



UNT

DEPARTMENT OF DISABILITY AND  
ADDICTION REHABILITATION

College of Public Affairs and Community Service  
University of North Texas  
Denton, Texas

## **Graduate Student Handbook**

Master of Science Degree  
Rehabilitation Counseling

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## **2015-2016 Graduate Student Handbook**

Rehabilitation Counseling  
Master of Science Degree Program  
Located within the  
College of Public Affairs and Community Service

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This Graduate Student Handbook is intended to provide graduate students in the Rehabilitation Counseling graduate program information regarding the academic activities required to obtain a master's degree in Rehabilitation Counseling, as well as the policies and procedures in effect at the time of release. The Rehabilitation Counseling Program faculty reserve the right to make changes at any time to reflect current policies and procedures. Academic activities identified in the student's degree plan will reflect the requirements of the program at the time the degree plan was approved and will not be affected by departmental or program policy and procedural changes. Information provided by this Handbook is subject to change without notice and does not constitute a contract between the student and the University of North Texas, the Department of Disability and Addiction Rehabilitation, or the Rehabilitation Counseling master's degree program.

Students are responsible for observing the policies and procedures as stated here and are therefore urged to read this Handbook carefully. This Handbook does not include all university rules, regulations and policies for which a student is responsible. Students also should consult other publications, such as the *Graduate Catalog*, *Student Handbook*, and the *Code of Student Conduct*. This Handbook becomes effective on the first day of the fall semester, 2015.

## **12 Strategies for Academic and Personal Success as a Graduate Student**

1. Take responsibility and ownership for your success. Be an active learner!
2. Prioritize your education.
3. Become familiar with available resources.
4. Know university, department, and program policies and procedures
5. Think ahead – plan early and plan often.
6. Communicate with your instructors and advisor. They want to see you succeed.
7. Join professional associations and attend conferences whenever possible. Begin developing your professional identity.
8. Take advantage of personal growth experiences.
9. Make and keep connections with others for personal and professional support.
10. Keep a positive perspective.
11. Be flexible.
12. Take care of your physical and mental health.

**Table of Contents**

**Introduction** ..... **1**  
     Program Mission ..... 1  
     Program Goal and Objectives ..... 1  
     Plan of Study ..... 2

**Description of the Department** ..... **3**  
     History of the Department and Graduate Program ..... 3  
     Workplace Inclusion and Sustainable Employment Program ..... 4  
     JOB FIT ..... 4  
     Faculty, Staff, and Alumni..... 5

**The Profession of Rehabilitation Counseling**..... **7**  
     What do rehabilitation counselors do? ..... 7  
     Philosophy of Program..... 7  
     Student’s Responsibilities ..... 7  
     Professional Characteristics and Competencies Expected of Students ..... 7  
     Employment Opportunities for Rehabilitation Counselors ..... 8

**Program Information**..... **10**  
     Program Requirements..... 10  
     Course Schedules ..... 11  
     Description of Courses ..... 12  
     Academic Advisor ..... 14  
     Degree Plan ..... 14  
     Field Work ..... 14  
         Practicum..... 14  
         Internship ..... 15  
         Selecting a Clinical Site ..... 16  
     Comprehensive Examination ..... 17  
     Applying for Graduation ..... 18  
     Program Timetable ..... 19

**Policies and Procedures** ..... **20**  
     Academic Status ..... 20  
         GPA requirement..... 20  
         Incompletes. .... 21  
         Academic Probation..... 21  
         Academic suspension. .... 22  
     Accommodations ..... 22  
     Appeal processes ..... 22  
     Attendance and Participation..... 22  
     Communication..... 23  
     Complaints and Grievances ..... 23  
     Course Exemptions ..... 23

Ethical Conduct.....	24
Financial Aid, Graduate Assistantships, Rehabilitation Scholarships.....	24
Student financial aid.....	24
Department graduate assistantships.....	24
Ken Miner Memorial Scholarship.....	24
The Fort Worth TRA Scholarship.....	24
Inactive Status.....	25
Orientation.....	25
Professional Conduct.....	25
Readmission.....	25
Registering for Classes.....	25
Schedule Changes (add/drop, withdrawal).....	26
Student Standards of Academic Integrity.....	26
Student Employment.....	26
Student academic, clinical, and professional conduct evaluations.....	26
Student Evaluations of Teaching.....	27
Student Evaluation of the Graduate Program.....	27
Student Rights and Responsibilities.....	27
Technical Skills and Competence.....	28
American Psychological Association (APA) Publication Style Proficiency.....	28
Computer competence.....	28
Time Limits.....	28
Transfer of Credits.....	28
Tuition and Fees.....	28
Unsatisfactory Progress and Remediation.....	28
Dismissal from program and appeal process.....	30
<b>University Resources.....</b>	<b>30</b>
UNT Websites.....	31
Student Support Resources.....	32
Student Organizations.....	33
<b>Professional Resources.....</b>	<b>34</b>
Certification and Licensure.....	35
Certification as a Rehabilitation Counselor.....	35
Licensed Professional Counselor.....	36
<b>Appendix A: CORE Course Standards</b>	
<b>Appendix B: Code of Professional Ethics for Rehabilitation Counselors</b>	
<b>Appendix C: Degree Plan</b>	
<b>Appendix D: Practicum application</b>	
<b>Appendix E: Internship application</b>	
<b>Appendix F: Comprehensive exam application</b>	
<b>Appendix G: CRC exam results consent form</b>	
<b>Appendix H: Student Evaluation Form</b>	

## Introduction

Welcome to the Master's Degree program in Rehabilitation Counseling at the University of North Texas (UNT) in Denton! The program is offered by the College of Public Affairs and Community Service (PACS) through the Disability and Addiction Rehabilitation Department, which is located in Chilton Hall. This Handbook is designed to be a guide to students regarding our graduate program requirements, policies, and procedures, and provides important resources so that you may have a successful experience as a graduate student at UNT. Students are expected to refer to the material provided in this Handbook regularly as it contains information relevant to the successful completion of their graduate degree. Additional information about our department and program is available on our website <http://pacs.unt.edu/dar/> and we encourage you to visit the website frequently to keep apprised of new information and events that may be of interest to you.

Our Rehabilitation Counseling graduate program is nationally accredited by the Council on Rehabilitation Education (CORE) and the curriculum is designed to satisfy CORE's published accreditation standards (see Appendix A or visit <http://www.core-rehab.org/>). Graduates of our program are eligible for national certification as a Certified Rehabilitation Counselor (CRC) as well as for licensure in the state of Texas as a Licensed Professional Counselor (LPC). National certification is obtained through the Commission on Rehabilitation Counselor Certification (CRCC); state licensure is available through the Texas Department of State Health Services. More information on certification and licensure is provided for your review elsewhere within this Handbook.

The faculty and staff thank you for choosing to obtain your Master of Science degree in Rehabilitation Counseling from UNT. We look forward to working with you as you proceed through our program and progress toward your own vocational goals.

### Program Mission

The mission of the rehabilitation counseling program is to promote the provision of high-quality rehabilitation services to individuals with disabilities. Departmental faculty and staff accomplish this mission in a variety of ways: (a) through the preparation and education of a diverse group of rehabilitation professionals; (b) by providing services and resources to individuals with disabilities as well as public and private rehabilitation agencies, educational facilities, employers, and national, state, and local professional associations; and (c) by conducting and disseminating scholarly activities related to improving the quality of life and employment opportunities for individuals with disabilities.

### Program Goal and Objectives

The primary goal of the rehabilitation counseling graduate program at UNT is to prepare a diverse group of students for the profession of rehabilitation counseling who can assist and advocate for individuals with disabilities to live and work as independently as possible. The program strives to prepare professionals who will provide rehabilitation counseling in a competent, ethical, and legal manner, adhering to the Code of Professional Ethics and Scope of Practice for the rehabilitation profession.

The specific objectives of the rehabilitation counseling program are:

- To provide a comprehensive curriculum that prepares students from diverse backgrounds for a career in rehabilitation counseling;
- To strengthen values, skills and knowledge of students that result in a genuine commitment to human rights, professionalism, personal integrity and ethical practice;
- To nurture an approach to professional practice and rehabilitation research that is characterized by inquiry, critical thinking, flexibility and self-confidence;
- To provide high-quality services to individuals with disabilities; and
- To develop and disseminate best practices in providing rehabilitation counseling services to individuals with disabilities.

## **Plan of Study**

Depending on whether the student enrolls as a full-time student (9 credits during the Fall and Spring semester; 6 credits during the Summer semester); or as a part-time student (6 credits during the Fall and Spring semester; 3 credits during the Summer semester), our master's degree program can typically be completed by full-time students in 2 years, 3 years for part-time students. Courses are offered once per academic year therefore it is important that students follow the published sequence of courses so that they do not risk delaying their planned date for graduation.

In addition to the required coursework, a variety of elective courses are available both within the department, and in other departments throughout the university. Elective coursework may be selected in consultation with the student's faculty advisor.

## Description of the Department

### History of the Department and Graduate Program

The Department of Disability and Addiction Rehabilitation (DDAR), originally the Center for Rehabilitation Studies, was founded in 1967 as a federally-funded program to provide continuing education in rehabilitation facility/workshop administration in a five-state region (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas). The Center for Rehabilitation Studies (CRS), along with the Center for Studies in Aging and the Institute of Applied Economics, were the original units of the School of Community Service, founded by Dean Hiram Friedsam. During its first sixteen years the School was located in Oak Street Hall, where CRS comprised over half of the first floor of the building. This space included the Vocational Evaluation Unit, established in 1975, and the Work Adjustment Unit, added in 1979, both with funding from the Texas Rehabilitation Commission. These units provided client service laboratories for training CRS students and served as sites for applied research projects.

By the late 1980's the undergraduate enrollment in CRS had reached 100 and the graduate enrollment about 40 students. The continuing education and technical assistance programs of CRS had expanded to include regional training in supported employment and community integration. The latter emphasis was spearheaded by the Texas WorkNet Project, part of the CRS program from 1987-91. The emphasis of the Work Adjustment Unit also shifted to community integration during these years, assisted by funding from the Texas Council on Developmental Disabilities, and continuing in the early 1990's with a Projects with Industry (PWI) grant for job development and placement of older workers.

In 1991 the School of Community Service moved into the newly renovated Chilton Hall in the heart of the campus. In that year, the Rehabilitation Counseling and Neurofeedback Lab was added as a third on-campus practicum laboratory. By 1995, the CRS had added the Institute for Studies in Addictions and the undergraduate program in Social Work, combining to form the Department of Rehabilitation, Social Work and Addictions (DDAR). In 1997 the on-campus client service facility was renamed the DDAR Research and Training Laboratory, consisting of employment, rehabilitation counseling, and neurotherapy lab components. In 2013 the Social Work program was relocated to the program of Community and Professional Program, offered in the Bachelor of Applied Arts and Sciences (BAAS) program of PACS. The department was renamed the Department of Disability and Addiction Rehabilitation.

An on-line master's degree program in Rehabilitation Counseling was developed in 1999 with a federal long-term training grant from the Rehabilitation Services Administration. The purpose of this training grant was to provide an on-line master's degree program to vocational counselors who were employed by state-federal Vocational Rehabilitation agencies. The on-line program was originally offered through the Consortium for Distance Education in Rehabilitation (CDER) consisting of two universities: University of North Texas and San Diego State University. First offered in the fall of 2000 to 35 students, the program has presently graduated over 250 students. As of August 2013, UNT ended its relationship with the consortium allowing our department to offer the UNT rehabilitation counseling graduate program in both a blended (on-line and on-campus classes) as well as in a completely on-line format.



During its thirty-seven years of operation, the DDAR has obtained in excess of three million dollars in external funding for training, innovation and research grants, primarily from the Rehabilitation Services Administration of the U.S. Department of Education, the Texas Rehabilitation Commission, the Texas Planning Council for Developmental Disabilities, and the Texas Commission on Alcoholism and Drug Abuse. DDAR is one of the leaders within the University in the amount of external funding it attracts. Such funding has supported the department's on-going commitment to "develop and disseminate innovative and interdisciplinary practices which enhance opportunities for all people to live and work in their communities." (DDAR Mission Statement, 1995).

DDAR currently offers two academic degrees: a bachelor's degree in Rehabilitation Studies and a Master's degree in Rehabilitation Counseling. In addition, the Department offers a minor in Chemical Dependency and Addiction Studies at the undergraduate level, and has several undergraduate certificate programs, including certificates in Rehabilitation Studies and Substance Abuse Treatment. A graduate certificate in Rehabilitation Counseling is also available for professionals in related human service fields interested in obtaining national certification as a Rehabilitation Counselor and who meet the eligibility requirements for CRCC's Category R. See the CRCC website for more details (<https://www.crccertification.com/>).

### **Workplace Inclusion and Sustainable Employment Program**

The University of North Texas – Workplace Inclusion and Sustainable Employment (UNT-WISE) is the premier training and consultancy group for rehabilitation programs seeking to enhance employment outcomes for individuals with disabilities. The program began in 1969 and has operated under various names serving rehabilitation professionals and administrators in the five-state region (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas). Renamed UNT WISE in 2007, this program continues to conduct training, hosts conferences, and provides technical assistance to community rehabilitation programs. The program's mission is to increase the capacity of personnel within these programs to provide quality services that enhance the employment and independent living outcomes of individuals with disabilities. This is accomplished through training, technical assistance, and system support. The program has expanded in later years to provide summer programs for youth with disabilities to explore careers.

## Faculty, Staff, and Alumni

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## The Profession of Rehabilitation Counseling

### What do rehabilitation counselors do?

Rehabilitation counselors help people with physical, mental, emotional, or social disabilities at various stages in their lives. Some work with students to develop strategies to live with their disability and to move from school to work. Others help veterans cope with the mental or physical effects of their military service. Still others help elderly people adapt to disabilities developed later in life due to illness or injury. Because rehabilitation counselors deal with employment issues, they typically work with older students and adults rather than young children.

### Philosophy of Program

Rehabilitation is an empowering process in which persons exercise control over their lives. Our program adheres to concepts of the holistic nature of people, the uniqueness of each individual, self-responsibility for health promotion and wellness, and equal opportunity for health care, social, and economic involvement for all persons with disabilities. These concepts form the philosophical basis for our program's course work that prepares students to provide vocational guidance, rehabilitation and wellness counseling, case management, job development and employment services for persons with any type of disability.

### Student's Responsibilities

Students are expected to demonstrate the highest standard of personal, academic,, professional, and ethical behavior. This includes, but is not limited to, treating faculty, staff, peers, clients, and others with dignity and respect, abiding by the Code of Professional Ethics for Rehabilitation Counselors (see Appendix B), and adhering to the provisions listed in this Graduate Student Handbook.

### Professional Characteristics and Competencies Expected of Students

Rehabilitation counselors must be able to establish collaborative relationships with a wide range of professionals and clients. Ethical standards hold them to a high level of integrity, empathy, concern for the welfare of others, interest, and self-motivation. Competent rehabilitation counselors must possess the emotional health required for sound judgment and clinical decision-making, and effective problem resolution, the prompt completion of all responsibilities associated with the assessment and counseling of clients, and the development of caring sensitive, and effective relationships with clients, their families, and significant others.

Rehabilitation Counselors often work with people who are dealing with stressful and difficult situations, so they must **possess the ability to be compassionate and empathize** with their clients, as well as be able to **function effectively under stress**. They must be able to **adapt to changing environments** and to **function in the face of ambiguities** inherent in clinical

practice. **Good listening skills** are essential for rehabilitation counselors, who need to give their full attention to clients in order to understand their problems, concerns, and values. Rehabilitation Counselors also need to **possess patience** in order to effectively help clients learn about and address the impact of their disabilities, as well as learn new skills and strategies. Being **able to work with different types of people** is essential for rehabilitation counselors, who spend most of their time working directly with clients, families, employers, or other professionals. They must be **able to develop a good working relationship**. Rehabilitation counselors need to be able to **communicate effectively** with clients, and other members of the rehabilitation community, both verbally and in writing, expressing ideas and information in a way that is understood. They need to have the **capacity to engage clients** in order to elicit information and be able to observe clients, perceive nonverbal communications, and describe changes in affect and behavior. Rehabilitation counselors must routinely **make logical diagnostic and treatment decisions, conduct assessments, analyze, integrate, synthesize, and problem solve quickly, accurately, and consistently**. They must be proactively **aware of their own limitations and strengths**, seeking help and support when necessary and removing themselves from situations in which their own issues may negatively impact the lives of clients.

In light of these responsibilities, students admitted to the Rehabilitation Counseling Program are expected to:

- possess sufficient intellectual capacity, physical stamina, emotional stability, interpersonal stability, and communication skills to acquire the scientific knowledge, interpersonal and technical competencies, and clinical abilities required to effectively and competently provide services to clients;
- consistently demonstrate a level of personal and professional maturity that is in keeping with the minimum reasonable expectations for students in the early phases of their professional training and/or commensurate with the overall number of years of work in counseling-related employment;
- demonstrate a level of self-awareness and personal insight that will allow them to receive feedback, apply recommendations for improvement, and continue on a path of personal and professional development; and
- conduct themselves in a professional manner both in and outside of the classroom, in conformity with the high moral and ethical standards of the profession as well as within the legal constraints of any law-abiding community.

## Employment Opportunities for Rehabilitation Counselors

Rehabilitation Counselors practice in both the public and private sectors such as independent living centers, employee assistance programs, hospitals and clinics, mental health organizations, public school programs, and employer-based disability prevention and management programs. Examples of settings in which Rehabilitation Counselors are presently employed including the following:

Public rehabilitation programs  
hospitals Private rehabilitation companies

Medical centers and  
Veteran Administration

Employee assistance programs	Mental health centers
Business and industry	Private practices
Worker’s compensation agencies	Substance abuse facilities
Insurance companies	Independent living centers
Job training centers	Rehabilitation Centers
One-Stop Career Centers	Corrections facilities
Private, nonprofit, community-based organizations	
Public school systems	Colleges and universities

Rehabilitation Counselors typically works with adults, or adolescents who are 16 years of age or older. Although historically Rehabilitation Counselors worked primarily with individuals who had physical disabilities, today Rehabilitation Counselors work with a variety of populations who have an impairment or disability, including clients with developmental, cognitive, emotional, sensory, psychiatric and addiction disabilities as well as young adults preparing for future careers.

According to the Bureau of Labor Statistics, demand for rehabilitation counselors is expected to grow with the increase in the elderly population and with the continued rehabilitation needs of other groups, such as veterans and people with disabilities. Older adults are more likely than other age groups to become disabled or injured. They will need to learn to adapt to their disabilities and learn strategies to live independently. As a result, they will require the services of rehabilitation counselors. As the size of this population grows, so will the need for rehabilitation counselors. In addition, there will be a continued need for rehabilitation counselors to work with veterans who were disabled during their military service. They will also be needed to work with other groups, such as people who have learning disabilities, autism spectrum disorders, or substance abuse problems  
 (<http://www.bls.gov/ooh/community-and-social-service/rehabilitation-counselors.htm#tab-6>)

## Program Information

### Program Requirements

The Master of Science degree in Rehabilitation Counseling requires a minimum of 48 semester hours of academic preparation. The curriculum combines academic theory and technique courses with hands-on practicum and field-site internship experiences. A very high value is placed on the exposure of students to a broad spectrum of rehabilitation services, professional organizations, interdisciplinary professional activities, as well as advocacy and consumer groups in the field of rehabilitation.

The master's degree in rehabilitation counseling program includes:

- a core curriculum of 36 credit hours (see "Core Courses" below)
- 3 credit hours of electives
- 9 credit hours of practicum (3 credit hours) and internship (6 credit hours)

The core curriculum for the Rehabilitation Counselor Education program consists of basic preparatory studies in disability, educational and occupational information, counseling and case management, and the vocational rehabilitation process. Students who lack basic preparation in any of the core knowledge and skill areas may be required to complete prerequisite course work or complete individual studies prior to entry into advanced graduate courses. The core curriculum is comprised of the following courses:

<b>Core Courses</b>	<b>Credit Hours</b>
RHAB 5700 Introduction to Rehabilitation	3
RHAB 5710 Rehabilitation in a Multicultural Society	3
RHAB 5715 Disability Issues in Human Development	3
RHAB 5720 Rehabilitation Counseling Theories	3
RHAB 5721 Rehabilitation Counseling Application	3
RHAB 5723 Group Work and the Rehabilitation Process	3
RHAB 5730 Medical and Psychosocial Aspects of Disability	3
RHAB 5732 Principles of Psychiatric Rehabilitation and Recovery	3
RHAB 5740 Rehabilitation Assessment	3
RHAB 5741 Employment & Career Development	3
RHAB 5742 Case Management & Rehabilitation Services	3
RHAB 5770 Rehabilitation Research & Program Evaluation	3
	36 credit hours

Students have the option to complete a thesis as part of their program of study. If you have an interest in completing a thesis, consult with your academic advisor as soon as possible. A thesis is not required in order to complete our graduate program but it may prove beneficial should you have plans to continue your education at the doctorate level.

## Course Schedules

The following course schedules are suggested for students starting in the Fall semester (students starting in the Spring or Summer semesters should meet with their advisor to determine their course schedule and graduation date). Be aware that scheduling changes may occur thus you are encouraged to meet with your advisor prior to enrolling in classes.

**The following sequence is suggested for students taking 6 credit hours per semester:**

<b>Semester 1 (Fall)</b>	<b>Semester 2 (Spring)</b>	<b>Semester 3 (Summer)</b>
RHAB 5700 RHAB 5720	RHAB 5715 RHAB 5721	Elective
<b>Semester 4 (Fall)</b>	<b>Semester 5 (Spring)</b>	<b>Semester 6 (Summer)</b>
RHAB 5710 RHAB 5770	RHAB 5730 RHAB 5741	RHAB 5723
<b>Semester 7 (Fall)</b>	<b>Semester 8 (Spring)</b>	<b>Semester 9 (Summer)</b>
RHAB 5732 RHAB 5740	RHAB 5742 RHAB 5811	RHAB 5812

**The following sequence is suggested for students taking 9 credit hours per semester:**

<b>Semester 1 (Fall)</b>	<b>Semester 2 (Spring)</b>	<b>Semester 3 (Summer)</b>
RHAB 5700 RHAB 5720 RHAB 5770	RHAB 5715 RHAB 5721 RHAB 5730	RHAB 5723 Elective
<b>Semester 4 (Fall)</b>	<b>Semester 5 (Spring)</b>	<b>Semester 6 (Summer)</b>
RHAB 5710 RHAB 5732 RHAB 5740	RHAB 5741 RHAB 5742 RHAB 5811	RHAB 5812



## Description of Core Courses

**RHAB 5700: Introduction to Rehabilitation** (3 credits). This course is an introduction to human rehabilitation with emphasis on vocational rehabilitation. Study includes the philosophical, legislative and organizational foundations. The course reviews rehabilitation practice, professional issues and a broad overview of the context in which rehabilitation occurs. (Prerequisite: none)

**RHAB 5710: Rehabilitation in a Multicultural Society** (3 credits). This course provides an exploration of ethnic and cultural factors influencing the planning and delivery of rehabilitation and related services. The course includes an examination of disability within various racial and ethnic groups along with ways to work with diverse populations. (Prerequisite: none)

**RHAB 5715: Disability Issues in Human Development** (3 credits). This course covers the effects of disability, chronic illness and addiction on the process of human growth and personality development cross the lifespan. The course focuses on rehabilitation counseling issues related to physical, emotional, cognitive, behavioral, sexual and moral/spiritual development of persons with disabilities and their families. (Prerequisite: none)

**RHAB 5720: Rehabilitation Counseling Theories** (3 credits). This course includes the study of major counseling theories and modalities with focus on principles and approaches relevant to rehabilitation counseling and supervision. Course covers applications required in counseling people with physical, cognitive or emotional disabilities. (Prerequisite: none)

**RHAB 5721: Rehabilitation Counseling Application** (3 credits). This course includes the study and application of the counseling process, strategies and techniques used by rehabilitation counselors. Students develop generic counseling skills applicable to work across a spectrum of rehabilitation counseling settings. (Prerequisite: none; Recommended prerequisite: RHAB 5720)

**RHAB 5723: Group Work and the Rehabilitation Process** (3 credits). This course includes the study of group work and theory within rehabilitation practice. Study will include group/family dynamics as well as leadership style, team work and skill development with specific application to rehabilitation settings. (Prerequisite: none; Recommended prerequisite: RHAB 5720)

**RHAB 5730: Medical and Psychosocial Aspects of Disability** (3 credits). Course examines medical, functional, and environmental aspects of disability. Focus is on understanding the medical aspects related to human body systems and disability; understanding medical terminology, principles of the diagnostic process, and diagnostic tools used by medical and other health professionals, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD); understanding the onset, severity, progression, and duration of an individual's disability as well as the impact of disability on the individual's functioning; understanding the psychosocial impact of disability on the individual, family, and environment; evaluating the influences and implications of environmental factors on the disability and the use of assistive technology and other appropriate intervention

resources to reduce or eliminate barriers and functional limitations. (Prerequisite: none)

**RHAB 5732: Principles of Psychiatric Rehabilitation and Recovery** (3 credits). The primary focus of the course is on the adult diagnosed with psychiatric disabilities. Students will explore evidenced based practices for service provision to persons with severe and persistent mental illnesses. DSM V diagnostic codes will be reviewed. Factors that impact functioning, vocational success, education, social and cultural roles in the community will be discussed. Students will identify and recommend treatment options that facilitate recovery and successful rehabilitation outcomes for persons with psychiatric disabilities. (Prerequisite: none)

**RHAB 5740: Rehabilitation Assessment** (3 credits). This course is an orientation to the process and practice of assessing adults with disabling conditions for rehabilitation plan development and decision-making. Test selection, administration and interpretation and reporting, through synthesis, integration and evaluation of assessment data are covered along with the use of DMS IV, Ecological and Assistive Technology assessment. (Prerequisite: none)

**RHAB 5741: Employment and Career Development** (3 credits). This course involves the investigation and study of theories and other practices associated with successful job placement activities. Study will include transferable skills analysis, job analysis, labor market analysis, job seeking skills training, employer identification, management of a job development campaign, as well as supported employment strategies. Technology related to these areas will be explored. (Prerequisite: none)

**RHAB 5742: Case Management and Rehabilitation Services** (3 credits). This course will cover the vocational rehabilitation processes and disability systems. The class will study the types of information to be collected and disseminated during the initial interview; awareness of all the “tools” utilized by the rehabilitation counselor (testing, vocational evaluation, job analysis, labor market survey, etc.); identification of obstacles which may impede plan success; and development of case management skills necessary for effective management and resource utilization. (Prerequisite: none).

