Ethics in Rehabilitation Education and Research

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This article reviews ethical issues that rehabilitation educators may face in meeting their everyday teaching and research responsibilities. Issues presented include dual relationships; selection of students; measurement of student competence; supervision of students; confidentiality concerning student information; faculty competence; multicultural issues; and the design, conduction, and publication of research. Applicable ethical codes are described, and appropriate actions are suggested.

Codes of ethics outline patterns of mutual expectations and obligations that govern behaviors in comparable situations. The *Code of Ethics for Professional Rehabilitation Counselors* (Commission on Rehabilitation Counselor Certification, 1995; hereafter referred to as the Code) defines the profession's consensus regarding appropriate conduct for rehabilitation counselors and provides protection for the client, as well as accountability for professional actions. Although the Code focuses on the client/practitioner relationship, rehabilitation counselors are bound by the standards regardless of work setting, including educational institutions.

The Code, which consists of broadly based standards called Canons and more exacting standards called Rules, provides guidelines for general rehabilitation counseling practice but offers only vague, general guidance for rehabilitation counseling faculty in educational settings. Although Rule 2.3 of Canon 2 and Rules 9.4, 9.5, and 9.6 under Canon 9 of the Code outline specific standards relevant to rehabilitation counselors who are educators, a number of ethical issues not specifically addressed by the Code arise in the training of rehabilitation counselors.

Addressing issues specific to educational settings is important for professional accountability and also because students learn roles and attitudes through observation of and experience with the behaviors and attitudes of their instructors and supervisors. Offering courses in ethics may have value in sensitizing students to important ethical issues and ways to deal with them; however, to reinforce ethical values, students need to perceive active endorsement of those values by faculty.

Although the primary goal of rehabilitation counseling education programs is to produce qualified rehabilitation counselors, educational institutions usually require the triple goals of education, service, and research. Each of these areas may present unique ethical dilemmas for which there are no specific guidelines currently included in the Code.

Ethical Issues Applied to Teaching and Service

Dual Relationships

Most educational settings have established a general code of ethics for faculty aside from the ethical codes established by individual professions. A common ethical prin-

ciple in all instances is the avoidance of dual relationships with students, most often thought of as sexual or social relationships, but therapeutic or business relationships can pose equally serious ethical dilemmas. Ambiguity may also exist and boundaries may be clouded in the advisor/mentoring relationship (Peterson, 1993) or in the supervisory relationship during a practicum or an internship. Rule 2.3 of the Code explicitly requires that rehabilitation counselors be aware of their potential influence in such situations and avoid exploiting such relationships.

Under this rule, treatment of students in a counseling capacity by faculty is also inappropriate. Engaging in counseling relationships with students not only clouds faculty members' objectivity, the inequity of power between faculty members and students interferes with effective counseling relationships and may, in fact, deter students from seeking the appropriate help they may need (Whiston & Emerson, 1989).

Selection of Students

Relaying knowledge in the classroom is one part of the faculty role in rehabilitation counseling education programs; however, the educational enterprise goes well beyond classroom instruction. Central among the variety of ethical dilemmas inherent in rehabilitation counselor education is the selection of candidates for training. Canon 2 of the Code states, "The primary obligation of rehabilitation counselors is to their clients" (defined as individuals with disabilities who are receiving services from rehabilitation counselors). Although in a teaching capacity, rehabilitation counseling faculty may not have clients per se, faculty do directly affect services clients later receive by ensuring that all students graduating from the rehabilitation counseling education program are qualified and have acquired the necessary knowledge, skills, and attitudes to perform as competent rehabilitation counselors. The first step in this duty is the selection of students for admission into the rehabilitation counseling program.

