



CODE OF PROFESSIONAL ETHICS FOR REHABILITATION COUNSELORS

*Adopted in September 2016 by the
Commission on Rehabilitation Counselor Certification
for its Certified Rehabilitation Counselors.
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**Developed and Administered by the
Commission on Rehabilitation Counselor Certification
(CRCC®)**

**1699 East Woodfield Road, Suite 300
Schaumburg, Illinois 60173
(847) 944-1325
www.crc certification.com**

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PREAMBLE

PURPOSE

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 basic objectives of the Code are to: (1) promote public welfare by specifying ethical behavior expected of rehabilitation counselors; (2) establish principles that guide ethical behavior 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 counseling services; and (4) serve as the basis for the processing of alleged Code violations by certified rehabilitation counselors.

REHABILITATION COUNSELING SCOPE OF PRACTICE

Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within this rehabilitation counseling process may include, but are not limited to:

- assessment and appraisal;
- diagnosis and treatment planning;
- career (vocational) counseling;
- individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability;
- case management, referral, and service coordination;
- program evaluation and research;
- interventions to remove environmental, employment, and attitudinal barriers;
- consultation services among multiple parties and regulatory systems;
- job analysis, job development, and placement services, including assistance with employment and job accommodations; and
- provision of consultation about and access to rehabilitation technology.

Rehabilitation counselors provide services within the Scope of Practice for Rehabilitation Counseling (www.crc certification.com/scope-of-practice). They demonstrate beliefs, attitudes, knowledge, and skills to provide competent rehabilitation 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 make reasonable efforts to ensure the standards are vigorously enforced.

VALUES AND PRINCIPLES

Rehabilitation counselors are committed to facilitating the personal, economic, and social independence of individuals with disabilities. In fulfilling this commitment, rehabilitation counselors recognize diversity and embrace a cultural approach in support of the worth, dignity, potential, and uniqueness of individuals with disabilities within their social and cultural context. They look to professional values as an important

way of living out an ethical commitment. The primary values that serve as a foundation for this Code include a commitment to:

- respecting human rights and dignity;
- ensuring the integrity of all professional relationships;
- acting to alleviate personal distress and suffering;
- enhancing the quality of professional knowledge and its application to increase professional and personal effectiveness;
- promoting empowerment through self-advocacy and self-determination;
- appreciating the diversity of human experience and appreciating culture;
- emphasizing client strengths versus deficits;
- serving individuals holistically; and
- advocating for the fair and adequate provision of services.

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

Autonomy: To respect the rights of clients to be self-governing within their social and cultural framework.

Beneficence: To do good to others; to promote the well-being of clients.

Fidelity: To be faithful; to keep promises and honor the trust placed in rehabilitation counselors.

Justice: To be fair in the treatment of all clients; to provide appropriate services to all.

Nonmaleficence: To do no harm to others.

Veracity: To be honest.

COMMITMENT TO CULTURAL DIVERSITY

Rehabilitation counselors are aware that all individuals exist in a variety of contexts and understand the influence of these contexts on an individual's behavior. Rehabilitation counselors are aware of the continuing evolution of the field, changes in society at large, and the different needs of individuals in social, political, historical, environmental and economic contexts. The commitment involves providing respectful and timely communication, taking appropriate action when cultural diversity issues occur, and being accountable for the outcomes as they affect people of all races, ethnicities, genders, national origins, religions, sexual orientations, or other cultural group identities.

CLIENTS/EVALUEES

The primary obligation of rehabilitation counselors is to clients, defined as individuals with or directly affected by a disability, who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with disabilities. In some settings, clients may be referred to by other terms such as, but not limited to, consumers.

When employed to render an opinion for a forensic purpose, rehabilitation counselors do not have clients. In a forensic setting, the evaluatee is the person who is being evaluated. If a section or standard in the Code does not seem to be relevant to forensic practice, rehabilitation counselors should nevertheless adhere to the spirit of the Code.

STRUCTURE OF THE CODE

The Code consists of a Preamble, twelve main Sections, and a Glossary. The introductions to each Section describe the ethical behavior and responsibility to which rehabilitation counselors aspire. The introduction helps set the tone for that Section and provides a starting point that invites reflection on the Enforceable Standards contained in each Section of the Code. The Enforceable Standards that follow the introduction outline professional responsibilities and provide direction for fulfilling those ethical responsibilities.

The Enforceable Standards within the Code are the exacting, enforceable standards intended to provide guidance in specific circumstances and serve as the basis for processing complaints initiated against certified rehabilitation counselors. A breach of the Enforceable Standards provided herein do not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.

APPLYING THE CODE

Individual Enforceable Standards are not meant to be interpreted in isolation. Instead, Enforceable Standards should be interpreted as a body, with each Enforceable Standard interpreted in conjunction with other, related standards, throughout the Code. Actions of rehabilitation counselors should be consistent with the spirit, as well as the letter, of these Enforceable Standards.

Rehabilitation counselors acknowledge that resolving ethical issues is a process. When rehabilitation counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources as needed. Ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

Rehabilitation counselors are expected to use a credible model of ethical decision-making that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, rehabilitation counselors work to resolve any ethical dilemmas that may arise.

