

# ode of Ethics for psychiatric rehabilitation practitioners

Approved September 28, 2012



*Growing and Training the Recovery Workforce*



## PRACTITIONER CODE OF ETHICS

The mission of the Certification Commission for Psychiatric Rehabilitation is to foster the growth of a competent and ethical psychiatric rehabilitation workforce through the development and administration of a test-based CPRP program and enforcement of the Code of Ethics (“Code”) among certified practitioners. The Practitioner Code of Ethics binds CPRPs and all applicants to the CPRP certification program. An Ethics Review Panel reviews all reported violations of the *Code*.

Psychiatric Rehabilitation Practitioners who participate in the CPRP Certification Program are required to sign and agree to uphold the *Code*. A Practitioner’s signature on the Practitioner Code of Ethics creates the presumption that the Practitioner has read the *Code* and understands its principles and the consequences of violating the *Code*. Such agreement is made at the time of application to the certification program and with each third-year recertification application.

## VIOLATION OF THE CODE

A certified practitioner found to have violated the Code of Ethics is subject to suspension or permanent revocation of the CPRP credential. An applicant for the CPRP examination found to have violated the *Code* is subject to suspension or revocation of approval to sit for the CPRP Examination. The revocation may or may not bar subsequent NEW applications to the CPRP Program, and may carry reasonable terms and conditions as deemed fit by the Commission.

## FILING AN ETHICAL GRIEVANCE

Complaints may be made by people receiving services from the Certified Psychiatric Rehabilitation Practitioner (CPRP), by colleagues of the Practitioner, and by other interested parties. The Chief Staff Officer of the Certification program is available to take any calls suggesting possible violations and will supply information about the Code of Ethics and the complaint process.

The complaint must specify exactly which principle in the code is being violated and how. When a complaint is made, the CPRP will be immediately notified and asked to respond to the complaint in writing. The practitioner will have 30 days to prepare a response and submit it to the Ethics Review Panel for consideration. The complainant or the accused practitioner may request a hearing in person. **Any expenses associated with an in-person hearing must be borne by the individual or agency requesting the face-to-face meeting.**

The certification program staff will provide copies of the complaint and response to all members of the Ethics Review Panel. The members of the committee will have 30 days to review the complaint, and to request additional information from either party. The Ethics Review Committee will then meet, generally via teleconference, to discuss their findings. The Panel may vote to any of the following findings:

- A. The complaint is not valid and is dismissed.
  1. All involved parties will be informed of the decision in writing.
  
- B. The complaint is judged valid and
  1. the accused Practitioner will be informed in writing to cease unethical activity;
  2. the complainant will be notified in writing of the Panels’ findings;
  3. the accused Practitioner will be suspended from the Certification Program for a specified amount of time (1 to 3 years); or
  4. the accused Practitioner’s certification will be permanently revoked; and

5. the suspension will be publicized online at [www.psychrehabassociation.org](http://www.psychrehabassociation.org).

### **APPEAL OF AN ADVERSE ACTION**

The findings of the Ethics Review Panel may be appealed to the Certification Commission. The Commission provides due process to applicants and certificants affected by adverse decisions of the Ethics Review Panel. Appeal of suspension or revocation will be heard by an ad-hoc Appeal Review Panel of the Certification Commission. The accused shall retain the credential during the appeal process, and shall meet all requirements for recertification of the credential as they come due in order to preserve his/her standing for appeal.

Actions that may be appealed include:

- 1) An action of “Not Approved” on an application to sit for the CPRP Examination where there has been a finding of:
  - A. Revocation of a professional license;
  - B. Failure to sign the Practitioner Code of Ethics;
  - C. Inaccurate and/or misleading information on the application.
- 2) An action of “Not Approved” on an application for Third-Year Renewal where there has been a finding of
  - A. Inaccurate and/or misleading information on the application;
  - B. Suspension or revocation of the CPRP by an Ethics Review Panel;
  - C. Failure to sign the Practitioner Code of Ethics.

The following may NOT be appealed:

- 1) An action of “Not Approved” for the CPRP Examination due to failure to meet eligibility requirements, including payment of fees.
- 2) Failure to achieve a passing score on the CPRP Examination.
- 3) Lapse of the CPRP Application due to failure to pass the CPRP Examination within the time allowed.
- 4) Suspension or revocation of the CPRP due to failure to meet requirements for renewal, including payment of fees.

