**Ethical Considerations and Multicultural Concerns**

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**Slide 1: Title**

**Ethical Considerations and Multicultural Concerns in Caseload Management**

**Part 2 of Effective Caseload Management Webcast Series**

Presenter: Christina Dillahunt-Aspillaga, PhD, CRC, CVE, CLCP

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**Slide 2: Presenter**

Christina Dillahunt-Aspillaga, PhD, CRC, Assistant Professor, Department of Child and Family Studies, Rehabilitation and Mental Health Counseling program, University of South Florida, Tampa.

**Slide 3: Codes of Ethics**

* Many professional organizations follow discipline specific codes of ethics.

For example, Commission of Rehabilitation Counselor Certification (CRCC) has a Code of Professional Ethics

* Standards assure the community that rehabilitation counselors accepts responsibility to provide service to individuals with disabilities

New version 2017- <https://www.crccertification.com/filebin/pdf/CRCC_Code_Eff_20170101.pdf>

**Slide 4: Codes of Ethics**

Other codes of ethics include:

* ACA, <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
* CDMS, <https://www.cdms.org/uploads/files/CDMS_Code_of_Professional_Conduct.pdf>
* IARP, <https://connect.rehabpro.org/standards-ethics/12.2007.pdf/view>

**Slide 5: CRCC Code of Ethics Preamble**

* Rehabilitation counselors are committed to facilitating the personal, social, and economic independence of individuals with disabilities.
* In fulfilling this commitment, rehabilitation counselors recognize diversity and embrace a cultural approach in support of the worth, dignity, potential, and uniqueness of individuals with disabilities within their social and cultural context.
* They look to professional values as an important way of living out an ethical commitment.

Commission on Rehabilitation Counselor Certification. (207). Code of professional ethics for rehabilitation counselors. Schaumburg, IL: Author.

Preamble- Page 1. <https://www.crccertification.com/filebin/pdf/CRCC_Code_Eff_20170101.pdf>

**Slide 6: Six Principles**

The Code is written is based upon six principles of ethical behavior:

1. Autonomy: To respect the rights of clients to be self-governing within their social and cultural framework.
2. Beneficence: To do good to others; to promote the well-being of clients.
3. Fidelity: To be faithful; to keep promises and honor the trust placed in rehabilitation counselors.
4. Justice: To be fair in the treatment of all clients; to provide appropriate services to all.
5. Nonmaleficence: To do no harm to others.
6. Veracity: To be honest.

<https://www.crccertification.com/filebin/pdf/CRCC_Code_Eff_20170101.pdf>

**Slide 7: Key Components of CRCC Code of Ethics**

* The Counseling Relationship
* Confidentiality, Privileged Communication, and Privacy
  + Advocacy and Accessibility
* Professional Responsibility
  + Relationships with Other Professionals
* Forensic and Indirect Services
  + Evaluation, Assessment, and Interpretation
  + Teaching, Supervision, and Training
  + Research and Publication
  + Technology and Distance Counseling
  + Business Practices
* Resolving Ethical Issues

<https://www.crccertification.com/filebin/pdf/CRCC_Code_Eff_20170101.pdf>

**Slide 8: Rehabilitation Counselor Commitment to Cultural Diversity**

* Counselors are aware that all individuals exist in a variety of contexts and understand the influence of these contexts on an individual’s behavior
* Counselors are aware of the continuing evolution of the field, changes in society at large, and the different needs of individuals in social, political, historical, environmental and economic contexts.
* The commitment involves providing respectful and timely communication, taking appropriate action when cultural diversity issues occur, and being accountable for the outcomes as they affect people of all races, ethnicities, genders, national origins, religions, sexual orientations, or other cultural group identities.

<https://www.crccertification.com/filebin/pdf/CRCC_Code_Eff_20170101.pdf>

**Slide 9: Section A: The Counseling Relationship**

A.1.B- b. REHABILITATION COUNSELING PLANS.

* Rehabilitation counselors and clients work together to develop integrated, individual, mutually agreed-upon, written rehabilitation counseling plans that offer a reasonable promise of success and are consistent with the abilities and circumstances of clients.
* Rehabilitation counselors and clients regularly review rehabilitation counseling plans to assess their continued viability and effectiveness and to revise them as needed.

<https://www.crccertification.com/filebin/pdf/CRCC_Code_Eff_20170101.pdf>

**Slide 10: Section A: The Counseling Relationship**

A.2. RESPECTING DIVERSITY

* RESPECTING CULTURE. Demonstrate respect for the cultural identity of clients in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions.
* 4 b. NONDISCRIMINATION. Do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

<https://www.crccertification.com/filebin/pdf/CRCC_Code_Eff_20170101.pdf>

**Slide 11: Section B- Respecting Client Rights**

d. CULTURAL DIVERSITY CONSIDERATIONS. Work to develop and maintain awareness of the cultural meanings of confidentiality and privacy. Rehabilitation counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

**Slide 12: D.2. Cultural Competence/ Diversity**

* a. CULTURAL COMPETENCY. Develop and maintain knowledge, personal awareness, sensitivity, and skills and demonstrate a disposition reflective of a culturally competent rehabilitation counselor working with diverse client populations.
* b. INTERVENTIONS. Develop and adapt interventions and services to incorporate consideration of cultural perspectives of clients and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes.
* c. NONDISCRIMINATION. Do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

**Slide 13: Forensic Rehabilitation Counselor**

* FORENSIC REHABILITATION COUNSELOR: rehabilitation counselors who work in a forensic setting conducting evaluations and/or reviews of records and conduct research for the purpose of providing unbiased and objective expert opinions via case consultation or testimony.

