



*Canadian Association of  
Rehabilitation Professionals*

*An Interdisciplinary*

*Canadian Code of Ethics For  
Rehabilitation Professionals*

*First Edition*

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# Canadian Code of Ethics for Rehabilitation Professionals June 2002

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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>
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# 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>
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### Ethical Decision-Making Steps

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 on 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.
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.

# CANADIAN CODE OF ETHICS FOR REHABILITATION PROFESSIONALS

## June 2002

### INTRODUCTION

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

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. 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**

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**

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.
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**

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, as a national voluntary association, provides leadership in 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**

### **ASSENT**

To express agreement.

### **ATTITUDINAL BARRIERS**

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

### **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.

### **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.

### **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 that are fundamental to determine right and wrong behaviours.

### **NEED TO KNOW**

Information that is needed in order to provide competent services.

### **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.

### **ADVOCACY**

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

## **PRINCIPLE I: RESPECT FOR THE DIGNITY AND AUTONOMY OF PERSONS**

### **VALUES STATEMENT**

<b>Description of Principle</b>	<p>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.</p> <p>Professionals typically demonstrate respect by ensuring that they</p> <ul style="list-style-type: none"><li>(a) Understand what is being said</li><li>(b) Use language that the listener understands</li><li>(c) Honor moral and legal rights of individuals</li><li>(d) Care for the well being of others</li><li>(e) Allow choices</li><li>(f) Do not abuse or misuse positions of power.</li></ul>
<b>Vulnerable Clientele</b>	<p>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.</p> <p>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.</p>
<b>Who is the Client?</b>	<p>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 who 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</p>

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 the best interests of the person with a disability and/or disadvantage.

### **Community**

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**

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

### **Non-Discrimination**

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. 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. 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. 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**

I.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**

I.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.

I.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**

I.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.

I.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.

I.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.

I.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.

I.14 Keep signed consent forms on file unless written consent is not considered appropriate for cultural or other reasons, in which case document what information was provided to the other persons and to what they 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.

## Privacy

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.

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.

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

## Confidentiality

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. 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**

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**

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**

II.1. 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. 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. 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. 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.

**Client and Community  
Collaboration**

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.

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**

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 supervisees are adequately addressed.

**Formal Testing**

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. 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 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, supervisees, 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**

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.

### **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 represent 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, websites, 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. 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, supervisees, 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:

- (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.

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

## **Remuneration**

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. 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. 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. 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**

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 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**

IV.1. 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.

IV.2. 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**

IV.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.

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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