Rehabilitation counselors need to be aware of laws related to their practice. At times legal and ethical standards may conflict. In such situations, rehabilitation counselors are encouraged to consult with supervisors, legal/ethical experts, and others as appropriate and to use an ethical decision-making model to inform the decision.

ENFORCEABLE STANDARDS OF ETHICAL PRACTICE

SECTION A: THE COUNSELING RELATIONSHIP

INTRODUCTION

Rehabilitation counselors work in cooperation with their clients to promote client welfare and support them in developing and progressing toward their goals. Rehabilitation counselors understand that trust is the cornerstone of the counseling relationship, and they have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Rehabilitation counselors respect the rights of clients to make their own decisions about matters that affect their own lives. Rehabilitation counselors make reasonable efforts to ensure clients are able to make informed choices about every aspect of the rehabilitation counseling process. Rehabilitation counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve and do not discriminate in their provision of rehabilitation counseling services. Rehabilitation counselors also explore their own cultural identities and how these affect their values and beliefs.

A.1. WELFARE OF THOSE SERVED

a. PRIMARY RESPONSIBILITY. The primary responsibility of rehabilitation counselors is to respect the dignity of clients and to promote their welfare. Clients are defined as individuals with or directly affected by a disability, who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with disabilities. When employed to render an opinion for a forensic purpose, rehabilitation counselors do not have clients. In a forensic setting, the evaluatee is the person who is being evaluated. (See Section F.)

b. REHABILITATION COUNSELING PLANS. Rehabilitation counselors and clients work together to develop integrated, individual, mutually agreed-upon, written rehabilitation 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 counseling plans to assess their continued viability and effectiveness and to revise them as needed.

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, geographic locations, and other relevant characteristics and needs of clients. Rehabilitation counselors facilitate the placement of clients in positions consistent with their interests, culture, and welfare. Rehabilitation counselors assist clients in understanding potential constraints on employment and placement choices (e.g., organizational policies, policies of external funding sources, legal requirements).

d. AVOCATIONAL AND INDEPENDENT LIVING GOALS. Rehabilitation counselors work with clients to develop avocational and independent living goals consistent with their abilities, interests, culture, needs, and welfare.

e. AUTONOMY. Rehabilitation counselors respect the rights of clients to make decisions on their own behalf in accordance with their cultural identity and beliefs. Decision-making on behalf of clients that limits or diminishes the autonomy of the client is made 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 identity 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 the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

A.3. CLIENT RIGHTS

a. PROFESSIONAL DISCLOSURE STATEMENT. Rehabilitation counselors review with clients, both orally and in writing, the rights and responsibilities of both the rehabilitation counselor and client. These are presented in a manner best suited to the needs of the client. Disclosure at the outset of the professional relationship minimally includes:

- (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 extended absence, incapacitation, or death of the rehabilitation counselor;
- (6) fees and/or payment arrangements;
- (7) record preservation and release policies;
- (8) risks associated with electronic communication; and
- (9) legal issues affecting services.

When necessary, rehabilitation counselors disclose other information consistent with organization and/or employer policies or legal requirements. Rehabilitation counselors recognize that disclosure of these issues may need to be reiterated or expanded upon throughout the professional relationship.

b. INFORMED CONSENT. Rehabilitation counselors recognize that clients have the freedom to choose whether to enter into or remain in a professional 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 must be an ongoing part of the rehabilitation counseling process so clients are able to provide informed consent. Rehabilitation counselors appropriately document discussions of disclosure and informed consent throughout the professional relationship.

c. INDIVIDUALIZED APPROACH TO COMMUNICATION. Rehabilitation counselors communicate information in ways that are both developmentally and culturally appropriate. Rehabilitation counselors arrange for a qualified interpreter or translator when necessary to ensure comprehension by 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 who lack the capacity to give voluntary informed consent, rehabilitation counselors seek the assent of clients and include clients in decision-making as appropriate. Rehabilitation counselors recognize the need to balance the: (1) ethical rights of clients to make choices; (2) cognitive or legal capacity of clients to give consent or assent; and (3) legal rights and responsibilities of legal guardians, including parents who are legal guardians, or families (e.g., "next of kin" notification situations) to protect clients and make decisions on their behalf.

e. SUPPORT NETWORK INVOLVEMENT. Rehabilitation counselors recognize that support by others may be important to clients. When appropriate and with consent from clients, rehabilitation counselors enlist the support and involvement of others (e.g., religious/spiritual/community leaders, family members, friends, legal guardians).

