

**CODE OF ETHICS  
For Psychiatric Rehabilitation Practitioners**

**Adopted by the International Association of Psychosocial Rehabilitation Services  
(IAPSRs) Board of Directors on May 7, 2001**

## **Preamble**

This code is intended to serve as a guide to the everyday conduct of psychiatric rehabilitation practitioners. It represents 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 and opportunities and obligations within a safe, caring, environment. It honors the need for psychiatric rehabilitation practitioners to keep the person's wants and needs 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 helping relationship is foremost in providing services. The philosophy of psychiatric rehabilitation fosters and promotes these values.

This code offers general principles to guide conduct in situations that have ethical implications. It provides the basis for making decisions about actions to take. 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. Frequently, 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.

## Major Ethical Principles

The following principles should guide psychiatric rehabilitation practitioners in their various professional roles, relationships and levels of responsibility.

### I. The Conduct of a Psychiatric Rehabilitation Practitioner

- A. Practitioners maintain high standards of personal conduct in their role as a psychiatric rehabilitation practitioner.
- B. Practitioners strive to be proficient in psychiatric rehabilitation and in the delivery of services.
- C. Practitioners regard as primary the obligation to help individuals achieve their needs and self-determined goals.
- D. Practitioners promote multicultural competence in all places and relationships in the practice of psychiatric rehabilitation.
- E. Practitioners promote and participate in full discussion of potential ethical dilemmas and decision-making.

### II. Psychiatric Rehabilitation Practitioners' Ethical Responsibility to People Receiving Services

- A. The primary responsibility of practitioners is to persons receiving psychiatric rehabilitation services.
- B. Practitioners refrain from entering into dual relationships with persons receiving their services.
- C. Practitioners act with integrity 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.
- D. Practitioners make every effort to support the maximum self-determination of each person served.
- E. Practitioners respect the privacy of persons receiving services and hold in confidence all information obtained in the course of professional service.

### III. Psychiatric Rehabilitation Practitioner's Ethic Responsibility to Colleagues

- A. Practitioners treat colleagues with respect, courtesy, fairness and good faith.
- B. Practitioners understand the knowledge and skills other providers bring to the rehabilitation process.

### IV. Psychiatric Rehabilitation Practitioners' Ethical Responsibility to the Profession

- A. Practitioners uphold and advance the mission, ethics and principles of psychiatric rehabilitation.
- B. Practitioners assist the profession by promoting the field of psychiatric rehabilitation.
- C. Practitioners take responsibility for identifying and developing experience-based psychiatric rehabilitation knowledge.
- D. Use of Knowledge - Practitioners actively incorporate research and experience-based psychiatric rehabilitation knowledge into their practice.

**V. Psychiatric Rehabilitation Practitioners' Ethical Responsibility to Society**

- A. Psychiatric Rehabilitation practitioners promote the general welfare of society by opposing discrimination and increasing understanding of psychiatric disability and recovery.
- B. Practitioners advocate for a systems of cares that responds to the needs of people with psychiatric disabilities.

**The Psychiatric Rehabilitation  
Code of Ethics**

**I. Psychiatric Rehabilitation Practitioners' Conduct as a Psychiatric Rehabilitation Practitioner**

- A. Propriety – Practitioners maintain high standards of personal conduct in their role as psychiatric rehabilitation practitioners.
  - 1. The private conduct of practitioners is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities.
  - 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 distinguish clearly between statements made and actions taken as private individuals and as representatives of the psychiatric rehabilitation profession, organization or agency.
  - 4. When practitioners experience personal problems that may impair their performance, they will seek guidance and/or refrain from professional activities that may be affected.