**RHAB 5770: Rehabilitation research and Program Evaluation** (3 credits). This course is designed to provide an understanding of research methods used in rehabilitation programs. Rehabilitation program evaluation and basic statistics research methods, outcome based research and ethical/legal/cultural issues related to research will be explored. (Prerequisite: none)

**RHAB 5811: Practicum in Rehabilitation** (3 credits). This course involves participating in a minimum of 100 clock hours of supervised experiences in the student’s area of concentration, to be performed in one of the on-campus DDAR vocational rehabilitation laboratories and in related community agencies. Course includes 1–3 hours each week of counseling lab, group supervision and seminar in ethical and professional issues in the practice of rehabilitation. (Prerequisites: consent of instructor)

**RHAB 5812 - Internship in Rehabilitation** (6 credits). A 600-hour applied experience in the student’s area of concentration in a rehabilitation agency or facility external to the university.

Course includes a 1-hour-per-week seminar and group supervision meeting. (Prerequisites: RHAB 5811 and consent of instructor)

## Academic Advisor

Upon admission to the graduate program, students are assigned a faculty advisor from the rehabilitation counseling faculty to provide orientation and advising. Students are responsible for scheduling a meeting with their faculty advisor at least once per semester, which may be scheduled at any time but should be no later than prior to the registration period for the upcoming semester. A meeting with the faculty advisor is also required well in advance of any semester in which the student plans to do the following activities:

- enroll in Practicum (RHAB 5811)
- enroll in Internship (RHAB 5812)
- take the Comprehensive Examination
- graduate

Students have the option of changing advisors, providing they receive approval from the proposed new advisor who must be a member of the DDAR graduate faculty. The form to request a change in advisors can be obtained from the DDAR Administrative Office and requires the signature of the student and proposed advisor. Copies will be forwarded to the Graduate Coordinator and/or the former advisor as well as to the student's academic file.

## Degree Plan

**By the end of the second semester** in the program, students and their faculty advisor should develop a formal degree plan for the student's master's degree program. (Note: no degree plan can be developed until a student has met all requirements for unconditional admission to the Master's degree program in Rehabilitation Counseling). The degree plan lists all course work, including prerequisites, which the student must complete to meet requirements for the degree (see Appendix C). The degree plan must be approved by the academic advisor, the department chair, and the Dean of the Graduate School. If a change needs to be made in the degree plan, the student must obtain approval from their academic advisor and complete the appropriate form to be submitted to the Graduate School. Students must have a degree plan on file with the Graduate School in order to be approved for graduation. Upon receiving a student application for graduation, the Graduate School will review the student's degree plan to ensure that all courses have been completed.

## Field Work

A copy of the graduate program's *Guidelines for Supervised Field Site Experience in Rehabilitation Counseling* may be obtained from the Practicum/Internship Coordinator for additional details regarding internship/practicum procedures and guidelines. An overview of the policies and procedures regarding a student's field work is provided below.

## Practicum

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The Master's degree in Rehabilitation Counseling requires that upon completion of at least 75% of all core and professional specialization course work, students complete a supervised practicum experience. The practicum will consist of a minimum of 100 hours of observation and client contact experiences at an approved field site that offers rehabilitation services to persons with disabilities. Students must accrue the required number of hours throughout the entire semester. The course includes a weekly 1-1/2 hour group supervision meeting and seminar in ethics and standards of practice in rehabilitation with an instructor who is a Certified Rehabilitation Counselor (CRC), and a counseling laboratory experience for supervised practice of basic counseling skills. Students who are employed full time during their graduate program may need to make prior arrangements to spend extra time at their field placement site or to include significant new learning experiences in their job during the semester in which they plan to do their practicum.

**Applying for Practicum.** Before applying for Practicum, all students must have an approved degree plan on file with DDAR and the UNT Graduate School. All students must make application for practicum placement before enrolling in the Practicum course (see Appendix D). **This application must be submitted to the Practicum Coordinator six to eight weeks prior to the start of the semester the student plans to complete the practicum course.** Enrollment in the course may be delayed for a semester should the student not adhere to these deadlines and procedures.

Students should first confer with the Practicum Coordinator before completing the practicum application form or discussing arrangements with a prospective site supervisor of the on- and off-campus site in which they plan to do their experience. Consent to enroll in the Practicum course is dependent upon the student's satisfactory progress in all course work prerequisite to the practicum and upon approval of the Practicum Coordinator regarding the field site selected for the student's practicum experience and the field site supervisor's qualifications.

**Satisfactory Progress in the Practicum.** The student must complete the Practicum course with a grade no lower than a "B" in order to apply for the Internship course. Students who receive less than a grade of "B" will be considered as making unsatisfactory progress and will be required to meet with the Practicum Coordinator to determine if the nature of the student's poor performance can be improved through remediation, or if the student's performance violated the ethical or professional behavior expected of a rehabilitation counseling student in training, warranting possible termination from the program (See Unsatisfactory Progress and Dismissal policies on pages 33 and 34).

## **Internship**

Students who have satisfactorily completed all core and professional specialization course work, including the practicum, may apply for Internship (see Appendix E). The internship is a 600-hour, full-time experience over one long semester or the entire summer in a rehabilitation facility approved by the Internship Coordinator. With the Coordinator's approval, a student may complete the internship in two semesters of 300 hours each. The course involves a 1-1/2 hour weekly group supervision meeting, seminar in ethics and standards of practice, and

counseling laboratory experiences.

The internship site selected must meet the following criteria:

1. An agency, organization or facility that has been in operation at least three years and, preferably, accredited by JCAH, CARF, DARS, etc.
2. The site's mission is to provide services to persons with disabilities (mental, physical, emotional, cognitive or developmental).
3. The internship activities will involve application of knowledge and competencies of a rehabilitation counselor and for which the student has received education and training in their master's program coursework.
4. The site provides a supervisor who has at least a master's degree and at least three years of experience in Rehabilitation Counseling or a closely related field (counseling, psychology, social work, or special education).
5. The site supervisor is certified as a Certified Rehabilitation Counselor and/or licensed as an LPC, LCDC, Psychologist, LMSW with at least three years of experience working with the client population served by the agency or facility.
6. The site supervisor is available on site at least 30 hours per week and available at least one hour per week to provide direct supervision to the intern.

Students must achieve a grade no less than a "B" in the Internship course to be eligible for graduation from the program. Any student receiving a grade of less than "B" will be considered as making unsatisfactory progress and may be required to participate in remediation, or, if the student's performance violated the ethical or professional behavior expected of a rehabilitation counseling student in training, may warrant possible termination from the program (See Unsatisfactory Progress Policy on page).

## Selecting a Clinical Site

The selection of a clinical site is a highly individualized process. Each student is matched to a clinical site based on his/her interests, goals, and needs. Students will submit an application to the Practicum/Internship Coordinator the semester prior to their Practicum and Internship semesters and schedule an appointment to meet with the Coordinator to discuss their placements. Students should consider the following questions as they prepare their application:

- What are your future career goals?
- What type of client population interests you?
- What specific skills would you like to hone?

Once the match is made, you will be asked to meet with staff at that site to see if the placement provides a good fit, both from your perspective and that of your potential supervisor. Arrangements are not finalized until both parties agree to the match. There are a number of sites in the Dallas/Ft. Worth/Denton area and beyond that typically host students and provide a range of training opportunities. A list of practicum and internship sites at which students have been placed is available on our program's website (note: you must log into the website

using your EUID and password in order to have access to this list).

## Comprehensive Examination

All graduate students are required to pass a comprehensive examination in order to be approved for graduation. There are two options for completing the comprehensive examination requirement, the departmental comprehensive examination, or the national certification examination:

### Option 1: Departmental Examination

The departmental comprehensive examination is scheduled within the first four weeks of each long semester and during the first summer term in order to meet the University's deadline for confirmation of the student achieving a passing score and therefore eligible to graduate at the end of the semester. The student is responsible for applying for the departmental examination by obtaining the Graduate Examination Application Form and submitting it to the Graduate Comprehensive Examination Coordinator at least two weeks **prior to** the date of the examination (see Appendix F). Students will receive an e-mail from the Graduate Comprehensive Examination Coordinator with information regarding the scheduled exam date. For students who require accommodations, please provide the Examination Coordinator a copy of your accommodation letter provided by the Office of Disability Accommodations (see Accommodations policy on page 25) with your Examination Application form.

**Scoring of the departmental examination:** The Comprehensive Exam Coordinator is responsible for the administration of the examination to students and for the distribution of the completed exams to rehabilitation counseling faculty for review and scoring. Students are notified of the results of their examinations no later than two weeks after completing the exam. The departmental comprehensive exams will be read by two rehabilitation counseling faculty and scored based on a defined rubric with pass-marginal-fail options. The student must receive a passing score from both faculty members in order to pass the exam. A third faculty member will be asked to review the student's exam should the student receive less than a passing score.

Should consensus of the faculty be that the student did not pass the comprehensive examination, the student will be allowed to sit for an equivalent alternative version of the exam. Students are provided a maximum of two opportunities to pass the departmental comprehensive examination during the semester in which they intended to graduate. Should the student not pass the alternative comprehensive examination, the student will be offered an opportunity to retake the examination when it is offered in the next semester. Should the student not be able to pass the exam during the following semester, the student will automatically be terminated from the program. It is expected that students will schedule sufficient time to adequately prepare for the examination.

### Option 2: Certified Rehabilitation Counselor (CRC) Examination

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The Commission for Rehabilitation Counseling Certification (CRCC) administers the national certification examination for rehabilitation counselors three times a year (March, July, and October). The schedule of examination dates, as well as application deadlines, is available on the CRCC's website (<http://www.crccertification.com>). Students taking the CRC exam to meet their comprehensive examination requirement should discuss this option with their faculty advisor as well as notify the Graduate Comprehensive Examination Coordinator in writing of their intention to elect this option *prior to submitting their application with CRCC*. The student is responsible for reviewing the CRCC's website for a schedule of examination dates and sites, application deadlines, and for obtaining an examination application packet.

*NOTE: There are various deadlines that need to be considered when selecting Option 2. Students should discuss with their faculty advisor which comprehensive exam option is best for them given the semester in which the plan to graduate.*

**Scoring of the CRC examination:** CRCC is responsible for the administration and scoring of the certification examination. Results are made available immediately to the student and should be submitted to their faculty advisor for confirmation of passing the comprehensive examination requirement. A student is not certified as a Rehabilitation Counselor until CRCC receives an official transcript verifying the student has obtained a Master's degree in rehabilitation counseling. Should the student not pass the examination, it is recommended that the student contact CRCC to discuss arrangements for take the test again at its next scheduled offering.

## **Applying for Graduation**

Degrees may be conferred at the close of any semester and the summer session. To be eligible for a degree a student must file an application for graduation with UNT's Toulouse Graduate School by the deadline noted in the Graduate School's website (typically the deadline is within the first few weeks of the semester in which the student intends to graduate). In order to be approved for graduation you must pass all classes designated on your approved degree plan as well as the comprehensive examination (either Option 1 or 2). Students are required to schedule a meeting with their advisor in the semester prior to the semester in which they plan to graduate to ensure that all requirements for graduation will be met. Failure to do this may result in a delay in graduation. For further information regarding the graduation application, deadlines, and commencement information visit or call (940) 565-2383

## **Program Timetable**

***During your first semester, you should complete the following tasks:***

- Meet with your academic advisor
- Plan your course of study with your advisor

***By the end of your second semester...***

- Meet with your academic advisor and complete your degree plan

***Throughout the degree program, you should...***

- Register for and complete required coursework, practicum, and internship courses
- Network with your classmates and professionals
- Collect and organize your notes and resources to prepare for the comprehensive examination and for use in your future work
- Consider joining a student, local, state, or national professional association, and attending professional conference to network with students and professionals from other parts of the country.
- Discuss potential practicum and internship sites with your advisor that would be most beneficial to obtaining the necessarily experiences for achieving your own vocational goals

***In the semester prior to the semester in which you plan to graduate:***

- Review your degree plan and transcript with your academic advisor to ensure you have completed the required coursework
- Discuss the comprehensive examination options and make a decision

***In the semester in which you plan to graduate:***

- Apply for graduation with the Toulouse Graduate School by the published deadline
- Pass the comprehensive examination
- Obtain information about the commencement ceremony



## Policies and Procedures

### Academic Status

#### GPA requirement.

- Graduate students must maintain an overall graduate GPA of 3.0 in order to remain in good standing and to graduate from the Rehabilitation Counseling master's degree program.
- Rehabilitation Counseling graduate students are required to achieve a grade of "B" or higher in all courses with a RHAB-prefix.

Should the student receive a grade of less than "B" in any RHAB course, the student will have one additional opportunity to enroll in the course to achieve a grade of "B" or higher (a possible exception is RHAB 5812, see below). If a student takes a RHAB course twice without achieving a grade of "B" or higher, continuation in the Rehabilitation Counseling Program is by successful grade appeal only (see policy on Appeals).

- Students must have earned "B's" or better in all degree-seeking courses before he or she will be permitted to take the Program's comprehensive examination.

#### Grade requirements for Rehabilitation Counseling clinical courses.

- Students must achieve a grade of "B" or higher in RHAB 5721 (Counseling Techniques) in order to be approved for registration in RHAB 5811 (Practicum).
- Students must achieve a grade of "B" or higher in RHAB 5811 (Practicum) in order to be approved for registration in RHAB 5812 (Internship).

#### Students who receive a grade below "B" in RHAB 5812 (Internship).

- Students who fail to achieve a grade of "B" or higher in RHAB 5812 (Internship) will have their performance in the course reviewed by the Rehabilitation Counseling Program faculty, which will include the Practicum and/or Internship course instructor, within 10 days of the final grade being posted.

The faculty will request a written statement from the student to be submitted prior to the faculty's review so that the student's view is considered. The Rehabilitation Counseling Program faculty will determine whether the student will continue in the program without restriction, will continue in the program with remedial work, or will be dismissed from the program. The faculty will provide their decision to the student in writing within 10 days

following the completion of their review. A request for appeal may be made to the Chairperson of the Department of Rehabilitation, Social Work and Addictions within 10 days of having received written notice of the Rehabilitation Counseling Program faculty's decision.

### **Incompletes.**

A grade of Incomplete (I) is a non-punitive grade given only during the last one-fourth of a semester and only if a student (1) is passing the course and (2) has a justifiable and documented reason, beyond the control of the student (such as serious illness or military service), for not completing the work on schedule. Grades of Incomplete are considered to be unsatisfactory if they are not removed during the next enrolled semester, however the instructor may choose to extend the deadline up to one calendar year. The requirements for completion of the course and the date by which the course is to be completed must be approved by the instructor and listed on a Request for Grade of Incomplete form signed by the instructor, student and department chair and must be entered on the grade roster by the instructor.

After the student completes the requirements, the instructor then records the final grade on the UNT Grade Change Form and obtains the department chair's signature. The office of the graduate dean in the Toulouse Graduate School completes processing with the Registrar's Office, where the grade point average is adjusted accordingly. If the student does not complete the stipulated work within the time specified, the instructor may change the grade of "I" to a grade of "F". The student's GPA is adjusted accordingly.

All "incompletes" must be removed prior to enrolling in RHAB 5811 (Practicum).

### **Academic Probation.**

A student who fails to achieve a cumulative average of 3.0 GPA on all courses carrying graduate credit in a term/semester will be placed on academic probation for the subsequent term/semester. The student will be removed from probation when the 3.0 cumulative GPA is achieved. A student who is on probation cannot apply for graduation and cannot graduate. For more information go to: <http://unt.catalog.acalog.com/content.php?catoid=7&navoid=382>

A student who is placed on academic probation who does not receive either a semester or a cumulative 3.0 GPA during the term/semester of probation will be subject to academic suspension for a period of up to one calendar year before becoming eligible to re-enroll for further graduate courses. Graduate work completed elsewhere during a period of graduate suspension at UNT may not be counted for graduate credit at UNT. After the one-year period of suspension, students must reapply for admission to graduate school (see "Readmission of Graduate Students" in the Admission section of this catalog); students may then enroll in graduate courses under probation with the same probation conditions as previously described. Students who are then suspended a second time without having returned to a good academic standing by achieving a cumulative GPA of 3.0 or better will be dismissed from the university.

The student who's UNT GPA in graduate work falls below 3.0 must make up the deficit, either by repeating courses in which the grades are low, or by completing other UNT courses with

grades high enough to bring the UNT GPA up to 3.0. Low grades made in graduate courses at UNT may not be duplicated at other institutions.

### **Academic suspension.**

A graduate student who is placed on academic probation and who does not receive either a semester or a cumulative 3.0 graduate GPA during the term/semester of probation will be subject to academic suspension for a period of up to one calendar year before becoming eligible to reapply for graduate admission (see “Readmission of Graduate Students” in the Admission section) and enroll for further graduate courses. After the one-year period of suspension, students may re-enroll in graduate courses under probation. Students who are then suspended a second time without having returned to good academic standing by achieving a CGPA of 3.0 or better will be dismissed from the university. Programs are not required to readmit students who left the university on probation or suspension and reapply.

### **Accommodations**

UNT and the members of our program and department value the full inclusion of persons with disabilities in classes and events. Should you anticipate the need for accommodations or services so that you may fully participate in the curriculum, instruction, or assessments of a course, please let your instructors or the Graduate Coordinator know of your needs. We encourage our students with disabilities to be self-advocates and to communicate with the Office of Disability Accommodation (ODA) any requests for needed accommodations and services. ODA can be contacted at 940-565-4323, TDD access: 940-565-2958, or by going to [www.unt.edu/oda](http://www.unt.edu/oda).

### **Appeal processes**

Students who believe they have not been fairly treated in any aspect of their graduate program have the right of appeal. Grade appeals should be initiated through the instructor. Appeals concerning extension of time to complete a degree should be initiated through the student’s major department. Appeals concerning admission to the Toulouse Graduate School are initiated through the office of the graduate dean. Appeals concerning admission to a particular degree program should be initiated through the student’s major department. Appeals regarding specific requirements to complete a degree should be initiated through the student’s major department. All other appeals should be initiated through the office of the graduate dean.

### **Attendance and Participation**

Although in general students are graded on intellectual effort and performance rather than attendance, student attendance and participation in class discussion is considered an essential part of all coursework whether the course is offered in person or through distance education. For in-person classes it is expected that students will be in attendance for each scheduled class period, from the start until the end of the class period, and will engage appropriately in class discussions. Instructors have the prerogative to determine attendance and participation

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policies and to assign a lowered grade or a failing grade in the event of excessive absences. Students should inform themselves at the beginning of each semester of their instructors' policies for communicating an absence and if work missed as a result will be accepted.

As a general policy, instructors may choose to drop students from the class who have an unexcused absence for two classes (this includes not participating in two discussion boards for on-line students). It is up to the instructor to determine if an absence will be considered excused or unexcused.

## **Communication**

It is the responsibility of the student to provide correct permanent and local mailing address information at all times and on all documents at the university. Students who change their mailing address must notify the Registrar's Office by calling 940-565-2111 or update their address at *my.unt.edu*. Students must also notify their faculty advisor if there is a change in address or phone number so that departmental records can be updated. There are times when the department may need to contact students by phone so it is important that we have your current phone number

All UNT students automatically receive an EagleConnect account that provides students with e-mail as well as chat, calendar, file storage, and other online services. All official program and university communications are delivered through EagleConnect. Students are responsible for activating accounts and checking their accounts regularly.

Students may choose to have their EagleConnect e-mails forwarded to an external address (e.g., Gmail, Yahoo, etc.). For more information and instructions go to: <http://eagleconnect.unt.edu>.

## **Complaints and Grievances**

Complaints and grievances are best resolved among the parties directly involved in the concern (e.g., student issues resolved between students; student/faculty issues resolved between the faculty member and student). In a situation where that is not possible, students are urged to work with other members of the program including (a) their faculty advisor, (b) the Graduate Program Coordinator, and/or (c) Department chairperson. For general university guidelines about harassment and discrimination concerns, students are urged to consult with the UNT Division of Institutional Equity and Diversity by calling 940-565-2711 or visiting the Division's website at <http://edo.unt.edu/>.

## **Course Exemptions**

It is possible that the student's previous coursework may allow for the student to be granted an exemption from one of the core curriculum courses, or the elective course (note: only a maximum of core course may be approved for exemption. Practicum and Internship courses will not be permitted to be exempted under any circumstances). A written request for a course exemption must be provided to the student's academic advisor, which will then be reviewed by the rehabilitation faculty for approval. All requests should be submitted with sufficient

evidence of the course's content in order to warrant an exemption.

## **Ethical Conduct**

The field of rehabilitation counseling is guided by the standards of ethical conduct put forth by the Commission on Rehabilitation Counselor Certification (CRCC). Graduate students of the Rehabilitation Counseling Program are therefore expected to maintain high standards of integrity and practice ethical behaviors that are consistent with the *Code of Professional Ethics for Rehabilitation Counselors* (see Appendix B). Unethical behavior will result in disciplinary action on the part of the Department or university and may involve dismissal from the program.

## **Financial Aid, Graduate Assistantships, Rehabilitation Scholarships**

There are several ways to pay for your graduate education. Your options may include a student loan, grant, assistantship, scholarships or student employment.

### **Student financial aid.**

Information regarding available financial aid, scholarships, assistantships, loans, and student employment is available on the UNT Student Financial Aid and Scholarship website at <http://financialaid.unt.edu>. Unconditional admission into the Master's degree program is required in order to qualify for financial aid.

### **Department graduate assistantships.**

There are a limited number of departmental teaching and research assistantships available to Rehabilitation Counseling graduate students. These are paid positions that include health benefits. Applications are submitted prior to the start of the fall semester and reviewed by a committee consisting of faculty from the rehabilitation, social work, and addiction programs. The best qualified students are selected for a research, teaching, or a combination of research/teaching assistantship. Assistants are expected to dedicate 20 hours per week to support faculty courses and/or research projects.

### **Ken Miner Memorial Scholarship.**

Granted each year to a qualified applicant from the graduate or undergraduate programs in Rehabilitation.

### **The Fort Worth TRA Scholarship.**

Provided yearly by the Fort Worth Chapter of the Texas Rehabilitation Association to a qualified graduate or undergraduate student in Rehabilitation.

Note: Applications for the Ken Miner Memorial and Fort Worth TRA scholarships are accepted in the spring semester each year. The award amount for each scholarship is approximately \$200 that is applied directly toward the recipient's fall tuition and fees.

## **Inactive Status**

Students who have not enrolled in a RHAB-prefix course during a one (1) year period are considered inactive and required to reapply in order to continue in the program.

## **Orientation**

In the week immediately preceding the beginning of classes, the Rehabilitation Counseling Program holds a New Student Orientation Meeting. This meeting is mandatory and serves as an important mechanism for communication between students, faculty, and staff. Students are informed of this meeting in both their letter of acceptance and in subsequent e-mail reminders. It is each student's responsibility to arrange to attend this meeting. All graduate students in the Rehabilitation Counseling Program are welcome to attend this meeting.

## **Professional Conduct**

Students in the Rehabilitation Counseling master's degree program are expected to be preparing for professional careers in the field of rehabilitation counseling therefore maintaining high standards of integrity and practicing the highest ethical behavior is expected both in and outside of the classroom. Unethical behavior, impaired performance, or unprofessional practices may result in disciplinary actions on the part of the Department or the university.

Although the graduate program does not impose a dress code, it is recommended that you dress in casual business attire. We often have guest speakers who are potential practicum and internship supervisors, as well as possible future employers – make a good first impression by looking like the professional you will become.

## **Readmission**

Students who voluntarily withdraw from the program and were in good standing are eligible for readmission. They must file an application for readmission with the Graduate School for this purpose. The program faculty makes a recommendation on readmission of the individual.

