



Department of Rehabilitation and Health Services

GUIDELINES FOR SUPERVISED FIELD SITE EXPERIENCE IN REHABILITATION COUNSELING

**A Manual for Rehabilitation Counseling Practicum and Internship
Students, Site Supervisors, Practicum/Internship Agencies and
Faculty**

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**Department of Rehabilitation and Health Services
University of North Texas**

Rehabilitation Counselor Education Program

A major part of the mission of the Department of Rehabilitation and Health Services (DAR) at the University of North Texas is to provide outstanding graduate-level preparation of professional rehabilitation counselors who can help to meet the continuing demand for rehabilitation services for persons with disabilities. Toward this goal, the DAR offers a Master of Science degree in Rehabilitation Counseling. The program is nationally accredited by the Council on Rehabilitation Education (CORE) and meets the standards published by CORE for the training of rehabilitation counselors. The curriculum combines academic theory and technique courses with hands-on practicum and field-site internship experiences. The faculty of the Rehabilitation Counselor Education (RCE) program place very high value 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 RCE program at UNT endorses the philosophy that rehabilitation is an empowering process in which persons exercise control over their own lives. The program adheres to concepts of the holistic nature of people, self-responsibility for health promotion and wellness, the uniqueness of each individual, equal opportunity for health care, and social and economic involvement for all persons with disabilities. These concepts form the philosophical basis for coursework which prepares students to provide vocational assessment and guidance, psychological counseling, case management, and job development and placement services for persons with any type of physical, mental, emotional or social disability.

An important outcome desired for students completing the Master's degree in Rehabilitation Counseling is an expanded level of self-awareness by each student of his/her own counseling/interviewing and interpersonal communication skills and how these enhance or interfere with their ability to facilitate consumer growth and to work with other professionals. It is therefore very important that students acquire good self-monitoring, self-awareness, and self-evaluation skills, including the willingness to be honest about their own needs and limitations and the willingness to take steps to make appropriate modifications in their own behaviors and skills. Only through such introspection and openness can a student rationally and consciously begin to modify personal and interpersonal attitudes, emotions, and behaviors that affect professional competency and the welfare of clients. Therefore, major emphasis in this field site experience should be placed on helping each practicum student or intern develop good self-evaluation skills, in conjunction with instruction and feedback from the field site supervisor.

Field Site Experience in Rehabilitation

Purpose of the Field Site Experience

The purpose of the Practicum and Internship in Rehabilitation is to provide student trainees with supervised, practical experience in established rehabilitation counseling programs. Prerequisite to field site experiences is satisfactory completion of all or most of the core courses and approval of the graduate faculty for enrollment in practicum and internship.

The Practicum

The Practicum experience is intended to provide the rehabilitation counseling student an orientation to applied rehabilitation settings, programs and techniques. An on-site supervisor, who may be a Certified Rehabilitation Counselor (CRC) or experienced Master's level professional in a related field, must be assigned to provide close, one-on-one supervision of the student. In addition, the student and on-site supervisor must engage in a minimum total of one (1) hour per week individual one-on-one consultation to meet field site supervision requirements.

The practicum experience shall include a minimum of 100 hours of on-site supervised experience, with at least 40 hours of direct service to individuals with disabilities, weekly consultation with the designated site supervisor, engagement in class activities, and on-going communication with the UNT practicum/internship instructor. Direct, periodic communication will be maintained throughout the semester between the site supervisor and the UNT faculty practicum instructor. Only those students who satisfactorily complete the practicum experience are eligible to apply for internship.

The Practicum Field Site

The practicum experience shall include instructional experiences that (a) increase the student's awareness and understanding of the differences in values, beliefs, and behaviors of individuals who are different from themselves, (b) contend with rehabilitation counseling concerns, and (c) clinical experiences that facilitate the development of basic rehabilitation counseling skills, such as conducting interviews, developing treatment or employment plans, co-leading counseling or educational groups, etc.