A.4. AVOIDING VALUE IMPOSITION

Rehabilitation counselors are aware of and avoid imposing their own values, attitudes, beliefs, and behaviors. Rehabilitation counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the rehabilitation counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.5. ROLES AND RELATIONSHIPS WITH CLIENTS

a. SEXUAL OR ROMANTIC RELATIONSHIPS ASSOCIATED WITH CURRENT CLIENTS. Rehabilitation counselors are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with current clients, their romantic partners, or their immediate family members.

b. SEXUAL OR ROMANTIC RELATIONSHIPS ASSOCIATED WITH FORMER CLIENTS. Rehabilitation counselors are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with former clients, their romantic partners, or their immediate family members 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 into such interactions or relationships.

c. SEXUAL OR ROMANTIC RELATIONSHIPS WITH VULNERABLE FORMER CLIENTS. Rehabilitation counselors are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with former clients, regardless of the length of time elapsed since termination of the client relationship, if those clients: (1) have a history of physical, emotional, or sexual abuse; (2) have ever been diagnosed with any form of psychosis or personality disorder or marked cognitive impairment, or (3) are likely to remain in need of therapy due to the intensity or chronicity of a mental health condition.

d. SERVICE PROVISION WITH PREVIOUS SEXUAL OR ROMANTIC PARTNERS. Rehabilitation counselors are prohibited from engaging in the provision of rehabilitation counseling services with persons with whom they have had a previous electronic and/or in-person sexual or romantic interaction or relationship.

e. SERVICE PROVISION WITH FRIENDS AND FAMILY MEMBERS. Rehabilitation counselors are prohibited from engaging in the provision of rehabilitation counseling services with friends or family members with whom they may have an inability to remain objective.

f. PERSONAL VIRTUAL RELATIONSHIPS WITH CURRENT CLIENTS. Rehabilitation counselors are prohibited from engaging in personal virtual relationships with current clients (e.g., through social media).

g. EXTENDING PROFESSIONAL BOUNDARIES. Rehabilitation counselors consider the risks and benefits of extending the boundaries of their professional relationships with current or former clients, their romantic partners, or their family members to include interactions not typical of professional rehabilitation counselor-client relationships. In cases where rehabilitation counselors choose to extend these boundaries, they take appropriate professional precautions, such as seeking informed consent, consultation, and supervision to ensure that judgment is not impaired and no harm occurs. With current clients, such interactions are initiated with appropriate consent from clients and are time-limited or context-specific. Examples 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.

h. DOCUMENTING BOUNDARY EXTENSIONS. If rehabilitation counselors expand boundaries as described in Standard A.5.g, they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former

client and other individuals significantly involved with the client or former client. When unintentional harm occurs to these individuals, rehabilitation counselors must show evidence of an attempt to remedy such harm.

i. ROLE CHANGES IN THE PROFESSIONAL RELATIONSHIP. Rehabilitation counselors carefully evaluate and document the risks and benefits to clients before initiating role changes. If rehabilitation counselors change roles from the original or most recent contracted relationship, they discuss the implications of the role change with the client, including possible risks and benefits (e.g., financial, legal, personal, or therapeutic). They complete a new professional disclosure form with clients and explain the right to refuse services related to the change, as well as the availability of alternate service providers. Rehabilitation counselors refrain from frequent and/or indiscriminate role changes. If changing roles more than one time, rehabilitation counselors evaluate and document the risks and benefits of multiple changes. Examples of possible role changes include:

- (1) changing from individual to group, relationship, or family counseling, or vice versa;
- (2) changing from a rehabilitation counselor to a mediator role, or vice versa;
- (3) changing from a rehabilitation counselor to a researcher role (e.g., enlisting clients as research participants), or vice versa; and
- (4) changing from a non-forensic evaluative role or forensic role to a rehabilitation or therapeutic role, or vice versa.

j. ACCEPTING 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 client's motivation for giving gifts, and the motivation of the rehabilitation counselor for accepting or declining gifts. Rehabilitation counselors are aware of and comply with their employers' policies on accepting gifts.

A.6. MULTIPLE CLIENTS

When rehabilitation counselors agree to provide 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 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. COMPETENCE WITHIN TERMINATION AND REFERRAL. If rehabilitation counselors determine they lack the competence to be of professional assistance to clients, they avoid entering or continuing professional relationships. Rehabilitation counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, rehabilitation counselors discontinue the relationship.

b. VALUES WITHIN TERMINATION AND REFERRAL. Rehabilitation counselors refrain from referring prospective and current clients based solely on the rehabilitation counselor's personally held values,

attitudes, beliefs, and behaviors. Rehabilitation counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the rehabilitation counselor's values are inconsistent with the client's goals or are discriminatory in nature.

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 services. Rehabilitation counselors may terminate services when in jeopardy of harm by clients or other persons with whom clients have a relationship. Rehabilitation counselors may terminate services: (1) if a client is determined no longer eligible for services; (2) when agreed-upon time limits are reached; or (3) when clients or funding sources do not pay agreed-upon fees or will not pay for further services. Rehabilitation counselors are aware of alternate resources in the communities in which they practice. They provide pre-termination counseling and recommend other clinically and culturally appropriate and accessible service sources when necessary. Rehabilitation counselors make reasonable efforts to assure clients are eligible for the services from the service provider to which they are making a referral.

d. APPROPRIATE TRANSFER OF SERVICES. When rehabilitation counselors transfer or refer clients to other practitioners, they make reasonable efforts to ensure that appropriate counseling, services, and administrative processes are completed in a timely manner and that appropriate information and records are communicated and/or transferred to the referral source to facilitate a smooth transition.

e. ABANDONMENT PROHIBITED. Rehabilitation counselors do not abandon or neglect clients. Rehabilitation counselors assist in making appropriate arrangements for the continuation of services when necessary during extended absences and following termination.