## **Registering for Classes**

All registration is completed via the university's on-line registration system accessible at <http://my.unt.edu>. You gain access to MyUNT when you activate your EUID and login password. For more information on the registration process for classes, including instructions and deadlines, go to <http://www.unt.edu/classes-registration.htm>.

Courses numbered 5000 or higher ordinarily are taken by students working toward master's degrees; those numbered 6000 or higher are open principally to doctoral students. The graduate student enrolled in a 5000-level course that meets with a senior-level undergraduate course will be expected to complete additional requirements beyond those expected of

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undergraduates in the same course. Please discuss any questions about course enrollment with your faculty advisor.

### **Schedule Changes (add/drop, withdrawal)**

Students may make adjustments to their schedule by adding and/or dropping classes, or by withdrawing from the university. Specific procedures must be followed in making these changes. Dropping all courses during a term/semester constitutes withdrawing from the university for that term/semester. Students must notify the Registrar's Office of their intent to withdraw from the university. Procedures and deadlines for dropping or withdrawing are available in the Registrar's Office or online at [www.unt.edu/register](http://www.unt.edu/register). Please be aware there are specific deadlines established by the Office of the Registrar by which a student may add, drop, or withdraw from a class.

### **Student Standards of Academic Integrity**

A strong university is built upon the academic integrity of its members. As an intellectual enterprise, it is dependent upon trust, honesty, and the exchange of ideas in a manner that gives full credit and context to the sources of those ideas. UNT's policy on the Student Standards of Academic Integrity is designed to uphold these principles of academic integrity. It protects the rights of all participants in the educational process and validates the legitimacy of degrees awarded by the university.

The policy covers categories of academic dishonesty such as cheating, plagiarism, forgery, fabrication, facilitating academic dishonesty, and sabotage. It includes descriptions of infractions, penalties and procedures. In the investigation and resolution of all allegations of student academic dishonesty, the university's actions are intended to be corrective, educationally sound, fundamentally fair, and based on reliable evidence. The full policy (18.1.16) is available online at [policy.unt.edu](http://policy.unt.edu), where it can be located by searching for either title or number.

### **Student Employment**

Fulfillment of the degree requirements for our graduate program requires a serious commitment of time and effort. Students are expected to carefully weigh and manage their responsibilities at home, school, work, etc., while a student in the program. Talk with your faculty advisor as to whether enrollment as a full-time or part-time student would be in your best interest given your employment and personal responsibilities. The university recommends that students who work full-time not schedule more than 6 semester hours in a long semester or 3 semester hours in a summer session.

### **Student academic, clinical, and professional conduct evaluations.**

Professions that engage in protection of the public health and welfare charge their members with the responsibility of monitoring potential new members. The faculty in the Rehabilitation Counseling graduate program has an ethical responsibility to "do no harm" to their profession, their students, and to the eventual consumers of services who will be provided those services

by graduates of this program. Therefore faculty members monitor students' academic performance and professional conduct on an ongoing basis in order to ensure that only those students who continue to meet academic program standards are allowed to continue in the program. A student's acceptance in any program does not guarantee his or her fitness to remain in that program. When, in the professional judgment of a program faculty member, a student is not making satisfactory progress or meeting the program or university standards, or the severity of the problem warrants immediate action, the faculty member will consult with the rehabilitation faculty members to determine appropriate steps. Upon a review of the student's unsatisfactory performance or behaviors, the faculty may recommend remediation or dismissal from the program. All students who have been accepted as of the Fall 2015 semester have been accepted with the understanding that if satisfactory progress is not achieved through the first two full semesters (Fall and Spring), the student will be notified he or she will be not be granted permission to continue in the program.

Formal evaluations are conducted as part of all clinical courses (RHAB 5721 Counseling Techniques; RHAB 5811 Practicum; and RHAB 5812 Internship) by faculty as well as designated site supervisors. In addition, a comprehensive review of each student's academic performance, clinical skills, and professional and ethical conduct is conducted at the end of each semester throughout the student's program by the Rehabilitation Counseling Program faculty. Faculty advisors will discuss the outcome of these evaluations with the student, discuss any identified problems, review appropriate measures of correction if necessary, and establish a timeline for change. A designated faculty member (e.g., advisor) will monitor progress accordingly to an agreed upon timeline, and a faculty review will determine the next course of action, if needed (e.g., dismissal from the program).

## **Student Evaluations of Teaching**

Students also have the opportunity to provide anonymous feedback to faculty by completing course evaluations at the end of each semester. We value your feedback and encourage you to take the time to complete the student evaluation available to students in the myunt.edu portal. Students can access the survey site by clicking on the survey icon. A list of their currently enrolled courses will appear. Students complete each course evaluation independently. During the long terms, the survey is open for students to complete two weeks prior to final exams. During the summer terms, the survey is open for students to complete six days preceding their final exam.

## **Student Evaluation of the Graduate Program**

Upon graduation students are asked to provide an overall evaluation of the program. The information is provided on an anonymous basis. Periodically the program may also conduct a survey of graduates and employers of graduates. The results from these evaluations and surveys are valuable in helping the faculty improve the quality of the program.

## **Student Rights and Responsibilities**

It is the student's responsibility to be informed concerning all regulations and procedures required by the university and the program. Therefore, the student should become familiar



with UNT's Graduate Catalog as well as the Rehabilitation Counseling Graduate Student Handbook. In no case will a regulation be waived or an exception granted because a student pleads ignorance of the regulation or asserts that advisors or other authorities did not present information.

Each University of North Texas student is entitled to certain rights associated with higher education institutions. Please review these rights at:  
<http://deanofstudents.unt.edu/conduct/rights-of-students>.

## **Technical Skills and Competence**

### **American Psychological Association (APA) Publication Style Proficiency.**

The Rehabilitation Counseling faculty requires that all papers written for rehabilitation courses conform to the American Psychological Association (APA) writing style for publications. Faculty may allot a portion of grades on assigned papers to conformity to APA format. *It is the responsibility of the student to become fluent in the use of APA writing style.*

There are several resources available to assist students in mastering this writing style. The most direct source is the current edition of the *Publication Manual of the American Psychological Association*. There is also a self-instruction workbook (*Mastering APA Style Student's Workbook and Training Guide*) available from the APASTyle.org website, as well as Amazon.com (NOTE: make sure any APA materials you purchase correspond with the most recent edition of the *Publication Manual*). Two helpful web-based resources for APA writing style can also be found at <http://apastyle.org/> and <http://owl.english.purdue.edu/>.

### **Computer competence.**

Students are expected to be skilled in using a computer to write reports, access on-line resources, and complete related academic assignments. There are, however, no specific computer competencies required for admission to or graduation from the Rehabilitation Counseling graduate program. Computer labs available to students are located throughout the campus; information about location and hours of service can be found at <http://www.gacl.unt.edu/hour.php>.

### **Time Limits**

The University has a 7-year deadline from the time you begin the Rehabilitation Counseling graduate program to completion of the program. Extensions require a recommendation of the Rehabilitation Counseling Program faculty and must be approved by the Dean of the Graduate School.

### **Transfer of Credits**

A total of up to 12 credits for courses determined to be equivalent to the course offered in our graduate program may be accepted for transfer credit. It is recommended that students provide a published description of the course (e.g., course syllabus or catalogue description) so

that its equivalency can be determined by the Rehabilitation Counseling program faculty.

## **Tuition and Fees**

Information regarding tuition and fees can be found at <http://essc.unt.edu/saucs/tuition-and-fees.html>.

## **Unsatisfactory Progress and Remediation**

The Rehabilitation Counseling Program faculty conduct a student review process at the end of each semester to assess each student's academic status, clinical skills, and professional development. The purpose of the process is to review the student's progress in the program and to ensure that the student is demonstrating the academic, clinical, ethical, and professional behaviors expected of students in training to become rehabilitation counselors.

Documentation of this evaluation will be retained by the program. A copy of the evaluation form used by the faculty can be found in Appendix H.

Students, who are identified by faculty as having demonstrated unsatisfactory academic, clinical, ethical, and/or professional behaviors in his or her class (or who witnessed the behavior(s) outside of the classroom), will be required to meet with the faculty member, their faculty advisor, or both, to discuss what behavior(s) need(s) to be changed. A remediation plan designed to address the issue(s) of concern will be initiated and documented that includes:

- the behaviors requiring remediation;
- specific activities to be completed;
- target measures of accomplishment (which will be documented);
- a schedule of regular meetings between the student and the faculty member responsible for monitoring and documenting the remediation plan (if this person is different from the student's advisor);
- a time frame for accomplishment;
- consequences if remediation is unsuccessful; and
- signatures of the student, faculty advisor, and, if different from the student's advisor, the faculty member responsible for developing, monitoring, and documenting the remediation plan. Signatures will indicate agreement with the remediation plan among all parties involved

Lack of participation in the remediation plan or failure to fully meet the expectations of the remediation plan will result in program dismissal. The faculty advisor may ask other faculty members to assist in the development of the remediation plan and to attend meetings with the student.

Some examples of problematic behaviors that could have significant implications for clients and are considered unsatisfactory behaviors include the following:

- Missing classes
- Chronic tardiness
- Lack of participation in class

- Unprofessional/unethical conduct
- Academic concerns (e.g., failure to submit assignments on time; poor performance on assignments, quizzes, tests; poor communication skills; cheating/plagiarism; poor writing skills)
- Interpersonal concerns (e.g., inappropriate self-disclosure, failure to respect boundaries, unprofessional interactions with faculty or peers, unwillingness to respect others' point of view, poor hygiene/self-care)
- Unwillingness to use and to accept feedback
- Inability to express feelings effectively and appropriately
- Inability to deal with conflict effectively and appropriately

## **Dismissal from program and appeal process**

The dismissal of a student from the Rehabilitation Counseling program is a significant event for both the student and the Rehabilitation Counseling program faculty. Dismissal represents the conclusion of the program faculty that the student has not demonstrated an adequate level of competency in his or her academic, clinical, ethical, or professional conduct. Dismissal action is generally the final outcome of informal and formal documented communications with the student regarding his or her unsatisfactory progress through the program. The final decision regarding whether or not a student should be dismissed from the program, or under what conditions a student making unsatisfactory progress will be allowed to continue, is a decision that rests with the Rehabilitation Counseling Program faculty. The student will be informed in writing by the Rehabilitation Counseling Program Coordinator that the Rehabilitation Counseling Program faculty has reviewed the student's unsatisfactory progress and has recommended dismissal from the program.

Students may be dismissed from the Rehabilitation Counseling program for the following reasons:

- failure to maintain academic standards
- academic dishonesty
- criminal misconduct
- unethical practices and/or unprofessional conduct
- failure to successfully meet all requirements of a remediation plan
- failure to achieve a grade of "B" or higher after a 2<sup>nd</sup> attempt in the Practicum course
- failure to achieve a grade of "B" or higher in the Internship course
- failure of a 2<sup>nd</sup> attempt to pass the comprehensive examination
- violation of the Student Code of Conduct

Students who believe they have not been fairly treated in any aspect of the Rehabilitation Counseling graduate program have the right to appeal remediation or dismissal decisions made by the Rehabilitation Counseling Program faculty. A request for appeal must be made to the Chairperson of the Department of Rehabilitation, Social Work and Addictions within 10 days of having received written notice of the Rehabilitation Counseling Program faculty's decision.

## **University Resources**

## UNT Websites

### **Blackboard**

**<http://www.unt.edu/distance-learning.htm>**

Provides information about web-based courses. UNT is currently converting all courses offered on Blackboard Vista to Blackboard Learn. The conversion is scheduled to be completed by the end of the Fall 2012 semester. Many instructors supplement in-person classes with materials posted to a course site located on Blackboard.

### **Department of Disability and Addiction Rehabilitation**

**<http://pacs.unt.edu/dar>**

Provides information relevant to all students enrolled in programs within our department. Rehabilitation Counseling students should be familiar with the information that is available to them in this website.

### **Graduate Catalog**

**<http://pacs.unt.edu/dar/http://catalog.unt.edu/index.php>**

This catalog is an official bulletin of the University of North Texas and is intended to provide general information, including policies, regulations, procedures and fees in effect at the time of release. Students are responsible for observing the regulations included in the Catalog and therefore are expected to review this catalog carefully.

### **MyUNT**

**<https://my.unt.edu/>**

MyUNT allows you to access your university e-mail, calendar, campus news, course guide, register for classes, course grades, etc.

### **Office of the Registrar**

**<http://essc.unt.edu/registrar/>**

Provides access to information relevant to your status as a student at UNT, such as course schedules, academic records, etc. Students register for courses through this website.

### **Toulouse School of Graduate Studies**

**<http://tsgs.unt.edu/>**

The Graduate School website provides admission, academic, news and events, and resources to help make your graduate experience a successful one. Graduate students apply for graduation through this website.

## Student Support Resources

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**Counseling and Testing Services;** Chestnut Hall 311; 940-565-2735

<http://www.unt.edu/cat/>

Provides confidential, professional, short-term (8 sessions per academic year) psychological counseling to currently enrolled students. Counseling is available for the areas of educational, vocational, marital, emotional and personal adjustment and development for UNT students. Counseling and Testing services also serves as a national testing center and computer-based testing site for the GRE, GMAT, TOEFL, and CLEP. The computer based testing is located in Gateway Center 140, 940-369-7617.

**Eagle Early Alert system and severe weather dismissals**

UNT uses a system called **Eagle Alert** to quickly notify you with critical information in an emergency. The system sends voice messages to the phones, including cell phones, of all active faculty, staff and students. All students, faculty and staff are automatically enrolled in the system using the telephone numbers you provided to UNT during your registration or hiring process. You should check your contact information **regularly** and update it as soon as it changes by logging in at [my.unt.edu](http://my.unt.edu).

**Financial Aid Office;** Eagle Student Services Center 228 ;940-565-2310

<http://essc.unt.edu/finaid/>

Applications; processing and awarding of federal and state financial aid-loans, grants, scholarships, work programs.

<http://essc.unt.edu/finaid/>

**Health Center;** Chestnut Hall; 940-565-2333

<http://www.healthcenter.unt.edu/home/>

Medical care and health education services for enrolled students. Call to schedule an appointment.

**Libraries;** various locations throughout the campus

<http://www.library.unt.edu/>

Access to library catalog, electronic resources, special collections, library hours and locations, interlibrary loan, research tools, workshops, etc.

**Office of Disability Accommodation;** Union 321; 940-565-4323

Assists students with ADA-related concerns, educational access and accommodation. Makes referrals for diagnostic evaluations.

<http://www.unt.edu/oda/>

**Pohl Recreation Center;** 1900 Chestnut Dr.; (940) 565-2275

<http://recsports.unt.edu/>

The student recreation center with exercise equipment and facilities, pool, group exercise classes, etc

**Psychology Clinic;** Terrill Hall 171; 940-565-2631

<http://www.psyc.unt.edu/clinic/>

Provides psychological services such as counseling, testing, and biofeedback for UNT students and the community.

**Transportation and Parking;** Highland Street Garage; 940-565-3020  
<http://www.unt.edu/transit/>  
Provides information on campus parking, shuttle routes and schedules, etc.

## Student Organizations

### **North Texas Rehabilitation Association**

The professional organization for graduate and undergraduate students interested in the field of vocational rehabilitation is the **North Texas Rehabilitation Association**. The group meets regularly throughout the semester to hold programs of interest to students and professionals in rehabilitation, fund-raising events for the organizations projects and for rehabilitation student scholarships, and social events for members and friends of the organization. All students and other persons interested in the field of vocational rehabilitation are eligible to join. NTRA is a recognized student chapter of the National Rehabilitation Association (NRA).

### **UNT Graduate Student Council**

<http://gsc.unt.edu/>

The Graduate Student Council at UNT provides for communication between representatives of the graduate student body and both the dean of the School of Graduate Studies and the University Graduate Council, which acts as the policy-making body for graduate program affairs. The Graduate Student Council serves as an advisory council to facilitate an interchange of views and information between these groups. Two members of the Graduate Student Council are elected annually to serve as voting members of the University Graduate Council. Graduate Student Council members also serve on other Graduate Council and university-wide committees. The President of the Council can be reached by contacting the Graduate School office. Graduate students in the Rehabilitation Counseling program have been represented on the Graduate Student Council whenever a student in the program has been willing to serve in this capacity. **Alpha Epsilon Lambda** is a national honors society recognizing students who display leadership, as well as academic qualities. The local chapter was established in 1993. More information is available through the Graduate Student Council.

## Professional Resources

One of the most important learning experiences for students enrolled in the Rehabilitation Counseling program is the development of a professional identity. There are several professional organizations that provide opportunities for students to grow in this regard. Professional organizations typically have discounted membership rates for students so it will benefit you to join an organization early in your academic career. Talk with your advisor about the different associations so that you join an association and/or division that will best support your own vocational goals.

### **National Rehabilitation Association (NRA)**

<http://nationalrehab.org/>

The National Rehabilitation Association (NRA) seeks to be the premier organization nationwide connecting thousands of professionals in the area of vocational rehab. NRA provides members with up to date information on advocacy, issues and networking opportunities. Members receive the quarterly *Journal of Rehabilitation*, an internationally-acclaimed scholarly journal on the cutting-edge of rehabilitation research. Members also receive *Contemporary Rehab*, the bi-monthly newsletter filled with the latest rehabilitation and membership news.

### **Rehabilitation Counselors and Educators Association (RCEA): A division of NRA**

<http://rehabcea.org/>

With a focus on professionalism, RCEA provides its member base with a framework for state chapters, regional affiliations and offers a national presence. The member base is comprised of educators and counselors employed in both public and private settings. RCEA members receive, among other benefits, a subscription to the quarterly *Rehabilitation Counselors & Educators Journal*.

### **Texas Rehabilitation Association (TRA): The state chapter of NRA**

<http://txrehabassoc.org/>

Members include public and private rehabilitation counselors, rehabilitation administrators, rehabilitation educators, social workers, job placement specialists, consultants, qualified rehabilitation professionals, medical professionals (physical therapy, speech, occupational therapy), community rehabilitation professionals, and others involved in the provision of advocacy of services or programs for people with disabilities. TRA is the Texas state chapter of the National Rehabilitation Association (NRA). By joining NRA, you automatically become a member of TRA.

### **North Texas Area Rehabilitation Association (NTARA): The local chapter of TRA**

<http://ntara.org>

The North Texas Area Rehabilitation Association (NTARA) is an organization for rehabilitation professionals in Dallas, Denton, Fort Worth, and the surrounding areas. NTARA is a local chapter of the *Texas Rehabilitation Association (TRA)* and the *National Rehabilitation Association (NRA)*.

**National Rehabilitation Counseling Association (NRCA)**

<http://nrca-net.org>

NRCA is the largest national organization representing rehabilitation counselors practicing in a variety of work settings: private non-profit agencies, hospital medical settings, educational programs, private-for-profit businesses, state/federal agencies, private practice, unions, and others. Membership includes, among other benefits, a subscription to the quarterly *Journal of Applied Rehabilitation Counseling*.

**American Counseling Association (ACA)**

<http://www.counseling.org/>

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity. Membership includes, among other benefits, ACA's monthly periodical, *Counseling Today*, and the quarterly journal of counseling research *Journal of Counseling & Development*, as well as bi-weekly e-mail news updates.

**American Rehabilitation Counseling Association (ARCA): A division of ACA**

<http://www.arcaweb.org/>

ARCA is a division of the ACA organized by rehabilitation counseling practitioners, educators, and students who are concerned with enhancing the development of people with disabilities throughout their life span and in promoting excellence in the rehabilitation counseling profession's practice, research, consultation, and professional development. Membership includes, among other benefits, a subscription to the quarterly journal of rehabilitation research, the *Rehabilitation Counseling Bulletin*.

**American Psychological Association (APA)**

<http://www.apa.org/>

The American Psychological Association is the largest scientific and professional organization representing psychology in the United States. APA is the world's largest association of psychologists, with more than 137,000 researchers, educators, clinicians, consultants and students as its members. APA's mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives. APA's 54 divisions are interest groups organized by members. Some represent subdisciplines of psychology (e.g., experimental, social or clinical) while others focus on topical areas such as aging, ethnic minorities or trauma. APA members, and even nonmembers, can apply to join one or more divisions which have their own eligibility criteria and dues. In addition each division has its own officers, website, publications, email list, awards, convention activities and meetings. All APA members receive a monthly subscription to the *Monitor on Psychology* and *The American Psychologist*.

**Certification and Licensure****Certification as a Rehabilitation Counselor (CRC);** <https://www.crccertification.com/>

National certification in the specialty area of rehabilitation counseling is available for

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interested graduates of the Rehabilitation Counseling Master's degree program. The mission of the Commission on Rehabilitation Counselor Certification (CRCC) is to best serve and protect individuals with disabilities by promoting quality rehabilitation counseling services to persons with disabilities through the certification of rehabilitation counselors. CRCC also provides leadership in advocating for the rehabilitation counseling profession. The CRCC is the world's largest rehabilitation counseling organization with over 16,000 current certificants and has certified over 35,000 rehabilitation counselors since its incorporation in 1974.

Students currently enrolled in a Master's degree program accredited by CORE meet the "Category G" requirement however our program also offers a certificate program that provides individuals who meet the "Category R" requirement with the necessary coursework to be eligible for the certification exam. More information on the eligibility categories can be found at:

[http://www.crccertification.com/pages/eligibility\\_requirements/69.php](http://www.crccertification.com/pages/eligibility_requirements/69.php).

The exam is offered 3 times per year in the months of October, March, and July with application deadlines approximately 5 months in advance of the testing date (deadlines are available at [http://www.crccertification.com/pages/crc\\_exam\\_schedule/83.php](http://www.crccertification.com/pages/crc_exam_schedule/83.php)). 75% of the applicant's coursework must be completed by February 1 for the March exam; June 1 for the July exam; and September 1 for the October exam. Additional requirements include:

- Rehabilitation counseling internship of 600 clock hours supervised by a CRC completed prior to graduation.
- Graduate within twelve months of the CRC application deadline date.

The certification exam in Rehabilitation Counseling is administered by the CRCC through Prometric, a company which develops and delivers tests to more than 400 organizations worldwide. Applicants schedule the examination at the most convenient Prometric location. Additional information on the CRC exam and certification process can be obtained from:

Commission on Rehabilitation Counselor Certification 1699 E.  
Woodfield Road; Suite 300  
Schaumburg, IL 60173  
Phone: 847-944-1325  
Fax: 847-944-1346  
Email: [info@crccertification.com](mailto:info@crccertification.com)

### **Licensed Professional Counselor**

**(LPC)**; <http://www.dshs.state.tx.us/counselor/>

The Texas State Board of Examiners of Professional Counselors has been designated by the Texas Legislature as the licensing body for counselors in Texas who want credentials as a Licensed Professional Counselor (LPC). Any person practicing counseling activities and claiming the credentials of a LPC is required by law to submit appropriate credentials for evaluation and take an examination before recognition is granted.

The State of Texas licensing Board has determined the Rehabilitation Counseling Master's degree program meets the academic requirements to apply for licensure as a Professional Counselor. Students interested in licensure, however, should review these requirements with their academic advisor and determine if additional elective courses are recommended. From time to time the Board has initiated requirements over and beyond those one might satisfy in any given degree program, therefore it is advised students contact the Board to gain specific information on requirements that may be applicable at the time one wants to become licensed.

The requirements for licensure (as of April, 2010) are as follows:

- A master's or doctoral degree in counseling or a counseling-related field from an accredited college or university
- A planned graduate program in counseling or a counseling-related field of at least 48 graduate semester hours.

- NOTE: Board rules specifically define "counseling -related field": §681.2.

Definitions (9) Counseling-related field - A mental health discipline utilizing human development, psychotherapeutic, and mental health principles including, but not limited to, psychology, psychiatry, social work, marriage and family therapy, and guidance and counseling. Non-counseling fields include, but are not limited to dance therapy, sociology, education, administration, and theology.

- Applicants must obtain academic course work in each of the following areas:  
(Note: Rehabilitation Counseling courses identified within the parentheses have been approved by the licensing Board as meeting requirements)
  - normal human growth and development (RHAB 5715)
  - abnormal human behavior (RHAB 5730 and 5731)
  - appraisal or assessment techniques (RHAB 5740)
  - counseling theories (RHAB 5720)
  - counseling methods or techniques (individual and group) (RHAB 5721 and 5723)
  - research (RHAB 5770)
  - lifestyle and career development (RHAB 5741 and 5742)
  - social, cultural and family issues (RHAB 5710)
  - professional orientation (RHAB 5700)
- As part of the graduate program, a supervised practicum experience that is primarily counseling in nature. The practicum should be at least 300 clock-hours with at least 100 clock-hours of direct client contact. Academic credit for the practicum must appear on the applicant's transcript. (RHAB 5812)
- After completion of the graduate degree and before application, an applicant must take and pass the National Counselor Exam and the Texas Jurisprudence Exam. After receiving a temporary LPC license from the board, the applicant may begin the supervised post-graduate counseling experience (internship). 3000 clock-hours with at least 1,500 being direct client contact of internship under the supervision of a board-approved supervisor is required. The 3000 clock-hours may not be completed in a time period of less than 18 months.