Selecting students for training in a rehabilitation counseling program requires faculty to be aware of students' strengths and potential limitations. Frequently, however, cognitive skills and academic ability take precedent in the admission process, and equally important personal, social, and problem-solving skills that are relevant to the clinical setting are overlooked. Academic success does not necessarily ensure clinical competence. Likewise, good personal, social, and problem-solving skills, desirable as they may be, are not adequate to help students leap the hurdles of university academic standards or to pass certifying or licensing examinations. The perplexing nature of this dilemma is the ambiguity that exists in determining what constitutes the potential for success. Rule 2.8 of the Code, although applied to clients, may be just as applicable in an educational setting. This rule, which speaks to developing a plan that promises "reasonable success" and is consistent with the "client's circumstances and abilities," may be just as necessary for students with particular limitations. When a student with identified academic or personal limitations is admitted to the program, faculty have the obligation to provide the appropriate services that maximize the student's chances for success.

A further dilemma in the selection process may be imposed by the educational institution itself. In some educational settings, numbers of students have become increasingly important as a mark of program success. In these instances, the temptation to admit students even though they may not possess the capability to have a reasonable promise of success may pose an ethical dilemma for a number of faculty.

Measuring Competence

Once students are admitted to a rehabilitation counseling program, faculty must address issues of monitoring student progress, determining when remediation is necessary, and defining retention issues. The Council for Rehabilitation Education requires systematic review of students (Council on Rehabilitation Education, 1997); therefore, rehabilitation counseling faculty have the duty to monitor student progress. It follows, then, that when specific student needs are identified, faculty also have the duty to help the student devise a plan of remediation and monitor this plan for effectiveness. Again, although not specifically addressed by the Code, Rule 2.8 of Canon 2 parallels this situation. In referring to client needs, the rule calls not only for the development of an individualized plan, but also for monitoring of the plan to ensure its "ongoing viability and effectiveness."

In keeping with the duty to protect the public from incompetent practitioners, it would seem that faculty also have the duty to screen from the program students who are unable to deliver competent services or who demonstrate unethical practices. Although the overall philosophy of rehabilitation focuses on abilities, not limitations, there may be instances in which limitations impair students to the extent that they will be unable to perform effectively as rehabilitation counselor trainees. This situation raises a number of ethical questions. Should faculty admit students into a rehabilitation counseling program when there seems to be little hope of success? When students with significant academic or personal limitations are admitted to the program but demonstrate little or no improvement despite remediation, at what point are faculty obligated to dismiss the student? Just as Rule 2.6 of Canon 2 in the Code requires that rehabilitation counselors avoid continuing relationships if it appears there will be no benefit to the client, the same rule may also apply to the educational setting.

Rule 2.9 further suggests an additional issue applicable to an educational setting. This rule requires that rehabilitation counselors neither place nor participate in placing clients in positions that could be injurious to either the client or the employer. It would appear that faculty may have the same responsibility in ensuring that only those students who have reached a certain level of competence be allowed to graduate from rehabilitation counseling programs. An ethical dilemma can arise in determining the point at which a student should be dismissed for inadequate or inappropriate performance and in determining the criteria to be used in making these judgments. Should, for example, adequate academic performance be a sufficient criterion for maintaining status within an educational program if the student demonstrates emotional problems, unethical practices, or legal difficulties? Again, although not formally addressed in the Code, it would appear to be an ethical responsibility of faculty to establish formal guidelines to deal with "impaired" students, as well as to establish areas of possible impairment such as the inability to incorporate professional standards into professional behavior, the inability to reach a certain level of competency, or the inability to control personal problems that affect professional functioning (Lamb, Cochran, & Jackson, 1991). Likewise, it would seem to be the ethical responsibility of faculty to establish clear guidelines for dismissal so that such action is neither capricious nor arbitrary (Disney & Stephens, 1994).

Practicum and Internship Supervision

Practica and internships are invaluable experiential training experiences and are required in all rehabilitation counseling programs (Council on Rehabilitation Education, 1997). Experiential training is a necessity to enable rehabilitation counseling students to apply the theoretical content of academic courses in applied settings (Alston, 1989). Rehabilitation counseling faculty are faced with the challenge of teaching skills necessary for entry-level competence prior to entry into practica and for nurturing students' professional development. The role of the supervisor is multifaceted. Faculty have administrative and evaluative authority in the supervisory relationship but must also address personal characteristics of students that manifest themselves in the counseling interaction with clients. Ethical parameters in the supervisory relationship should include clarification of the supervisory role; negotiation of mutual decisions regarding the direction of learning experiences for the student; and due process regarding the student's right to be informed of training objectives, assessment procedures, and evaluation criteria (Kurpius, Gibson, Lewis, & Corbet, 1991). Just as issues of informed consent apply to clients, they also apply to students. There should be clarity of personal and professional expectations when students enter practicum. Specifically, students must be provided information (preferably in writing) concerning what is expected for satisfactory performance in clinical settings.

