supervision; 6. Supervisory relationship issues; 7. Diversity issues in clinical supervision, including disability-specific content (where possible); 8. Group supervision; 9. Legal and ethical issues in clinical supervision; 10. Evaluation of supervisee competence and the supervision process
Counseling experience	Minimum of 1,500 hours of paid employment experience providing counseling to individuals with disabilities, including the provision of vocational counseling, affective counseling, and personal adjustment counseling services.
Supervisory experience	Minimum of 100 hours of clinical supervision of supervisees who provide rehabilitation counseling services.
Supervision	Minimum of 20 hours of supervision of the counselor's supervisory activities.

Note. From *Certified Rehabilitation Counselor-Clinical Supervisor: An Adjunct Designation for Specialized Practice Within Rehabilitation Counseling* (pp. 1–3), by the Commission on Rehabilitation Counselor Certification, 1999, Rolling Meadows, IL: Author. Adapted with permission.

ance in situations of conflict while respecting the individual's rights of privacy.

Supervisors must also keep current in their own specialities and be aware of advances that are being made in the general area of clinical supervision (Remley & Herlihy, 2001). As with rehabilitation counselors, supervisors are obligated to renew and update their skills to maintain an acceptable level of professional competence. Section D.1.h of the *Code* states that they "will engage in continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity . . . [and] will take steps to maintain competence in the skills they use (CRCC, 2001). Section D.1.i further speaks to functional competency and requires that practitioners "will refrain from offering or rendering professional services when their physical, mental, or emotional problems are likely to harm the client or others" (CRCC, 2001).

Evaluation and Due Process

Rehabilitation supervisors need to continually assess the appropriateness of the services a client receives as well as the professional development of the rehabilitation trainees or practitioners whom they supervise. They are responsible for providing a fair and considerate evaluation of the individual's strengths, weaknesses, and development and need to communicate this information back to the supervisee in a clear, straightforward, and timely manner. The ACES guidelines state that

> supervisors should provide supervisees with ongoing feedback on their performance. This feedback should take a variety of forms, both formal and informal, and should include verbal and written evaluations. It should be formative during the supervisory experience and summative at the conclusion of the experience (ACES, 1993, Standard 2.08)

Failure to provide evaluative feedback raises a serious ethical concern because the supervisor fails to provide one of the most essential tasks of supervision (Neufeldt, 1999), and this can compromise both the supervisee's growth as a counselor and the client's progress in counseling. The nature of supervision may change with a variety of counselor and client variables, but the need to provide supervision consistent with the counselor's skill level and training needs is a constant (Cottone & Tarvydas, 1998; Herbert & Ward, 1989).

The criteria, methods, and frequency of evaluations need to be specified with the supervisory relationship, and there need to be opportunities to correct any deficiencies (McCarthy et al., 1995). As Remley and Herlihy (2001) asserted, "when evaluation is negative, the changes that the supervisee needs to make should be communicated in specific, behavioral terms" (p. 260). In addition, because evaluation in supervision relates to supervisee rights and protection from unfair or arbitrary decisions that may affect them negatively, procedures for due process and methods for supervisee complaints or concerns also need to be included as part of the evaluative process.

In some situations supervisors may need to take appropriate action to discourage, prevent, expose, and correct unethical or incompetent behavior by the supervisee. On the other hand, they are also responsible for taking appropriate steps to assist or defend supervisees unjustly charged with such conduct. Finally, rehabilitation supervisors are responsible for ensuring that unsuitable and unqualified individuals do not become rehabilitation practitioners.

Rehabilitation counselor supervisors should never encourage the unsupervised practice of the profession by individuals who fail to meet accepted standards of training and experience. Section G.1.e of the revised *Code* asserts that the rehabilitation counselor supervisor will not endorse "supervisees for certification, licensure, employment, or completion of an academic or training program if [the supervisor believes the] students or supervisees are not qualified for the endorsement." However, the *Code* further obligates the rehabilitation counselor supervisor to "take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified" (Section G.1.e).

Dual Relationships

Issues related to dual relationships are likely to affect all rehabilitation professionals at some time in their professional careers. Dual relationships can occur with employees, students, supervisees, and colleagues, as well as with clients. Herlihy and Corey (1992) described dual relationships as occurring whenever professionals assume two roles simultaneously with a person seeking help. These relationships can have beneficial, neutral, or harmful effects. A mentoring relationship, for example, is a type of dual relationship that can be beneficial. Attending a social event, such as a wedding, for a co-worker or supervisee may be considered to have a neutral effect. An example of a dual relationship with harmful effects is a sexual relationship (Blackwell et al., 1994; Dickey et al., 1993; Kitchener, 1988). Section G.1.b specifically prohibits rehabilitation counselor supervisors from engaging in sexual relationships with supervisees or subjecting them to sexual harassment.