- If reapplying for a temporary license, the applicant must submit any supervised experience gained during their previous temporary license.

Applications and additional information on the LPC for the state of Texas may be obtained by contacting:

Texas State Board of Examiners of Professional Counselors  
Texas Department of State Health Services  
Mail Code 1982  
P.O. Box 149347  
Austin, Texas 78714-9347 E-  
mail: [lpc@dshs.state.tx.us](mailto:lpc@dshs.state.tx.us)  
Telephone: (512) 834-6658  
Fax: (512)834-6677

To find licensing requirements outside the state of Texas, consult the National Board for Certified Counselors at <http://www.nbcc.org/>

## Appendix A: CORE Course Standards

<http://www.core-rehab.org/Files/Doc/PDF/COREStandardsPrograms.pdf>

The following text is pages 24-40 of the above pdf document.

### CORE CURRICULUM AREAS

The required curriculum of graduate study shall provide for obtaining essential knowledge, skills, and attitudes necessary to function effectively as a professional rehabilitation counselor. Curriculum knowledge domains and outcome expectations are frequently interrelated and not mutually exclusive. In particular, three elements integral to curricula in rehabilitation counselor education are **ethical behavior, diversity or individual differences, and critical thinking**. These three elements should be infused throughout all courses of the curriculum and rehabilitation counseling programs should be able to provide evidence these components are addressed appropriately.

Study units or courses shall include, but are not limited to, the following ten curriculum areas which shall include relevant knowledge domains and related student learning outcomes:

#### **C.1 PROFESSIONAL IDENTITY AND ETHICAL BEHAVIOR**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

#### **Knowledge domains:**

##### **C.1.1 Rehabilitation counseling scope of practice**

C.1.1.a. Explain professional roles, purposes, and relationships of other human service and counseling/psychological providers.

C.1.1.b. Articulate the principles of independence, inclusion, choice and self-determination, empowerment, access, and respect for individual differences.

##### **C.1.2 History, systems, and philosophy of rehabilitation**

C.1.2.a. Integrate into one's practice, the history and philosophy of rehabilitation, as well as the laws affecting individuals with disabilities.

C.1.2.b. Describe, in general, the organizational structure of the rehabilitation, education, and healthcare systems, including public, private-for-profit, and not-for-profit service settings.

C.1.2.c. Explain the role and values of independent living philosophy for individuals with a disability.

### **C.1.3 Legislation related to people with disabilities**

C.1.3.a. apply the principles of disability-related legislation, including the rights of people with disabilities, to the practice of rehabilitation counseling.

### **C.1.4 Ethics**

C.1.4 a. practice rehabilitation counseling in a legal and ethical manner, adhering to the Code of Professional Ethics and Scope of Practice for the profession.

### **C.1.5 Professional credentialing, certification, licensure and accreditation**

C.1.5.a. explain differences between certification, licensure, and accreditation.

### **C.1.6 Informed consumer choice and consumer empowerment**

C.1.6.a. integrate into practice an awareness of societal issues, trends, public policies, and developments, as they relate to rehabilitation.

C.1.6.b. articulate the value of consumer empowerment, choice, and personal responsibility in the rehabilitation process.

### **C.1.7 Public policies, attitudinal barriers, and accessibility**

C.1.7.a. assist employers to identify, modify, or eliminate architectural, procedural, and/or attitudinal barriers.

### **C.1.8 Advocacy**

C.1.8.a. educate the public and individuals with a disability regarding the role of advocacy and rights of people with disabilities under federal and state law.

## **C.2 PSYCHOSOCIAL ASPECTS OF DISABILITY AND CULTURAL DIVERSITY**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

### **Knowledge domains:**

#### **C.2.1 Sociological dynamics related to self-advocacy, environmental influences, and attitude formation**

C.2.1.a. identify and articulate an understanding of the social, economic, and environmental forces that may present barriers to a consumer's rehabilitation.

C.2.1.b. identify strategies to reduce attitudinal barriers affecting people with disabilities.

#### **C.2.2 Psychological dynamics related to self-identity, growth, and adjustment**

C.2.2.a. identify strategies for self-awareness and self-development that will promote coping and adjustment to disability.

C.2.2.b. identify and demonstrate an understanding of stereotypical views toward individuals with a disability and the negative effects of these views on successful completion of the rehabilitation outcomes.

C.2.2.c. explain adjustment stages and developmental issues that influence adjustment to disability.

### **C.2.3 Implications of cultural and individual diversity including cultural, disability, gender, sexual orientation, and aging issues**

C.2.3.a. provide rehabilitation counseling services in a manner that reflects an understanding of psychosocial influences, cultural beliefs and values, and diversity issues that may affect the rehabilitation process.

C.2.3.b. identify the influences of cultural, gender, sexual orientation, aging, and disability differences and integrate this knowledge into practice.

C.2.3.c. articulate an understanding of the role of ethnic/racial and other diversity characteristics such as spirituality and religion, and socio-economic status in groups, family, and society.

## **C.3 HUMAN GROWTH AND DEVELOPMENT**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

### **Knowledge domains:**

#### **C.3.1 Human growth and development across the life span**

C.3.1.a. articulate a working knowledge of human development and the needs of individuals with disabilities across the life span.

C.3.1.b. describe and implement approaches that enhance personal development, decision-making abilities, personal responsibility, and quality of life of individuals with a disability.

#### **C.3.2 Individual and family response to disability**

C.3.2.a. assist the development of transition strategies to successfully complete the rehabilitation process.

C.3.2.b. recognize the influence of family as individuals with disabilities grow and learn.

C.3.2.c. demonstrate counselor sensitivity to stressors and the role of positive attitudes in responding to coping barriers and challenges.

#### **C.3.3 Theories of personality development**

C.3.3.a. describe and explain established theories of personality development.

C.3.3.b. identify developmental concepts and processes related to personality development and apply them to rehabilitation counseling practice.

#### **C.3.4 Human sexuality and disability**

C.3.4.a. identify impact that different disabilities can have on human sexuality.

C.3.4.b. discuss sexuality issues with individuals with a disability as part of the rehabilitation process.

#### **C.3.5 Learning styles and strategies**

C.3.5.a. develop rehabilitation plans that address individual learning styles and strengths of individuals with a disability.

## **C.4 EMPLOYMENT AND CAREER DEVELOPMENT**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to

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**Knowledge domains:**

**C.4.1 Disability benefits systems including workers' compensation, long-term disability, and social security.**

C.4.1.a. demonstrate understanding of various public and private disability benefits systems and the influence on rehabilitation, independent living, and employment.

C.4.1.b. explain the requirements of benefits available to people with disabilities through systems such as workers' compensation, long-term disability insurance, and social security.

**C.4.2 Job analysis, transferable skills analysis, work site modification and restructuring**

C.4.2.a. utilize job and task analyses methodology to determine essential functions of jobs for employment planning and placement, worksite modifications, or job restructuring.

C.4.2.b. apply the techniques of job modification/restructuring and the use of assistive devices to facilitate placement of people with disabilities.

C.4.2.c. apply transferable skills analysis methodology to identify alternative vocational and occupational options given the work history and residual functional capacities of individuals with a disability.

**C.4.3 Career counseling, career exploration, and vocational planning**

C.4.3.a. provide career counseling utilizing appropriate approaches and techniques.

C.4.3.b. utilize career/occupational materials to assist the individual with a disability in vocational planning.

C.4.3.c. facilitate involvement in vocational planning and career exploration.

**C.4.4 Job readiness development**

C.4.4.a. assess an individual's (who lives with disability) readiness for gainful employment and assist individuals with a disability in increasing this readiness.

**C.4.5 Employer consultation and disability prevention**

C.4.5.a. provide prospective employers with appropriate consultation information to facilitate prevention of disability in the workplace and minimize risk factors for employees and employers.

C.4.5.b. consult with employers regarding accessibility and issues related to ADA compliance.

**C.4.6 Workplace culture and environment**

C.4.6.a. describe employer practices that affect the employment or return to work of individuals with disabilities and utilize that understanding to facilitate successful employment.

**C.4.7 Work conditioning/work hardening**

C.4.7.a. identify work conditioning or work hardening strategies and resources as part of the rehabilitation process.

#### **C.4.8 Vocational consultation and job placement strategies**

C.4.8.a. conduct and utilize labor market analyses and apply labor market information to the needs of individuals with a disability.

C.4.8.b. identify transferable skills by analyzing the consumer's work history and functional assets and limitations and utilize these skills to achieve successful job placement.

C.4.8.c. utilize appropriate job placement strategies (client-centered, place then train, etc.) to facilitate employment of people with disabilities.

#### **C.4.9 Career development theories**

C.4.9.a. apply career development theories as they relate to an individual with a disability.

#### **C4.10 Supported employment, job coaching, and natural supports**

C.4.10.a. effectively use employment supports to enhance successful employment.

C.4.10.b. assist individuals with a disability with developing skills and strategies on the job.

#### **C.4.11 Assistive technology**

C.4.11.a. identify and describe assistive technology resources available to individuals with a disability for independent living and employment.

### **C.5 COUNSELING APPROACHES AND PRINCIPLES**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

#### **Knowledge domains:**

##### **C.5.1 Individual counseling and personality theory**

C.5.1.a. communicate a basic understanding of established counseling theories and their relationship to personality theory.

C.5.1.b. articulate a personal philosophy of rehabilitation counseling based on an established counseling theory.

##### **C.5.2 Mental health counseling**

C.5.2.a. recognize individuals with a disability who demonstrate psychological or mental health related problems and make appropriate referrals.

C.5.2.b. analyze diagnostic and assessment information (e.g., vocational and educational tests, records and psychological and medical data) and communicate this information to the consumer.

C.5.2.c. explain and utilize standard diagnostic classification systems for mental health conditions within the limits of the role and responsibilities of the rehabilitation counselor.

##### **C.5.3 Counseling skills and techniques development**

C.5.3.a. develop and maintain confidential counseling relationships with individuals with a disability using established skills and techniques.

C.5.3.b. establish, in collaboration with the consumer, individual counseling goals and objectives.

C.5.3.c. apply basic counseling and interviewing skills.



C.5.3.d. employ consultation skills with and on behalf of the consumer.

#### **C.5.4 Gender issues in counseling**

C.5.4.a. counsel individuals with a disability who face lifestyle choices that may involve gender or multicultural issues.

C.5.4.b. identify gender differences that can affect the rehabilitation counseling and planning processes.

#### **C.5.5 Conflict resolution and negotiation strategies**

C.5.5.a. assist individuals with a disability in developing skills needed to effectively respond to conflict and negotiation in support of their interests.

#### **C.5.6 Individual, group, and family crisis response**

C.5.6.a. recognize and communicate a basic understanding of how to assess individuals, groups, and families who exhibit suicide ideation, psychological and/or emotional crisis.

#### **C.5.7 Termination of counseling relationships**

C.5.7.a. facilitate counseling relationships with individuals with a disability in a manner that is constructive to their independence.

C.5.7.b. develop a plan of action in collaboration with the consumer for strategies and actions anticipating the termination of the counseling process.

#### **C.5.8 Individual empowerment and rights**

C.5.8.a. promote ethical decision-making and personal responsibility that is consistent with an individual's culture, values and beliefs.

#### **C.5.9 Boundaries of confidentiality**

C.5.9.a. explain the legal limits of confidentiality for rehabilitation counselors for the state in which they practice counseling.

C.5.9.b. identify established rehabilitation counseling ethical standards for confidentiality and apply them to actual case situations.

#### **C.5.10 Ethics in the counseling relationship**

C.5.10.a. explain the practical implications of the CRCC Code of Ethics as part of the rehabilitation counseling process.

C.5.10.b. confirm competency in applying an established ethical decision-making process to rehabilitation counseling case situations.

#### **C.5.11 Counselor Supervision**

C.5.11.a. explain the purpose, roles, and need for counselor supervision in order to enhance the professional development, clinical accountability, and gate-keeping function for the welfare of individuals with a disability.

### **C.6 GROUP WORK AND FAMILY DYNAMICS**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

**Knowledge domains:**

**C.6.1 Group Dynamics and Counseling Theory**

C.6.1.a. apply theories and principles of group counseling when working with persons with disabilities.

**C.6.2 Group leadership styles and techniques**

C.6.2.a. demonstrate effective group leadership skills.

**C.6.3 Family dynamics and counseling theory**

C.6.3.a. apply an understanding of family systems and the impact of the family on the rehabilitation process.

**C.6.4 Family support interventions**

C.6.4.a. use counseling techniques to support the individual's family/significant others, including advocates.

C.6.4.b. facilitate the group process with individual's family/significant others, including advocates to support the rehabilitation goals.

**C.6.5 Ethical and legal issues impacting individuals and families**

C.6.5.a. apply ethical and legal issues to the group counseling process and work with families.

C.6.5.b. know the ethical implications of work in group settings with racial/ethnic, cultural, and other diversity characteristics/issues when working with people with disabilities.

**C.7 ASSESSMENT**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

**Knowledge domains:**

**C.7.1 Role of assessment**

C.7.1.a. explain purpose of assessment in rehabilitation process.

C.7.1.b. use assessment information to determine eligibility and to develop plans for services.

**C.7.2 Assessment resources and methods**

C.7.2.a. identify assessment resources and methods appropriate to meet the needs of individuals with a disability.

C.7.2.b. describe resources to assist rehabilitation counselors in identifying appropriate test instruments and other assessment methods.

C.7.2.c. describe computer-based assessments for rehabilitation and employment planning.

**C.7.3 Individual involvement in assessment planning**

C.7.3.a. facilitate individual involvement in evaluating the feasibility of rehabilitation or independent living objectives and planning.

C.7.3.b. utilize assessment as an ongoing process in establishing individual rapport, rehabilitation service planning, objectives and goals.

C.7.3.c. evaluate the individual's capabilities to engage in informed choice and to make decisions.

#### **C.7.4 Measurement and statistical concepts**

C.7.4.a. describe basic measurement concepts and associated statistical terms.

C.7.4.b. comprehend the validity, reliability, and appropriateness of assessment instruments.

#### **C.7.5 Selecting and administering the appropriate assessment methods**

C.7.5.a. explain differences in assessment methods and testing instruments (i.e., aptitude, intelligence, interest, achievement, vocational evaluation, situational assessment).

C.7.5.b. apply assessment methods to evaluate a consumer's vocational, independent living and transferable skills.

#### **C.7.6 Ethical, legal, and cultural implications in assessment**

C.7.6.a. know the legal, ethical, and cultural implications of assessment for rehabilitation services.

C.7.6.b. consider cultural influences when planning assessment.

C.7.6.c. analyze implications of testing norms related to the culture of an individual.

### **C.8 RESEARCH AND PROGRAM EVALUATION**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

#### **Knowledge domains:**

##### **C.8.1 Basic statistics and psychometric concepts**

C.8.1.a. understand research methodology and relevant statistics.

##### **C.8.2 Basic research methods**

C.8.2.a. interpret quantitative and qualitative research articles in rehabilitation and related fields.

C.8.2.b. apply research literature to practice (e.g., to choose appropriate interventions, to plan assessments).

##### **C.8.3 Effectiveness of rehabilitation counseling services.**

C.8.3.a. develop and implement meaningful program evaluation.

C.8.3.b. provide a rationale for the importance of research activities and the improvement of rehabilitation services.

##### **C.8.4 Ethical, legal, and cultural issues related to research and program evaluation.**

C.8.4.a. apply knowledge of ethical, legal, and cultural issues in research and evaluation to rehabilitation counseling practice.

### **C.9 MEDICAL, FUNCTIONAL, AND ENVIRONMENTAL ASPECTS OF DISABILITY**

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Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

**Knowledge domains:**

**C.9.1 The human body system**

C.9.1.a. explain basic medical aspects related to human body system and disabilities.

**C.9.2 Medical terminology and diagnosis**

C.9.2.a. demonstrate an understanding of fundamental medical terminology.

C.9.2.b. demonstrate an understanding of the diagnostic process used by medical and other health professions.

**C.9.3 Physical, psychiatric, cognitive, sensory and developmental disabilities**

C.9.3.a. utilize existing or acquired information about the existence, onset, severity, progression, and expected duration of an individual's disability.

C.9.3.b. articulate the functional limitations of disabilities.

C.9.3.c. apply working knowledge of the impact of disability on the individual, the family, and the environment.

C.9.3.d. explain the implications of co-occurring disabilities.

**C.9.4 Assistive technology**

C.9.4.a. determine the need for assistive technology and the appropriate intervention resources.

C.9.4.b. support the evaluation of assistive technology needs as they relate to rehabilitation services.

**C.9.5 Environmental implications for disability**

C.9.5.a. evaluate the influences and implications of the environment on disability.

**C.9.6 Classification and evaluation of function**

C.9.6.a. demonstrate familiarity with the use of functional classification such as the International Classification of Function.

C.9.6.b. consult with medical/health professionals regarding prognosis, prevention and wellness strategies for individuals with a disability

**C.10 REHABILITATION SERVICES, CASE MANAGEMENT, AND RELATED SERVICES**

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

**Knowledge domains:**

**C.10.1 Vocational rehabilitation**

C.10.1.a. describe the systems used to provide vocational rehabilitation services to people with disabilities including the state/federal vocational rehabilitation program in the United States, private rehabilitation, and community-based rehabilitation programs.

C.10.1.b. identify and plan for the provision of vocational rehabilitation services with individuals with a disability.

C.10.1.c. provide information to prospective employers about the benefits of hiring people with disabilities.

**C.10.2 Case and caseload management**

C.10.2.a. evaluate the need for and utilize case and caseload management services.

C.10.2.b. apply principles of caseload management, including case recording and documentation.

C.10.2.c. identify rehabilitation case management strategies that are evidence-based.

C.10.2.d. establish follow-up and/or follow-along procedures to maximize an individual's independent functioning through the provision of post-employment services

**C.10.3 Independent living**

C.10.3.a. identify and plan for the provision of independent living service alternatives with individuals with a disability.

**C.10.4 School to work transition services**

C.10.4.a. develop knowledge of transition services that facilitate an individual's movement from school to work.

**C.10.5 Disability management**

C.10.5.a. describe employer-based disability management concepts, programs, and practices.

**C.10.6 Forensic rehabilitation and vocational expert practices**

C.10.6.a. describe the purpose of forensic rehabilitation, vocational expert practice, and the reasons for referral of individuals for services.

**C.10.7 Substance abuse treatment and rehabilitation**

C.10.7.a. describe different recovery models that apply to substance abuse treatment and rehabilitation.

C.10.7.b. identify and recommend treatment options that facilitate recovery and successful rehabilitation outcomes.

**C.10.8 Psychiatric rehabilitation**

C.10.8.a. identify and recommend treatment options that facilitate recovery and successful rehabilitation outcomes.

**C.10.9 Wellness and illness prevention concepts**

C.10.9.a. promote constructive lifestyle choices that support positive health and prevents illness or disability.

**C.10.10 Community Resources**

C.10.10.a. work with community agencies to advocate for the integration and inclusion of individuals with disabilities within the community.

C.10.10.b. identify the benefits of rehabilitation services to potential individuals with a disability, employers, and the general public.

**C.10.11 Community-based rehabilitation and service coordination**

C.10.11.a. assist individuals with a disability to access and utilize services available in the community.

C.10.11.b. collaborate with advocates and other service providers involved with the individual and/or the family.

**C.10.12 Life care planning**

C.10.12.a. describe the purposes of life-care planning and utilize life-care planning services as appropriate.

**C.10.13 Insurance programs and social security**

C.10.13.a. demonstrate knowledge of disability insurance options and social security programs.

C.10.13.b. functions of workers' compensation, disability benefits systems, and disability management systems.

**C.10.14 Programs for specialty populations**

C.10.14.a. describe programs of services for specialty populations including but not limited to: spinal cord injury, traumatic brain injury intellectual disabilities sensory disability, correctional and veterans.

**C.10.15 Current technology and rehabilitation counseling**

C.10.15.a. explain and plan for the appropriate use of assistive technology including computer-related resources.

C.10.15.b. utilize internet and other technology to assist in the effective delivery of services.

C.10.15.c. assist individuals with a disability in developing strategies to request appropriate accommodation.

C.10.15.d. assess individual needs for rehabilitation engineering services.

**SECTION D: Clinical Experience**

D.1 Students shall have a minimum of 100 hours of supervised rehabilitation counseling Practicum experience with at least 40 hours of direct service to people with disabilities (not role-playing clients). Practicum students shall have experiences that increase their awareness and understanding of the differences in values, beliefs, and behaviors of individuals who are different from themselves.

D.1.1 The practicum shall include instructional experiences (audio-video tapes and individual and group interaction) dealing with rehabilitation counseling concerns, and clinical experiences (on or off-campus) that facilitate the development of basic

rehabilitation counseling skills. During the practicum, students will conduct interviews that will be reviewed by a supervisor. If practicum experiences are provided off-campus, there will be direct and periodic communication throughout the semester between the site supervisor and the faculty (e.g., site visits, conference calls, video-conferencing, electronic communication). Practicum activities shall be documented in logs, progress reviews, and summaries. The program faculty member responsible for practicum supervision must be a CRC.

D.1.2 Written expectations, procedures, and policies for practicum will be distributed to students and supervisors. This will include the policy that the practicum is a prerequisite to the supervised rehabilitation counseling clinical internship experience.

D.1.3 Practicum experiences shall include an average of one (1) hour per week of individual **and** 1½ hours per week of group (with no more than **ten** students/group) supervision by a program faculty member or qualified individual working in cooperation with a program faculty member.

D.1.4 When using distance education modalities, practicum supervision may be provided using a variety of methods such as video conferencing, teleconferencing, real time video contact, or others, as appropriate.

D.1.5 In states that have specific practicum supervision requirements for counselor licensure, the program shall make the required supervision experiences consistent with the licensure requirements available to those students desiring to qualify for licensure.

D.1.6 There shall be a written progress review of the performance/counseling skills of all students enrolled in a practicum.

D.1.7 There shall be a written procedure for responding to students who do not demonstrate satisfactory practicum knowledge or clinical skills.

D.1.8 The individual supervision of **five** students shall be considered to be equivalent to the teaching of one course.

D.2 Students shall have supervised rehabilitation counseling internship activities that include a minimum of 600 hours of applied experience in an agency/program, with at least 240 hours of direct service to individuals with disabilities.

D.2.1 The internship activities shall include the following:

D.2.1.a. orientation to program components, policies and procedures, introduction to staff and their role and function, identification of the expectations for interns, confidentiality and due process procedures, risk assessment, and the Code of Professional Ethics for Rehabilitation Counselors;

D.2.1.b. observation of all aspects of the delivery of rehabilitation counseling services, as practiced by the agency or organization, including diverse populations

D.2.1.c. work assignments, performing the tasks required of an employed rehabilitation counselor at the agency or organization; and

D.2.1.d. reporting, including all required academic reports as well as logs, weekly progress reviews, and summaries of activities.

D.2.2 Written expectations, procedures, and policies for the internship activities shall be contained in a manual or other appropriate document(s) and distributed to students and supervisors.

D.2.3 For the internship, an on-site supervisor must be assigned to provide weekly supervision throughout the internship experience.

D.2.4 The internship shall include an evaluation of student performance, including self-evaluation by the student, the field site supervisor, and the faculty supervisor.

D.2.5 The RCE Program shall use internship experience sites that provide rehabilitation counseling services to individuals with disabilities appropriate to the mission of the program.

D.2.6 Internship students shall have experiences that increase their awareness and understanding of differences in values, beliefs and behaviors of persons who are different from themselves. Internship shall promote cultural competence, foster personal growth, and assist students in recognizing the myriad of counseling approaches and rehabilitation issues that affect service delivery.

D.3 Internship experiences shall include an average of one (1) hour per week of individual **or** 1½ hours per week of group (with no more than **ten** students/group) supervision by a program faculty member who is a CRC or qualified individual working in cooperation with a program faculty member who is a CRC.

D.3.1 When using distance education modalities, supervision may be provided using a variety of methods such as video conferencing, teleconferencing, real time video contact, or others as appropriate.

D.3.2 In states that have specific supervision requirements for counselor licensure, the program shall make the required supervision experiences consistent with the state licensure requirements and available to those students desiring to qualify for licensure.

D.3.3 There shall be a progress review of all students enrolled in an internship.

D.3.4 There shall be a written procedure for responding to students who do not demonstrate satisfactory internship knowledge or clinical skills.

The individual supervision of **five** students shall be considered equivalent to the teaching of one course due to the intensive, one-on-one instruction and the ongoing evaluation necessary in internship.