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

a. QUALITY OF CARE. When the need arises, rehabilitation counselors advocate for services 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. CONFIDENTIALITY. Rehabilitation counselors who provide services to terminally ill individuals who are considering hastening their own deaths through such mechanisms as assisted suicide or refusing life-sustaining treatments have the option of maintaining confidentiality on this matter, depending on applicable laws, 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

INTRODUCTION

Rehabilitation counselors recognize that trust is the cornerstone of the counseling relationship. Rehabilitation counselors aspire to earn the trust of current and prospective clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Rehabilitation counselors communicate the legal and ethical parameters of confidentiality to their clients in a culturally competent manner.

B.1. RESPECTING CLIENT RIGHTS

a. RESPECT FOR PRIVACY. Rehabilitation counselors respect the privacy rights of clients. Rehabilitation counselors solicit private information from clients only when it is beneficial to the rehabilitation counseling process. Rehabilitation counselors make reasonable efforts to ensure that methods of sharing or transmitting information are secure.

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 sessions, reviewing session transcripts, and/or listening to or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

d. CULTURAL DIVERSITY CONSIDERATIONS. Rehabilitation counselors work to develop and maintain awareness of the 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.

e. RESPECT FOR CONFIDENTIALITY. Rehabilitation counselors do not share confidential information without consent from clients or without sound legal or ethical justification. Rehabilitation counselors do not release confidential records without a signed authorization to release information, except allowed by law or required by court order.

f. EXPLANATION OF LIMITATIONS. At initiation and as needed 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. SERIOUS OR FORESEEABLE HARM 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 must be aware of and adhere to standards and laws that govern confidentiality. Rehabilitation counselors consult with other professionals when in doubt as to the validity of an exception.

b. CONTAGIOUS, LIFE-THREATENING DISEASES. When clients disclose 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 the diagnosis and assess the intent of clients to inform the third parties about the disease or to engage in any behaviors that may be harmful to identifiable third parties. Rehabilitation counselors must be aware of and adhere to standards and laws concerning disclosure about disease status.

c. COURT-ORDERED DISCLOSURE. When subpoenaed to release confidential or privileged information without permission from clients or their legal representatives, rehabilitation counselors obtain written informed consent from clients, 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. When release of raw assessment data is requested, refer to Standard G.2.b.

d. MINIMAL DISCLOSURE. When circumstances require the disclosure of confidential information, rehabilitation counselors clarify the nature of information being requested and make reasonable efforts to ensure only necessary information is revealed.

B.3. INFORMATION SHARED WITH OTHERS

- a. WORK ENVIRONMENT.** Rehabilitation counselors avoid casual conversation about clients in the work environment and make reasonable efforts to ensure that privacy and confidentiality of clients' information and records are maintained by employees, supervisees, students, clerical assistants, and volunteers.
- b. INTERDISCIPLINARY TEAMS.** When services provided to clients involve the sharing of their information among team members, clients are advised of this fact during the professional disclosure process and are informed of the team's existence and composition.
- c. OTHER SERVICE PROVIDERS.** When rehabilitation counselors learn that clients have an ongoing professional relationship with another rehabilitation counselor or treating professional, they obtain a signed authorization prior to releasing information to other professionals. File review, second-opinion services, and other indirect services are not considered an ongoing professional relationship.
- d. CLIENT ASSISTANTS.** Clients have the right to decide who can be present as client assistants (e.g., interpreter, personal care assistant, advocates). When clients choose to have assistants present, clients are informed that rehabilitation counselors cannot guarantee that assistants will maintain confidentiality. Rehabilitation counselors impress upon assistants the importance of maintaining confidentiality. If the presence of a client assistant is detrimental to services, the rehabilitation counselor discusses the concern with the client. If the concern is not resolved, the rehabilitation counselor may consider termination and referral.
- e. CONFIDENTIAL SETTINGS.** Rehabilitation counselors are attentive to the type of service they are providing and whether confidential information is typically discussed. If confidential information is likely to be discussed, rehabilitation counselors choose settings in which they can reasonably ensure the privacy of clients. Prior to providing services in community or other settings where confidentiality cannot be maintained, rehabilitation counselors discuss with clients the risk to maintaining confidentiality.
- f. THIRD-PARTY PAYERS.** Rehabilitation counselors disclose information to third-party payers only when clients have authorized such disclosure, unless otherwise required by law.
- g. DECEASED CLIENTS.** Rehabilitation counselors protect the confidentiality of deceased clients, consistent with laws, organizational policies, and documented preferences of clients.

