

Table 2

Comparison of Ethical Principles, Psychiatric Rehabilitation Principles, and CACREP Standards

CRCC Ethical Principles (2017)	Psychiatric Rehabilitation 12 Principles (PRA, 2018)	CACREP Standards (2016) 2.F: EIGHT CORE CURRICULUM AREAS: 1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE 2. SOCIAL AND CULTURAL DIVERSITY 3. HUMAN GROWTH AND DEVELOPMENT 4. CAREER DEVELOPMENT 5. COUNSELING AND HELPING RELATIONSHIPS 6. GROUP COUNSELING AND GROUP WORK 7. ASSESSMENT AND TESTING 8. RESEARCH AND PROGRAM EVALUATION REHABILITATION COUNSELING ENTRY-LEVEL SPECIALTY AREAS: 5.D: CLINICAL REHABILITATION COUNSELING 5.H: REHABILITATION COUNSELING
Autonomy: <i>to respect the rights of clients to be self-governing within their social and cultural framework</i>	1. RCs convey hope and respect 5. Practices are person-centered 7. RCs promote self-determination and empowerment	5.H.1.e. principles of societal inclusion, participation, access, and universal design, with respect for individual differences d. principles of independent living, self-determination , and informed choice 5.H.3.f. techniques to promote self-advocacy skills of individuals with disabilities to maximize empowerment and decision-making throughout the rehabilitation process. • “ empowerment ” is found in the rehabilitation counseling terminology glossary in the definition for “philosophy of rehabilitation counseling”: Focused on disability rights and empowering individuals with disabilities to achieve their own chosen goals... • “ person-centered ” is found in definitions in the rehabilitation counseling terminology glossary: Employment models (applicable to disability): ... person-centered placement. Rehabilitation Process--A systematic process intended to facilitate person-centered decision-making... • “ hope ” and “ client-centered ” not found
Beneficence: <i>To do good to others; to</i>	4. Practices build on the strengths and	2.F.3.i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan 2.F.4.b. approaches for conceptualizing the interrelationships among and between work, mental well-being , relationships, and other life roles and factors

<p><i>promote the well-being of clients</i> Veracity: To be honest</p>	<p>capabilities of individuals 9. Help individuals improve the quality of all aspects of their lives 10. Practices promote health and wellness</p>	<p>5.H.2.e. impact of psychosocial influences, cultural beliefs and values, diversity and social justice issues, poverty, and health disparities, with implications for employment and quality of life for individuals with disabilities From the glossary: Pluralistic: ...This condition is based on the belief that all members of society benefit when diverse groups participate fully in the dominant society, yet maintain their differences. • References to “wellness” also found in specialty areas A. Addiction COUNSELING and F. MARRIAGE, COUPLE, AND FAMILY COUNSELING Also 5.A.f. ...the benefits of a life without addiction • “client strengths” not found • “honest” not found • “benefits” in regards to disability used to discuss public benefit programs or in terms of incentives to employers to hire individuals with disabilities: 5.D.2.c. rehabilitation service delivery systems, including housing, independent living, case management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs 5.H.3.m. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including accommodations, universal design, and workplace disability prevention</p>
<p>Justice: To be fair in the treatment of all clients; to provide appropriate services to all (especially section C: Advocacy and Accessibility)</p>	<p>6. Practices support full inclusion in their communities 8. Practices facilitate the development of personal support networks 12. Services must be accessible...</p>	<p>2.F.1.b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation e. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients 2.F.5.k. strategies to promote client understanding of and access to a variety of community-based resources 5.D.3.e. strategies to consult with and educate employers, educators, and families regarding accessibility, Americans with Disabilities Act compliance, and accommodations 5.D.1.e. neurobiological and medical foundation and etiology of addiction and co-occurring disorders 5.D.2.j. effects of co-occurring disabilities on the client and family 5.H. Students who are preparing to specialize as rehabilitation counselors will demonstrate the knowledge, skills, and attitudes necessary to address varied issues within the rehabilitation</p>

	(and) should be well-coordinated and integrated with other psychiatric, medical, and holistic treatments and practices	<p>counseling context. Rehabilitation counselors work collaboratively with individuals with disabilities, their support systems, and their environments to achieve their personal, social, psychological, and vocational goals. Counselor education programs with a specialty area in rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>5.H.1.e. principles of societal inclusion, participation, access, and universal design, with respect for individual differences</p> <p>5.H.2.f. impact of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability</p> <p>5.H.3.h. career development and employment models and strategies to facilitate recruitment, inclusion, and retention of individuals with disabilities in the work place</p> <p>j. advocacy for the full integration and inclusion of individuals with disabilities, including strategies to reduce attitudinal and environmental barriers</p> <p>k. assisting individuals with disabilities to obtain knowledge of and access to community and technology services and resources</p>
Fidelity: <i>To be faithful; to keep promises and honor the trust placed in rehabilitation counselors</i>	3. RCs practice shared decision making 11. Services are evidence-based and recovery-focused	<p>2.F.4.a. theories and models of career development, counseling, and decision making</p> <p>i. methods of identifying and using assessment tools and techniques relevant to career planning and decision making</p> <p>2.F.5.j. evidence-based counseling strategies and techniques for prevention and intervention</p> <p>F.8.b. identification of evidence-based counseling practices</p> <p>5.H.2.q. legal and ethical aspects of rehabilitation counseling, including ethical decision-making models</p> <p>5.H.3.d. understanding and use of resources for research and evidence-based practices applicable to rehabilitation counseling</p> <p>5.H.3.f. techniques to promote self-advocacy skills of individuals with disabilities to maximize empowerment and decision-making throughout the rehabilitation process</p> <p>from the glossary: Rehabilitation Process--A systematic process intended to facilitate person-centered decision-making...</p> <ul style="list-style-type: none"> • The term “recovery” is only found in specialty area A. ADDICTION COUNSELING • “shared decision making” not found; references in the CACREP standards mainly address analytical tasks of decision-making (e.g. career decision-making, using ethical-decision making models)

<p>Nonmaleficence: <i>To do no harm to others</i></p>	<p>2. Services are culturally relevant</p>	<p>“culturally relevant” strategies are included in 7 out of 8 core curriculum standard areas.</p> <p>One whole curriculum section is devoted to cultural competence:</p> <p>2.F.2. SOCIAL AND CULTURAL DIVERSITY</p> <p>a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally</p> <p>b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy</p> <p>c. multicultural counseling competencies</p> <p>d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual’s views of others</p> <p>e. the effects of power and privilege for counselors and clients</p> <p>f. help-seeking behaviors of diverse clients</p> <p>g. the impact of spiritual beliefs on clients’ and counselors’ worldviews</p> <p>h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination</p> <p>2.F.3.i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan</p> <p>2.F.4.j. ethical and culturally relevant strategies for addressing career development</p> <p>2.F.5.d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships</p> <p>2.F.6.g. ethical and culturally relevant strategies for designing and facilitating groups</p> <p>2.F.7.m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results</p> <p>2.F.8.j. ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation</p> <ul style="list-style-type: none"> • No mention of “disability culture” in the 8 core curriculum areas. • The term “disability” and “disabilities” are only found in the rehabilitation counseling specialty areas of the curriculum standards
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