A dual relationship that can arise in supervision involves personal counseling of the supervisee (Cormier & Bernard, 1982; Kitchener, 1988; Neufeldt & Nelson, 1999). The ACES guidelines state that personal counseling of supervisees should not be established as a substitute

for supervision: "Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning" (ACES, 1993, Standard 2.11). The new *Code* also supports this position, stating that supervisors "will not serve as rehabilitation counselors to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience" (CRCC, 2001, Section G.3.c). If the supervisee requests counseling, the supervisor should provide him or her with an acceptable referral.

The potential for harm is the guiding consideration for evaluating the negative impact of dual relationships. In order to assess this potential, supervisors need to ask themselves the following questions (Kitchener & Harding, 1990):

1. To what extent is there an incompatibility of expectations in the relationship?
2. To what extent do the responsibilities with dual roles diverge such that they could lead to divided loyalties and a loss of objectivity?
3. To what extent does our influence, power, and prestige negatively influence a person who may be dependent, less powerful, or more vulnerable?

Herlihy and Corey (1992) identified five safeguards to minimize the risk for professionals in dual relationships:

1. Individuals who have relationships with professionals should be fully informed about any potential risks (informed consent).
2. Even when informed consent has been established, problems and conflicts can still emerge, so it is important to have ongoing discussions among those involved in the relationship.
3. Professionals who are involved in a dual relationship should seek continual consultation with colleagues to obtain objective perspectives about issues surrounding the dual relationship.
4. When the risk for harm is high, professionals should seek to obtain close supervision from an employer or colleague to oversee and provide guidance relative to the dual relationship.
5. Finally, professionals should maintain careful documentation that delineates events related to the dual relationship.

Rehabilitation counselor supervisors are ethically responsible for ensuring that the supervisory relationship provides a safe and supportive opportunity for learning and does not become confounded if their role and objectivity are blurred by dual relationships (such as sexual intimacies). The revised *Code* explicitly prohibits supervisors from exploiting their professional relationships with supervisees. Section E.1.d stresses that the rehabilitation counselor supervisor "will not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority."

Confidentiality and Informed Consent

Supervisors have an ethical responsibility for the welfare of the clients who meet with their supervisees (Cobia & Boes, 2000). This requires that both the client and the supervisee clearly understand what will be kept confidential in relation to the process of supervision. Clients need to be made fully aware (a) that the services they are receiving are being formally supervised and (b) of the general nature of the information regarding their case that will be disclosed to the supervisor. In addition, the supervisor and supervisee are obligated to ensure that clients are accurately informed and clearly understand the supervisee's qualifications and credentials so that they can make informed choices (CRCC, 2001; Pope & Vasquez, 1998). Only if the client is fully knowledgeable about the supervisory process and respective limits of confidentiality can he or she give a truly informed consent (Corey et al., 1998).

The principle of informed consent also extends to the supervisor and supervisee relationship. Just as the supervisee is responsible for securing the client's informed consent, so the supervisor is responsible for ensuring that the supervisee understands and consents to the conditions of supervision (Remley & Herlihy, 2001). Several authors (Bartlett, 1983; McCarthy et al., 1995; Minnes, 1987; Remley & Herlihy) have suggested that more productive supervision is achieved when the supervisory parameters are explicitly discussed and agreed upon by both parties. The ACES guidelines require informed consent within the supervisory relationship. CRC-CS further specifies the need for a professional disclosure statement and outlines what must be included in the statement (see Table 2). Use of a written agreement of supervision can further formalize and clarify the supervisor–supervisee relationship. This agreement can also serve to offset later conflicts or misunderstandings, provide a basis for resolution of conflicts, and increase accountability. An example of an agreement is provided in the Appendix.