The appellant must initiate the appeals process by submitting a letter of appeal. The letter must be received by the certification department within 30 days after receipt of the notice to the appellant of action taken. The letter should include the relevant facts of the matter and the action taken, the resolution requested and any new information the practitioner would like the review committee to consider. The appellant will be notified of the panel’s decision in writing within 90 days of the date on the appeal letter.

The Appeal Review Panel consisting of members and non-members of the Commission (3-5 total), will be appointed by the President of the Commission. Non-members would be CPRPs in good standing, and would outnumber the members

After hearing all relevant facts and arguments, the Appeals body may find:

- 1) the action was legitimate and stands;
- 2) the action was legitimate, but the terms of the non-approval, suspension and/or revocation will be adjusted; or

3) the action is not legitimate and the requested relief will be granted.

**NOTE:** *A finding of a violation of the Code may be made only by a duly appointed Ethics Review Panel of the Certification Commission, in response to a written complaint that has been signed by the complainant. Complaints may be made by people receiving services from the Practitioner; by colleagues of the Practitioner, or by other interested parties. A practitioner may appeal actions taken by an Ethics Panel pursuant to the Policy for Appeal of an Adverse Action by the Certification Commission.*

## STATEMENT OF INTENT

*The statement of intent reflects the overall purpose of the Code.*

Practitioners act with honor and honesty in their relationships with colleagues, families, significant others, other organizations, agencies, institutions, referral sources, and other professions in order to maximize benefits for persons receiving services. **This code is intended to serve as a guide to the everyday conduct of psychiatric rehabilitation practitioners.** It represents the principles and standards of ethical behavior in professional relationships with people receiving psychiatric rehabilitation services, with colleagues, with employers and employees, with other individuals and professionals, and with the community and society as a whole.

This code is based on the fundamental values and principles of the psychiatric rehabilitation field and profession: these include respecting the worth, dignity and uniqueness of all persons as well as their rights, opportunities, and obligations within a safe, caring environment. It honors the need for psychiatric rehabilitation practitioners to keep the person's choices and preferences primary in service delivery, to advocate for individual rights and interests, and to oppose discrimination in services and in the community. It also recognizes that practitioners treat people as people first. The code recognizes the helping relationship as foremost in providing services.

Rather than standing alone, this code should be read and understood in the context of other PRA documents that detail the principles and practices of psychiatric rehabilitation, including principles regarding multicultural practice and the use of respectful language.<sup>1</sup>

This code offers general principles to guide conduct in situations that have ethical implications. It provides the rules and standards that form the basis for making decisions about actions to take and guidelines related to common situations where ethical dilemmas may arise. No one statement or section of the code is meant to be taken in isolation, but each is to be considered in the context of the entire document.

Psychiatric rehabilitation practitioners are expected to take into consideration all the principles in this code that have a bearing upon any situation in which professional intervention and ethical judgment are required. When a practitioner is faced with an ethical dilemma that is difficult to resolve, s/he is expected to engage in a carefully considered ethical decision-making process—a process that involves obtaining guidance through consultation and/or supervision. Reasonable differences of opinion can and do exist, but each practitioner needs to be able to justify his/her actions and decisions based on this code. The particular situation determines the ethical principles that apply and the manner of their application. The practitioner should consider not only the particular ethical principles, but also the entire code and its spirit. Specific applications of ethical principles must be judged within the context in which they are being applied.

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<sup>1</sup> Available from <http://www.psychrehabassociation.org>

## **I. FUNDAMENTAL PRINCIPLES.**

The fundamental principles are aspirational in nature—these provide an overall framework for guidance in practice.

### **A. Ethical Behavior**

1. Practitioners uphold and advance the mission, principles, and ethics of the profession.
2. All practitioners strive to practice within the scope of the principles, standards, and guidelines herein.

### **B. Integrity**

1. Practitioners act in accordance with the highest standards of professional integrity and impartiality.
2. Practitioners strive to resist the influences and pressures that interfere with their professional performance.
3. Practitioners are continually cognizant of their own needs, values, and of their potentially influential position, in relationship to persons receiving services.
4. Practitioners foster the trust of persons receiving services and do not exploit them for personal gain or benefit.
5. Practitioners act fairly and honestly in professional relationships and business practices, and do not exploit them for personal gain or benefit.