**Slide 14: F.3. Forensic Practices**

1. CASE ACCEPTANCE AND INDEPENDENT OPINION. Forensic rehabilitation counselors have the right to accept any referral within their area(s) of expertise. They may decline involvement in cases.
2. TERMINATION AND ASSIGNMENT TRANSFER. If it is necessary to withdraw from a case after having been retained, forensic rehabilitation counselors make reasonable efforts to assist evaluees and/or referral sources in locating another forensic rehabilitation counselor to accept the assignment.

**Slide 15: Resolving Ethical Issues**

L.1. KNOWLEDGE OF CRCC STANDARDS

Rehabilitation counselors are responsible for reading, understanding, and following the Code, & seeking clarification of any standard that is not understood.

**Slide 16: Resolving Ethical Issues**

L.2. Addressing suspected violations

1. Ethical Decision-making models and skills
2. Consultation
3. Informal Resolution
4. Reporting Ethical Violations
5. Self- Reporting
6. Organizational Conflicts

**Slide 17: General Best Practices for Ethical Dilemmas**

* Have a copy of your Code on your desk(electronic copy)
* Consultation
* Document steps taken
* Understand the general principles of code of conduct regarding conflict
* Laws and code of conduct conflict
* Conflict of interest
* Client referral
* “Show that you were careful, reasonable, and prudent and that you did the best you could”

1. Consult with a colleague or an ethics expert and/or consider contacting state board or professional association for additional assistance.

2. Document the steps taken, as well as those considered but not chosen, and your reasoning behind those decisions.

3. Aspire to the general principles of the code of conduct and consider whether and how the principles help inform the decision-making process.

4. When the law and the code of conduct conflict, review Standard G.2, which suggests professionals follow the law after first making known their commitment to the code of ethics.

5. If a conflict of interest, such as having a relationship with someone closely associated with a client, can reasonably be expected to jeopardize your objectivity, carefully consider your options, most notably refraining from the relationship.

6. If your professional role includes counseling and it is deemed necessary to terminate, offer the client a referral to another counseling professional.

7. Above all, if you find yourself in an ethical decision-making process “show that you were careful, reasonable, and prudent and that you did the best you could” (Greer, 2004, p.63).

**Slide 18: Ethical considerations in Rehabilitation Case Management Practice:**

CM Practices should:

* be guided by the CRCC Code of Ethics when possible
* always take ethical principles into consideration
* strive to be culturally competent and sensitive counselors
* when ethical dilemmas are present their resolution should be justified via a reasoning process.
* when the code fails, ethical reasoning must prevail (e.g. use six-step ethical decision making model for addressing ethical dilemmas).

1. Roessler, R. T., & Rubin, S. E. (2006). *Case management and rehabilitation counseling: Procedures and techniques*. PRO-ED, Inc. 8700 Shoal Creek Blvd, Austin, TX 78757.

Six steps

* Review case and determine two courses of action (A or B)
* List reasons for supporting each course of action
* Identify ethical principles that support the action
* List reasons for not supporting actions
* Identify principles that might be compromised if actions are taken
* Formulate justification for choice of action

**Slide 19: Ethical Decision-Making References**

* Tarvydas, V. (2016). Ethics and Decision Making in Counseling and Psychotherapy. Springer Publishing Company.
* CRCC Desk Reference on Professional Ethics: https://www.crccertification.com/desk-reference-1
* Hartley, M. T., & Cartwright, B. Y. (2016). A Survey of Current and Projected Ethical Dilemmas of Rehabilitation Counselors. Rehabilitation Research, Policy, and Education, 30(1), 32-47.
* Cottone, R. R., & Claus, R. E. (2000). Ethical decision‐making models: A review of the literature. Journal of Counseling & Development, 78(3), 275-283.

**Slide 20: Benefit of Practice Guideline in Caseload Management**

* Universal standards for CM practice
* Help guide and shape rehabilitation plans
* Helpful in training new and established counselors and disability managers
* Help reduce variations in practice, improve consistency
* Assist with decision-making
* Provide direction for future research, specifically, highlighting existing practices that are considered promising or effective over time that can be replicated, expanded, and evaluated to the point where they may be considered evidence based.

In previous KTDRR webcasts, we have discussed roles of practice guides in promoting best practices in vocational rehabilitation. Today, I’d like to provide comments on how practice guidelines can be used in caseload management.

1. Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661.

**Slide 21: What type of information should be included in guidelines?**

* Outline of important information counselors should consider, discuss, and in include in case management plans.
* Evidenced-based framework for case management of clients with diverse disabilities
* Foundational information and training on specific management of cases of individuals with complex disabilities
* Information on ethical considerations and multicultural concerns in case management

**Slide 22: Who should be involved in developing guidelines?**

* CM experts, vocational rehabilitation experts, and supervisors
* Ethical decision making experts
* Interdisciplinary members of the rehabilitation planning team
* Clients with disabilities and their families
* Rehabilitation researchers

**Slide 23: References**

**Slide 24: Wrapping Up**

We invite you to:

* Provide your input on today’s webcast
* Share your thoughts on future webcasts topics
* Participate in the Community of Practice to continue the dialogue

PLEASE CONTACT US: ktdrr@air.org

*Please fill out the brief evaluation form:* [**http://bit.ly/2fHHZlM**](http://bit.ly/2fHHZlM)

**Slide 25: Disclaimer**

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