Depending upon the student's prior experience, practicum field site activities should, at a minimum, emphasize:

1. an introduction to agency/facility staff, programs, policies/procedures, and clientele
2. an extended period of direct observation and "shadowing" of an experienced counselor at the field site
3. opportunity for attendance at routine staff or treatment team case management or case review meetings at the field site

4. assistance with tasks and job duties of the agency/facility counselor, as deemed appropriate by the student's site supervisor. At least 40 hours of the student's experience should include direct client contact, in the company of a staff member or independently under supervision.

The Internship

The Internship experience requires a minimum of 600 hours of supervised experience that includes a minimum of 240 hours of direct service to persons with disabilities. An on-site supervisor, who is also a Certified Rehabilitation Counselor (CRC) or experienced Master's-level professional in a related field, must be assigned to provide on-going supervision throughout the internship experience. In addition, the student and on-site supervisor must engage in a minimum total of one (1) hour per week of individual one-on-one consultation. Internship students will also engage in class activities, and maintain on-going communication with the UNT internship instructor. Direct, periodic communication will be maintained throughout the semester between the site supervisor and the UNT faculty internship instructor.

The Internship Field Site

The internship experience shall include instructional experiences that (a) increase students' awareness and understanding of the differences in values, beliefs, and behaviors of individuals who are different from themselves, (b) clinical experiences that facilitate the development of advanced rehabilitation counseling skills, such as conducting interviews and counseling sessions, developing treatment or employment plans, leading or co-leading counseling or educational groups, performing job placement or other client service activities appropriate to the internship site's mission and client population, and (c) experiences that promote cultural competence, foster personal growth, and assist students in recognizing the myriad of counseling approaches and rehabilitation issues that affect service delivery. These intern activities will be reviewed by the site supervisor and program faculty member.

Depending upon the student's prior experience, internship field site activities should, at a minimum, emphasize:

1. orientation to program components, policies and procedures, introduction to staff and their role and function, identification of the expectations for interns, confidentiality procedures, risk assessment, etc.
2. observation of all aspects of the delivery of rehabilitation counseling services, as practiced by the agency or organization, including diverse populations if possible.
3. work assignments, performing the tasks required of an employed rehabilitation counselor at the agency/facility.

Agency, Supervisor, Student and Faculty Responsibilities

The Agency

1. The agency will make available an experienced, Master's level on-site supervisor who is directly involved in providing rehabilitation counseling and related rehabilitation services to individuals with disabilities. This on-site supervisor must be available to provide close, one-on-one supervision to the student on a daily basis, and for a minimum of one hour per week for direct face-to-face consultation/supervision.
2. Preferably, the on-site placement agency should be accredited/certified or provisionally accredited/certified by recognized accreditation national and state agencies. (ex. CARF, JCAH; DARS, etc.)
3. The on-site placement agency and site supervisor should be aware of the expectations and standards for rehabilitation practicum students. This information should be made available to the agency and the site supervisor prior to the student's placement in the agency.
4. For Internship students, the on-site agency must allow the student the opportunity to audio-record, with client written consent, several direct contact sessions, with clients and/or families, for performance review purposes. All ethical and HIPPA guidelines for protection of client confidentiality and client information will be strictly adhered to by the student and the University. The agency should provide the student with any specific guidelines the agency has governing audio or video recording of interviews with clients and the use of client information in individual supervision and group supervision seminars on campus. If the agency does not have a standard form for obtaining client consent for such recordings, the student can supply a form provided for this purpose by the Rehabilitation program at UNT.

Field-Site Supervisor Responsibilities

1. The on-site supervisor should formally acknowledge his/her willingness to supervise the graduate student by an agreement with the Practicum/Internship Instructor. Each on-site supervisor will be asked to identify the student's duties and responsibilities during the Practicum/Internship field experience, and develop with the student a set of learning goals the student will accomplish during his/her field work (see Appendix A). The Field Site Experience Learning Goals document is to be signed by the agency supervisor, student, Practicum/Internship Instructor, and other University Supervisors as appropriate. In consultation with the on-site supervisor, students will develop the objectives, activities, and expected completion dates for achieving the agreed upon learning goals as part of a class assignment.
2. The on-site supervisor must be available at least one hour a day for supervisory consultation with the student and **provide a minimum of one hour per week** for direct, individual feedback and consultation with the student. This hour of supervision does not need to be provided all at one time, but can be spread over time during the week. Should that be necessary, we ask that each consultation period be no less than 15 minutes each session. Occasionally, supervision of the

student can be performed by a qualified on-site designee of the site supervisor, but this individual does not replace the primary supervisory role of the site supervisor.

