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## Rehabilitation Counselor Education and the New Code of Ethics

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### MSU Digital Commons Citation

Glossoff, Harriet L. and Cottone, Rocco, "Rehabilitation Counselor Education and the New Code of Ethics" (2010). *Department of Counseling Scholarship and Creative Works*. 100.

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# Rehabilitation Counselor Education and the New Code of Ethics

Rehabilitation Counseling Bulletin  
53(4) 243–248  
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DOI: 10.1177/0034355210368568  
<http://rcb.sagepub.com>



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## Abstract

The purpose of this article is to discuss recent changes in the Commission on Rehabilitation Counselor Certification *Code of Professional Ethics for Rehabilitation Counselors*, effective January 1, 2010, that are most relevant to rehabilitation counselor educators. The authors provide a brief overview of these key changes along with implications for ethical practice in rehabilitation counselor education.

## Keywords

ethics, counselor education, rehabilitation counseling

Rehabilitation counselor educators are faced with the responsibility of preparing future generations of counselors who are ethically, culturally, and clinically competent. To say that this is no small task is a great understatement. To meet their responsibilities, rehabilitation counselor educators themselves must first develop competence both as practitioners and then as teachers. They also must have a strong enough understanding of the complexities of ethical issues involved in the delivery of rehabilitation counseling services across a myriad of work settings so they can teach students how to be ethical practitioners. To fulfill their responsibilities in an ethical manner, it is natural that rehabilitation counselor educators look for guidance in codes of ethics.

As Shaw and Tarvydas (2001) noted, codes of ethics traditionally have focused on issues directly related to counseling and the counselor–client relationship, offering little in the way of specific guidance to counselor educators. For example, the 1987 *Code of Professional Ethics for Rehabilitation Counselors* (Commission on Rehabilitation Counselor Certification [CRCC]) included only vague guidance for rehabilitation counselor educators (Falvo & Parker, 2000). This changed, however, with the 2002 *Code of Professional Ethics for Rehabilitation Counselors* (CRCC, 2002), which provided educators with expanded and specific guidelines relevant to their day-to-day work as teachers and supervisors (McQuade & Murray, 2001). The 2010 *Code of Professional Ethics for Rehabilitation Counselors* (CRCC, 2010; hereafter referred to as the Code), further expands the treatment of counselor education and supervision and offers information in a newly structured section (Section H: Teaching, Supervision, and Training). In addition to a greater number of subsections (as compared to the corresponding Section G of the 2002 Code) helping readers more easily

find information on specific topics, there is also greater differentiation between responsibilities related to working with students in rehabilitation counseling programs and those specifically related to counseling supervision, regardless of work settings.

This article provides a summary of the new provisions for rehabilitation counselor educators. The article is organized into sections as follows: (a) informed consent practices, (b) boundary issues, (c) competence, (d) the infusion of ethical considerations, (e) commitment to cultural diversity in rehabilitation counselor education programs, and (f) evidence-based techniques, procedures, and modalities.

## Informed Consent Practices

Counselor educators provide adequate information to prospective students to help them make informed choices about entering into a particular program (CRCC, 2010, H.7.a.). One new addition to the Code is that, in addition to informing students and potential students that there are components of the training program that encourage self-growth or self-disclosure, this information must now delineate student requirements for self-disclosure as part of self-growth experiences (CRCC, 2010, H.7.b.). Including documents on the program's Web site (e.g., student handbooks and field placement forms and

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manuals, information on the use of self-growth experiences required as part of the training program, and information about the theoretical orientation and research and practice interests of faculty members) is just one way to accomplish this. Another is to hold information sessions.

Once faculty admit students into programs, they continue such practices by informing students about when and how they will be evaluated, criteria for success in each course, and any self-growth experiences that are part of their training (H.7.b.). It is important for students and faculty to understand that evaluative components of training experiences are separate from and do not depend on a specific level of self-disclosure of students. Furthermore, students should be made aware of potential ramifications of their self-disclosures as previously discussed. Just as with clients, students should make informed choices about what information they share, with whom, and with the understanding of who else may be privy to that information.