### **C. Freedom of Choice**

1. Psychiatric rehabilitation practitioners make every effort to support self-determination on the part of the person using their services, and support the individual's full participation in his or her recovery process.
2. When practitioners are obligated to take action on behalf of a person receiving services who has been judged legally incapacitated, they safeguard the person's interests, rights, and his/her previously expressed choices.
3. When another individual has been legally authorized to act on behalf of a person receiving services, practitioners collaborate with that person, always taking into consideration the previously expressed desires of the person receiving services.

### **D. Justice**

1. The psychiatric rehabilitation practitioner's primary responsibility is to persons receiving services.
2. Practitioners provide persons receiving, or about to receive, services with accurate and complete information regarding the extent and nature of the services available to them; any relevant limitations of those services; criteria for admission, transition, and discharge.
3. Practitioners provide information about their professional qualifications to deliver services to people using those services.
4. Practitioners apprise persons receiving services, in clear and understandable language, of their rights, risks, opportunities, and obligations associated with service(s) to them and avenues of appeal available to them, as well as the right to refuse services and the consequences of such refusal.

**E. Respect for Diversity and Culture**

1. Practitioners practice and promote multicultural competence at all times and in all relationships in the practice of psychiatric rehabilitation.
2. Practitioners obtain training regarding multicultural competency on an ongoing basis to maximize their competency to provide the latest, up-to-date recovery services to persons of diverse backgrounds.
3. Practitioners study, understand, accept, and appreciate their own culture as a basis for relating to the cultures of others. Where differences influence the practitioner's work, the practitioner shall seek training, consultation.
4. When unable to provide culturally and linguistically appropriate services to an individual, a practitioner will arrange a referral to alternate or supplementary services.
5. Practitioners demonstrate respect towards the cultural identities and preferences of persons using their services, and respect the right of others to hold opinions, beliefs, and values different from their own.
6. Practitioners decline to practice, condone, facilitate, or collaborate with any form of discrimination on the basis of ethnicity, race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference of personal characteristic, condition or state.
7. Practitioners recognize that families can be an important factor in rehabilitation and strive, with the consent of the person using services, to enlist family understanding and involvement as a positive resource in promoting recovery.

**II. FUNDAMENTAL STANDARDS.**

The fundamental standards are descriptive ideals indicating how practitioners can implement the foundational principles. The standards are grouped in sections indicating important areas for ethical practice.

**A. Competence**

1. Practitioners are proficient in professional practice and the performance of professional functions.
2. Practitioners incorporate recognized psychiatric rehabilitation practices and principles into their work.
3. Practitioners make maximum use of their professional skills, competence, knowledge and advocacy when delivering psychiatric rehabilitation services.
4. When practitioners experience personal problems that may impair their performance, they seek guidance and refrain from professional activities that may be affected.
5. Practitioners obtain training and education and review relevant literature related to the psychiatric rehabilitation field on an ongoing basis and actively incorporate knowledge and/or skill gained into their practice.
6. Practitioners ensure that delivery of their practice and services follows professional practice guidelines, including the core principles of psychiatric rehabilitation and any specific practice guidelines or fidelity requirements that apply to their specific service or program, through ongoing program and practice evaluations.
7. Practitioners participate in professional activities that develop the competence of the profession. Practitioners are responsible for identifying and developing knowledge for professional practice, and sharing knowledge and practice wisdom with colleagues.



## **B. Informed Consent**

1. Practitioners fully explain the limits of confidentiality to the person using services, at the outset of services and as needed, including providing information about any privacy standards, regulations, or laws.
2. Practitioners fully explain any legal or moral duty to warn requirements.
3. Practitioners ensure that persons served are apprised of their rights regarding sharing of their protected health information.
4. Practitioners obtain written permission of persons receiving services before recording the person's voice or image, or permitting third party observation of their activities.
5. Practitioners follow guidelines for safe maintenance, storage, and disposal of the records of persons using their services so that unauthorized persons shall not have access to these records.
6. Practitioners uphold policies and procedures designed to ensure that only persons authorized to access records do so, in keeping with regulations and organizational policies and guidelines.