B.4. GROUPS AND FAMILIES

- a. GROUP WORK.** In group work, whether in-person or using electronic formats, rehabilitation counselors clearly explain the role and responsibility of each participant. Rehabilitation counselors state their expectation that all members maintain confidentiality for each individual and the group as a whole. Rehabilitation counselors also advise group members of the limitations of confidentiality and that confidentiality by other group members cannot be guaranteed.
- 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 concerning each individual's right to confidentiality and document in writing such agreement among all involved parties having the capacity to give consent. 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 CLIENTS LACKING CAPACITY TO CONSENT

- a. RESPONSIBILITY TO CLIENTS.** When counseling minors or persons who are unable to give voluntary consent, rehabilitation counselors protect the confidentiality of information received in the counseling relationship, in any format, as specified by law, written policies, and applicable ethical standards.

b. RESPONSIBILITY TO LEGAL GUARDIANS AND PARENTS. Rehabilitation counselors inform legal guardians, including parents who are legal guardians, about the role of rehabilitation counselors and the confidential nature of the services provided. Rehabilitation counselors are sensitive to the cultural diversity of families and work to establish, as appropriate, collaborative relationships with legal guardians to best serve clients.

c. RELEASE OF CONFIDENTIAL INFORMATION. When working with minors or persons who lack the capacity to give voluntary informed consent to the release of confidential information, rehabilitation counselors obtain written permission from legal guardians or legal power of attorney to disclose the information. In cases where there is no legal guardian or legal power of attorney, rehabilitation counselors engage in an ethical decision-making process to determine appropriate action. In such instances, rehabilitation counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

B.6. RECORDS AND DOCUMENTATION

a. REQUIREMENT OF RECORDS AND DOCUMENTATION. Rehabilitation counselors include sufficient and timely documentation in the records of their clients to facilitate the delivery and continuity of needed services. Rehabilitation counselors make reasonable efforts 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 organizational policies.

b. CONFIDENTIALITY OF RECORDS AND DOCUMENTATION. Rehabilitation counselors make reasonable efforts to ensure that records and documentation, in any format, are kept in a secure location and that only authorized persons have access to the records.

c. CLIENT ACCESS. Rehabilitation counselors provide reasonable access to records and copies of records when requested by clients or their legal representatives, unless prohibited by law. In situations involving multiple clients, rehabilitation counselors provide individual clients with only those parts of records that relate directly to them and do not include confidential information related to any other client. When records may be sensitive, confusing, or detrimental to clients, rehabilitation counselors have a responsibility to exercise judgment regarding the timing and manner in which the information is shared and to educate clients regarding such information. When rehabilitation counselors are in possession of records from other sources, they refer clients back to the original sources to obtain copies of those records.

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. Rehabilitation counselors make reasonable efforts to ensure that recipients of records are sensitive to their confidential nature.

e. STORAGE AND DISPOSAL AFTER TERMINATION. Rehabilitation counselors store records of their clients following termination of services to ensure reasonable future access. Rehabilitation counselors maintain records in accordance with organizational policies and laws, including licensure laws and policies governing records. Rehabilitation counselors dispose of records and other sensitive materials in a manner that protects client confidentiality. Rehabilitation counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law (e.g., notes on child abuse, suicide, sexual harassment, or violence).

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. Rehabilitation counselors appoint a records custodian when appropriate.

B.7. CASE CONSULTATION

- a. 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 written consent of the persons or organizations or when the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purpose of the consultation.
- b. RESPECT FOR PRIVACY.** Rehabilitation counselors share information in a consulting relationship for professional purposes only with persons directly involved with the case. Written and oral reports presented by rehabilitation counselors contain only data germane to the purpose of the consultation, and every effort is made to protect the identity of clients and to avoid undue invasion of privacy.
- c. CONFIDENTIALITY IN CONSULTATION.** Rehabilitation counselors seeking consultation obtain agreement among the 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.

SECTION C: ADVOCACY AND ACCESSIBILITY

INTRODUCTION

Rehabilitation counselors are aware of and sensitive to the needs of individuals with disabilities. Rehabilitation counselors advocate at individual, group, institutional, and societal levels to: (1) promote opportunity and access; (2) improve the quality of life for individuals with disabilities; and (3) remove potential barriers to the provision of or access to services. Rehabilitation counselors recognize that disability often occurs in tandem with other social justice issues (e.g., poverty, homelessness, trauma).

C.1. ADVOCACY

- a. ATTITUDINAL BARRIERS.** Rehabilitation counselors address attitudinal barriers that inhibit the growth and development of their clients, including stereotyping and discrimination.
- b. EMPOWERMENT.** Rehabilitation counselors empower clients, parents, or legal guardians by providing appropriate information to facilitate their self-advocacy actions whenever possible. Rehabilitation counselors work to help clients, parents, or legal guardians understand their rights and responsibilities, speak for themselves, and make informed decisions. When appropriate and with the consent of a client, parent, or legal guardian, rehabilitation counselors act as advocates on behalf of that client at the local, regional, and/or national levels.
- c. ORGANIZATIONAL ADVOCACY.** Rehabilitation counselors remain aware of actions taken by their own and cooperating organizations on behalf of clients. When possible, to ensure effective service delivery, rehabilitation counselors act as advocates for clients who cannot advocate for themselves.
- d. ADVOCACY AND CONSENT.** Rehabilitation counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.
- e. ADVOCACY AND CONFIDENTIALITY.** When engaging in advocacy on behalf of clients, should circumstances require the disclosure of confidential information, rehabilitation counselors obtain and document consent from the client and disclose only minimal information.
- f. AREAS OF KNOWLEDGE AND COMPETENCY.** Rehabilitation counselors are knowledgeable about systems and laws, as well as organizational policies, and how they affect access to employment, education,

transportation, housing, civil rights, financial benefits, medical services, and mental health services for individuals with disabilities. They keep current with changes in these areas in order to advocate effectively for clients and/or to facilitate self-advocacy of clients in these areas.

g. 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 to individuals knowledgeable about benefits.