## **Appendix B: Code of Professional Ethics for Rehabilitation Counselors**

[http://www.crccertification.com/pages/crc\\_ccrc\\_code\\_of\\_ethics/10.php](http://www.crccertification.com/pages/crc_ccrc_code_of_ethics/10.php)



# **CODE OF PROFESSIONAL ETHICS FOR REHABILITATION COUNSELORS**

*Adopted in June 2009 by the  
Commission on Rehabilitation Counselor  
Certification for its Certified Rehabilitation  
Counselors.*

*This Code is effective as of January 1, 2010.*

**Developed and Administered by the  
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# TABLE OF CONTENTS

<b>PREAMBLE</b>	<b>1</b>
<b>ENFORCEABLE STANDARDS OF ETHICAL PRACTICE</b>	<b>3</b>
SECTION A: THE COUNSELING RELATIONSHIP	<b>3</b>
A.1. <i>Welfare of Those Served by Rehabilitation Counselors</i>	3
A.2. <i>Respecting Diversity</i>	3
A.3. <i>Client Rights in the Counseling Relationship</i>	3
A.4. <i>Avoiding Harm and Avoiding Value Imposition</i>	4
A.5. <i>Roles and Relationships with Clients</i>	4
A.6. <i>Multiple Clients</i>	6
A.7. <i>Group Work</i>	6
A.8. <i>Termination and Referral</i>	6
A.9. <i>End-of-Life Care for Terminally Ill Clients</i>	6
SECTION B: CONFIDENTIALITY, PRIVILEGED COMMUNICATION, AND PRIVACY	<b>7</b>
B.1. <i>Respecting Client Rights</i>	7
B.2. <i>Exceptions</i>	7
B.3. <i>Information Shared with Others</i>	8
B.4. <i>Groups and Families</i>	8
B.5. <i>Responsibilities to Minors or Clients Lacking Capacity             to Consent</i>	8
B.6. <i>Records</i>	9
B.7. <i>Consultation</i>	10
SECTION C: ADVOCACY AND ACCESSIBILITY	<b>10</b>
C.1. <i>Advocacy</i>	10
C.2. <i>Accessibility</i>	11
SECTION D: PROFESSIONAL RESPONSIBILITY	<b>11</b>
D.1. <i>Professional Competence</i>	11
D.2. <i>Cultural Competence/Diversity</i>	12
D.3. <i>Functional Competence</i>	12
D.4. <i>Professional Credentials</i>	12
D.5. <i>Responsibility to the Public and Other Professionals</i>	12
D.6. <i>Scientific Bases for Interventions</i>	13
SECTION E: RELATIONSHIPS WITH OTHER PROFESSIONALS	<b>13</b>
E.1. <i>Relationships with Colleagues, Employers, and Employees</i>	13
E.2. <i>Consultation</i>	14
E.3. <i>Agency and Team Relationships</i>	14
SECTION F: FORENSIC AND INDIRECT SERVICES	<b>15</b>
F. 1. <i>Client or Evaluatee Rights</i>	15
F.2. <i>Rehabilitation Counselor Forensic Competency and Conduct</i>	16
F.3. <i>Forensic Practices</i>	17
F.4. <i>Forensic Business Practices</i>	17
SECTION G: EVALUATION, ASSESSMENT, AND INTERPRETATION	<b>17</b>
G.1. <i>Informed Consent</i>	17
G.2. <i>Release of Information to Competent Professionals</i>	18
G.3. <i>Proper Diagnosis of Mental Disorders</i>	18
G.4. <i>Competence to Use and Interpret Tests</i>	18
G.5. <i>Test Selection</i>	19
G.6. <i>Conditions of Test Administration</i>	19
G.7. <i>Test Scoring and Interpretation</i>	19
G.8. <i>Assessment Considerations</i>	20

SECTION H: TEACHING, SUPERVISION, AND TRAINING		<b>20</b>
<i>H.1. Rehabilitation Counselor Supervision and Client Welfare</i>		20
<i>H.2. Rehabilitation Counselor Supervision Competence</i>		20
<i>H.3. Roles and Relationships with Supervisees or Trainees</i>		20
<i>H.4. Rehabilitation Counselor Supervisor Responsibilities</i>		21
<i>H.5. Rehabilitation Counselor Supervisor Evaluation, Remediation, and Endorsement</i>		22
<i>H.6. Responsibilities of Rehabilitation Counselor Educators</i>		22
<i>H.7. Student Welfare</i>		23
<i>H.8. Cultural Diversity Competence in Rehabilitation Counselor Education Programs and Training Programs</i>		24
SECTION I: RESEARCH AND PUBLICATION		<b>24</b>
<i>I.1. Research Responsibilities</i>	24	
<i>I.2. Informed Consent and Disclosure</i>	24	
<i>I.3. Reporting Results</i>	25	
<i>I.4. Publications and Presentations</i>	26	
<i>I.5. Confidentiality</i>	27	
SECTION J: TECHNOLOGY AND DISTANCE COUNSELING		<b>28</b>
<i>J.1. Behavior and Identification</i>		28
<i>J.2. Accessibility</i>		28
<i>J.3. Confidentiality, Informed Consent, and Security</i>		28
<i>J.4. Technology-Assisted Assessment</i>		29
<i>J.5. Consultation Groups</i>		29
<i>J.6. Records, Data Storage, and Disposal</i>		29
<i>J.7. Legal</i>		29
<i>J.8. Advertising</i>		29
<i>J.9. Research and Publication</i>		30
<i>J.10. Rehabilitation Counselor Unavailability</i>		30
<i>J.11. Distance Counseling Credential Disclosure</i>		30
<i>J.12. Distance Counseling Relationships</i>		30
<i>J.13. Distance Counseling Security and Business Practices</i>		30
<i>J.14. Distance Group Counseling</i>		31
<i>J.15. Teaching, Supervision, and Training at a Distance</i>		31
SECTION K: BUSINESS PRACTICES		<b>31</b>
<i>K.1. Advertising and Soliciting Clients</i>	31	
<i>K.2. Client Records</i>	32	
<i>K.3. Fees, Bartering, and Billing</i>	32	
<i>K.4. Termination</i>	32	
SECTION L: RESOLVING ETHICAL ISSUES		<b>33</b>
<i>L.1. Knowledge of CRCC Standards</i>		33
<i>L.2. Application of Standards</i>		33
<i>L.3. Suspected Violations</i>		33
<i>L.4. Cooperation with Ethics Committees</i>		34
<i>L.5. Unfair Discrimination Against Complainants and Respondents</i>		34
<b>GLOSSARY OF TERMS</b>		<b>35</b>

# PREAMBLE

Rehabilitation counselors provide services within the Scope of Practice for Rehabilitation Counseling. They demonstrate beliefs, attitudes, knowledge, and skills, to provide competent counseling services and to work collaboratively with diverse groups of individuals, including clients, as well as with programs, institutions, employers, and service delivery systems and provide both direct (e.g., counseling) and indirect (e.g., case review, feasibility evaluation) services. Regardless of the specific tasks, work settings, or technology used, rehabilitation counselors demonstrate adherence to ethical standards and ensure the standards are vigorously enforced. The Code of Professional Ethics for Rehabilitation Counselors, henceforth referred to as the Code, is designed to provide guidance for the ethical practice of rehabilitation counselors.

The primary obligation of rehabilitation counselors is to clients, defined as individuals with or directly affected by a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. In some settings, clients may be referred to by other terms such as, but not limited to, consumers and service recipients. Rehabilitation counseling services may be provided to individuals other than those with disabilities. Rehabilitation counselors do not have clients in a forensic setting. The subjects of the objective and unbiased evaluations are evaluatees. In all instances, the primary obligation remains to clients or evaluatees and adherence to the Code is required.

The basic objectives of the Code are to: (1) promote public welfare by specifying ethical behavior expected of rehabilitation counselors; (2) establish principles that define ethical behavior and best practices of rehabilitation counselors; (3) serve as an ethical guide designed to assist rehabilitation counselors in constructing a professional course of action that best serves those utilizing rehabilitation services; and, (4) serve as the basis for the processing of alleged Code violations by certified rehabilitation counselors.

Rehabilitation counselors are committed to facilitating the personal, social, and economic independence of individuals with disabilities. In fulfilling this commitment, rehabilitation counselors recognize diversity and embrace a cultural approach in support of the worth, dignity, potential, and uniqueness of individuals with disabilities within their social and cultural context. They look to professional values as an important way of living out an ethical commitment. The primary values that serve as a foundation for this Code include a commitment to:

- Respecting human rights and dignity;
- Ensuring the integrity of all professional relationships;
- Acting to alleviate personal distress and suffering;
- Enhancing the quality of professional knowledge and its application to increase professional and personal effectiveness;
- Appreciating the diversity of human experience and culture; and,
- Advocating for the fair and adequate provision of services.

These values inform principles. They represent one important way of expressing a general ethical commitment that becomes more precisely defined and action-oriented when expressed as a principle. The fundamental spirit of caring and respect with which the Code is written is based upon six principles of ethical behavior:

*Autonomy:* To respect the rights of clients to be self-governing within their social and cultural framework.  
*Beneficence:* To do good to others; to promote the well-being of clients.  
*Fidelity:* To be faithful; to keep promises and honor the trust placed in rehabilitation counselors.  
*Justice:* To be fair in the treatment of all clients; to provide appropriate services to all.  
*Nonmaleficence:* To do no harm to others.  
*Veracity:* To be honest.

Although the Code provides guidance for ethical practice, it is impossible to address every possible ethical dilemma that rehabilitation counselors may face. When faced with ethical dilemmas that are difficult to resolve, rehabilitation counselors are expected to engage in a carefully considered ethical decision-making process. Reasonable differences of opinion can and do exist among rehabilitation counselors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is most effective, rehabilitation counselors are expected to be familiar with and apply a credible model of decision-making that can bear public scrutiny. Rehabilitation counselors are aware that seeking consultation and/or supervision is an important part of ethical decision-making.

The Enforceable Standards within the Code are the exacting standards intended to provide guidance in specific circumstances and serve as the basis for processing complaints initiated against certified rehabilitation counselors.

Each Enforceable Standard is not meant to be interpreted in isolation. Instead, it is important for rehabilitation counselors to interpret standards in conjunction with other related standards in various sections of the Code. A brief glossary is located after Section L to provide readers with a concise description of some of the terms used in the Code.

# ENFORCEABLE STANDARDS OF ETHICAL PRACTICE

## SECTION A: THE COUNSELING RELATIONSHIP

### A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS

- a. PRIMARY RESPONSIBILITY.** The primary responsibility of rehabilitation counselors is to respect the dignity and to promote the welfare of clients. Clients are defined as individuals with, or directly affected by a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with a disability. In all instances, the primary obligation of rehabilitation counselors is to promote the welfare of their clients.
- b. REHABILITATION AND COUNSELING PLANS.** Rehabilitation counselors and clients work jointly in devising and revising integrated, individual, and mutually agreed upon rehabilitation and counseling plans that offer a reasonable promise of success and are consistent with the abilities and circumstances of clients. Rehabilitation counselors and clients regularly review rehabilitation and counseling plans to assess continued viability and effectiveness.
- c. EMPLOYMENT NEEDS.** Rehabilitation counselors work with clients to consider employment consistent with the overall abilities, functional capabilities and limitations, general temperament, interest and aptitude patterns, social skills, education, general qualifications, transferable skills, and other relevant characteristics and needs of clients. Rehabilitation counselors assist in the placement of clients in available positions that are consistent with the interest, culture, and the welfare of clients and/or employers.
- d. AUTONOMY.** Rehabilitation counselors respect the rights of clients to make decisions on their own behalf. On decisions that may limit or diminish the autonomy of clients, decision-making on behalf of clients is taken only after careful deliberation. Rehabilitation counselors advocate for the resumption of responsibility by clients as quickly as possible.

### A.2. RESPECTING DIVERSITY

- a. RESPECTING CULTURE.** Rehabilitation counselors demonstrate respect for the cultural background of clients in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions.
- b. NONDISCRIMINATION.** Rehabilitation counselors do not condone or engage in discrimination based on age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.

### A.3. CLIENT RIGHTS IN THE COUNSELING RELATIONSHIP

- a. PROFESSIONAL DISCLOSURE STATEMENT.** Rehabilitation counselors have an obligation to review with clients orally, in writing, and in a manner that best accommodates any of their limitation, the rights and responsibilities of both rehabilitation counselors and clients. Disclosure at the outset of the counseling relationship should minimally include: (1) the qualifications, credentials, and relevant experience of the rehabilitation counselor; (2) purposes, goals, techniques, limitations, and the nature of potential risks, and benefits of services; (3) frequency and length of services;

(4) confidentiality and limitations regarding confidentiality (including how a supervisor and/or treatment team professional is involved); (5) contingencies for continuation of services upon the incapacitation or death of the rehabilitation counselor; (6) fees and billing arrangements; (7) record preservation and release policies; (8) risks associated with electronic communication; and, (9) legal issues affecting services. Rehabilitation counselors recognize that disclosure of these issues may need to be reiterated or expanded upon throughout the counseling relationship, and/or disclosure related to other matters may be required depending on the nature of services provided and matters that arise during the rehabilitation counseling relationship.

**b. INFORMED CONSENT.** Rehabilitation counselors recognize that clients have the freedom to choose whether to enter into or remain in a rehabilitation counseling relationship. Rehabilitation counselors respect the rights of clients to participate in ongoing rehabilitation counseling planning and to make decisions to refuse any services or modality changes, while also ensuring that clients are advised of the consequences of such refusal. Rehabilitation counselors recognize that clients need information to make an informed decision regarding services and that professional disclosure is required for informed consent to be an ongoing part of the rehabilitation counseling process. Rehabilitation counselors appropriately document discussions of disclosure and informed consent throughout the rehabilitation counseling relationship.

**c. DEVELOPMENTAL AND CULTURAL SENSITIVITY.** Rehabilitation counselors communicate information in ways that are both developmentally and culturally appropriate. Rehabilitation counselors provide services (e.g., arranging for a qualified interpreter or translator) when necessary to ensure comprehension by clients. In collaboration with clients, rehabilitation counselors consider cultural implications of informed consent procedures and, when possible, rehabilitation counselors adjust their practices accordingly.

**d. INABILITY TO GIVE CONSENT.** When counseling minors or persons unable to give voluntary consent, rehabilitation counselors seek the assent of clients and include clients in decision-making as appropriate. Rehabilitation counselors recognize the need to balance the ethical rights of clients to make choices, the mental or legal capacity of clients to give consent or assent, and parental, guardian, or familial legal rights and responsibilities to protect clients and make decisions on behalf of clients.

**e. SUPPORT NETWORK INVOLVEMENT.** Rehabilitation counselors recognize that support by others may be important to clients. Rehabilitation counselors consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends, and guardians) as resources, when appropriate, with consent from clients.

#### **A.4. AVOIDING HARM AND AVOIDING VALUE IMPOSITION**

**a. AVOIDING HARM.** Rehabilitation counselors act to avoid harming clients, trainees, supervisees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

**b. PERSONAL VALUES.** Rehabilitation counselors are aware of their values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with rehabilitation counseling goals.

#### **A.5. ROLES AND RELATIONSHIPS WITH CLIENTS**

**a. PROHIBITION OF SEXUAL OR ROMANTIC RELATIONSHIPS WITH CURRENT CLIENTS.** Sexual or romantic rehabilitation counselor–client interactions or relationships with current clients, their romantic partners, or their immediate family members are prohibited.

**b. SEXUAL OR ROMANTIC RELATIONSHIPS WITH FORMER CLIENTS.** Sexual or romantic rehabilitation counselor–client interactions or relationships with former clients, their romantic partners, or their



immediate family members are prohibited for a period of five years following the last professional contact. Even after five years, rehabilitation counselors give careful consideration to the potential for sexual or romantic relationships to cause harm to former clients. In cases of potential exploitation and/or harm, rehabilitation counselors avoid entering such interactions or relationships.

**c. PROHIBITION OF SEXUAL OR ROMANTIC RELATIONSHIPS WITH CERTAIN FORMER CLIENTS.** If clients have a history of physical, emotional, or sexual abuse or if clients have ever been diagnosed with any form of psychosis or personality disorder, marked cognitive impairment, or if clients are likely to remain in need of therapy due to the intensity or chronicity of a problem, rehabilitation counselors do not engage in sexual activities or sexual contact with former clients, regardless of the length of time elapsed since termination of the client relationship.

**d. NONPROFESSIONAL INTERACTIONS OR RELATIONSHIPS OTHER THAN SEXUAL OR ROMANTIC INTERACTIONS OR RELATIONSHIPS.** Rehabilitation counselors avoid nonprofessional relationships with clients, former clients, their romantic partners, or their immediate family members, except when such interactions are potentially beneficial to clients or former clients. In cases where nonprofessional interactions may be potentially beneficial to clients or former clients, rehabilitation counselors must document in case records, prior to interactions (when feasible), the rationale for such interactions, the potential benefits, and anticipated consequences for the clients or former clients and other involved parties. Such interactions are initiated with appropriate consent from clients and are time-limited (e.g., extended free-standing friendships are prohibited) or context specific (e.g., constrained to an organizational or community setting). Where unintentional harm occurs to clients or former clients, or to other involved parties, due to nonprofessional interactions, rehabilitation counselors must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by clients or former clients (excepting unrestricted bartering); hospital visits to ill family members; or mutual membership in professional associations, organizations, or communities.

**e. COUNSELING RELATIONSHIPS WITH FORMER ROMANTIC PARTNERS PROHIBITED.** Rehabilitation counselors do not provide counseling services to individuals with whom they have had a prior sexual or romantic relationship.

**f. ROLE CHANGES IN THE PROFESSIONAL RELATIONSHIP.** When rehabilitation counselors change roles from the original or most recent contracted relationship, they obtain informed consent from clients or evaluatees and explain the right to refuse services related to the change. Examples of role changes include: (1) changing from individual to group, relationship or family counseling, or vice versa; (2) changing from a forensic to a primary care role, or vice versa; (3) changing from a non-forensic evaluative role to a rehabilitation or therapeutic role, or vice versa; (4) changing from a rehabilitation counselor to a researcher role (e.g., enlisting clients as research participants), or vice versa; and, (5) changing from a rehabilitation counselor to a mediator role, or vice versa. The clients or evaluatees must be fully informed of any anticipated consequences (e.g., financial, legal, personal, or therapeutic) due to a role change by the rehabilitation counselor.

**g. RECEIVING GIFTS.** Rehabilitation counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept gifts from clients, rehabilitation counselors take into account the cultural or community practice, therapeutic relationship, the monetary value of gifts, the motivation of the client for giving gifts, and the motivation of the rehabilitation counselor for accepting or declining gifts.

## **A.6. MULTIPLE CLIENTS**

When rehabilitation counselors agree to provide counseling services to two or more persons who have a relationship (e.g., husband/wife; parent/child), rehabilitation counselors clarify at the outset which person is, or which persons are, to be served and the nature of the relationship rehabilitation counselors have with each involved person. If it becomes apparent that rehabilitation counselors may be called upon to perform potentially conflicting roles, rehabilitation counselors clarify, adjust, or withdraw from roles appropriately.

## **A.7. GROUPWORK**

**a. SCREENING.** Rehabilitation counselors screen prospective group counseling/therapy participants. To the extent possible, rehabilitation counselors select members whose needs and goals are compatible with goals of the group, who do not impede the group process, and whose well-being is not jeopardized by the group experience.

**b. PROTECTING CLIENTS.** In a group setting, rehabilitation counselors take reasonable precautions to protect clients from harm or trauma.

## **A.8. TERMINATION AND REFERRAL**

**a. ABANDONMENT PROHIBITED.** Rehabilitation counselors do not abandon or neglect clients in counseling. Rehabilitation counselors assist in making appropriate arrangements for the continuation of services when necessary (e.g., during interruptions such as vacations, illness, and following termination).

**b. INITIAL DETERMINATION OF INABILITY TO ASSIST CLIENTS.** If rehabilitation counselors determine they are unable to be of professional assistance to clients, rehabilitation counselors avoid entering such counseling relationships.

**c. APPROPRIATE TERMINATION AND REFERRAL.** Rehabilitation counselors terminate counseling relationships when it becomes reasonably apparent that clients no longer need assistance, are not likely to benefit, or are being harmed by continued counseling. Rehabilitation counselors may terminate counseling when in jeopardy of harm by clients or other persons with whom clients have a relationship, or when clients do not pay agreed-upon fees. Rehabilitation counselors provide pre-termination counseling and recommend other clinically and culturally appropriate service sources when necessary.

**d. APPROPRIATE TRANSFER OF SERVICES.** When rehabilitation counselors transfer or refer clients to other practitioners, they ensure that appropriate counseling and administrative processes are completed in a timely manner and that open communication is maintained with both clients and practitioners. Rehabilitation counselors prepare and disseminate, to identified colleagues or records custodian, a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

## **A.9. END-OF-LIFE CARE FOR TERMINALLY ILL CLIENTS**

**a. QUALITY OF CARE.** Rehabilitation counselors take measures that enable clients to: (1) obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs; (2) exercise the highest degree of self-determination possible; (3) be given every opportunity possible to engage in informed decision-making regarding their end-of-life care; and, (4) receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from mental health professionals who are experienced in end-of-life care practice.

**b. REHABILITATION COUNSELOR COMPETENCE, CHOICE, AND REFERRAL.** Rehabilitation counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Rehabilitation counselors provide appropriate referral information if they are not competent to address such concerns.

**c. CONFIDENTIALITY.** Rehabilitation counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality on this matter, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

## **SECTION B: CONFIDENTIALITY, PRIVILEGED COMMUNICATION, AND PRIVACY**

### **B.1. RESPECTING CLIENT RIGHTS**

**a. CULTURAL DIVERSITY CONSIDERATIONS.** Rehabilitation counselors maintain beliefs, attitudes, knowledge, and skills regarding cultural meanings of confidentiality and privacy. Rehabilitation counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

**b. RESPECT FOR PRIVACY.** Rehabilitation counselors respect privacy rights of clients. Rehabilitation counselors solicit private information from clients only when it is beneficial to the counseling process.

**c. RESPECT FOR CONFIDENTIALITY.** Rehabilitation counselors do not share confidential information without consent from clients or without sound legal or ethical justification.

**d. EXPLANATION OF LIMITATIONS.** At initiation and throughout the counseling process, rehabilitation counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached.

### **B.2. EXCEPTIONS**

**a. DANGER AND LEGAL REQUIREMENTS.** The general requirement that rehabilitation counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm, or when legal requirements demand that confidential information must be revealed. Rehabilitation counselors consult with other professionals when in doubt as to the validity of an exception.

**b. CONTAGIOUS, LIFE-THREATENING DISEASES.** When clients disclose that they have a disease commonly known to be both communicable and life threatening, rehabilitation counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, rehabilitation counselors confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to identifiable third parties.

**c. COURT-ORDERED DISCLOSURE.** When subpoenaed to release confidential or privileged information without permission from clients, rehabilitation counselors obtain written, informed consent from clients or take steps to prohibit the disclosure or have it limited as narrowly as

possible due to potential harm to clients or the counseling relationship. Whenever reasonable, rehabilitation counselors obtain a court directive to clarify the nature and extent of the response to a subpoena.

**d. MINIMAL DISCLOSURE.** When circumstances require the disclosure of confidential information, only essential information is revealed.

### **B.3. INFORMATION SHARED WITH OTHERS**

**a. WORK ENVIRONMENT.** Rehabilitation counselors make every effort to ensure that privacy and confidentiality of clients is maintained by employees, supervisees, students, clerical assistants, and volunteers.

**b. PROFESSIONAL COLLABORATION.** If rehabilitation of clients involves the sharing of their information among team members, clients are advised of this fact and are informed of the team's existence and composition. Rehabilitation counselors carefully consider implications for clients in extending confidential information if participating in their service teams.

**c. CLIENTS SERVED BY OTHERS.** When rehabilitation counselors learn that clients have an ongoing professional relationship with another rehabilitation counselor or treating professional, they request release from clients to inform the other professionals and strive to establish a positive and collaborative professional relationship. File review, second-opinion services, and other indirect services are not considered an ongoing professional relationship.

**d. CLIENT ASSISTANTS.** When clients are accompanied by an individual providing assistance to clients (e.g., interpreter, personal care assistant), rehabilitation counselors ensure that the assistant is apprised of the need to maintain and document confidentiality. At all times, clients retain the right to decide who can be present as client assistants.

**e. CONFIDENTIAL SETTINGS.** Rehabilitation counselors discuss confidential information only in offices or settings in which they can reasonably ensure the privacy of clients.

**f. THIRD-PARTY PAYERS.** Rehabilitation counselors disclose information to third-party payers only when clients have authorized such disclosure, unless otherwise required by law or statute.

**g. DECEASED CLIENTS.** Rehabilitation counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency policies.

### **B.4. GROUPS AND FAMILIES**

**a. GROUP WORK.** In group work, rehabilitation counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

**b. COUPLES AND FAMILY COUNSELING.** In couples and family counseling, rehabilitation counselors clearly define who the clients are and discuss expectations and limitations of confidentiality. Rehabilitation counselors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual's right to confidentiality. Rehabilitation counselors clearly define whether they share or do not share information with family members that is privately, individually communicated to rehabilitation counselors.

### **B.5. RESPONSIBILITY TO MINORS OR CLIENTS LACKING CAPACITY TO CONSENT**

**a. RESPONSIBILITY TO CLIENTS.** When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, rehabilitation counselors protect the confidentiality of

information received in the counseling relationship as specified by national or local laws, written policies, and applicable ethical standards.