Conclusions

Rehabilitation supervisors need to be continually aware that their conduct is an important variable in shaping the behaviors of the practitioners they supervise in a training or work setting. As such, supervisors must be cognizant of

TABLE 2. Professional Disclosure Statement Elements

1. The name, title, business address, and business telephone numbers of the supervisor.
2. A list of the supervisor's degrees, credentials, and licenses.
3. The general areas of rehabilitation counseling the supervisor is competent to supervise.
4. A statement documenting the supervisor's training and experience as a supervisor.
5. A general statement about the supervisor's model of or approach to supervision (including the role of the supervisor, the objectives and goals of supervision, and the modalities used, such as taped interviews, direct observation, and the like).
6. A description of the evaluation procedures to be used by the supervisor in a supervisory relationship.
7. A statement indicating the limits and scope of confidentiality and privileged communication that apply within a supervisory relationship.
8. A statement, where applicable, that indicates an individual is under supervision and that his or her actions may be discussed with another supervisor.
9. A way to reach the supervisor in an emergency situation.
10. A statement indicating that the supervisor conforms to the CRCC's *Code of Professional Ethics for Rehabilitation Counselors*, ascribes to the *Standards for the Ethical Practice of Clinical Supervision*, and will provide copies of these documents to his or her supervisees.

Note. From *Certified Rehabilitation Counselor-Clinical Supervisor: An Adjunct Designation for Specialized Practice Within Rehabilitation Counseling* (pp. 3–4), by the Commission on Rehabilitation Counselor Certification, 1999, Rolling Meadows, IL: Author. Adapted with permission.

their ethical responsibilities in the areas of competence, evaluation and due process, dual relationships, confidentiality, and informed consent.

In order to provide competent supervision, supervisors need to recognize the strengths, as well as the limitations, of their training, education, and experience and to supervise only within the boundaries of their competence. Evaluation and due process obligate supervisors to provide supervisees with honest, consistent feedback and a means for addressing concerns appropriate for development of an acceptable level of professional competence. In addition, supervisors have special ethical obligations in the context of the supervisor–supervisee relationship. Supervisors need to ensure that this relationship provides for a safe and supportive opportunity to learn and does not abuse, exploit, or harm the supervisee in any way. Supervisors must also be clear about the nature and expectations of the supervisory relationship and ensure that the supervisee understands and agrees to the conditions of supervision.

By providing competent supervision and a safe and supportive opportunity to learn, assuring high standards and quality of service delivery, and demonstrating an ethical and respectful treatment of clients and supervisees, the supervisor is demonstrating his or her commitment to the profession and the ethical standards related to the supervisory process. This in turn will shape how the supervisees will ultimately treat their clients as well as their own trainees in the future.

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APPENDIX: SAMPLE PROFESSIONAL DISCLOSURE STATEMENT

1. _____, M.S., CRC, LRC
   Licensed Rehabilitation Counselor
   Louisiana State University Health Sciences Center
   1900 Gravier Street
   New Orleans, LA 70112
   Work: (504) _____
   Home: (504)_____

2. **Qualifications:** I earned an MS degree in Rehabilitation Counseling from the University of _____ in _____. I am certified as a CRC #_____ with the Commission on Rehabilitation Counselor Certification (CRCC) and licensed as an LRC #_____ with the Louisiana Licensed Professional Vocational Rehabilitation Counselors (LLPVRC) Board of Examiners.

3. **Areas of Expertise:** I have more than 25 years experience as a rehabilitation counselor in both the public and private sectors. My areas of expertise include personal, disability, and vocational adjustment counseling; educational and vocational assessment and plan development; career decision-making; job development and work adjustment; and life-care planning for catastrophic injuries.

4. **Supervisory Training and Experience:** I have completed coursework and continuing education in clinical supervision, and I have provided individual and group supervision continuously over the past 16 years.

5. **Approach to Supervision:** I view supervision as assisting you in developing expertise in methods of professional rehabilitation counseling practice and in developing self-appraisal and professional development strategies while complying with the standards set by the LLPVRC Board of Examiners. My theoretical approach to counseling and supervision is an in-

tegration of cognitive–behavioral and humanistic theories. As your supervisor, I will adopt different roles as needed—teacher, counselor, consultant, evaluator. The supervision I provide may be both individual and group. However, at least two thirds of your supervision time will be individual supervision where you will meet with me on average 4 hours each month during the time you are completing your required 2 years experience as a provisionally licensed rehabilitation counselor under supervision. In the event you are unable to meet with me for some reason, you must contact me, preferably 24 hours in advance, to reschedule.