Student Self-Disclosure and Confidentiality

Canon 6 of the Code specifically addresses confidentiality with regard to clients; however, confidentiality between student and instructor or supervisor can also pose an ethical problem in educational settings. In discussion with academic advisors or supervisors of practica or internships, students may disclose sensitive, personal information about themselves. When self-disclosed information includes personal information that may call into question the student's appropriateness for continuing in the program, the advisor or supervisor faces an ethical dilemma (Patrick, 1989). Students should be made aware that revealing personal information can alter their status in the program so they are able to make informed decisions about what to reveal about themselves (Sherry, 1991). Students should also be aware that information about them and their performance may be shared with other faculty in faculty meetings during routine student progress monitoring.

Faculty Competence

Rules 9.4 and 9.6 of Canon 9 specifically address the requirement that faculty be well prepared and maintain high standards of knowledge and skills. Given the fact that continuing education units (CEUs) are required to maintain certification as a rehabilitation counselor, it may seem that ethical dilemmas would be rare regarding this standard. However, continuing education practices vary, and at times collecting CEUs may become the goal rather than focusing on professional development for specific needs. Teaching and supervision in a rehabilitation counseling program encompass not only clinical knowledge and skill but also awareness of rapid changes in the field, alterations in national standards, and changing roles and responsibilities of rehabilitation counselors. Recognizing areas needing further growth and seeking professional development opportunities to meet those needs are mandatory if rehabilitation counseling educators are to be accountable for current knowledge and practice.

Supervision is core to the practicum and internship experience (Stebnicki, 1998). Supervisors are responsible for overseeing skill building of students and, consequently, should be proficient in these same skills themselves because they are ethically accountable for the supervisory relationship. Consequently, faculty need to be competent not only in knowledge and skills of rehabilitation counseling but also in the ability to judge the ability of others.

Faculty should also be able to recognize when situations go beyond their own level of competence in supervision. Given the explosion of information and technology, as well as the increased complexity of client circumstances students will likely encounter as rehabilitation counselors, there is an increasing ethical obligation for faculty to engage in lifelong learning and continuing education (McFarlane, 1999).

Multicultural Issues

As rehabilitation counseling as a profession strives to become more sensitive to multicultural concerns regarding clients, faculty also have the responsibility to increase their own awareness of the needs and issues of students from different cultural backgrounds. Rule 3.4 of Cannon 3 requires that rehabilitation counselors strive to eliminate attitudinal barriers as well as avoid stereotyping and discrimination. This rule is applicable to educational settings as well as in clinical settings with clients. Given this standard, it would seem that faculty have the responsibility to be prepared to integrate multicultural concepts into instruction and be able to provide cross-cultural supervision as well (Fong, 1997).

ETHICS IN REHABILITATION RESEARCH

Most educational institutions expect faculty to engage in research endeavors. Ethics plays a critical role in research because knowledge of proper ethical conduct is essential in all research endeavors. The primary emphasis of research ethics is, appropriately, on the protection of human subjects (Bersoff, 1995).

Protecting the Welfare of Research Participants

In all research-related activities, the researcher must take reasonable actions to protect the rights and welfare of persons participating in the research and all other individuals who may be affected by the research. Among the steps to be taken are obtaining approval from the institutional review boards of the host institutions or organizations and acquiring and documenting informed consent from each research participant. These requirements became necessary because of repeated violations of individuals' rights and the public trust by researchers.