Ideally, programs include “informed consent” documents in their preadmissions materials and as part of the initial orientation to training programs. These documents should summarize key points regarding program expectations, experiential components of the training, possible consequences for breach of ethical standards, and evaluation policies and procedures. Students should be instructed to read their student handbook and the CRCC Code within a specified time period after entering their training program. We recommend that advisors meet with their advisees to review any questions they may have at that point and to assess students’ understanding of the information contained in those documents. Although this information also relates to accreditation guidelines, the new Code makes it clear that rehabilitation counselor educators have an ethical responsibility, separate from accreditation requirements, to engage in effective ongoing informed consent practices with students. Engaging in ongoing informed consent practices with students also models for them how they can do this with clients, which is aligned with new standard H.6.a.

## Boundary Issues

Students also need to be made aware of what constitutes appropriate boundaries between counselor educators and themselves and what they should expect from their faculty. For example, they should understand that when educators must assume multiple professional roles (e.g., class instructor and clinical or administrative supervisor), it is the responsibility of educators to explain how they will function in each role and to minimize any potential conflicts (CRCC, 2010, H.3.a.). Students should also be aware that educators are to avoid nonprofessional or ongoing professional relationships with students that may compromise the student’s training experience or grade assigned or that may cause harm (H.3.f.).

Although boundary crossing is not recommended, H.3.h. of the Code now clarifies that it is acceptable in certain circumstances when counselor educators believe there may be potential benefits to time-limited or context-specific non-professional relationships (e.g., attending a formal ceremony, visiting a student in the hospital, providing support during a stressful event). In such instances, students should expect educators to remain aware of power differentials and to take precautions similar to those taken by counselors when working with clients. For example, before entering into the nonprofessional relationship, rehabilitation counselor educators need to consult with other professionals and engage in discussions with the trainee to examine their own motivation for the nonprofessional relationship and potential benefits and risks to the trainee.

One additional stipulation that is new to the 2010 Code is for rehabilitation counselor educators to avoid accepting as trainees individuals who are close relatives, romantic partners, or friends. If such situations cannot be avoided, it is important for educators to use a formal review mechanism. Similar to the situation of potentially beneficial nonprofessional interactions, the authors strongly recommend that counselor educators examine their own rationale for accepting such trainees, that they consult with other professionals within and outside of their program before deciding that such circumstances cannot actually be avoided and then explore potential risks to the trainee in question along with strategies to minimize those risks.

## Competence

Rehabilitation counselor educators have a dual responsibility to monitor their own competence and that of their students, supervisees, and trainees. The following section addresses the process of evaluating the competence of students and assessing educator teaching competence.

### *Evaluating Competence and Ethical Behavior of Students and Trainees*

Although not a new ethical mandate, it is essential for rehabilitation counselor educators to understand their obligation to effectively assess the skills and limitations of their students and trainees (CRCC, 2010, H.5.a., H.5.b.). One addition to the 2010 Code is H.5.d., which directs rehabilitation counselor educators to refrain from endorsing individuals who may be impaired in *any way* that would interfere with rehabilitation counseling duties. However, assessing impairment and determining the competence of students to complete a degree program or to earn an endorsement for credentials or employment can be daunting and complex tasks. Even defining the term *competence* can be difficult. Rehabilitation counseling is an applied field that requires both academic knowledge

and certain skill sets for counselors to be effective practitioners. Students can be very adept at passing exams and completing other academic assignments yet for a variety of reasons may not be able to effectively apply the knowledge they demonstrate through those measures in applied settings with consumers of their services.