C.2. ACCESSIBILITY

a. ACCOMMODATIONS. Rehabilitation counselors facilitate the provision of necessary, appropriate, and reasonable accommodations in accordance with the law, including physically and programmatically accessible facilities, services, and technology to address the barriers encountered by individuals with disabilities.

b. REFERRAL ACCESSIBILITY. Rehabilitation counselors make reasonable efforts to refer clients only to programs, facilities, or employment settings that are appropriately accessible and that do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

c. BARRIERS TO SERVICES. Rehabilitation counselors collaborate with clients and/or others to identify and develop a plan to address physical or programmatic barriers to services.

SECTION D: PROFESSIONAL RESPONSIBILITY

INTRODUCTION

Rehabilitation counselors aspire to open, honest, and accurate communication in dealing with other professionals and the public. Rehabilitation counselors facilitate access to rehabilitation counseling services, practice in a nondiscriminatory manner within the boundaries of professional and personal competence, and have a responsibility to abide by the Code. Rehabilitation counselors actively participate in professional associations and organizations that foster the development and improvement of the profession in order to improve the quality of life for individuals with disabilities. Rehabilitation counselors have a responsibility to the public to engage in practices that are based on accepted research methodologies and evidence-based practices. Rehabilitation counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico). In addition, rehabilitation counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities. They advocate for hiring practices that promote the hiring of certified rehabilitation counselors.

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 do not misrepresent their competence to clients or others.

b. NEW SPECIALTY AREAS OF PRACTICE. Rehabilitation counselors transitioning into specialty areas requiring new core competencies begin practicing only after having obtained appropriate consultation, education, training, and/or supervised experience. While developing skills in new specialty areas, rehabilitation counselors make reasonable efforts to ensure the competence of their work and to protect clients from possible harm.

c. EMPLOYMENT QUALIFICATIONS. Rehabilitation counselors accept employment only 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. AVOIDING HARM. Rehabilitation counselors act to avoid harming clients, students, employees, supervisees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

e. MONITORING EFFECTIVENESS. Rehabilitation counselors continually monitor their effectiveness as professionals and, when necessary, take steps to improve performance through supervision, consultation, peer supervision, or input from other sources.

f. 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 maintain their competence in the skills they use, are open to new procedures, and keep current with professional and community resources for diverse and specific populations with which they work.

D.2. CULTURAL COMPETENCE/DIVERSITY

a. CULTURAL COMPETENCY. Rehabilitation counselors develop and maintain knowledge, personal awareness, sensitivity, and skills and demonstrate a disposition reflective of a culturally competent rehabilitation counselor working with diverse client populations.

b. INTERVENTIONS. Rehabilitation counselors develop and adapt interventions and services to incorporate consideration of cultural perspectives of clients and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes.

c. NONDISCRIMINATION. Rehabilitation counselors do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

D.3. FUNCTIONAL COMPETENCE

a. IMPAIRMENT. Rehabilitation counselors are alert to the signs of impairment due to their own health issues or personal circumstances 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 it is determined they may safely resume their work. Rehabilitation counselors assist colleagues or supervisors in recognizing their own professional impairment, provide consultation and assistance when colleagues or supervisors show 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 continued client services 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. They truthfully represent their qualifications and those of their professional colleagues. Rehabilitation counselors accurately represent the accreditations of their academic programs 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 rehabilitation counseling or a closely related field from an accredited university. If rehabilitation counselors have a doctoral-level degree in an unrelated field, they clearly state the field in which the doctoral degree was earned. Rehabilitation counselors do not use any abbreviation or statement to imply the attainment of a credential.

D.5. RESPONSIBILITY TO THE PUBLIC AND OTHER PROFESSIONALS

a. HARASSMENT. Rehabilitation counselors do not condone or participate in any form of harassment, including sexual harassment.

b. REPORTS TO THIRD PARTIES. Rehabilitation counselors are accurate, honest, and objective in reporting their professional activities and judgments to authorized third parties (e.g., courts, health insurance companies, recipients of evaluation reports).

c. PRESENTATIONS. When rehabilitation counselors provide advice or commentary by means of public lectures, demonstrations, radio or television programs, recordings, technology-based applications, printed articles, mailed material, or other media, they make reasonable efforts to ensure that: (1) the statements are based on appropriate professional literature and practice; (2) the statements are otherwise consistent with the Code; and (3) it is clear that a professional counseling relationship does not exist.

d. PROFESSIONAL STATEMENTS. When making professional statements in a public context, regardless of media or forum, rehabilitation counselors clearly identify whether the statements represent individual perspectives or the position of the profession or any professional organizations with which they may be affiliated.

e. 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.

f. CONFLICT OF INTEREST. Rehabilitation counselors recognize their own personal or professional relationships may interfere with their ability to practice ethically and professionally. Under such circumstances, rehabilitation counselors are obligated to decline participation or to limit their assistance in a manner consistent with professional obligations. Rehabilitation counselors identify, make known, and address real or apparent conflicts of interest in an attempt to maintain the public confidence and trust, discharge professional obligations, and maintain responsibility, impartiality, and accountability.

g. 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.