The past is littered with outrageous violations of individuals' dignity and respect as well as of physical and emotional atrocities. In 1954, researchers from law schools and social science departments studied the behavior of juries by using "bugging devices." The jurors were not aware that microphones were hidden in the jury room, which was violation of their rights. In 1963, in the name of medical science, researchers injected live cancer cells into patients at a New York hospital without the informed consent of those injected (Bersoff, 1995; Katz, 1972). In the early 1960s, Milgram (1963, 1964, 1965) conducted his now infamous studies of unquestioned obedience to an authority figure. Participants were asked to administer electric shocks to experimental confederates and were deceived into believing that some of the shocks were extremely painful. Sixty-two percent of the participants complied fully with the experimenter's commands, administering shocks up to 450 volts. Milgram appeared to have thwarted negative aftereffects among participants through a thorough debriefing, although research using deception and involving apparent harm to others clearly could have serious negative consequences.

In 1972 the news media reported that about 400 African American men in Alabama had been subjected to a study of the effects of syphilis when untreated, which may lead to extremely severe neurological and other physiological disorders (Bersoff, 1995; Katz, 1972). Responding to public and professional outcries, the U. S. Department of Health, Education, and Welfare developed and published regulations concerning the protection of human participants, which are now codified as federal regulations (45 C.F.R. 46). These regulations apply to "all research involving human subjects conducted, supported or otherwise subject to regulation by any federal department or agency" (45 C.F.R. 46.101). The composition and function of the institutional review board (IRB), as well as the general requirements for informed consent, are covered in these regulations.

The basic elements of informed consent include that a clear explanation of the research purpose, duration, and procedures must be given to the participant or the participant's legally authorized representative. In addition, possible risks or discomforts, as well as benefits and alternative courses of treatment, must be described. Furthermore, a statement concerning confidentiality of the data must be provided, along with a list of available resources should harm result and a list of individuals to contact if any questions or problems should arise. Finally, the consent documents must state that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits, and that the individual may discontinue participation at any time without penalty or loss of benefits. The regulations also specify additional protections for children or prisoners involved in research (Bersoff, 1995; Canter, Bennett, Jones, & Nagy, 1994).

Deception of research participants, such as that practiced in the aforementioned Milgram studies, raises an array of concerns. Deception must never be used to induce participation and may only be used in rare circumstances where no alternative exists and when the potential outcomes of the research justify it. Related ethical issues may occur in recruiting and selecting participants. When re-

cruiting participants, the researcher must clearly specify the nature of the procedures and interventions provided, as well as the risks, obligations, and limitations inherent in the study. Similarly, researchers must not coerce participation, for example, through offering excessive or inappropriate financial or other inducements.

Ethics in Data Gathering, Design, and Analysis

A "publish-or-perish" environment that exists in many universities and other research settings may foster questionable ethical decision making in conducting research. Publishing a study that employs questionable data-gathering procedures, poor design features, or inappropriate data analytic strategies may constitute a violation of professional ethics.

Data gathering must be accomplished with care. Haphazard sampling of participants, careless experimental procedures, and irresponsible data recording may not only lead to spurious results but also produce ethically compromised conclusions. Research design and data analysis may also become ethically compromised. Rosenthal (1995) provided a fictitious example of an ethically problematic design. Children were selected randomly from public and private schools and data gathered to test the research hypothesis that children in private schools receive higher academic achievement scores than students from public schools. Because this design did not use random assignment of participants to the groups being compared, or any other means to equate the two groups, causal inferences were not possible (Cook & Campbell, 1979). Thus, any effort to draw causal conclusions from differential group performance was doomed when the design was formulated. Rosenthal asserted, "Bad science makes for bad ethics" (p. 358).

Another design-related issue occurs frequently when intervention studies use control groups that receive no treatment or a placebo. When the intervention is likely to be beneficial, failing to administer the potentially beneficial procedure may constitute a breach of ethics. Although in many cases the treatment may be administered after the termination of the study, the fact that some participants had to wait for treatment may be an issue. For example, consider a depression intervention study using an experimental and an untreated control group. It is possible that a control group member might injure him- or herself while not receiving treatment, resulting in a clear ethical and perhaps legal dilemma for the researcher.