- B. Competence and Professional Development - Practitioners strive to be proficient in professional practice and the performance of professional functions.
  - 1. Practitioners participate in training and education related to the psychiatric rehabilitation field on an ongoing basis.
  - 2. Practitioners incorporate recognized psychiatric rehabilitation practices and principles into their work.
- C. Integrity - Practitioners act in accordance with the highest standards of professional integrity and impartiality.
  - 1. Practitioners are alert to and resist the influences and pressures that interfere with their professional performance.
  - 2. Practitioners do not exploit professional relationships for personal gain [or benefit].
  - 3. Practitioners are continually cognizant of their own needs, values and of their potentially influential position, in relationship to persons receiving services. Practitioners do not exploit the trust of persons receiving service.
- D. Diversity - Practitioners promote multicultural competence at all times and in all relationships in the practice of psychiatric rehabilitation.
  - 1. Practitioners recognize cultural, individual and role differences due to differences in age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.
  - 2. 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 and, if necessary, make an appropriate referral.
- E. Promotion of Ethical Behavior -- Practitioners participate in and promote training and full discussion of potential ethical dilemmas and decision-making.
  - 1. Practitioners are trained to recognize ethical issues and dilemmas.
  - 2. Practitioners promote and participate in full discussion of potential dilemmas and decision-making.
  - 3. Practitioners consult with colleagues and supervisors regarding resolution of specific ethical dilemmas.
  - 4. Practitioners recognize cultural, individual and role differences due to differences in age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.
  - 5. Practitioners take into account the IAPRS Code of Ethics and perspectives of all stakeholders in deciding how to resolve or address dilemmas.

## **II. Psychiatric Rehabilitation Practitioners' Ethical Responsibility to People Receiving Services**

- A. Primacy of the Interests of the Persons Receiving Services -- The psychiatric rehabilitation practitioner's primary responsibility is to persons receiving services.
1. Practitioners provide psychiatric rehabilitation services with the maximum application of professional skill, competence, knowledge and advocacy.
  2. Practitioners demonstrate respect towards the cultural identities and preferences of persons being served.
  3. Practitioners perform assessments and use interventions and modalities that are appropriate to the person's determined needs, beliefs and behaviors.
  4. Practitioners do not intimidate, threaten, harass, use undue influence or make unwarranted promises of benefits to persons receiving services.
  5. Practitioners do not 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.
  6. Practitioners advocate for and assist people to advocate for themselves against discriminatory behavior.
  7. 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, discharge and information about their professional qualifications to provide the services.
  8. Practitioners apprise persons receiving services of their rights, risks, opportunities and obligations associated with service to them and avenues of appeal available to them.
  9. Practitioners discuss confidentiality with individuals at the onset of service provision. Practitioners explain fully any relevant limits of confidentiality in a given situation, the purposes for which information is obtained and how it may be used. Practitioners also explain to the individual about making their preferences known regarding their right to determine who can and cannot have access to their record, or knowledge of their treatment.
  10. Practitioners coordinate services with other providers in cooperation with the person receiving service.
  11. Practitioners recognize that families can be an important factor in rehabilitation and strive, with the consent of the person receiving services, to enlist family understanding and involvement as a positive resource in promoting rehabilitation.

12. Practitioners seek advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of persons receiving services.
  13. Practitioners discontinue professional relationships with persons being served when it is in the best interest of persons being served, when such service and relationships are no longer required, or in the event continued service will result in a violation of the Code of Ethics.
  14. When an interruption of services is anticipated, practitioners promptly notify the persons receiving services.
  15. Practitioners, in all cases, engage in discharge planning with the persons receiving services, including an appropriate transfer to another professional if necessary.
  16. Practitioners do not engage in any false, misleading or deceptive actions in setting fees or seeking reimbursement or funding for the services they provide.
- B. Practitioners refrain from entering into dual relationships with persons receiving their services.
1. 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, including, but not limited to financial, business and familial, social or close personal friendships. When dual 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.
  2. Practitioners under no circumstances engage in sexual activities with individuals to whom they are providing services.
  3. Practitioners do not provide direct services to individuals with whom they have previously had an intimate relationship.
  4. Upon the conclusion of the helping relationship, it is the practitioner's responsibility not to enter any relationship with the person formerly receiving services that could be detrimental to that person.
- C. Practitioners act with integrity 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.
- D. Rights and Prerogatives of People Receiving Services – Psychiatric rehabilitation practitioners make every effort to support self-determination on the part of the person served.
- I. When practitioners must act on behalf of a person receiving services who has been adjudged legally incapacitated, they safeguard the person's interests, rights and his/her previously expressed choices.