Defining impairment is equally difficult because of a lack of agreement among professionals regarding the behaviors that typically indicate that a student or trainee is impaired (Vacha-Haase, Davenport, & Kerewsky, 2004). To meet ethical obligations regarding assessment of the student competence, rehabilitation counselor educators must consider student impairment or personal characteristics that may influence professional competence or be indicative of impairment. There is, however, no one commonly agreed-on set of personal qualities, attitudes, and characteristics counselors must possess to be effective that has been consistently supported through research. Despite this lack of consensus, rehabilitation counselor educators have an ethical responsibility to somehow evaluate the performance of students in these non-academic areas based on clear policies and procedures for doing this. These policies should also include how to help students address deficiencies in both academic knowledge and problems stemming from personal and/or interpersonal characteristics that interfere with counseling competence (CRCC, 2010, H.5.b.). Kerl, Garcia, McCullough, and Maxwell (2002) developed a rating form that readers may find helpful with these tasks. Regardless of the specific criteria used to assess student competence, the evaluative and screening role of rehabilitation counselor educators is important, and it should not be viewed as mutually exclusive to the educator role. There can be a tension between the educator and gatekeeper roles, especially if screening students becomes the focus rather than training or skill development. The roles are mutually exclusive only if they are viewed as distinct, which will present the educator with a role dilemma: Should the educator focus on assisting challenged students, or should the educator screen challenged students and focus only on those who excel or show great promise?

When working with challenging students, addressing specific competencies that are currently lacking is a recommended strategy to resolve the conflict between faculty focusing on assisting students while attending to their screener role or “gatekeeping” responsibilities. Can the student attend to a client’s behaviors during a session? Can the student establish a therapeutic alliance? Is the student capable of collaborating with clients to assist in decision making in the client’s best interest? These are just a few examples of questions that address specific competencies. Rehabilitation counselor educators must resist the use of global labels or global conclusions that may cloud judgment when assessing challenging students and, instead, rely on specific competencies against which students can be judged.

As part of establishing criteria for evaluation of nonacademic performance, it must be clear how student self-disclosures will and will not be used. As previously mentioned, students should know, before entry into a program, the degree to which self-disclosed material can be used in faculty decisions to retain or to expel students. “Students are made aware of the ramifications their self-disclosure may have” when rehabilitation counselor educators are “acting on ethical obligations to the profession” (CRCC, 2010, H.7.b.). The Code now clearly notes that evaluation of students does not depend on their level of self-disclosure (H.7.b.). At the same time the Code states that counselor educators may now “require that students seek professional help to address any personal concerns that may be affecting their competency” (H.7.b.). A point that we would like to emphasize is that educators must not use a “bait-and-switch” approach to student self-disclosure, meaning they should not purposefully facilitate personal self-revelation of students to then use the information to screen potentially problematic students. For example, knowing that a student has or has had an addiction to a drug is not justification for making a decision about program dismissal. However, observing that the student is under the influence and/or consistently demonstrates an inability to function effectively during training procedures would be enough to engage faculty intervention and an attempt to remedy, to rehabilitate, or otherwise to address the counseling skill deficiency. In cases where a student is impaired, has multiple skill deficiencies, or has failed to adhere to ethical practice, encouraging the student to reconsider the career selection would be imperative as a first or informal means of removal from the program (student-initiated withdrawal), followed by formal dismissal efforts if necessary. Required informed consent of students entering programs is important in this regard (see the previous discussion on informed consent).

### *Rehabilitation Counselor Educator Teaching Competence*

According to Standard H.6.a. of the Code, rehabilitation counselor educators “are skilled as teachers and practitioners.” One cannot assume that being a skilled practitioner, however, equates to being a skilled counselor educator. As with all areas of practice, rehabilitation counselors “practice only within the boundaries of their competence, based on their education, training, supervised experience, professional credentials, and appropriate professional experience” (CRCC, 2010, D.1.a.). In addition to having adequate and appropriate training in rehabilitation counseling, counselor educators should have education and supervised experiences related to pedagogy and learning theory, which reflects requirements noted by the Council on Rehabilitation Education (CORE, 2008). If the degree programs from which they

graduated did not include course work addressing effective teaching, the authors recommend that educators take the same steps as they would in developing any specialty area of practice, such as postgraduation course enrollment, by seeking professional development opportunities on-line and through professional conferences, and/or by obtaining supervision or consulting with other faculty members (CRCC, 2010, D.1.b.).

Shaw and Tarvydas (2001) stated that effective teachers also maintain content competence. They further noted that doing so requires keeping current with what is considered to be the best counseling and teaching practices, changes in legislation, assistive technology, innovations in distance and online teaching and counseling, and computer-based assessment. Standard D.1.e. (CRCC, 2010) clearly mandates that all rehabilitation counselors are responsible for staying abreast of scientific and professional information needed to effectively perform in their professional roles. Essentially, counselor educators have the difficult job of being able to teach students about current and best counseling practices and to make them aware of the innumerable ethical and cultural issues they may face as rehabilitation counselors.