3. The field site supervisor's role for students will be to provide the student orientation and observation experiences to familiarize them with the agency or facility policies and procedures, role of the rehabilitation counselor in that setting, type of clients/families and disabilities served, etc.
4. The supervisor will assign tasks and responsibilities to the student, depending upon the student's level of readiness and prior experience. If intake and counseling sessions are assigned, at least a portion of the sessions must be directly observed by the field site supervisor.
5. The on-site supervisor must agree to complete two standard student field site performance evaluation reports (see Appendix B) at mid-term and at the end of the semester. Each evaluation report provides a checklist plus written narrative that summarizes the student's progress in terms of strengths and areas that require improvement on skills and competencies of a Rehabilitation Counselor. These evaluations should be discussed with and signed by the student prior to being submitted to the faculty practicum/internship instructor.
6. The on-site supervisor will immediately inform the practicum/internship instructor of any issues of concern regarding the student's conduct and performance at the field site (see *Procedure for Handling Lack of Satisfactory Progress in Practicum/Internship* below).

Student Responsibilities

1. Prior to or within the first two weeks of the semester, the student should meet with the on-site supervisor to identify the duties and responsibilities of the student during the field experience at the site and jointly develop a set of individual learning goals to be accomplished by the student during the field site training experience. A copy of duties, responsibilities, and learning goals should be provided to the Practicum/Internship Instructor no later than the end of the second week of the semester. Students, in consultation with their on-site supervisor, will further develop objectives, activities, and completion dates for achieving those goals as a class assignment.

2. Field Site Experience Documentation

Students are required to maintain records of their field site experiences on a daily and weekly basis and **to participate in practicum or internship activities at their field site for the full semester in which they are enrolled.** Field site documentation includes the following:

- a. A signed copy of the Field Site Experience Learning Goals document.
- b. Weekly Time Log: chronological record of daily activities showing actual clock hours spent in various rehabilitation services activities (ex. 8:00-10:00 – attended weekly staffing). Supervision time should be recorded separately, as well as the amount of time the student provided direct client services.

The cumulative number of hours at the field site will include supervision, direct client services, and all other activities performed.

Students are responsible for accurately recording their hours and activities. (NOTE: For Practicum students, a *minimum* of 100 hours for a 15-week semester results in approximately 7 hours per week, with approximately 3 hours per week in direct contact with clients. Please keep in mind this is a *minimum* number of hours. For Internship students, a minimum of 600 hours for a 15-week semester results in a total of 40 hours per week, with a minimum of 16 hours per week providing direct services to consumers.)

- d. Weekly Supervision Summary: A narrative summary of topics discussed in student's weekly supervision meetings at the field site, along with a summary of what was learned in supervision that week
- e. Providing the on-site supervisor the mid-term and final evaluation forms in a timely manner for evaluation of the student's performance. The completed evaluations should be reviewed with the student by the on-site supervisor and then signed by both the on-site supervisor and student before being given to the Practicum/Internship Instructor. Due dates for the completed and signed evaluations forms will be noted on the course syllabus.
- f. Student's Final Self-evaluation Report: the student's written self-evaluation at the end of the semester summarizing the student's progress in meeting the specific learning goals and objectives established at the beginning of the field site experience, and what additional learning objectives the student believes they need to pursue for their continued growth and development as a qualified Rehabilitation Counselor.
- g. For Interns, video- or audio-recorded sessions with clients or related activities along with a written transcript and structured review/self-evaluation of the session. The number of sessions and session evaluation should follow the outline provided (see course syllabus).
- h. Written case summary and critique: An in-depth summary of one of the cases (without identifying client by name) assigned to the student during the field site experience. Report should include client background and presenting problems, case conceptualization, rehabilitation plan and objectives, summary of the outcome and progress of the client toward meeting his/her objectives. (See course syllabus for details regarding this report).