Concerns surrounding ethical management of research participants is paramount. However, ethical violations may occur after participants have completed their roles in a study. For example, data tampering, data fabrication, and data falsification constitute serious ethical violations. Data tampering may involve excluding selected data records or deleting outliers. Excluding certain data without providing a technically justifiable rationale is unacceptable. Mishandling data may be more common than generally realized. Hamilton (1992) surveyed 1,500 members of the American Association for the Advancement of Science. He found that of the 469 respondents (31% return rate), 27% (124) said they knew of falsified or plagiarized research during the preceding 10 years. Unfortunately, 27% (33) of these indicated they took no action, and only 2% publicly challenged the researcher. Rehabilitation educators are challenged to answer the question, "What would you do?" Readers should refer to Section H: Resolving Ethical Issues, of the American Counseling Association's *Code of Ethics and Standards of Practice* (American Counseling Association, 1997).

Another data-related concern involves sharing research data. Under normal circumstances, researchers should share data with those who wish to reanalyze or verify the published results. However, it is recognized that other issues, such as confidentiality of participants, legal rights concerning proprietary data, or the confidence of the requesting professional may preclude sharing of data (see American Counseling Association, 1997, G3e; American Psychological Association, 1992, 6.25).

Giving Appropriate Credit

Recognizing other peoples' work through appropriate citation and relative contribution through order of authorship are basic principles of ethical behavior. Authors of research articles must follow legal guidelines in obtaining consent to quote a previously published work and give proper credit when another's work (published or unpublished) is used in publications. Failure to obtain proper consent and provide appropriate acknowledgement may constitute plagiarism and a violation of copyright law.

Recognizing the relative contributions of all individuals responsible for a research publication often raises thorny issues. Historically, seniority has dictated the order of authorship in certain sciences. However, today it is widely held that authors listed first have contributed the most to the overall research project. Authors too frequently engage in rancorous disputes over primary authorship. The reverse circumstance also occurs; certain individuals may be overly humble, accepting secondary authorship despite making primary contributions. Either case is unethical. In publications with multiple contributors, authorship is ordered according to the relative contribution of the individuals involved. If an article with many contributors results from a student's dissertation or thesis, the student should be listed as the first author. Individuals are accorded authorship only when they have made an appropriate, substantive contribution. Only those who have made substantial contributions, such as formulating the problem or hypotheses, developing the re-

search design, organizing and conducting the data analysis, interpreting the results, or writing a significant portion of the paper, should be listed as authors. Individuals who make minor contributions should be acknowledged in a footnote or in an introductory statement.

Publication of Research Results

Publishing valid results that contribute to knowledge in the field is an ethical responsibility all researchers bear. Making a positive contribution to the theoretical knowledge base of rehabilitation is the ultimate goal of rehabilitation researchers. Publishing well-designed and properly executed research, and publishing papers that accurately and objectively portray the findings, are encouraged ethical behaviors. However, failing to publish research results may be unethical. Researchers have a responsibility to make the findings of important research available through publication, paper presentations, or other means to the research community. It is widely known that authors must submit a manuscript to only one journal at a time. It is less well known, however, that researchers must not publish two or more works that are based on the same data, or are similar in content, without appropriate documentation and acknowledgement of the other works or data and a justification as to why the additional publication is necessary.

Responsibilities of Research Referees

Ethical responsibilities extend to reviewing research. Rehabilitation professionals who serve on editorial boards and other review boards for research articles, grants, and other such documents respect the author's rights to confidentiality and ownership. Information from such documents should not be used by the reviewers in any way without the author's expressed approval and the journal editor's (or other appropriate official's) consent. Because ethical behavior requires much more than simply using common sense, researchers and all other professionals are urged to familiarize themselves with all relevant codes of ethics. This effort will not only help in avoiding serious errors, it will enable professionals to assist colleagues when they are confronted with ethical dilemmas.

In summary, rehabilitation educators may face ethical challenges in every aspect of their work. As presented in this article, ethical problems can arise in many situations, ranging from such issues as dual relationships, selection of students, measurement of student competence, supervision of students, confidentiality concerning student information, faculty competence, and multicultural issues to problems that involve designing, conducting, and publishing research. Rehabilitation counselor educators must be well versed in the Code and potential ethical issues that may arise. The alternative is to jeopardize not only your professional standing but the well-being and safety of students and colleagues.

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