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

D.6. SCIENTIFIC BASES FOR INTERVENTIONS

a. ACCEPTABLE TECHNIQUES/PROCEDURES/MODALITIES. Rehabilitation counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation.

b. NEW OR NOVEL PRACTICES. When rehabilitation counselors use new or novel techniques/procedures/modalities, they explain any related potential risks, benefits, and ethical considerations. Rehabilitation counselors work to minimize any potential risks or harm when using these techniques/procedures/modalities.

c. HARMFUL PRACTICES. Rehabilitation counselors do not use techniques/procedures/modalities when evidence suggests the likelihood of harm, even if such services are requested.

d. CREDIBLE RESOURCES. Rehabilitation counselors make reasonable efforts to ensure the resources used or accessed in rehabilitation counseling are credible and valid (e.g., Internet sites, mobile applications, books).

SECTION E: RELATIONSHIPS WITH OTHER PROFESSIONALS AND EMPLOYERS

INTRODUCTION

Rehabilitation counselors recognize the quality of interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about the role of other professionals within and outside the profession. 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. Rehabilitation counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients. Rehabilitation counselors are committed to the equal treatment of all individuals. Rehabilitation counselors secure employment in settings that support and uphold the ethical standards outlined in the Code. They attempt to reach agreement with employers as to acceptable standards of client care and professional conduct that allow for changes in employer policies conducive to the growth and development of clients.

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

a. DIFFERENT PROFESSIONAL APPROACHES. Rehabilitation counselors are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Rehabilitation counselors acknowledge the expertise of other professional groups and are respectful of their practices.

b. NEGATIVE EMPLOYMENT CONDITIONS. The acceptance of employment in an organization implies that rehabilitation counselors are in agreement with its general policies and principles. Rehabilitation counselors alert their employers of unethical policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are inconsistent with the Code, potentially disruptive or damaging to clients, and/or limit the effectiveness of services provided, rehabilitation counselors take necessary action if change cannot be effected. Such action may include referral to appropriate certification, accreditation, or licensure organizations. Ultimately, voluntary termination of employment may be the necessary action.

c. PROTECTION FROM PUNITIVE ACTION AND RETALIATION. Rehabilitation counselors, whether in an employee or supervisory role, take care not to dismiss, threaten, or otherwise retaliate against employees who have acted in a responsible and ethical manner to expose inappropriate employer policies or practices, Code violations, or suspected Code violations.

d. PERSONNEL SELECTION AND ASSIGNMENT. Rehabilitation counselors select competent and appropriately credentialed staff and assign responsibilities compatible with their education, skills, and experiences.

e. EMPLOYMENT PRACTICES. Rehabilitation counselors, as either employers or employees, engage in fair employment practices with regard to hiring, promoting, and training.

E.2. ORGANIZATION AND TEAM RELATIONSHIPS

a. 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 their profession and those of colleagues from other disciplines. Rehabilitation counselors promote mutual understanding of rehabilitation plans by all team members cooperating in the rehabilitation of clients.

b. TEAM DECISION-MAKING. 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 recuse themselves and consider other approaches to address their concerns consistent with the well-being of clients.

c. DOCUMENTATION. Rehabilitation counselors attempt to obtain from other specialists appropriate reports and evaluations when such reports are essential for rehabilitation planning and/or service delivery.

d. CLIENTS AS TEAM MEMBERS. Rehabilitation counselors make reasonable efforts to ensure that clients and/or their legally authorized 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 receipt of a court order.

E.3. PROVISION OF CONSULTATION SERVICES

a. CONSULTATION. As consultants, rehabilitation counselors only discuss information necessary to achieve the purpose of the consultation. When engaging in formal and informal consultation, rehabilitation counselors refrain from discussing confidential information that reasonably could lead to the identification of a client unless client consent has been obtained or the disclosure cannot be avoided. Rehabilitation counselors refrain from providing consultation when they are engaged in a personal or professional role that compromises their ability to provide effective assistance to clients.

b. CONSULTANT COMPETENCY. Rehabilitation counselors provide consultation only in areas in which they are competent. They make reasonable efforts to ensure they have the appropriate resources and competencies. Rehabilitation counselors provide appropriate referral resources when requested or needed.

c. INFORMED CONSENT IN FORMAL CONSULTATION. When providing formal consultation, rehabilitation counselors have an obligation to review, in writing and verbally, the rights, responsibilities, and roles 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.

SECTION F: FORENSIC SERVICES

INTRODUCTION

Rehabilitation counselors working in a forensic setting, referred to in this section as forensic rehabilitation counselors, conduct reviews of records and/or evaluations and conduct research for the purpose of providing unbiased and objective expert opinions via case consultation or testimony. Although forensic rehabilitation counselors may meet with the evaluatee, they do not engage in the provision of direct rehabilitation counseling services. Forensic rehabilitation counselors take great care to produce unbiased, objective opinions that are based on relevant data and methodologies appropriate to the review and/or evaluation. Forensic rehabilitation counselors are mindful of the need to clearly outline fees, expense reimbursement, conditions of services, terms of termination, and collection policies, often achieved through use of a retainer agreement.