**b. RESPONSIBILITY TO PARENTS AND LEGAL GUARDIANS.** Rehabilitation counselors inform parents and legal guardians about the role of rehabilitation counselors and the confidential nature of the counseling relationship. Rehabilitation counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Rehabilitation counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

**c. RELEASE OF CONFIDENTIAL INFORMATION.** When minor clients or adult clients lack the capacity to give voluntary consent to release confidential information, rehabilitation counselors seek permission from parents or legal guardians to disclose information. In such instances, rehabilitation counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard the confidentiality of clients.

## **B.6. RECORDS**

**a. REQUIREMENT OF RECORDS.** Rehabilitation counselors include sufficient and timely documentation in the records of their clients to facilitate the delivery and continuity of needed services. Rehabilitation counselors take reasonable steps to ensure that documentation in records accurately reflects progress and services provided to clients. If errors are made in records, rehabilitation counselors take steps to properly note the correction of such errors according to agency or institutional policies.

**b. CONFIDENTIALITY OF RECORDS.** Rehabilitation counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

**c. CLIENT ACCESS.** Rehabilitation counselors recognize that counseling records are kept for the benefit of clients and therefore provide access to records and copies of records when requested by clients, unless prohibited by law. In instances where the records contain information that may be sensitive, confusing, or detrimental to clients, rehabilitation counselors have a responsibility to educate clients regarding such information. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to other clients. When rehabilitation counselors are in possession of records from other sources, they refer clients back to the original source.

**d. DISCLOSURE OR TRANSFER.** Unless exceptions to confidentiality exist, rehabilitation counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that recipients of counseling records are sensitive to their confidential nature.

**e. STORAGE AND DISPOSAL AFTER TERMINATION.** Rehabilitation counselors store the records of their clients following termination of services to ensure reasonable future access, maintain records in accordance with national or local statutes governing records, and dispose of records and other sensitive materials in a manner that protects the confidentiality of clients.

**f. REASONABLE PRECAUTIONS.** Rehabilitation counselors take reasonable precautions to protect the confidentiality of clients in the event of disaster or termination of practice, incapacity, or death of the rehabilitation counselor.

## B.7. CONSULTATION

- a. AGREEMENTS.** When acting as consultants, rehabilitation counselors seek agreement among parties involved concerning each individual's right to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.
- b. RESPECT FOR PRIVACY.** Rehabilitation counselors discuss information obtained in consultation only with persons directly involved with the case. Written and oral reports presented by rehabilitation counselors contain only data germane to the purposes of the consultation, and every effort is made to protect the identity of clients and to avoid undue invasion of privacy.
- c. DISCLOSURE OF CONFIDENTIAL INFORMATION.** When consulting with colleagues, rehabilitation counselors do not disclose confidential information that reasonably could lead to the identification of clients or other persons or organizations with whom they have a confidential relationship unless they have obtained the prior consent of the persons or organizations or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purpose of the consultation.

## SECTION C: ADVOCACY AND ACCESSIBILITY

### C.1. ADVOCACY

- a. ATTITUDINAL BARRIERS.** In direct service with clients, rehabilitation counselors address attitudinal barriers, including stereotyping and discrimination, toward individuals with disabilities. They increase their own awareness and sensitivity to individuals with disabilities.
- b. ADVOCACY.** Rehabilitation counselors provide clients with appropriate information to facilitate their self-advocacy actions whenever possible. They work with clients to help them understand their rights and responsibilities, speak for themselves, make decisions, and contribute to society. When appropriate and with the consent of clients, rehabilitation counselors act as advocates on behalf of clients at the local, regional, and/or national levels.
- c. ADVOCACY IN OWN AGENCY AND WITH COOPERATING AGENCIES.** Rehabilitation counselors remain aware of actions taken by their own and cooperating agencies on behalf of clients and act as advocates for clients who cannot advocate for themselves to ensure effective service delivery.
- d. ADVOCACY AND CONFIDENTIALITY.** Rehabilitation counselors obtain the consent of clients prior to engaging in advocacy efforts on behalf of specific, identifiable clients to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit access, growth, and development of clients.
- e. AREAS OF KNOWLEDGE AND COMPETENCY.** Rehabilitation counselors are knowledgeable about local, regional, and national systems and laws, and how they affect access to employment, education, transportation, housing, financial benefits, and medical services for people with disabilities. They obtain sufficient training in these systems in order to advocate effectively for clients and/or to facilitate self-advocacy of clients in these areas.
- f. KNOWLEDGE OF BENEFIT SYSTEMS.** Rehabilitation counselors are aware that disability benefit systems directly affect the quality of life of clients. They provide accurate and timely information or appropriate resources and referrals for these benefits.

## **C.2. ACCESSIBILITY**

- a. COUNSELING PRACTICE.** Rehabilitation counselors facilitate the provision of necessary accommodations, including physically and programmatically accessible facilities and services to individuals with disabilities.
- b. BARRIERS TO ACCESS.** Rehabilitation counselors collaborate with clients and/or others to identify barriers based on the functional limitations of clients. They communicate information on barriers to public and private authorities to facilitate removal of barriers to access.
- c. REFERRAL ACCESSIBILITY.** Prior to referring clients to a program, facility, or employment setting, rehabilitation counselors assist clients in ensuring that these are appropriately accessible, and do not engage in discrimination based on age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.

## **SECTION D: PROFESSIONAL RESPONSIBILITY**

### **D.1. PROFESSIONAL COMPETENCE**

- a. BOUNDARIES OF COMPETENCE.** Rehabilitation counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, professional credentials, and appropriate professional experience. Rehabilitation counselors demonstrate beliefs, attitudes, knowledge, and skills pertinent to working with diverse client populations. Rehabilitation counselors do not misrepresent their role or competence to clients.
- b. NEW SPECIALTY AREAS OF PRACTICE.** Rehabilitation counselors practice in specialty areas new to them only after having obtained appropriate education, training, and supervised experience. While developing skills in new specialty areas, rehabilitation counselors take steps to ensure the competence of their work and to protect clients from possible harm.
- c. QUALIFIED FOR EMPLOYMENT.** Rehabilitation counselors accept employment for positions for which they are qualified by education, training, supervised experience, professional credentials, and appropriate professional experience. Rehabilitation counselors hire individuals for rehabilitation counseling positions who are qualified and competent for those positions.
- d. MONITOR EFFECTIVENESS.** Rehabilitation counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Rehabilitation counselors take reasonable steps to seek peer supervision as needed to evaluate their efficacy as rehabilitation counselors.
- e. CONTINUING EDUCATION.** Rehabilitation counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

## **D.2. CULTURALCOMPETENCE/DIVERSITY**

- a. INTERVENTIONS.** Rehabilitation counselors develop and adapt interventions and services to incorporate consideration of cultural perspective of clients and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes.
- b. NONDISCRIMINATION.** Rehabilitation counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative effect on these persons.

## **D.3. FUNCTIONALCOMPETENCE**

- a. IMPAIRMENT.** Rehabilitation counselors are alert to the signs of impairment from their own physical, mental, or emotional problems, and refrain from offering or providing professional services when such impairment is likely to harm clients or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Rehabilitation counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent harm to clients.
- b. DISASTER PREPARATION AND RESPONSE.** Rehabilitation counselors make reasonable efforts to plan for facilitating continued services for clients in the event that rehabilitation counseling services are interrupted by disaster, such as acts of violence, terrorism, or a natural disaster.

## **D.4. PROFESSIONALCREDENTIALS**

- a. ACCURATE REPRESENTATION.** Rehabilitation counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Rehabilitation counselors truthfully represent the qualifications of their professional colleagues. Rehabilitation counselors clearly distinguish between accredited and non-accredited degrees, paid and volunteer work experience, and accurately describe their continuing education and specialized training.
- b. CREDENTIALS.** Rehabilitation counselors claim only licenses or certifications that are current and in good standing.
- c. EDUCATIONAL DEGREES.** Rehabilitation counselors clearly differentiate between earned and honorary degrees.
- d. IMPLYING DOCTORAL-LEVEL COMPETENCE.** Rehabilitation counselors refer to themselves as “doctor” in a counseling context only when their doctorate is in counseling or a closely related field from an accredited university.

## **D.5. RESPONSIBILITY TO THE PUBLIC AND OTHER PROFESSIONALS**

- a. SEXUAL HARASSMENT.** Rehabilitation counselors do not condone or participate in sexual harassment.
- b. REPORTS TO THIRD PARTIES.** Rehabilitation counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.



**c. MEDIA PRESENTATIONS.** When rehabilitation counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed materials, or other media, they take reasonable precautions to ensure that: (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the Code; and, (3) the recipients of the information are not encouraged to infer that a professional rehabilitation counseling relationship has been established.

**d. EXPLOITATION OF OTHERS.** Rehabilitation counselors do not exploit others in their professional relationships to seek or receive unjustified personal gains, sexual favors, unfair advantages, or unearned goods or services.

**e. CONFLICT OF INTEREST.** Rehabilitation counselors recognize that their own personal values, moral beliefs, or personal and professional relationships may interfere with their ability to practice competently. Under such circumstances, rehabilitation counselors are obligated to decline participation or to limit their assistance in a manner consistent with professional obligations.

**f. VERACITY.** Rehabilitation counselors do not engage in any act or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities.

**g. DISPARAGING REMARKS.** Rehabilitation counselors do not disparage individuals or groups of individuals.

**h. PERSONAL PUBLIC STATEMENTS.** When making personal statements in a public context, rehabilitation counselors clarify that they are speaking from their personal perspective and that they are not speaking on behalf of all rehabilitation counselors, the profession, or any professional organizations with which they may be affiliated.

## **D.6. SCIENTIFIC BASES FOR INTERVENTIONS**

**a. TECHNIQUES/PROCEDURES/MODALITIES.** Rehabilitation counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When using techniques/procedures/modalities that are not grounded in theory and/or do not have an empirical or scientific foundation, rehabilitation counselors define the techniques/procedures/modalities as unproven or developing. They explain the potential risks and ethical considerations of using such techniques/procedures/modalities and take steps to protect clients from possible harm.

**b. CREDIBLE RESOURCES.** Rehabilitation counselors ensure that the resources used or accessed in counseling are credible and valid (e.g., Internet link, books used in bibliotherapy).

## **SECTION E: RELATIONSHIPS WITH OTHER PROFESSIONALS**

### **E.1. RELATIONSHIPS WITH COLLEAGUES, EMPLOYERS, AND EMPLOYEES**

**a. CULTURAL COMPETENCY CONSIDERATIONS.** Rehabilitation counselors maintain beliefs, attitudes, knowledge, and skills regarding their interactions with people across cultures. Rehabilitation counselors are respectful of approaches to counseling services that differ from their own and of traditions and practices of other professional groups with which they work.

- b. QUESTIONABLE CONDITIONS.** Rehabilitation counselors alert their employers to conditions or inappropriate policies or practices that may be potentially disruptive or damaging to the professional responsibilities of rehabilitation counselors or that may limit their effectiveness. In those instances where rehabilitation counselors are critical of policies, they attempt to affect changes in such policies or procedures through constructive action within the organization. Such action may include referral to appropriate certification, accreditation, or licensure organizations, or voluntary termination of employment.
- c. EMPLOYER POLICIES.** The acceptance of employment in an agency or institution implies that rehabilitation counselors are in agreement with its general policies and principles. Rehabilitation counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in employer policies conducive to the growth and development of clients.
- d. PROTECTION FROM PUNITIVE ACTION.** Rehabilitation counselors take care not to harass or dismiss employees who have acted in a responsible and ethical manner to expose inappropriate employer policies or practices.
- e. PERSONNEL SELECTION AND ASSIGNMENT.** Rehabilitation counselors select competent staff and assign responsibilities compatible with their skills and experiences.
- f. DISCRIMINATION.** Rehabilitation counselors, as either employers or employees, engage in fair practices with regard to hiring, promoting, and training.

## **E.2. CONSULTATION**

- a. CONSULTATION AS AN OPTION.** Rehabilitation counselors may choose to consult with professionally competent persons about their clients. In choosing consultants, rehabilitation counselors avoid placing consultants in a conflict of interest situation that precludes the consultant from being a proper party to the efforts of rehabilitation counselors to help clients. If rehabilitation counselors are engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.
- b. CONSULTANT COMPETENCY.** Rehabilitation counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Rehabilitation counselors provide appropriate referral resources when requested or needed.
- c. INFORMED CONSENT IN CONSULTATION.** When providing consultation, rehabilitation counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both rehabilitation counselors and consultees. Rehabilitation counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultees, rehabilitation counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees.

## **E.3. AGENCY AND TEAM RELATIONSHIPS**

- a. CLIENTS AS TEAM MEMBER.** Rehabilitation counselors ensure that clients and/or their legally recognized representatives are afforded the opportunity for full participation in decisions related to the services they receive. Only those with a need to know are allowed access to the information of clients, and only then upon a properly executed release of information request or upon receipt of a court order.

- b. INTERDISCIPLINARY TEAMWORK.** Rehabilitation counselors who are members of interdisciplinary teams delivering multifaceted services to clients must keep the focus on how to serve clients best. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.
- c. COMMUNICATION.** Rehabilitation counselors ensure that there is fair and mutual understanding of rehabilitation plans by all parties cooperating in the rehabilitation of clients.
- d. ESTABLISHING PROFESSIONAL AND ETHICAL OBLIGATIONS.** Rehabilitation counselors who are members of interdisciplinary teams clarify professional and ethical obligations of the team as a whole and of its individual members. Rehabilitation counselors implement team decisions in rehabilitation plans and procedures, even when not personally agreeing with such decisions, unless these decisions breach the Code. When team decisions raise ethical concerns, rehabilitation counselors first attempt to resolve the concerns within the team. If they cannot reach resolution among team members, rehabilitation counselors consider other approaches to address their concerns consistent with the well-being of clients.
- e. REPORTS.** Rehabilitation counselors secure from other specialists appropriate reports and evaluations when such reports are essential for rehabilitation planning and/or service delivery.

## **SECTION F: FORENSIC AND INDIRECT SERVICES**

### **F.1. CLIENT OR EVALUEE RIGHTS**

- a. PRIMARY OBLIGATIONS.** Rehabilitation counselors produce unbiased, objective opinions and findings that can be substantiated by information and methodologies appropriate to the evaluation, which may include examination of individuals, research, and/or review of records. Rehabilitation counselors form opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Rehabilitation counselors define the limits of their opinions or testimony, especially when an examination of individuals has not been conducted. Rehabilitation counselors acting as expert witnesses generate written documentation, either in the form of case notes or a report, as to their involvement and/or conclusions.
- b. INFORMED CONSENT.** Individuals being evaluated are informed in writing that the relationship is for the purpose of an evaluation and that a report of findings may be produced. Written consent for evaluations are obtained from those being evaluated or the individuals' legal representatives/guardians unless: (1) there is a clinical or cultural reason that this is not possible; (2) a court or legal jurisdiction orders evaluations to be conducted without the written consent of individuals being evaluated; and/or (3) deceased evaluatees are the subject of evaluations. If written consent is not obtained, rehabilitation counselors document verbal consent and the reasons why obtaining written consent was not possible. When minors or vulnerable adults are evaluated, informed consent is obtained from parents or guardians.
- c. DUAL ROLES.** Rehabilitation counselors do not evaluate current or former clients for forensic purposes except under the conditions noted in A.5.f. or government statute. Likewise, rehabilitation counselors do not provide direct services to evaluatees whom they have previously provided forensic services in the past except under the conditions noted in A.5.f. or government statute. In a forensic setting, rehabilitation counselors who are engaged as expert witnesses have no clients. The persons who are the subject of objective and unbiased evaluations are considered to be evaluatees.

**d. INDIRECT SERVICE PROVISION.** Rehabilitation counselors who are employed by third parties as case consultants or expert witnesses, and who engage in communication with clients or evaluatees, fully disclose to individuals (and/or their designees) the role of the rehabilitation counselor and limits of the relationship. Communication includes all forms of written or oral interactions. When there is no intent to provide rehabilitation counseling services directly to clients or evaluatees and when there is no in-person meeting or other communication, disclosure by rehabilitation counselors is not required.

**e. CONFIDENTIALITY.** When rehabilitation counselors are required by law, employers' policies, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues and with evaluatees.

## **F.2. REHABILITATION COUNSELOR FORENSIC COMPETENCY AND CONDUCT**

**a. OBJECTIVITY.** Rehabilitation counselors are aware of the standards governing their roles in performing forensic activities. Rehabilitation counselors are aware of the occasionally competing demands placed upon them by these standards and the requirements of the legal system, and attempt to resolve these conflicts by making known their commitment to this Code and taking steps to resolve conflicts in a responsible manner.

**b. QUALIFICATION TO PROVIDE EXPERT TESTIMONY.** Rehabilitation counselors have an obligation to present to the court, regarding specific matters to which they testify, the boundaries of their competence, the factual bases (knowledge, skill, experience, training, and education) for their qualifications as an expert, and the relevance of those factual bases to their qualifications as an expert on the specific matters at issue.

**c. AVOID POTENTIALLY HARMFUL RELATIONSHIPS.** Rehabilitation counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with individuals being evaluated, family members, romantic partners, and close friends of individuals they are evaluating. There may be circumstances however where not entering into professional or personal relationships is potentially more detrimental than providing services. When such is the case, rehabilitation counselors perform and document a risk assessment via use of an ethical decision-making model in order to arrive at an informed decision.

**d. CONFLICT OF INTEREST.** Rehabilitation counselors recognize that their own personal values, moral beliefs, or personal and professional relationships with parties to a legal proceeding may interfere with their ability to practice competently. Under such circumstances, rehabilitation counselors are obligated to decline participation or to limit their assistance in a manner consistent with professional obligations.

**e. VALIDITY OF RESOURCES CONSULTED.** Rehabilitation counselors ensure that the resources used or accessed in supporting opinions are credible and valid.

**f. FOUNDATION OF KNOWLEDGE.** Because of their special status as persons qualified as experts to the court, rehabilitation counselors have an obligation to maintain current knowledge of scientific, professional, and legal developments within their area of claimed competence. They are obligated also to use that knowledge, consistent with accepted clinical and scientific standards, in selected data collection methods and procedures for evaluation, treatment, consultation, or scholarly/empirical investigations.

**g. DUTY TO CONFIRM INFORMATION.** Where circumstances reasonably permit, rehabilitation counselors seek to obtain independent and personal verification of data relied upon as part of their professional services to the court or to parties to the legal proceedings.

**h. CRITIQUE OF OPPOSING WORK PRODUCT.** When evaluating or commenting upon the professional work products or qualifications of other experts or parties to legal proceedings, rehabilitation counselors represent their professional disagreements with reference to a fair and accurate evaluation of the data, theories, standards, and opinions of other experts or parties.

### **F.3. FORENSIC PRACTICES**

**a. CASE ACCEPTANCE AND INDEPENDENT OPINION.** While all rehabilitation counselors have the discretionary right to accept retention in any case or proceed within their area(s) of expertise, they decline involvement in any case when asked to take or support predetermined positions, assume invalid representation of facts, alter their methodology or process without foundation or compelling reasons, or where there are ethical concerns about the nature of the requested assignments.

**b. TERMINATION AND ASSIGNMENT TRANSFER.** If necessary to withdraw from a case after having been retained, rehabilitation counselors make reasonable efforts to assist evaluatees and/or referral sources in locating another rehabilitation counselor to take over the assignment.

### **F.4. FORENSIC BUSINESS PRACTICES**

**a. PAYMENTS AND OUTCOME.** Rehabilitation counselors do not enter into financial commitments that may compromise the quality of their services or otherwise raise questions as to their credibility. Rehabilitation counselors neither give nor receive commissions, rebates, contingency or referral fees, gifts, or any other form of remuneration when accepting cases or referring evaluatees for professional services. While liens should be avoided, they are sometimes standard practice in particular trial settings. Payment is never contingent on outcome or awards.

**b. FEE DISPUTES.** Should fee disputes arise during the course of evaluating cases and prior to trial, rehabilitation counselors have the ability to discontinue their involvement in cases as long as no harm comes to evaluatees.

## **SECTION G: EVALUATION, ASSESSMENT, AND INTERPRETATION**

### **G.1. INFORMED CONSENT**

**a. EXPLANATION TO CLIENTS.** Prior to assessment, rehabilitation counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation is given in the language and/or developmental level of clients (or other legally authorized persons on behalf of clients), unless an explicit exception has been agreed upon in advance. Rehabilitation counselors consider personal or cultural context of clients, the level of their understanding of the results, and the impact of the results on clients. Regardless of whether scoring and interpretation are completed by rehabilitation counselors, by assistants, or by computer or other outside services, rehabilitation counselors take reasonable steps to ensure that appropriate explanations are given to clients.

**b. RECIPIENTS OF RESULTS.** Rehabilitation counselors consider the welfare of clients, explicit understandings, and prior agreements in determining who receives the assessment results. Rehabilitation counselors include accurate and appropriate interpretations with any release of individual or group assessment results. Issues of cultural diversity, when present, are taken into consideration when providing interpretations and releasing information.

## **G.2. RELEASE OF INFORMATION TO COMPETENT PROFESSIONALS**

- a. MISUSE OF RESULTS.** Rehabilitation counselors do not misuse assessment results, including test results and interpretations, and take reasonable steps to prevent the misuse of such by others.
- b. RELEASE OF DATA TO QUALIFIED PROFESSIONALS.** Rehabilitation counselors release assessment data in which clients are identified only with the consent of clients or their legal representatives, or court order. Such data is released only to professionals recognized as qualified to interpret the data.

## **G.3. PROPER DIAGNOSIS OF MENTAL DISORDERS**

- a. PROPER DIAGNOSIS.** If within their professional and individual scope of practice, rehabilitation counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine care of clients (e.g., focus of treatment, types of treatment, or recommended follow-up) are carefully selected and appropriately used.
- b. CULTURAL SENSITIVITY.** Rehabilitation counselors recognize that culture affects the manner in which the disorders of clients are defined. The socioeconomic and cultural experiences of clients are considered when diagnosing.
- c. HISTORICAL AND SOCIAL PREJUDICES IN DIAGNOSIS AND THE DIAGNOSIS OF PATHOLOGY.** Rehabilitation counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups. Rehabilitation counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to clients or others.

## **G.4. COMPETENCE TO USE AND INTERPRET TESTS**

- a. LIMITS OF COMPETENCE.** Rehabilitation counselors utilize only those testing and assessment services for which they have been trained and are competent. Rehabilitation counselors take reasonable measures to ensure the proper use of psychological and career assessment techniques by persons under their supervision. The requirement to develop this competency applies regardless of whether tests are administered through standard or technology-based methods.
- b. APPROPRIATE USE.** Rehabilitation counselors are responsible for the appropriate applications, scoring, interpretations, and use of assessment instruments relevant to the needs of clients, whether they score and interpret such assessments themselves or use technology or other services. Generally new instruments are used within one year of publication, unless rehabilitation counselors document a valid reason why the normative data from previous versions are more applicable to clients.
- c. RECOMMENDATIONS BASED ON RESULTS.** Rehabilitation counselors are responsible for recommendations involving individuals that are based on assessment results, and have a thorough understanding of educational, psychological, and career measurements, including validation criteria, assessment research, and guidelines for assessment development and use. In addition to test results, rehabilitation counselors consider other factors present in the client's situation (e.g., disability or cultural factors) before making any recommendations, when relevant.
- d. ACCURATE INFORMATION.** Rehabilitation counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid utilizing test results to make inappropriate diagnoses or inferences.

## **G.5. TEST SELECTION**

- a. APPROPRIATENESS OF INSTRUMENTS.** Rehabilitation counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in given situations or with particular clients.
- b. REFERRAL INFORMATION.** If clients are referred to a third party for assessment, rehabilitation counselors provide specific referral questions and sufficient objective data about clients to ensure that appropriate assessment instruments are utilized.
- c. CULTURALLY DIVERSE POPULATIONS.** Rehabilitation counselors are cautious when selecting assessments for use with individuals from culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for those client populations.

## **G.6. CONDITIONS OF TEST ADMINISTRATION**

- a. ADMINISTRATION CONDITIONS.** Rehabilitation counselors administer assessments under the same conditions that were established in the standardized development of the instrument. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.
- b. TECHNOLOGICAL ADMINISTRATION.** When using technology or electronic methods to administer assessments, rehabilitation counselors ensure that the instruments are functioning properly and provide accurate results.
- c. UNSUPERVISED TEST-TAKING.** Rehabilitation counselors do not permit unsupervised or inadequately supervised use of tests or assessments unless the tests or assessments are designed, intended, and validated for self-administration and/or scoring.

## **G.7. TEST SCORING AND INTERPRETATION**

- a. REPORTING RESERVATIONS.** In reporting assessment results, rehabilitation counselors indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessments or the inappropriateness of the norms for persons tested.
- b. CULTURAL DIVERSITY ISSUES IN ASSESSMENT.** Rehabilitation counselors use caution with assessment techniques that were normed on populations other than that of the client. Rehabilitation counselors recognize the effects of age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law on test administrations and interpretations, and place test results in proper perspective with other relevant factors.
- c. RESEARCH INSTRUMENTS.** Rehabilitation counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to examinees.