Practicum/Internship Faculty Instructor & UNT/DAR Responsibilities

1. The DAR Master's program will provide a designated graduate faculty member each semester as practicum/internship course instructor. Maintenance of field site experience requirements/documentation rest with this individual.
2. The practicum/internship instructor is responsible for maintaining communication with each field site supervisor assigned to a student each semester. The instructor

will ascertain that the site supervisor has received copies of all relevant field site documents including the **Field Site Guidelines Manual**, Field Site Experience Learning Goals, progress evaluation forms, and any other information needed to allow the supervisor to fulfill their student supervision task efficiently and effectively.

3. The practicum/internship instructor is responsible for developing and evaluating the student's performance on class activities designed to supplement or enhance the field site experience of a student.
4. The practicum/internship instructor is responsible for determining the final course grade for each student, using the site supervisor's, the student's and their own assessments of the student's level of accomplishment of the tasks and objectives of the course (See Student Evaluation section below).
5. The practicum/internship instructor is responsible for maintaining regular contact with the field site supervisor throughout the semester and for monitoring all field site activity reports on a regular basis.

Procedure for Handling Lack of Satisfactory Progress in Practicum/Internship

If it is determined that a student is not making satisfactory progress in the practicum or internship field site experience, the Practicum/Internship Instructor and Field Site Supervisor will consult as soon as possible to identify specific problem areas and to meet jointly with the student to develop a plan for resolving training deficiencies or addressing attitudinal or behavioral problems that are not consistent with professional or ethical expectations of Rehabilitation Counselors. If a student does not respond satisfactorily to initial supplemental educational/training efforts, the Practicum/Internship Instructor will report the student's lack of progress to the full graduate rehabilitation faculty for their review and recommendations. The faculty may request a meeting with the site supervisor and the student during its deliberations. In cases of serious student misconduct, either the Rehabilitation Counselor Education Program or the practicum/internship site may terminate the student's practicum or internship experience, preferably after initial remediation efforts have been attempted unsuccessfully.

Counseling/Interviewing Performance Goals

The DAR Rehabilitation Counselor Education program expects all practicum/internship students to demonstrate mastery level performance in basic counseling and interviewing skills.

Listed below are basic entry-level skills in which a student should demonstrate proficiency. The level of student performance in other activities (ex. written work, on-site case management activities) must also be satisfactorily achieved, but the latter does not compensate for failure to achieve the minimum mastery in counseling/interviewing skills.

A. Basic Facilitative Skills

In general, the student should be able to show mastery in the following skills in most all counseling cases:

1. Skills in effective communication, which have the purpose of affecting client self-exploration
 - a. Attending (mentally, physically)
 - b. Listening
 - c. Communication of empathic understanding, respect and genuineness
 - d. Communication of Immediacy
 - e. Appropriate self-disclosure
 - f. Appropriate structuring the relationship
 - g. Perceiving client intrapersonal and interpersonal dynamics (ex. resistance, inappropriate behavior, defensive mechanisms)
 - h. Perceiving one's own intrapersonal and interpersonal dynamics.

2. Skills that affect the helping process:
 - a. Initiating the interview
 - b. Facilitating the client problem development
 - c. Structuring the interview
 - d. Appraising client's dynamics and progress
 - e. Case conceptualization
 - f. Termination/referral
 - g. Evaluation of counseling (co-evaluation by counselor and client.)

B. Basic Problem Solving/Decision-Making Skills

1. Skills which have the purpose of effecting client problem solving or decision making
 - a. Goal setting
 - b. Use of test information (interests, personality, etc.)
 - c. Use of vocational and/or educational information
 - d. Performance contracting
 - e. Use of simulated reality-oriented structured experiences within the interview (ex. role playing, role rehearsal, modeling, imagery exercises, desensitization exercises, etc.)
 - f. Use of structured extra-counseling experiences; reading assignments; reality-testing experiences; information learning, etc. (ex. trying out a new behavior; attending workshop on assertiveness training; decision-making; weight-control, etc.)
 - g. Relaxation and stress management skills

Competencies for Rehabilitation Counselors

The specific competencies which students are expected to master by the completion of the practicum and internship can be found in Appendix C, as well as on the Performance Evaluation form for the courses (Appendix B). During the Practicum experience, students are not expected to become proficient, or even to have had an opportunity to gain experience, in all of the competencies listed. However, by the end of the Internship experience, students should have at least exposure to most of the competency areas for the Rehabilitation Counselor.