### **Infusion of Ethical Considerations**

Previous codes of ethics have noted that rehabilitation counselor educators are to be knowledgeable about and to make students aware of ethical, legal, and regulatory standards that affect the practice of rehabilitation counselors. The 2010 Code more specifically discusses the responsibility of counselor educators to serve as role models for professional behavior (H.6.a.) and to “infuse ethical considerations throughout the curriculum” (H.6.d.). These mandates require an advanced understanding of and comfort with ethical standards, principles, values, and models of ethical decision making.

To effectively infuse ethics across the curriculum, it is essential for counselor educators to continue their own education regarding ethics. In fact, CRCC requires that certified rehabilitation counselors (CRCs) engage in a minimum of 10 hours of continuing education in the area of ethics every 5 years to renew their certification (CRCC, n.d.). This requirement, however, is very broad and does not specify the need to continue education related to ethical or legal standards or effective teaching methods. We are not suggesting that CRCC include more prescriptive requirements for certification renewal or standards in the Code. Instead, the ethical implication for rehabilitation counselor educators is that they must carefully consider the totality of their professional activities when choosing their continuing ethics education activities. Doing so models for students the importance of being lifelong learners.

To effectively infuse issues of ethics across a curriculum, rehabilitation counselor educators must collaborate with

colleagues. It is a wonderful first step for individual educators to carefully evaluate how effectively they help students understand the ethical implications related to the content area of their courses. To meet the spirit of Standard H.6.d., however, counselor educators also must be knowledgeable about what their colleagues are covering in other courses. This standard brings the current Code in line with CORE (2008) accrediting standards; there is now consistency between accreditation and ethical standards in this regard. Collegial collaboration in curriculum development ensures that ethical issues have been considered. Such collaboration has been a “best practice” in CORE-accredited programs; the wording in the new H.6.d. standard now makes this an ethical mandate for CRCs regardless of the accreditation status of their programs.

### **Commitment to Cultural Diversity in Rehabilitation Counselor Education Programs**

The authors believe that to be an ethical practitioner or educator one must be culturally competent and that these constructs cannot be separated. The revisions in the 2010 Code speak to this, noting the ethical responsibility of educators to address cultural considerations in all courses and professional development workshops (H.6.b.) and their training and supervision practices (H.8.b.).

#### *Infusion of Cultural Considerations*

Many of the same issues raised in discussing the infusion of ethical issues across counselor education courses apply to integrating cultural considerations. Although CORE (2008) requires that accredited programs address issues of social and cultural diversity, the Code now takes this outside of the realm of accreditation, requiring that all CRCs who are rehabilitation counselor educators help trainees “develop and maintain beliefs, attitudes, knowledge, and skills necessary for competent practice with people across cultures” (CRCC, 2010, H.8.b.). Durham and Glosoff (2010) noted, however, that assumptions cannot be made about how adequately concepts of diversity and advocacy were addressed in the master’s programs of those students entering doctoral programs. In addition, depending on when they went through their graduate education, rehabilitation counselor educators may or may not have felt prepared to engage in discussions of cultural issues, which often involve strong emotional and psychological reactions.

At a basic level, to educate students about ethical mandates to respect how issues of culture affect the development and implementation of rehabilitation and treatment plans (CRCC, 2010; A.2), educators must first examine their own beliefs

and awareness regarding these same issues. Rehabilitation counselor educators model ways to acknowledge one's own biases and worldviews while taking care to avoid imposing these on others (CRCC, 2010, A.4.b.) through their actions with students.

As we previously discussed in regard to infusing ethical considerations across the rehabilitation counselor education curriculum, new standards in the Code encourage faculty members to model this willingness of critical examination by working together to explore how they are collectively addressing issues of culture, privilege, oppression, and inequities in each of their courses. This is in line with CORE accreditation standards but again now extends this ethical responsibility to educators regardless of the accreditation status of their programs. Rehabilitation counselor educators serve as role models by including case examples, role-plays, discussions, and other activities that can promote understanding of multiple cultural perspectives, whether teaching as part of a counselor education curriculum or during a stand-alone workshop.