## **G.8. ASSESSMENT CONSIDERATIONS**

- a. ASSESSMENT SECURITY.** Rehabilitation counselors maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Rehabilitation counselors do not appropriate, reproduce, or modify published assessments or parts thereof without acknowledgment and permission from the publisher.
- b. OBSOLETE ASSESSMENT AND OUTDATED RESULTS.** Rehabilitation counselors do not use data or results from assessments that are obsolete or outdated. Rehabilitation counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.
- c. ASSESSMENT CONSTRUCTION.** Rehabilitation counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of educational and psychological assessment techniques.

## **SECTION H: TEACHING, SUPERVISION, AND TRAINING**

### **H.1. REHABILITATION COUNSELOR SUPERVISION AND CLIENT WELFARE**

- a. CLIENT WELFARE.** Rehabilitation counselor supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations in order to ensure the welfare of clients. Supervisees have a responsibility to understand and follow the Code.
- b. REHABILITATION COUNSELOR CREDENTIALS.** Rehabilitation counselor supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to clients.
- c. INFORMED CONSENT AND CLIENT RIGHTS.** Rehabilitation counselor supervisors make supervisees aware of the rights of clients including the protection of their privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who has access to records of the counseling relationship and how these records are used.

### **H.2. REHABILITATION COUNSELOR SUPERVISION COMPETENCE**

- a. SUPERVISOR PREPARATION.** Rehabilitation counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.
- b. CULTURAL DIVERSITY IN REHABILITATION COUNSELOR SUPERVISION.** Rehabilitation counselor supervisors are aware of and address the role of cultural diversity in the supervisory relationship.

### **H.3. ROLES AND RELATIONSHIPS WITH SUPERVISEES OR TRAINEES**

- a. RELATIONSHIP BOUNDARIES WITH SUPERVISEES OR TRAINEES.** Rehabilitation counselor supervisors or educators clearly define and maintain ethical professional, personal, and social relationships with their supervisees or trainees. Rehabilitation counselor supervisors or educators avoid nonprofessional relationships with current supervisees or trainees. If rehabilitation counselor supervisors or educators must assume other professional roles (e.g., clinical and/or administrative supervisors, instructors) with supervisees or trainees, they work to minimize potential conflicts and explain to supervisees or trainees the expectations and responsibilities associated with each role.



They do not engage in any form of nonprofessional interactions that may compromise the supervisory relationship.

**b. SEXUAL OR ROMANTIC RELATIONSHIPS.** Rehabilitation counselors do not engage in sexual or romantic interactions or relationships with current supervisees or trainees.

**c. EXPLOITATIVE RELATIONSHIPS.** Rehabilitation counselors do not engage in exploitative relationships with individuals with whom they have supervisory, evaluative, or instructional control or authority.

**d. SEXUAL HARASSMENT.** Rehabilitation counselor supervisors or educators do not condone or subject supervisees or trainees to sexual harassment.

**e. RELATIONSHIPS WITH FORMER SUPERVISEES OR TRAINEES.** Rehabilitation counselor supervisors or educators are aware of the power differential in their relationships with supervisees or trainees. Rehabilitation counselor supervisors or educators foster open discussions with former supervisees or trainees when considering engaging in a social, sexual, or other intimate relationships. Rehabilitation counselor supervisors or educators discuss with the former supervisees or trainees how their former relationship may affect the change in relationship.

**f. NONPROFESSIONAL RELATIONSHIPS.** Rehabilitation counselor supervisors or educators avoid nonprofessional or ongoing professional relationships with supervisees or trainees in which there is a risk of potential harm to supervisees or trainees or that may compromise the training experience or grades assigned. In addition, rehabilitation counselor supervisors or educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for supervisee or trainee placements.

**g. CLOSE RELATIVES AND FRIENDS.** Rehabilitation counselor supervisors or educators avoid accepting close relatives, romantic partners, or friends as supervisees or trainees. When such circumstances can not be avoided, rehabilitation counselor supervisors or educators utilize a formal review mechanism.

**h. POTENTIALLY BENEFICIAL RELATIONSHIPS.** Rehabilitation counselor supervisors or educators are aware of the power differential in their relationships with supervisees or trainees. If they believe nonprofessional relationships with supervisees or trainees may be potentially beneficial to supervisees or trainees, they take precautions similar to those taken by rehabilitation counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in professional associations, organizations, or communities. Rehabilitation counselor supervisors or educators engage in open discussions with supervisees or trainees when they consider entering into relationships with them outside of their role as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, rehabilitation counselor supervisors or educators discuss the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences with supervisees or trainees. Rehabilitation counselor supervisors or educators clarify the specific nature and limitations of the additional role(s) they have with supervisees or trainees. Nonprofessional relationships with supervisees or trainees are time-limited or context specific and initiated with their consent.

#### **H.4. REHABILITATION COUNSELOR SUPERVISOR RESPONSIBILITIES**

**a. DISCLOSURE AND INFORMED CONSENT FOR SUPERVISION.** Rehabilitation counselor supervisors provide professional disclosure that, at a minimum, is consistent with the jurisdiction in which they practice. Rehabilitation counselor supervisors are responsible for incorporating into their supervision the principles of informed consent. Rehabilitation counselor supervisors inform

supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

**b. EMERGENCIES AND ABSENCES.** Rehabilitation counselor supervisors establish and communicate to supervisees the procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.

**c. STANDARDS FOR REHABILITATION COUNSELOR SUPERVISEES.** Rehabilitation counselor supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Rehabilitation counselor supervisors of post-degree rehabilitation counselors encourage these rehabilitation counselors to adhere to professional standards of practice.

**d. RESOLVING DIFFERENCES.** When cultural, ethical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, rehabilitation counselor supervisors make appropriate referrals to possible alternative supervisors.

#### **H.5. REHABILITATION COUNSELOR SUPERVISOR EVALUATION, REMEDIATION, AND ENDORSEMENT**

**a. EVALUATION.** Rehabilitation counselor supervisors or educators clearly state to supervisees or trainees, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Rehabilitation counselor supervisors or educators document and provide supervisees or trainees ongoing performance appraisal and evaluation feedback.

**b. LIMITATIONS.** Throughout ongoing evaluation and appraisal, rehabilitation counselor supervisors or educators are aware of and address the inability of some supervisees or trainees to achieve, improve, or maintain counseling competencies. Rehabilitation counselor supervisors or educators: (1) assist supervisees or trainees in securing remedial assistance when needed; (2) seek professional consultation and document their decision to dismiss or refer supervisees or trainees for assistance; (3) ensure that supervisees or trainees have recourse in a timely manner to address decisions that require them to seek assistance or to dismiss them; and (4) provide supervisees or trainees with due process according to organizational policies and procedures.

**c. COUNSELING FOR SUPERVISEES.** Rehabilitation counselor supervisors or educators address interpersonal competencies of supervisees or trainees in terms of the impact of these issues on clients, supervisory relationships, and professional functioning. With the exception of brief interventions to address situational distress, or as part of educational activities, rehabilitation counselor supervisors or educators do not provide counseling services to supervisees or trainees. If supervisees or trainees request counseling or if counseling is required as part of a remediation process, rehabilitation counselor supervisors or educators provide them with referrals.

**d. ENDORSEMENT.** Rehabilitation counselor supervisors or educators endorse supervisees or trainees for certification, licensure, employment, or completion of academic or training programs based on satisfactory progress and observations while under supervision or training. Regardless of qualifications, supervisors or educators do not endorse supervisees or trainees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

#### **H.6. RESPONSIBILITIES OF REHABILITATION COUNSELOR EDUCATORS**

**a. REHABILITATION COUNSELOR EDUCATORS.** Rehabilitation counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as

teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students aware of their responsibilities. Rehabilitation counselor educators conduct rehabilitation counselor education and training programs in an ethical manner and serve as role models for professional behavior.

**b. INFUSING CULTURAL DIVERSITY.** Rehabilitation counselor educators infuse material related to cultural diversity into all courses and workshops for the development of professional rehabilitation counselors.

**c. INTEGRATION OF STUDY AND PRACTICE.** Rehabilitation counselor educators establish education and training programs that integrate academic study and supervised practice.

**d. TEACHING ETHICS.** Rehabilitation counselor educators make students aware of their ethical responsibilities, standards of the profession, and the ethical responsibilities of students to the profession. Rehabilitation counselor educators infuse ethical considerations throughout the curriculum.

**e. PEER RELATIONSHIPS.** Rehabilitation counselor educators make every effort to ensure that the rights of peers are not compromised when students lead counseling groups or provide clinical supervision. Rehabilitation counselor educators take steps to ensure that students understand they have the same ethical obligations as rehabilitation counselor educators, trainers, and supervisors.

**f. INNOVATIVE TECHNIQUES/PROCEDURES/MODALITIES.** When rehabilitation counselor educators teach counseling techniques/procedures/modalities that are innovative, without an empirical foundation or without a well-grounded theoretical foundation, they define the counseling techniques/procedures/modalities as unproven or developing and explain to students the potential risks and ethical considerations of using such techniques/procedures/modalities.

**g. FIELD PLACEMENTS.** Rehabilitation counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Rehabilitation counselor educators provide clearly stated roles and responsibilities for students, site supervisors, and program supervisors. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

**h. PROFESSIONAL DISCLOSURE.** Before initiating counseling services, rehabilitation counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Rehabilitation counselor educators ensure that clients at field placement are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students obtain permission from clients before they use any information concerning the counseling relationship in the training process.

## **H.7. STUDENT WELFARE**

**a. ORIENTATION.** Rehabilitation counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Rehabilitation counselor educators have an ethical responsibility to provide enough information to prospective or current students about program expectations for them to make informed decisions about entering into and continuing in a program.

**b. SELF-GROWTH EXPERIENCES.** Rehabilitation counselor education programs delineate requirements for self-disclosure as part of self-growth experiences in their admission and program materials. Rehabilitation counselor educators use professional judgment when designing training experiences they conduct that require student self-growth or self-disclosure. Students are made aware of the ramifications their self-disclosure may have when rehabilitation counselors whose

primary role as teachers, trainers, or supervisors require acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the level of self-disclosure of students. As a condition to remain in the program, rehabilitation counselor educators may require that students seek professional help to address any personal concerns that may be affecting their competency.

## **H.8. CULTURAL DIVERSITY COMPETENCE IN REHABILITATION COUNSELOR EDUCATION PROGRAMS AND TRAINING PROGRAMS**

- a. DIVERSITY.** Rehabilitation counselor educators actively attempt to recruit and retain a diverse faculty and student body. Rehabilitation counselor educators demonstrate commitment to cultural diversity competence by recognizing and valuing diverse cultures and types of abilities faculty and students bring to the training experience. Rehabilitation counselor educators provide appropriate accommodations as required to enhance and support the well-being and performance of students.
- b. CULTURAL DIVERSITY COMPETENCE.** Rehabilitation counselor educators actively infuse cultural diversity competency into their training and supervision practices. They actively educate trainees to develop and maintain beliefs, attitudes, knowledge, and skills necessary for competent practice with people across cultures.

## **SECTION I: RESEARCH AND PUBLICATION**

### **I.1. RESEARCH RESPONSIBILITIES**

- a. USE OF HUMAN PARTICIPANTS.** Rehabilitation counselors plan, design, conduct, and report research in a manner that reflects cultural sensitivity, is culturally appropriate, and is consistent with pertinent ethical principles, laws, host institutional regulations, and scientific standards governing research with human participants. They seek consultation when appropriate.
- b. DEVIATION FROM STANDARD PRACTICES.** Rehabilitation counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.
- c. PRECAUTIONS TO AVOID INJURY.** Rehabilitation counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.
- d. PRINCIPAL RESEARCHER RESPONSIBILITY.** The ultimate responsibility for ethical research practice lies with principal researchers. All others involved in the research activities share ethical obligations and responsibilities for their own actions.
- e. MINIMAL INTERFERENCE.** Rehabilitation counselors take precautions to avoid causing disruption in the lives of research participants that may result from their involvement in research.

### **I.2. INFORMED CONSENT AND DISCLOSURE**

- a. INFORMED CONSENT IN RESEARCH.** Individuals have the right to consent to become research participants. In seeking consent, rehabilitation counselors use language that: (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are

experimental or relatively untried; (3) describes any attendant discomforts and risks; (4) describes any benefits or changes in individuals or organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for participants; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; (8) describes formats and potential target audiences for the dissemination of research findings; and (9) instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

**b. DECEPTION.** Rehabilitation counselors do not conduct research involving deception unless alternative procedures are not feasible. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

**c. VOLUNTARY PARTICIPATION.** Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation has no harmful effects on participants and is essential to the research.

**d. CONFIDENTIALITY OF INFORMATION.** Information obtained about participants during the course of research is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as part of the procedures for obtaining informed consent.

**e. INDIVIDUALS NOT CAPABLE OF GIVING INFORMED CONSENT.** When individuals are not capable of giving informed consent, rehabilitation counselors provide an appropriate explanation to and obtain agreement for participation and appropriate consent from a legally authorized person.

**f. COMMITMENTS TO PARTICIPANTS.** Rehabilitation counselors take reasonable measures to honor all commitments to research participants.

**g. EXPLANATIONS AFTER DATA COLLECTION.** After data is collected, rehabilitation counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, rehabilitation counselors take reasonable measures to avoid causing harm.

**h. AGREEMENT OF CONTRIBUTORS.** Rehabilitation counselors who conduct joint research establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment received, and incur an obligation to cooperate as agreed.

**i. INFORMING SPONSORS.** Rehabilitation counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Rehabilitation counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

### **I.3. REPORTING RESULTS**

**a. ACCURATE RESULTS.** Rehabilitation counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Rehabilitation counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator(s) that may have affected the outcome of studies or interpretations of data. They describe the extent to which results are applicable for diverse populations.

**b. OBLIGATION TO REPORT UNFAVORABLE RESULTS.** Rehabilitation counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

**c. IDENTITY OF PARTICIPANTS.** Rehabilitation counselors who supply data, aid in the research of another person, report research results, or make original data available, take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data is adapted/changed to protect the identities and welfare of all parties and that discussion of results does not cause harm to participants.

**d. REPORTING ERRORS.** If rehabilitation counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

**e. REPLICATION STUDIES.** Rehabilitation counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

#### **I.4. PUBLICATIONS AND PRESENTATIONS**

**a. RECOGNIZING CONTRIBUTIONS.** When conducting and reporting research, rehabilitation counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

**b. CONTRIBUTORS.** Rehabilitation counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. Principal contributors are listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

**c. STUDENT RESEARCH.** For articles that are substantially based on students' course papers, projects, dissertations or theses of students, and for which students have been the primary contributors, they are listed as principal authors.

**d. DUPLICATE SUBMISSION.** Rehabilitation counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

**e. PROFESSIONAL REVIEW.** Rehabilitation counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Rehabilitation counselors use care to make publication decisions based on valid and defensible standards. Rehabilitation counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Rehabilitation counselors who serve as reviewers at the request of editors or publishers make every effort to review only materials that are within their scope of competency and use care to avoid personal biases.

**f. PLAGIARISM.** Rehabilitation counselors do not plagiarize, that is, they do not present another person's work as their own work.

**g. REVIEW/REPUBLICATION OF DATA OR IDEAS.** Rehabilitation counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

**h. NONPROFESSIONAL RELATIONSHIPS.** Rehabilitation counselors avoid nonprofessional relationships with research participants when research involves intensive or extensive interaction. When a nonprofessional interaction between researchers and research participants may be potentially beneficial, researchers must document, prior to the interaction (when feasible), the rationale for such interactions, the potential benefits, and anticipated consequences for research participants. Such interactions are initiated with appropriate consent of research participants. Where unintentional harm occurs to research participants due to nonprofessional interactions, researchers must show evidence of an attempt to remedy such harm.

**i. SEXUAL OR ROMANTIC RELATIONSHIPS WITH RESEARCH PARTICIPANTS.** Rehabilitation counselors do not engage in sexual or romantic rehabilitation counselor–research participant interactions or initiate relationships with current research participants.

**j. SEXUAL HARASSMENT AND RESEARCH PARTICIPANTS.** Rehabilitation counselors do not condone or subject research participants to sexual harassment.

## **I.5. CONFIDENTIALITY**

**a. INSTITUTIONAL APPROVAL.** When institutional review board approval is required, rehabilitation counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

**b. ADHERENCE TO GUIDELINES.** Rehabilitation counselors are responsible for understanding and adhering to national, local, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

**c. CONFIDENTIALITY OF INFORMATION OBTAINED IN RESEARCH.** Violations of participants' privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner. They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected.

**d. DISCLOSURE OF RESEARCH INFORMATION.** Rehabilitation counselors do not disclose confidential information that reasonably could lead to the identification of research participants unless they have obtained the prior consent of participants. Use of data derived from counseling relationships for purposes of training, research, or publication are confined to content that are disguised to ensure the anonymity of the individuals involved.

**e. AGREEMENT FOR IDENTIFICATION.** Rehabilitation counselors identify clients, students, or research participants in a presentation or publication only when it has been reviewed by those clients, students, or research participants and they have agreed to its presentation or publication.

## SECTION J: TECHNOLOGY AND DISTANCE COUNSELING

### J.1. BEHAVIOR AND IDENTIFICATION

- a. APPLICATION AND COMPETENCE.** Rehabilitation counselors are held to the same level of expected behavior and competence as defined by the Code regardless of the technology used (e.g., cellular phones, email, facsimile, video, audio, audio-visual) or its application (e.g., assessment, research, data storage).
- b. PROBLEMATIC USE OF THE INTERNET.** Rehabilitation counselors are aware of behavioral differences with the use of the Internet, and/or methods of electronic communication, and how these may impact the counseling process.
- c. POTENTIAL MISUNDERSTANDINGS.** Rehabilitation counselors educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

### J.2. ACCESSIBILITY

- a. DETERMINING CLIENT CAPABILITIES.** When providing technology-assisted services, rehabilitation counselors determine that clients are functionally and linguistically capable of using the application and that the technology is appropriate for the needs of clients. Rehabilitation counselors verify that clients understand the purpose and operation of technology applications and follow-up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.
- b. ACCESSING TECHNOLOGY.** Based on functional, linguistic, or cultural needs of clients, rehabilitation counselors guide clients in obtaining reasonable access to pertinent applications when providing technology-assisted services.

### J.3. CONFIDENTIALITY, INFORMED CONSENT, AND SECURITY

- a. CONFIDENTIALITY AND INFORMED CONSENT.** Rehabilitation counselors ensure that clients are provided sufficient information to adequately address and explain the limits of: (1) technology used in the counseling process in general; (2) ensuring and maintaining complete confidentiality of client information transmitted through electronic means; (3) a colleague, supervisor, and an employee, such as an Information Technology (IT) administrator or paraprofessional staff, who might have authorized or unauthorized access to electronic transmissions; (4) an authorized or unauthorized user including a family member and fellow employee who has access to any technology the client may use in the counseling process; (5) pertinent legal rights and limitations governing the practice of a profession over jurisdictional boundaries; (6) record maintenance and retention policies; (7) technology failure, unavailability, or crisis contact procedures; and, (8) protecting client information during the counseling process and at the termination of services.
- b. TRANSMITTING CONFIDENTIAL INFORMATION.** Rehabilitation counselors take precautions to ensure the confidentiality of information transmitted through the use of computers, email, facsimile machines, telephones, voicemail, answering machines, and other technology.
- c. SECURITY.** Rehabilitation counselors: (1) use encrypted and/or password-protected Internet sites and/or email communications to help ensure confidentiality when possible and take other reasonable precautions to ensure the confidentiality of information transmitted through the use of computers, email, facsimiles, telephones, voicemail, answering machines, or other technology; (2) notify clients of the inability to use encryption or password protection, the hazards of not using



these security measures; and, (3) limit transmissions to general communications that are not specific to clients, and/or use non-descript identifiers.

**d. IMPOSTERS.** In situations where it is difficult to verify the identity of rehabilitation counselors, clients, their guardians, and/or team members, rehabilitation counselors: (1) address imposter concerns, such as using code words, numbers, graphics, or other non-descript identifiers; and (2) establish methods for verifying identities.

#### **J.4. TECHNOLOGY-ASSISTED ASSESSMENT**

Rehabilitation counselors using technology-assisted test interpretations abide by the ethical standards for the use of such assessments regardless of administration, scoring, interpretation, or reporting method and ensure that persons under their supervision are aware of these standards.

#### **J.5. CONSULTATION GROUPS**

When participating in electronic professional consultation or consultation groups (e.g., social networks, listservs, blogs, online courses, supervision, interdisciplinary teams), rehabilitation counselors: (1) establish and/or adhere to the group's norms promoting behavior that is consistent with ethical standards, and (2) limit disclosure of confidential information.

#### **J.6. RECORDS, DATA STORAGE, AND DISPOSAL**

**a. RECORDS MANAGEMENT.** Rehabilitation counselors are aware that electronic messages are considered to be part of the records of clients. Since electronic records are preserved, rehabilitation counselors inform clients of the retention method and period, of who has access to the records, and how the records are destroyed.

**b. PERMISSION TO RECORD.** Rehabilitation counselors obtain permission from clients prior to recording sessions through electronic or other means.

**c. PERMISSION TO OBSERVE.** Rehabilitation counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, and/or listening to or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

#### **J.7. LEGAL**

**a. ETHICAL/LEGAL REVIEW.** Rehabilitation counselors review pertinent legal and ethical codes for possible violations emanating from the practice of distance counseling and/or supervision.

**b. LAWS AND STATUTES.** Rehabilitation counselors ensure that the use of technology does not violate the laws of any local, regional, national, or international entity, observe all relevant statutes, and seek business, legal, and technical assistance when using technology in such a manner.

#### **J.8. ADVERTISING**

**a. ONLINE PRESENCE.** Rehabilitation counselors maintaining sites on the Internet do so based on the advertising, accessibility, and cultural provisions of the Code. The Internet site is regularly maintained and includes avenues for communication with rehabilitation counselors.

**b. VERACITY OF ELECTRONIC INFORMATION.** Rehabilitation counselors assist clients in determining the validity and reliability of information found on the Internet and/or other technology applications.

## **J.9. RESEARCH AND PUBLICATION**

- a. INFORMED CONSENT.** Rehabilitation counselors are aware of the limits of technology-based research with regards to privacy, confidentiality, participant identities, venues used, accuracy, and/or dissemination. They inform participants of those limitations whenever possible, and make provisions to safeguard the collection, dissemination, and storage of data collected.
- b. INTELLECTUAL PROPERTY.** When rehabilitation counselors possess intellectual property of people or entities (e.g., audio, visual, or written historical or electronic media), they take reasonable precautions to protect the technological dissemination of that information through disclosure, informed consent, password protection, encryption, copyright, or other security/intellectual property protection means.

## **J.10. REHABILITATION COUNSELOR UNAVAILABILITY**

- a. TECHNOLOGICAL FAILURE.** Rehabilitation counselors explain to clients the possibility of technology failure and provide an alternative means of communication.
- b. UNAVAILABILITY.** Rehabilitation counselors provide clients with instructions for contacting them when they are unavailable through technological means.
- c. CRISIS CONTACT.** Rehabilitation counselors provide referral information for at least one agency or rehabilitation counselor-on-call for purposes of crisis intervention for clients within their geographical region.

## **J.11. DISTANCE COUNSELING CREDENTIAL DISCLOSURE**

Rehabilitation counselors practicing through Internet sites provide information to clients regarding applicable certification boards and/or licensure bodies to facilitate client rights and protection and to address ethical concerns.

## **J.12. DISTANCE COUNSELING RELATIONSHIPS**

- a. BENEFITS AND LIMITATIONS.** Rehabilitation counselors inform clients of the benefits and limitations of using technology applications in the counseling process and in business procedures. Such technologies include, but are not limited to, computer hardware and/or software, telephones, the Internet and other audio and/or video communication, assessment, research, or data storage devices or media.
- b. INAPPROPRIATE APPLICATIONS.** When technology-assisted distance counseling services are deemed inappropriate by rehabilitation counselors or clients, rehabilitation counselors pursue services face-to-face or by other means.
- c. BOUNDARIES.** Rehabilitation counselors discuss and establish boundaries with clients, family members, service providers, and/or team members regarding the appropriate use and/or application of technology and the limits of its use within the counseling relationship.

## **J.13. DISTANCE COUNSELING SECURITY AND BUSINESS PRACTICES**

- a. SELF-DESCRIPTION.** Rehabilitation counselors practicing through Internet sites provide information about themselves (e.g., ethnicity, gender) as would be available if the counseling were to take place face-to-face.

**b. INTERNET SITES.** Rehabilitation counselors practicing through Internet sites: (1) obtain the written consent of legal guardians or other authorized legal representatives prior to rendering services in the event clients are minor children, adults who are legally incompetent, or adults incapable of giving informed consent; and (2) strive to provide translation and interpretation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations or interpretations.

**c. BUSINESS PRACTICES.** As part of the process of establishing informed consent, rehabilitation counselors: (1) discuss time zone differences, local customs, and cultural or language differences that might impact service delivery; and (2) educate clients when technology-assisted distance counseling services are not covered by insurance.