In order for me to supervise you, you must be able to audiotape or videotape one counseling or assessment session each week. You must follow any requirements your site may impose regarding these tapes. At each meeting we have, you will provide me with a new tape. During the time the tape is in my possession, I shall ensure that no one else has access to it. I will keep information revealed in the tape confidential. I will review the tape before our next meeting and will return the tape to you at that next meeting. It will then be your responsibility to erase or destroy the tape that has been reviewed.

During the time I am your supervisor, I will make every effort to review with you cases that you choose to bring to my attention for consultation. In addition, I will review the tapes of counseling or assessment sessions you provide to me. My duty to you is to provide you with professional supervision; however, I will not be responsible for your day-to-day activities as a provisionally licensed rehabilitation counselor under supervision. Your work supervisor will be responsible for your ongoing counseling activities.

Because I must evaluate your professional performance as a rehabilitation counselor under supervision, we will not have a personal friendship during the time I am your supervisor. Although we may have a congenial and collegial professional relationship and may attend social functions together, we should not include each other in social interactions one of us has initiated. Please do not offer me gifts or invite me to your home or to nonprofessional social events you are hosting during the time I am serving as your clinical supervisor.

6. **Evaluation Process:** I will evaluate your work and provide you with ongoing written and verbal feedback of your strengths and weaknesses and will assist you in improving your skills as a rehabilitation counselor. In addition, I will complete and submit a quarterly supervisory work experience plan form to the LLPVRC Board of Examiners. I will provide you with a copy as well. You will be expected to actively participate in the supervisory process, to be on time and prepared for each meeting, and to complete all required work in a timely manner. If at any time you have complaints or concerns with the supervisory evaluation process, you need to discuss these with me.
7. **Confidentiality and Privileged Communications:** In general, the content of our meetings and my evaluations of your development are confidential, except for what is shared with my supervisor. Limits to confidentiality include, but are not limited to, treatment of a client that violates the legal or ethical standards set forth by government agencies and professional associations. These guidelines will be provided at our first meeting.
8. **Fee Schedule:** The hourly fee for my services is $_____, which has been set according to a fee schedule based on the income of you and your spouse or partner. This fee schedule will be reviewed annually and adjusted as appropriate. Fees are payable by check before each supervisory session begins. [optional]
9. **Emergency Situations:** Once our "Supervisory Work Experience Plan" has been approved, our supervisory relationship will begin. Our professional relationship will primarily be limited to the formal scheduled hours we have agreed to for your supervision. However, in the event situations occur outside of this setting where you need direction and advice and you cannot reach me through the university or at my home phone number, you should consult your immediate work supervisor and follow his or her direction.
10. **Code of Conduct:** As a CRC/LRC, I am required to adhere to the *Code of Professional Ethics for Rehabilitation Counselors* that has been adopted by the CRCC and LLPVRC Board of Examiners. You will be provided with copies of these documents at the beginning of our supervisory relationship.
11. **Supervisee Responsibilities:** It is your responsibility to meet the necessary training and degree requirements to register our supervision with the LLPVRC so that you may obtain the status of Provisionally Licensed Rehabilitation Counselor under Supervision (LRC-S). You must complete the LRC-S application process and include all attachments. I will complete and sign the Letter of Intent form. You must then submit the application, appropriate attachments, and fee to the LLPVRC Board of Examiners for approval.

It is your responsibility to notify your work supervisor at the site where you are collecting your hours of experience that you are receiving LRC supervision from me. If your work supervisor needs to consult with me regarding your work, ask him or her to contact me. You are also responsible for providing your clients with a disclosure statement that includes

your training status and the name of your LRC supervisor for licensing purposes.

At the end of your 2 years of supervised experience, you will need to submit an application form for licensure, and I will verify the supervision I have provided to you to the LLPVRC Board of Examiners and will either recommend or not recommend you for licensure as a Rehabilitation Counselor.

12. I agree to provide LRC supervision to you in a professional manner to the extent described within this agreement. Our relationship is limited to the terms and conditions set forth herein. Either of us, with a 2-week written notice to the other, may cancel this agreement for any reason. In the event the agreement is canceled by either of us, you agree to notify the LLPVRC Board of Examiners immediately.

By signing below, I am agreeing to provide you with supervision according to the terms of this agreement, and you are agreeing to comply with the terms of this agreement as well.

Supervisor Date Supervisee's Signature Date

Note. This agreement was developed to provide clinical supervision to rehabilitation counselors preparing to be licensed in Louisiana. The format should be modified to reflect the specific areas related to particular work settings and circumstances.