APPENDIX A:

**Field
Experience
Learning Goals
Agreement**



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College of Public Affairs & Community Service
DEPARTMENT OF REHABILITATION, SOCIAL WORK, AND ADDICTIONS

FIELD EXPERIENCE LEARNING GOALS AGREEMENT

The field experience component of the graduate instruction in rehabilitation counseling is designed to provide practical experience, including the provision of direct client/consumer services, and assuming responsibilities that are consistent with the student’s level of professional development and learning needs.

_____ will complete a field experience under the
Student’s name

supervision of _____
Agency supervisor Phone

at _____
Agency

_____ Address City State Zip code

from _____ through _____ for _____ hours per week.
Start date End date

Schedule: _____

Duties and responsibilities will include the following:

Learning objectives (knowledge and skill to be developed) will include the following:

- 1.
- 2.
- 3.
- 4.
- 5.

The student will perform the duties and responsibilities specified in a reliable and conscientious manner and will maintain regular contact with the instructor, agency supervisor(s), and any other university supervisor(s), informing them of any problems that might develop in performing those duties and utilizing them as resources to facilitate learning and professional development. The student will provide the agency supervisor(s) with a copy of the manual *Guidelines for Supervised Field Experience in Rehabilitation Counseling*, developed by the Department of Rehabilitation and Health Services, describing the policies, requirements, and responsibilities of the agency, supervisor, and student.

The agency supervisor(s) will assign duties consistent with student readiness and provide the necessary supervision to perform those duties. The agency supervisor(s) will also provide an evaluation of the student's performance at mid-semester and end of the semester, using a form to be provided.

The instructor will be available to both the student and agency supervisor to facilitate the fulfillment of this field experience agreement. The instructor and/or other designated university supervisor will meet with the student and agency supervisor (or, in case of placements located in other states or outside of the Dallas/Ft. Worth/Denton area, phone and/or e-mail contacts will be used) a minimum of two times per semester to facilitate planning and to monitor and facilitate progress.

Student

Date

Agency supervisor(s)

Date

Instructor

Date

Other University Supervisor(s)

Date



**APPENDIX B: PERFORMANCE
EVALUATION FORMS**



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College of Public Affairs & Community Service
DEPARTMENT OF REHABILITATION, SOCIAL WORK, AND ADDICTIONS

Rehabilitation Counseling
Field Experience Midterm/Final Evaluation

Name of student: _____

Field placement agency/program: _____

Name of supervisor: _____

1. Please rate the following knowledge, skill, and performance of the student using the following scale:

5 = outstanding 4 = more than adequate 3 = adequate 2 = marginal
1 = deficient, a definite limitation N/A = not applicable

a. knowledge of agency roles, functions, and operating procedures	5	4	3	2	1	N/A
b. knowledge of cooperating agencies and programs	5	4	3	2	1	N/A
c. ability to develop and maintain confidential counseling relationships	5	4	3	2	1	N/A
d. skill in relating effectively to clients/consumers	5	4	3	2	1	N/A
e. ability to apply counseling approaches or styles to meet individual needs	5	4	3	2	1	N/A
f. skill in counseling and interviewing	5	4	3	2	1	N/A
g. skill in understanding individual differences and diversity issues that may affect the rehabilitation process	5	4	3	2	1	N/A
h. skill in client/consumer assessment	5	4	3	2	1	N/A
i. skill in facilitating client/consumer involvement in establishing goals and planning	5	4	3	2	1	N/A
j. ability to self-monitor and self-evaluate own attitudes, values, and performance	5	4	3	2	1	N/A
k. behave and practice in an ethical manner	5	4	3	2	1	N/A

l. demonstrate honesty, integrity, and sensitivity toward others	5	4	3	2	1	N/A
m. behave in a professional manner	5	4	3	2	1	N/A
n. form positive relationships with agency/facility staff members and others in professional community	5	4	3	2	1	N/A
o. demonstrate potential to make a positive contribution in the human services field	5	4	3	2	1	N/A
p. responsiveness to supervision	5	4	3	2	1	N/A
q. growth in knowledge and skills	5	4	3	2	1	N/A
r. any other relevant area(s) of skill or behavior						
_____	5	4	3	2	1	N/A
_____	5	4	3	2	1	N/A