## **C. Advocacy**

1. Practitioners promote the field of Psychiatric Rehabilitation by supporting the formulation, development, enactment, and implementation of public policies of concern to the profession.
2. Practitioners act to expand choice and opportunity for all persons, in particular those experiencing a psychiatric disability.
3. Practitioners advocate for and assist people to advocate for themselves against discriminatory behavior and to access desired opportunities to further their recovery.
4. Psychiatric rehabilitation practitioners promote social justice and the general welfare of society by promoting the acceptance of persons who experience mental illness.
5. Practitioners work toward the elimination of discrimination and oppression within society.
6. Practitioners strive to eliminate attitudinal barriers, including stereotyping and discrimination toward people with disabilities.
7. Practitioners demonstrate and promote activities that respect diversity among professionals, individuals served, and local communities.

## **D. Propriety**

1. Practitioners take care to avoid any false, misleading or deceptive actions in setting fees or seeking reimbursement or funding for the services they provide.
2. Practitioners actively work to maintain high standards of personal conduct in their role as psychiatric rehabilitation practitioners.
3. While the private conduct of psychiatric rehabilitation practitioners is a personal matter, the actions of these individuals must not compromise the fulfillment of their professional responsibilities or reflect poorly upon the profession.
4. When practitioners make statements or take actions as private individuals, they clearly distinguish these statements and actions from those taken as a representative of the psychiatric rehabilitation profession, organization, or agency.

### **III. GUIDELINES FOR THE PRINCIPLES AND STANDARDS**

The guidelines are prescriptive statements recommending practitioner tasks that are essential to ethical practice. The guidelines are grouped into categories that represent areas where ethical practice may create a special challenge for practitioners. Practitioners should be aware that these guidelines do not cover every possible circumstance where ethical dilemmas may arise. Should an ethical dilemma arise, practitioner should be able to justify their decisions and actions, including explaining how the Code of Ethics was considered and applied.

#### **A. Promotion of Ethical Behavior**

1. Practitioners recognize ethical issues and dilemmas.
2. Practitioners seek training in and abide by the Code of Ethics, as well as other professional codes under which they practice, and consult with colleagues and supervisors regarding resolution of specific ethical dilemmas. When seeking consultation on an ethical issue, practitioners maintain confidentiality.
3. When a practitioner believes that a colleague has violated an ethical principle, standard, or guideline, then s/he brings that concern to the individual for informal resolution prior to reporting it.
4. In the event that practitioners fail to conduct themselves in accordance with the Code of Ethics, persons receiving services, advocates, or other professionals can initiate a complaint to the Ethics Review Committee of PRA. This committee will review the complaints and issue its findings.
5. Practitioners avoid the appearance of impropriety that may result from apparent conflict of interests or accepting substantial gifts from people using their services.

#### **B. Practice Responsibilities**

1. Practitioners actively apply psychiatric rehabilitation principles, practices, multicultural standards, guidelines for involvement of persons using services, and the Code of Ethics in their practice and service delivery.
2. Practitioners are knowledgeable of, and act in accordance with, the laws and statutes in the legal jurisdiction in which they practice regarding all issues that affect their practice.
3. Practitioners recognize and practice within the boundaries of their competence and work to improve their knowledge and skills in those approaches most effective with the individuals who use their services.

#### **C. Confidentiality**

1. Practitioners describe the protections and limits of confidentiality with individuals at the onset of service provision, using language that is clear and understandable to the person using services.
2. Practitioners explicitly describe the purposes for which personal information is obtained and how it may be used.
3. Practitioners explain to service users how to make their preferences known regarding their right to determine who can and cannot have access to their records, or knowledge of their treatment.

4. Practitioners using descriptions of an individual and/or clinical materials or information in teaching, writing, consulting, research, and public presentations do so only if a written waiver has been obtained from the individual or when appropriate steps have been taken to de-identify the data/information used to protect the person's identity and confidentiality.
5. Practitioners inform people receiving services when their services are being provided by an individual who is under supervision. Practitioners inform the person using services who the supervisor is and offer the person in services an opportunity to meet with the supervisor.