2. When another individual has been legally authorized to act on behalf of a person receiving services, practitioners deal with that person always taking into consideration the previously expressed desires of the person receiving services.
- E. Confidentiality and Privacy -- Practitioners respect the privacy of persons receiving services and hold in confidence information obtained in the course of professional services. Practitioners release such information only as prescribed by law.
1. Practitioners give persons receiving services timely access to any official psychiatric rehabilitation practitioner records concerning them.
  2. When providing access to records to persons receiving services, practitioners take due care to protect the confidences of others contained in those records. Practitioners do not identify persons receiving services in the records of others.
  3. Practitioners obtain written permission of the persons receiving services before taping, recording or permitting third party observation of their activities.
  4. Practitioners safeguard the maintenance, storage, and disposal of the records of persons served so that unauthorized persons shall not have access to these records. All persons who must have access to these records will be thoroughly briefed concerning the standards of confidentiality to be observed.

### **III. Psychiatric Rehabilitation Practitioners' Ethical Responsibility to Colleagues**

- A. Respect, Fairness and Courtesy - Practitioners treat colleagues with respect, courtesy, fairness and good faith. Practitioners support the *Code of Ethics* in dealing with colleagues.
1. Practitioners cooperate with colleagues to promote professional interests and concerns.
  2. Practitioners respect confidences shared by colleagues in the course of their professional relationships and transactions.
  3. Practitioners create and maintain conditions of practice that facilitate ethical and competent professional performance by colleagues.
  4. Practitioners treat with respect and represent accurately and fairly, the qualifications, views, and findings of colleagues.
  5. Practitioners are explicit in defining their ongoing professional relationship with those colleagues whom they employ, supervise or mentor, especially when those relationships change.
  6. Practitioners do not assume professional responsibility for persons receiving services from another agency or a colleague without appropriate notice to that agency or colleague.



7. To the extent desired by the person receiving services, practitioners collaborate with others serving the same individual, such as community support system providers, peer supports, traditional healers and spiritual practitioners, to assure the most effective services.
8. Practitioners assume responsibility to assist colleagues to deal with ethical issues.

#### **IV. Psychiatric Rehabilitation Practitioners' Ethical Responsibility to the Profession**

- A. Maintaining the Integrity of the Profession - Practitioners uphold and advance the mission, principles and ethics of the profession.
- B. Professional Service - Practitioners assist the profession by promoting the field of Psychiatric Rehabilitation.
  1. Practitioners participate in the professional activities that develop the competence of the profession.
  2. Practitioners support the formulation, development, enactment and implementation of public policies of concern to the profession.
  3. Practitioners give credit to original source of ideas and material, whenever possible.
- C. Development of Knowledge - Practitioners take responsibility for identifying and developing knowledge for professional practice.
  1. Practitioners contribute to the knowledge base of the field and share research knowledge and practice wisdom with colleagues.
- D. Use of Knowledge – Practitioners actively incorporate knowledge into their practice.
  1. Practitioners base practice upon recognized knowledge relevant to psychiatric rehabilitation.
  2. Practitioners evaluate their practice and services using professional practice guidelines.
  3. Practitioners critically examine and keep current with emerging knowledge relevant to psychiatric rehabilitation, through ongoing education and training and review of the literature.
  4. Practitioners monitor the use of psychiatric rehabilitation principles, practices, multicultural standards, guidelines for involvement of persons being service and the Code of Ethics in their practice and service delivery.