### *Recruitment and Retention Issues*

Commitment to cultural competence goes beyond examining one's own practice as an educator. The Code further directs rehabilitation counselor educators to "actively attempt to recruit and retain a diverse faculty and student body" (CRCC, 2010, H.8.a.). Rehabilitation counselor educators need to examine the criteria used to admit students into their programs. Recruitment and admission of students of color and from disadvantaged populations are not always easy tasks. Such students may not seek entry into the profession, and even when interested, if their undergraduate records or scores on standardized tests are less than stellar, they may assume that their records would not be acceptable. This speaks to the need for programs to rely on requirements other than, or in addition to, traditional admissions requirements such as GRE scores and GPA. In addition, advocating for a more diverse faculty may be the first step in the recruitment and admission of an ethnically and racially diverse student body. At the present time, there are now both ethical (CRCC, 2010) and accreditation (CORE, 2008) standards that encourage diversity of both faculty members and students.

Once admitted, retention of a diverse student body may also be difficult. It requires a commitment on the part of faculty to recognize and value "diverse cultures and types of abilities . . . students bring to the training experience" and to "provide appropriate accommodation as required to enhance and support the well-being and performance of students" (CRCC, 2010, H.8.a.). Although one would hope that concepts of reasonable accommodation of disabilities are well understood by all rehabilitation counselors in relation to their work with clients, this new standard is a reminder for

counselor educators to apply the same concept to the success of students from diverse cultural backgrounds.

Rehabilitation counselor educators also need to attend to the process of learning itself. It is critical to consider how to create educational environments that foster the development of critical thinking skills and cognitively complexity (Vera & Speight, 2003) and how to design learning strategies that empower students from diverse cultural backgrounds to be active participants in their learning. In addition, cultural diversity competence in rehabilitation counselor education and training programs requires that educators work with trainees to examine cultural considerations of traditional theories. It is important to help students connect theory to practice by understanding results of qualitative and quantitative research on the effectiveness and efficacy of various theoretical approaches and rehabilitation counseling practices.

### **Evidence-Based Techniques, Procedures, and Modalities**

Students are not the only ones who need to connect theory and research to practice. All rehabilitation counselors are now directed to use techniques, procedures, and modalities that "are grounded in theory and/or have an empirical or scientific foundation" (CRCC, 2010, D.g.a.). When teaching, this extends to the responsibility of educators to clearly define as "unproven or developing" those techniques, procedures, and modalities that are innovative or do not have an empirical foundation or are not well grounded in theory. Rehabilitation counselor educators must explain to students the "potential risks and ethical considerations of using such techniques" (H.6.f.). To do this, rehabilitation counselor educators must maintain knowledge about current research findings related to the content of their various courses.

As both CORE and the Council for Accreditation of Counseling and Related Educational Programs (2009) now include requirements of outcome-based evidence of student learning, rehabilitation counselor educators must assess the skills (not just the knowledge) of students before deciding that they are competent to practice. Methods of assessment will ideally relate to competent practice using established, well grounded, or empirically supported techniques and procedures; assessment will ideally involve multiple means of measurement (not just multiple choice testing) so that students may be assessed on competencies across both academic and practice-relevant contexts.

### **Conclusion and Summary**

The new standards in the 2010 Code provide guidance to ethically perform the myriad of tasks involved in rehabilitation counselor education. In this article, the authors provided an overview of important revisions in the Code and offered

implications for and recommendations to rehabilitation counselors who serve as counselor educators. There have been substantial revisions across the various sections of the Code. To be effective role models, educators must adhere to all standards included in the Code, as noted in the Preamble. Furthermore, they must help students and trainees understand that individual standards are meant to be interpreted in conjunction with other related standards across sections of the Code. In addition to reading the articles in this issue, we encourage readers to participate in professional development activities that afford them opportunities to more closely explore ethical issues that they and their supervisees face.

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

### Financial Disclosure/Funding

The author(s) received no financial support for the research and/or authorship of this article.

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