#### **D. Rights Protection**

1. Practitioners do not intimidate, threaten, harass, use undue influence or make unwarranted promises of benefits to persons receiving services.
2. Practitioners avoid coercion, even in its subtle forms that may lead to a misuse of the power and influence of the practitioner role.
3. Where conflicts arise between organizational or system demands and the rights of an individual using services, the practitioner supports and advocates for the rights of that individual.

#### **E. Individualization**

1. Practitioners recognize cultural, individual and role differences due to factors such as age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.
2. Practitioners perform assessments and use interventions and modalities that are appropriate to the person's determined needs, beliefs, and behaviors.

#### **F. Multiple Roles and Relationships**

1. Practitioners refrain from entering into multiple roles and relationships with persons receiving their services. When multiple roles and relationships are unavoidable, it is the responsibility of the practitioner to conduct himself/herself in a way that does not jeopardize the integrity of the helping relationship, and seek supervision to handle any real or potential conflicts.
2. Practitioners under no circumstances engage in sexual activities and intimate relationships with individuals to whom they are providing or have provided services.
3. Practitioners avoid relationships or commitments that conflict with the interests of persons receiving services, impair professional judgment, or create risk of harm to persons receiving services, and seek supervision should such situations arise.
4. Practitioners follow organizational policies and guidelines and consider potential complications of accepting gifts from people using their services, while recognizing that, in some cultures, small gifts are a token of respect and gratitude.
5. Practitioners are aware of professional boundaries in collegial relationships, including supervision, and manage non-professional roles in a manner that does not compromise the professional relationship.

#### **G. Supervision**

1. Supervisors who are psychiatric rehabilitation practitioners seek training and build competence in both clinical practice and supervision.

2. Supervisors guide supervisees in following this ethical code.
3. Supervisors ensure clear communication in establishing competency standards.
4. Supervisors support supervisees in setting professional development goals and detailing the tasks to achieve them.
5. Supervisors model and engage supervisees in objective and balanced self-assessment.
6. Supervisors inform supervisees about performance expectations, including competencies required, standards for acceptable completion of job duties, and any rules, policies, and procedures that relate to general practice.
7. Supervisors refrain from entering into multiple roles and relationships with supervisees. When multiple roles and relationships are unavoidable, it is the responsibility of the supervisor to conduct himself/herself in a way that does not jeopardize the integrity of the supervising relationship.

#### **H. Termination**

1. Practitioners discontinue professional relationships with individuals using their services when it is in the best interest of those persons, when such service and relationships are no longer desired or needed, or in the event continued service will result in a violation of the Code of Ethics.
2. When an interruption of services is anticipated, practitioners promptly notify the persons receiving services and engage them in discharge planning or an appropriate transfer to another professional, if necessary.
3. Upon the conclusion of the helping relationship, it is the practitioner's responsibility not to enter into any relationship with the person formerly receiving services that could create a risk of harm to that person.

#### **I. Service Coordination**

1. To the extent desired by the person receiving services, practitioners collaborate with others serving the same individual, including natural community supports such as: peers, traditional healers, and spiritual practitioners, to assure the most effective services.
2. Practitioners assume professional responsibility for persons receiving services from another agency or a colleague only after appropriate notice to that agency or colleague.
3. Practitioners seek advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of persons receiving services, in a way that protects the confidentiality of the individual receiving services.

#### **J. Collegial Relationships**

1. Practitioners treat colleagues with respect, courtesy, fairness, and good faith and uphold the Code of Ethics in dealing with colleagues.
2. Practitioners are transparent in defining their ongoing professional relationship with those colleagues whom they employ, supervise, or mentor, especially when those relationships change.
3. Practitioners create and maintain conditions of practice that facilitate ethical and competent professional performance by colleagues, and assume responsibility to assist colleagues to deal with ethical issues.

4. Practitioners treat with respect, and represent accurately and fairly, the qualifications, views, and findings of colleagues.
5. Practitioners give credit to original source of ideas and material—whenever possible.
6. Practitioners cooperate with colleagues to promote professional interests and concerns.
7. Practitioners respect confidences shared by colleagues in the course of their professional relationships and transactions.



## **SIGNATURE AND COMMITMENT**

*My signature below indicates that I have read the Practitioner Code of Ethics and that I agree to abide by the Code.*

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Full Name of Practitioner (Printed)

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Signature

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Date Signed