#### **J.14. DISTANCE GROUP COUNSELING**

When participating in distance group counseling, rehabilitation counselors: (1) establish and/or adhere to the group's norms promoting behavior that is consistent with ethical standards; and (2) limit disclosure of confidential information.

#### **J.15. TEACHING, SUPERVISION, AND TRAINING AT A DISTANCE**

Rehabilitation counselors, educators, supervisors, or trainers working with trainees or supervisees at a distance, disclose to trainees or supervisees the limits of technology in conducting distance teaching, supervision, and training.

### **SECTION K: BUSINESS PRACTICES**

#### **K.1. ADVERTISING AND SOLICITING CLIENTS**

**a. ACCURATE ADVERTISING.** When advertising or otherwise representing their services to the public, rehabilitation counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

**b. TESTIMONIALS.** Rehabilitation counselors who use testimonials do not solicit them from current clients or former clients or any other persons who may be vulnerable to undue influence.

**c. STATEMENTS BY OTHERS.** Rehabilitation counselors make reasonable efforts to ensure that statements made by others about them or the profession are accurate.

**d. RECRUITING THROUGH EMPLOYMENT.** Rehabilitation counselors do not use their places of employment or institutional affiliations to recruit or gain clients, supervisees, or consultees for their private practice.

**e. PRODUCTS AND TRAINING ADVERTISEMENTS.** Rehabilitation counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for clients to make informed choices.

**f. PROMOTING TO THOSE SERVED.** Rehabilitation counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Rehabilitation counselor educators may adopt textbooks they have authored for appropriate instructional purposes.

## **K.2. CLIENT RECORDS**

- a. APPROPRIATE DOCUMENTATION.** Rehabilitation counselors establish and maintain documentation consistent with agency policy that accurately, sufficiently, and in a timely manner reflects the services provided and that identifies who provided the services. If case notes need to be altered, it is done in a manner that preserves the original notes and is accompanied by the date of change, information that identifies who made the change, and the rationale for the change.
- b. PRIVACY.** Documentation generated by rehabilitation counselors protects the privacy of clients to the extent that it is possible and includes only relevant or appropriate counseling information.
- c. RECORDS MAINTENANCE.** Rehabilitation counselors maintain records necessary for rendering professional services to clients and as required by applicable laws, regulations, or agency/institution procedures. Subsequent to file closure, records are maintained for the number of years consistent with jurisdictional requirements or for longer periods during which maintenance of such records is necessary or helpful to provide reasonably anticipated future services to clients. After that time, records are destroyed in a manner assuring preservation of confidentiality.

## **K.3. FEES, BARTERING, AND BILLING**

- a. ESTABLISHING FEES.** In establishing fees for professional counseling services, rehabilitation counselors consider the financial status and locality of clients. In the event that the established fee structure is inappropriate for clients, rehabilitation counselors assist clients in attempting to find comparable services of acceptable cost.
- b. ADVANCE UNDERSTANDING OF FEES.** Prior to entering the counseling relationship, rehabilitation counselors clearly explain to clients all financial arrangements related to professional services. If rehabilitation counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment.
- c. REFERRAL FEES.** Rehabilitation counselors do not give or receive commissions, rebates, or any other form of remuneration when referring clients for professional services.
- d. WITHHOLDING RECORDS FOR NONPAYMENT.** Rehabilitation counselors may not withhold records under their control that are requested and needed for the emergency treatment of clients solely because payment has not been received.
- e. BARTERING DISCOURAGED.** Rehabilitation counselors ordinarily refrain from accepting goods or services from clients in return for rehabilitation counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Rehabilitation counselors participate in bartering only if the relationship is not exploitative or harmful to clients, if clients request it, if a clear written contract is established, and if such arrangements are an accepted practice in the community or culture of clients.
- f. BILLING RECORDS.** Rehabilitation counselors establish and maintain billing records that are confidential and accurately reflect the services provided, the time engaged in the activity, and that clearly identify who provided the services.

## **K.4. TERMINATION**

Rehabilitation counselors in fee-for-service relationships may terminate services with clients due to nonpayment of fees under the following conditions: (1) clients were informed of payment responsibilities and the effects of nonpayment or the termination of payment by third parties; and

(2) clients do not pose an imminent danger to self or others. As appropriate, rehabilitation counselors refer clients to other qualified professionals to address issues unresolved at the time of termination.

## SECTION L: RESOLVING ETHICAL ISSUES

### L.1. KNOWLEDGE OF CRCC STANDARDS

Rehabilitation counselors are responsible for reading, understanding, and following the Code, and seeking clarification of any standard that is not understood. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

### L.2. APPLICATION OF STANDARDS

**a. DECISION-MAKING MODELS AND SKILLS.** Rehabilitation counselors must be prepared to recognize underlying ethical principles and conflicts among competing interests, as well as to apply appropriate decision-making models and skills to resolve dilemmas and act ethically.

**b. ADDRESSING UNETHICAL BEHAVIOR.** Rehabilitation counselors expect colleagues to adhere to the Code. When rehabilitation counselors possess knowledge that raises doubt as to whether another rehabilitation counselor is acting in an ethical manner, they take appropriate action.

**c. CONFLICTS BETWEEN ETHICS AND LAWS.** Rehabilitation counselors obey the laws and statutes of the legal jurisdiction in which they practice unless there is a conflict with the Code. If ethical responsibilities conflict with laws, regulations, or other governing legal authorities, rehabilitation counselors make known their commitment to the Code and take steps to resolve conflicts. If conflicts cannot be resolved by such means, rehabilitation counselors may adhere to the requirements of law, regulations, or other governing legal authorities.

**d. KNOWLEDGE OF RELATED CODES OF ETHICS.** Rehabilitation counselors understand applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Rehabilitation counselors are aware that the Code forms the basis for CRCC disciplinary actions, and understand that if there is a discrepancy between codes they are held to the CRCC standards.

**e. CONSULTATION.** When uncertain as to whether particular situations or courses of action may be in violation of the Code, rehabilitation counselors consult with other professionals who are knowledgeable about ethics, with supervisors, colleagues, and/or with appropriate authorities, such as CRCC, licensure boards, or legal counsel.

**f. ORGANIZATION CONFLICTS.** If the demands of organizations with which rehabilitation counselors are affiliated pose a conflict with the Code, rehabilitation counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code. When possible, rehabilitation counselors work toward change within organizations to allow full adherence to the Code. In doing so, they address any confidentiality issues.

### L.3. SUSPECTED VIOLATIONS

**a. INFORMAL RESOLUTION.** When rehabilitation counselors have reason to believe that another rehabilitation counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other rehabilitation counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

**b. REPORTING ETHICAL VIOLATIONS.** When an informal resolution is not appropriate or feasible, or if an apparent violation has substantially harmed or is likely to substantially harm persons or organizations and is not appropriate for informal resolution or is not resolved properly, rehabilitation counselors take further action appropriate to the situation. Such action might include referral to local or national committees on professional ethics, voluntary national certification bodies, licensure boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights (e.g., when clients refuse to allow information or statements to be shared) or when rehabilitation counselors have been retained to review the work of another rehabilitation counselor whose professional conduct is in question by a regulatory agency.

**c. UNWARRANTED COMPLAINTS.** Rehabilitation counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation, or are intended to harm rehabilitation counselors rather than to protect clients or the public.

#### **L.4. COOPERATION WITH ETHICS COMMITTEES**

Rehabilitation counselors assist in the process of enforcing the Code. Rehabilitation counselors cooperate with requests, proceedings, and requirements of the CRCC Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Rehabilitation counselors are familiar with the Guidelines and Procedures for Processing Complaints and use it as a reference for assisting in the enforcement of the Code.

#### **L.5. UNFAIR DISCRIMINATION AGAINST COMPLAINANTS AND RESPONDENTS**

Rehabilitation counselors do not deny individuals services, employment, advancement, admission to academic or other programs, tenure, or promotions based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings when rehabilitation counselors are found to be in violation of ethical standards.

**NOTE:** Rehabilitation counselors who violate the Code are subject to disciplinary action. Since the use of the Certified Rehabilitation Counselor (CRC®) and Canadian Certified Rehabilitation Counselor (CCRC®) designations are a privilege granted by the Commission on Rehabilitation Counselor Certification (CRCC®), CRCC reserves unto itself the power to suspend or to revoke the privilege or to approve other penalties for a violation. Disciplinary penalties are imposed as warranted by the severity of the offense and its attendant circumstances. All disciplinary actions are undertaken in accordance with published procedures and penalties designed to assure the proper enforcement of the Code within the framework of due process and equal protection under the law.

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## **GLOSSARY OF TERMS**

**ADVOCACY:** promoting the well-being of individuals and groups and the rehabilitation counseling profession within systems and organizations. Advocacy seeks fair treatment and full physical and programmatic access for clients, and the removal of any barriers or obstacles that inhibit access, growth, and development.

**ASSENT:** agreement with a proposed course of action in relation to counseling services or plans when a person is otherwise not capable or competent to give formal or legal consent (e.g., informed consent).

**AUTONOMY:** the right of clients to be self-governing within their social and cultural framework. The right of clients to make decisions on their own behalf.

**BENEFICENCE:** to do good to others; to promote the well-being of clients.

**CLIENTS:** individuals with, or directly affected by, a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with a disability.

**CONFIDENTIALITY:** a promise or contract to respect the privacy of clients by not disclosing anything revealed to rehabilitation counselors except under agreed-upon conditions.

**CONFLICT OF INTEREST:** a situation in which financial or other personal considerations have the potential to compromise or bias professional judgment and objectivity.

**CONSULTATION:** when one professional seeks the advice of another professional. It is a process in which consultants assist consultees to resolve a specific issue.

**CONTINGENCY FEE:** any fee for services provided where the fee is payable only if there is a favorable result (defined as part of the fee contract).

**COURT ORDER:** a directive from a tribunal or court directing certain actions or conduct which rehabilitation counselors are legally required to follow.

**CULTURAL COMPETENCE:** encompasses beliefs, attitudes, knowledge, and skills that result in an ability to understand, communicate with, and effectively interact with people across cultures.

**CULTURALLY DIVERSE:** age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.

**DISPARAGING REMARKS:** public statements that degrade, belittle, minimize, defame, demean, humiliate, or scorn individuals or groups of individuals. These differ from critiques, which are intended to provide comparisons of thoughts, ideas, methods, work products, or conclusions. If statements criticize the individual as a person, their character or intellect, or are based on incorrect information or fictional claims, these are considered disparaging remarks.

**DISTANCE COUNSELING OR EDUCATION:** any rehabilitation counseling or education that occurs through electronic auditory and/or electronic visual means.

**EVALUEES:** in a forensic setting, the people who are the subject of the objective and unbiased evaluations.

**EXPLOIT:** to take advantage of a power differential in a relationship.

**FIDELITY:** to be faithful; to keep promises and honor the trust placed in rehabilitation counselors.

**FORENSIC:** to provide expertise involving the application of professional knowledge and the use of scientific, technical, or other specialized knowledge for the resolution of legal or administrative issues, proceedings, or decisions.

**FUNCTIONAL:** relating to cognitive, sensory, environmental, intellectual, mental, behavioral, emotional, and/or physical capabilities.

**IMMEDIATE FAMILY MEMBERS:** a child, spouse, parent, grandparent, or sibling. Immediate family members are also defined in a manner that is sensitive to cultural differences.

**INFORMED CONSENT:** a process of communication between rehabilitation counselors and clients that results in the authorization or decision by clients based upon an appreciation and understanding of the facts and implications of an action.

**JUSTICE:** to be fair in the treatment of all clients; to provide appropriate services to all.

**NONMALEFICENCE:** to do no harm to others.

**PRIVACY:** the right of clients to keep the counseling relationship to oneself (e.g., as a secret). Privacy is more inclusive than confidentiality, which addresses communications in the counseling context.

**PRIVILEGED COMMUNICATION:** established by statute and protects clients from having confidential communications with rehabilitation counselors disclosed in legal proceedings without their permission.

**PROFESSIONAL DISCLOSURE:** the process of communicating pertinent information to clients in order for clients to engage in informed consent.

**REGIONAL:** state, provincial, or other intermediate level.

**RETAINER:** a contract between an agency or individual(s) and rehabilitation counselors when the agency/individual(s) pays to reserve the time of rehabilitation counselors.

**SEXUAL HARASSMENT:** sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and (1) rehabilitation counselors know or are told the act is unwelcome, offensive, or creates a hostile workplace or learning environment; and (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred. Sexual harassment may consist of a single intense or severe act considered harassment by a reasonable person, or multiple persistent or pervasive acts.

**STUDENTS:** persons actively enrolled in an academic program.

**TEAMS:** groups of individuals who participate in a structured or agreed-upon form of collaboration.

**TRAINEES:** rehabilitation counselors-in-training, students, or participants in in-service or continuing education.

**VERACITY:** to be honest; truthfulness.

*Acknowledgements – CRCC recognizes the American Counseling Association and the International Association of Rehabilitation Professionals for permitting the Commission to adopt, in part, the ACA Code of Ethics and the IARP Code of Ethics, Standards of Practice and Competencies, respectively.*



A copy of CRCC's Guidelines and Procedures for Processing Complaints along with a Complaint Form may be obtained from CRCC's website at [www.crccertification.com](http://www.crccertification.com) or by contacting CRCC at:

CRCC  
1699 East Woodfield Road, Suite 300  
Schaumburg, IL 60173  
(847) 944-1325

#### **RECOMMENDED CITATION**

Commission on Rehabilitation Counselor Certification. (2009). *Code of professional ethics for rehabilitation counselors*. Schaumburg, IL: Author.

Adopted: 06/2009  
Effective: 01/2010

## Appendix C: Degree plan

### UNIVERSITY OF NORTH TEXAS GRADUATE SCHOOL Master's Degree Plan

The *original and four copies* of this form must be submitted to the Office of the Graduate Dean for approval.

Name \_\_\_\_\_

ID. No. \_\_\_\_\_

Home address \_\_\_\_\_

Master's degree to be earned: \_\_\_\_\_ M.S. \_\_\_\_\_ Major: \_\_\_\_\_ Rehabilitation Counseling \_\_\_\_\_

Minor \_\_\_\_\_ Specialization Area: \_\_\_\_\_

Major Professor \_\_\_\_\_

Minor Professor \_\_\_\_\_

Any deficiencies in undergraduate prerequisites None

Responsibility for reading catalog requirements and for knowing when program has been completed rests entirely upon the student. Application for graduation must be filed in Office of Graduate School before the deadline date in force during your final semester. See Graduate School calendar for deadline date.

The number of UNT off-campus residence courses, which may be applied on the master's degree, is limited by state regulations. Consult the Office of the Graduate Dean for information concerning this restriction.

Identify transfer courses with school abbreviation and date completed. Official transcripts of transfer work must be filed before courses can be approved.

#### Courses to be completed for the master's degree

Course Prefix and No.	Date Completed	Course Prefix and No.	Date Completed
RHAB 5700		Elective (3 hours)	
RHAB 5710			
RHAB 5715			
RHAB 5720			
RHAB 5721			
RHAB 5723			
RHAB 5730			
RHAB 5732			
RHAB 5740			
RHAB 5741			
RHAB 5742			
RHAB 5770			
RHAB 5811			
RHAB 5812 (6 hours)			

Admission to candidacy is recommended: \_\_\_\_\_

Total Semester hours required: 48

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Date

To Be Completed by Graduate Dean. The student is admitted to candidacy:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Graduate School

## Appendix D: Practicum application

### Department of Disability and Addiction Rehabilitation University of North Texas

#### Application for Practicum in Rehabilitation Counseling

For \_\_\_\_\_ Semester, 20\_\_

Name \_\_\_\_\_ StudID \_\_\_\_\_ Date \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

#### Practicum Eligibility

Have you completed all courses except Practicum? Yes \_\_\_ No \_\_\_

Please list any courses (does not include the Internship course) you have not yet enrolled in and the semester when you will be enrolled:

Course: \_\_\_\_\_ (Semester: \_\_\_\_\_) Course: \_\_\_\_\_ (Semester: \_\_\_\_\_)

NOTE: You must have completed all courses in which you have received a grade of Incomplete prior to enrolling in the Practicum course. Please see your Advisor should you have any questions.

#### Proposed Field Experience

Name of Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

Is the proposed experience at your current place of employment? Yes \_\_\_ No \_\_\_  
If yes, see criteria to be met by practicum sites in the DAR Graduate Handbook.

Name of Agency Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Degree: BA \_\_\_ MA/MS \_\_\_ Ph.D. \_\_\_ Field of study: \_\_\_\_\_

License/Certification: \_\_\_\_\_

I have met with the agency supervisor proposed above and have given them a copy of the DAR field experience manual, "Guidelines for Supervised Field Site Experience in Rehabilitation Services" which contains field experience requirements for the supervisor, student, instructor, and agency. Yes \_\_\_ No \_\_\_

**\*Return this application to the Practicum Instructor six to eight weeks prior to the beginning of the semester in which you are applying for the practicum.**

**NOTE: Some agencies require a criminal history background check (CHBC) and drug screen as a condition of placement or employment. Students who cannot participate in the program's required field experiences due to criminal convictions as revealed in a CHBC will be unable to fulfill the requirements of the program.**

## Appendix E: Internship Application

### Department of Disability and Addiction Rehabilitation University of North Texas

#### Application for Internship In Rehabilitation Counseling

For \_\_\_\_\_ Semester, 20\_\_

Name \_\_\_\_\_ StuID \_\_\_\_\_ Date \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

#### Internship Eligibility

Have you completed all courses except internship? Yes \_\_\_ No \_\_\_

You must have completed all courses, including any course in which you received a grade of Incomplete, in order to be eligible for enrollment in the Internship course. Please see your Advisor should you have any questions.

#### Proposed Field Experience

Name of Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

Is the proposed experience at your current place of employment? Yes \_\_\_ No \_\_\_

If yes, see criteria to be met by internship sites in the DAR Graduate Handbook.

Name of Agency Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Degree: BA \_\_\_ MA/MS \_\_\_ Ph.D. \_\_\_ Field of study: \_\_\_\_\_

License/Certification: \_\_\_\_\_

I have met with the agency supervisor proposed above and have given them a copy of the DAR field experience manual, "Guidelines for Supervised Field Site Experience in Rehabilitation Services" which contains field experience requirements for the supervisor, student, instructor, and agency. Yes \_\_\_ No \_\_\_

**\*Return this application to the Internship Instructor six to eight weeks prior to the beginning of the semester in which you are applying for the internship.**

**NOTE: Some agencies require a criminal history background check (CHBC) and drug screen as a condition of placement or employment. Students who cannot participate in the program's required field experiences due to criminal convictions as revealed in a CHBC will be unable to fulfill the requirements of the program.**

**Appendix F: Comprehensive exam application**  
**Department of Disability & Addictions Rehabilitation**  
**Master's Comprehensive Examination**  
**Application**

Students planning to take the Master's Comprehensive Examination in Rehabilitation Counseling must complete and submit this form to the Comprehensive Examination Coordinator, Hillary Castillo two weeks prior to the scheduled exam date. The comprehensive exam is an essay exam. You will have 4 hours to complete 3 essay questions. The exam is scheduled from 9 a.m. – 1 p.m.

The faculty recognizes its role in supporting the learning and professional development of each student and in doing everything legitimately possible to help the student pass the comprehensive examinations. In recognition of this responsibility, the faculty will make every effort to ensure that the examination questions, examination procedures, evaluation of responses, and reporting of results and recommendations for improvement will be done in a fair and timely manner.

In a community of scholarship and practice, students share the responsibility for ensuring the quality of the comprehensive examination. Students are therefore expected to prepare thoroughly for the examination and to follow established procedures for registering for the examination, taking the examination, and seeking results of the examination. At all times throughout this process, students, as well as faculty, are expected to conduct themselves with the highest character and integrity.

The comprehensive exam is based on an honor system. The completed exam represents the work, understandings, and knowledge of the student, without assistance from other individuals to complete the exam. Completion of the exam means that the student agrees to comply with these policies and represents the work solely as their own.

Students affirm that during the comprehensive process, they will not utilize any outside sources to aid in their responses to exam materials. Students who participate in any form of academic dishonesty prior to, during or immediately following the comprehensive exam will be subject to disciplinary actions as dictated by the University of North Texas Student Code of Conduct policy.

**Forms of Academic Dishonesty**

- **Cheating** acts of plagiarism, intentionally using or attempting to use unauthorized materials, information, or study aids before, during or following the academic exercise (i.e., comprehensive exam).
- **Fabrication** intentional and unauthorized falsification or invention of any information or citation in an academic exercise (i.e., comprehensive exam).
- **Facilitating academic dishonesty** intentionally or knowingly helping or attempting to help another to violate a provision of the institutional code of academic integrity.

Additionally, any behavior that could be interpreted as improper examination conduct, such as speaking to other examinees during the exam or exam breaks; using notes, books, tapes; accessing the internet; copying from another examinee's answers, etc. during the exam or breaks, are unacceptable and will be viewed as demonstrating academic dishonesty.

Violation of these principles and policies may result in automatically failing the exam and/or dismissal from the academic program.

I have read, understand and agree to abide by the principles and honor code described above. I understand that the work on the exam must represent my own work without the assistance of others or any outside resources.

Student's Name (print)

Student's Signature

Date \_\_\_\_\_

**Are accommodations requested? (The Office of Disability Accommodations - ODA must recommend these accommodations)**      Yes \_\_\_\_\_      No \_\_\_\_\_

*If yes, please describe below. You must submit ODA paperwork with your application. ODA accommodations must be received no later than three weeks prior to the exam.*

**Are you planning to take the CRC exam?**      Yes \_\_\_\_\_      No \_\_\_\_\_

If so, what is/was your exam date? \_\_\_\_\_

If you have already taken the CRC exam, what were the official results? \_\_\_\_\_

*NOTE: This section only refers to those who wish to waive their approved accommodations.*

Accommodations Waiver: I do acknowledge that I am approved by the ODA to receive accommodations for tests and exams. For the comprehensive exam, I understand that I am waiving my accommodations and accept full and sole responsibility for doing so.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**All Graduating Students Should Complete the Information Below.**

<b>Name:</b> _____	<b>EUID: (example:rce1234)</b> _____
<b>Address:</b> _____	<b>Home #:</b> _____
_____	<b>Work #:</b> _____
	<b>E-mail:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____

## Appendix G: CRC exam results consent form

### STUDENT CONSENT FOR TRANSFER OF RECORDS

I, \_\_\_\_\_, hereby authorize the Commission on Rehabilitation Counselor Certification (CRCC) to release a pass, fail, or no-show status, as it relates to my status on the recent administration of the Certified Rehabilitation Counselor Examination (CRCE), to the designated faculty member of my master's program. I recognize that my scores will not be released to me until CRCC receives an official transcript indicating the granting of my degree. I also recognize that I may not use the Certified Rehabilitation Counselor (CRC) designation or hold myself out to be a CRC until I receive notification of a passing score directly from CRCC.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CRCC Customer Number (if known): \_\_\_\_\_

**NOTE:** This form must be returned to the designated faculty member of your master's program.



## Appendix H: Student Evaluation Form

### REHABILITATION COUNSELING PROGRAM GRADUATE STUDENT PROGRESS REVIEW SUMMARY

STUDENT NAME:

EVALUATION COMPLETED BY:

Course:

PROGRESS:

ACADEMIC:  Satisfactory  Needs Improvement  Unsatisfactory

CURRENT GRADE IN COURSE: \_\_\_\_\_

CLINICAL SKILLS  Satisfactory  Needs Improvement  Unsatisfactory  Not applicable  
If less than "satisfactory", please describe concerns:

PROFESSIONALISM:

#### COMPETENCY

Assignments consistently submitted on time:  Yes  No

If "no" to above item, did student request extension  
of deadline in advance of assignment due date?  Yes  No

Were student's assignments of good quality and  
meet expectations?  Yes  No

#### RELIABILITY AND PUNCTUALITY

Did student consistently attend class?  Yes  No

If "No" to the above item, did student contact  
you prior to start of class about anticipated absence?  Yes  No

Was student consistently present at start of class?  Yes  No

If "No", to above item, did student contact you  
prior to start of class about anticipated tardiness?  Yes  No

Did student attend the entire class period?  Yes  No

#### INTEGRITY

Did you find the student to be truthful and honest?  Yes  No

Did student take responsibility for his/her own actions?  Yes  No

Did the student convey personal integrity?  
If "No", please describe concerns:  Yes  No

#### COURTESY

Did student treat fellow students with respect  
and courtesy? (e.g., did not yell, roll eyes, or ridicule  
others' in response to their comments?)  Yes  No

Did student demonstrate ability to work well with  
other students?  Yes  No

Did student treat you with respect and courtesy?

Yes  No

Did student accept your constructive criticism and/or feedback?

Yes  No

**COMMITMENT**

Did student appear to be engaged in the class?  
(e.g., actively participate in class discussion and assignments, come to class prepared)

Yes  No

Did student convey in his/her work and participation in class respect for individuals with disabilities?

Yes  No

Did the student demonstrate a commitment to working as a professional in this field?

Yes  No

**ADDITIONAL COMMENTS:**

**Instructor** \_\_\_\_\_