2. Please check the option that best describes the conscientiousness and reliability demonstrated by the student during the semester:

- _____ fulfilled all responsibilities in a reliable and conscientious manner
- _____ with one or two minor exceptions, met all obligations
- _____ some deficiencies were evident

3. Please check the option that best describes your perceptions of the student's potential for future performance as a professional practitioner in rehabilitation settings serving persons with disabilities and other special needs:

- _____ Outstanding; the student has the potential to develop into an exceptionally competent practitioner
- _____ Very good; the student has the potential to develop into a practitioner with above average competence
- _____ Good; the student has the potential to develop into a competent practitioner
- _____ Questionable; at present the student demonstrates some deficiencies and future potential seems uncertain
- _____ Poor; at present the student does not appear to have the potential to develop into a competent practitioner

4. In the space below please comment briefly on the student's strengths and weaknesses and provide any other information that might be helpful in guiding the student's future professional development:

I have met with the student to review this evaluation.

Immediate Supervisor's signature

Date

Agency Supervisor's signature

Date

Student's signature

Date

APPENDIX C:

**COMPETENCY SKILLS OF REHABILITATION
COUNSELORS**

As determined by the Council on Rehabilitation Education (CORE)
2011

<http://www.core-rehab.org/CORE%20Standards.html>

Section C: 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 through 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 stereotypic 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:

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 individuals with a 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 individuals with a disability with disabilities.

C 4.10 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 when appropriate.

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. a. recognize and communicate a basic understanding of how to assess individuals, groups, and families who exhibit suicide ideation, psychological and 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 functions 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.6.3. Group leadership styles and techniques

C.6.3.a. demonstrate effective group leadership skills.

C.6.4. Family dynamics and counseling theory

C.6.4.a. apply an understanding of family systems and the impact of the family on the rehabilitation process.

C.6.5. Family support interventions

C.6.5.a. use counseling techniques to support the individual's family/significant others, including advocates.

C.6.5.b. facilitate the group process with individual's family/significant others, including advocates to support the rehabilitation goals.

C.6.6. Ethical and legal issues impacting individuals and families

C.6.6.a. apply ethical and legal issues to the group counseling process and work with families.

C.6.6.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

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 supports 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 advocate's 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. explain the 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.10.15c. assist individuals with a disability in developing strategies to request appropriate accommodations.
- 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.
- D.3.5 The individual supervision of **five** students shall be considered equivalent to the teaching of one course due to the intensive, one-on

APPENDIX D:

**CODE OF PROFESSIONAL ETHICS FOR
REHABILITATION COUNSELORS**

Adopted by the Commission on Rehabilitation Counselor Certification
January 1, 2010

<http://www.crccertification.com/filebin/pdf/CRCCCodeOfEthics.pdf>



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 Commission on
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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:

- $\frac{3}{4}$ Respecting human rights and dignity;
- $\frac{3}{4}$ Ensuring the integrity of all professional relationships;
- $\frac{3}{4}$ Acting to alleviate personal distress and suffering;
- $\frac{3}{4}$ Enhancing the quality of professional knowledge and its application to increase professional and personal effectiveness;
- $\frac{3}{4}$ Appreciating the diversity of human experience and culture; and,
- $\frac{3}{4}$ 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, mental retardation, 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. GROUP WORK

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 others 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. CULTURAL COMPETENCE/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. FUNCTIONAL COMPETENCE

- 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. PROFESSIONAL CREDENTIALS

- 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.

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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 or by contacting CRCC at:

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RECOMMENDED CITATION

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