## V. **Psychiatric Rehabilitation Practitioners Ethical Responsibility to Society**

- A. Promoting the General Welfare – Psychiatric rehabilitation practitioners promote social justice and the general welfare of society by promoting the acceptance of persons who experience mental illness.
  - 1. Practitioners act to expand choice and opportunity for all persons, in particular those experiencing a psychiatric disability.
  - 2. Practitioners advocate for access to opportunity and resources and work toward the elimination of discrimination and oppression within our society. Practitioners strive to eliminate attitudinal barriers, including stereotyping and discrimination toward people with disabilities.
  - 3. Practitioners promote conditions that encourage respect for the diversity of cultures that constitute our society.

## VI. **Implementation of the Psychiatric Rehabilitation Practitioners Code of Ethics**

- A. All practitioners practice within the scope of the guidelines herein.
- B. In the event that Registered, Associate and Certified Psychiatric Rehabilitation Practitioners do not 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 the International Association of Psychosocial Rehabilitation Services. This committee will review the complaints and issue its findings.

### **APPENDIX A**

#### **Core Principles of Psychiatric Rehabilitation**

- 1. Recovery is the ultimate goal of Psychiatric Rehabilitation. Interventions must facilitate the process of recovery.
  - 2. Psychiatric Rehabilitation practices help people re-establish normal roles in the community and their reintegration into community life.
  - 3. Psychiatric Rehabilitation practices facilitate the development of personal support networks.
  - 4. Psychiatric Rehabilitation practices facilitate an enhanced quality of life for each person receiving services.
  - 5. All people have the capacity to learn and grow.
  - 6. People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability.
  - 7. All people are to be treated with respect and dignity.
  - 8. Psychiatric Rehabilitation Practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.
  - 9. Culture and/or ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.
  - 10. Psychiatric Rehabilitation interventions build on the strengths of each person.
- Psychiatric Rehabilitation services are to be coordinated, accessible, and available as long as needed.
- 11. All services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.
  - 12. Psychiatric Rehabilitation practices actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.
  - 13. The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery.
  - 14. Psychiatric Rehabilitation practitioners should constantly strive to improve the services they provide.

### **APPENDIX B:**

#### **Code of Ethics Violation Reporting and Appeal Process**

Psychiatric Rehabilitation Practitioners who are accepted into the Registry or the Certification Program for Psychiatric Rehabilitation Practitioners agree to uphold the IAPSRS Code of Ethics.

Complaints may be made by people receiving services from the Registered or Certified Practitioner or by colleagues of the Practitioner. Complaints shall be made in writing and submitted to the Chair of the Ethics Review Committee. The complaint must specify exactly which principle in the code is being violated and how. When a complaint is made, the Registered or Certified Practitioner 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 Committee.

The staff will mail copies of the complaint and response to all members of the Ethics Review Committee. The members of the committee will have 30 days to review the complaint and to request additional information from either party. The complainant may request a hearing in person. The Ethics Review Committee will then meet and discuss their findings. The Committee will vote to any of the following findings:

1. The complaint is not valid and is dismissed.
2. The complaint is judged valid. The accused Practitioner will be told to cease unethical activity. The accused Practitioner will be suspended from the Certification Program for a specified amount of time (1 to 3 years). The suspension will be publicized in IAPSRs communications to members and on the website.
3. The complaint is judged valid. The accused Practitioner's registration will be revoked. The revocation will be published in IAPSRs communications to members and on the IAPSRs website.

The Chair of the Ethics Review Committee will forward the findings to the accused and the complainant. The findings of the Committee may be appealed to the Executive Committee of the International Association of Psychosocial Rehabilitation. The practitioner must request an appeal within 60 days of the finding of the Ethics Review Committee. The Executive Committee will meet in person to consider the appeal at the next scheduled meeting, not to exceed 90 days from the date of appeal.