F.1. EVALUEE RIGHTS

a. PRIMARY OBLIGATIONS. Forensic rehabilitation counselors produce unbiased, objective opinions and findings that can be substantiated by information and methodologies appropriate to the service being provided, which may include evaluation, research, and/or review of records. Forensic rehabilitation counselors form opinions based on their professional knowledge and expertise, which are supported by the data. Forensic rehabilitation counselors define the limits of their opinions or testimony, especially when there is no direct contact with an evaluatee. Forensic rehabilitation counselors acting as consultants or expert witnesses may or may not generate written documentation regarding involvement in a case.

b. INFORMED CONSENT. When an evaluation is conducted, the evaluatee is informed in writing the relationship is for the purpose of an evaluation and that a report of findings may or may not be produced. Written consent for an evaluation is obtained from the evaluatee or the evaluatee's legally authorized representative unless a court or legal jurisdiction orders an evaluation to be conducted without the written consent of the evaluatee or when an evaluatee is deceased. If written consent is not obtained, forensic rehabilitation counselors document verbal consent and the reasons why obtaining written consent was not possible. When a minor or person unable to give voluntary consent is evaluated, informed consent is obtained from the evaluatee's legally authorized representative.

c. ROLE CHANGES. Forensic rehabilitation counselors carefully evaluate and document the risks and benefits to evaluatees before initiating role changes. When forensic rehabilitation counselors change roles from the original or most recent contracted relationship, they discuss the implications of the role change with the evaluatee, including possible risks and benefits (e.g., financial, legal, personal, or therapeutic). They complete a new professional disclosure form with the evaluatee and explain the right to refuse services related to the change, as well as the availability of alternate service providers. Forensic rehabilitation counselors refrain from frequent and/or indiscriminate role changes. When changing roles more than one time, forensic rehabilitation counselors evaluate and document the risks and benefits of multiple changes.

d. CONSULTATION. Forensic rehabilitation counselors may act as case consultants. The role as a case consultant may or may not be disclosed to other involved parties. When there is no intent to meet directly with an evaluatee, whether in person or using any other form of communication, professional disclosure by the forensic rehabilitation counselor is not required.

F.2. FORENSIC COMPETENCY AND CONDUCT

a. OBJECTIVITY. Forensic rehabilitation counselors are aware of the standards governing their roles in performing forensic services. Forensic rehabilitation counselors are aware of the occasionally competing demands placed upon them by these standards and the requirements of the legal system. They 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. Forensic rehabilitation counselors have an obligation to present to finders of fact the boundaries of their competence, the factual bases (knowledge, skill, experience, training, and education) for their qualifications as experts, and the relevance of those factual bases to their qualifications as experts on the specific matters at issue.

c. AVOIDING POTENTIALLY HARMFUL RELATIONSHIPS. Forensic rehabilitation counselors who provide forensic evaluations do not enter into potentially harmful professional or personal relationships with current evaluatees or their family members, romantic partners, and close friends. Rehabilitation counselors give careful consideration to the potential for sexual or romantic relationships to cause harm to former evaluatees. In cases where the former evaluatee is at risk of potential exploitation and/or harm, rehabilitation counselors avoid entering into such interactions or relationships.

d. CONFLICT OF INTEREST. Forensic rehabilitation counselors recognize their own personal or professional relationships with parties to a legal proceeding may interfere with their ability to practice ethically and professionally. Under such circumstances, forensic rehabilitation counselors are obligated to decline participation or to limit their assistance in a manner consistent with professional obligations. Forensic rehabilitation counselors identify, make known, and address real or apparent conflicts of interest in an attempt to maintain public confidence and trust, fulfill professional obligations, and maintain objectivity, impartiality, and accountability.

e. VALIDITY OF RESOURCES CONSULTED. Forensic rehabilitation counselors make reasonable efforts to ensure the resources used or accessed in supporting opinions are credible and valid.

f. FOUNDATION OF KNOWLEDGE. Forensic rehabilitation counselors have an obligation to maintain current knowledge of scientific, professional, and legal developments within their area of competence. They use knowledge, consistent with accepted clinical and scientific standards, and accepted data collection methods and procedures for evaluation, treatment, consultation, or scholarly/empirical investigations.

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

h. REVIEW/CRITIQUE OF OPPOSING WORK PRODUCT. When evaluating or commenting upon the work or qualifications of other professionals involved in legal proceedings, forensic rehabilitation counselors seek to represent their differences of opinion in a professional and respectful tone, and base their opinions on an objective examination of the data, theories, standards, and opinions of the other experts or professionals.

F.3. FORENSIC PRACTICES

a. CASE ACCEPTANCE AND INDEPENDENT OPINION. Forensic rehabilitation counselors have the right to accept any referral within their area(s) of expertise. They decline involvement in cases when asked to support predetermined positions, assume invalid representation of facts, alter their methodology or process without foundation or compelling reasons, or when they have ethical concerns about the nature of the requested assignments.

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

F.4. FORENSIC BUSINESS PRACTICES

a. PAYMENTS AND OUTCOME. Forensic rehabilitation counselors do not enter into financial agreements that may compromise the quality of their services or otherwise raise questions as to their credibility. Forensic 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. Payment for services is never contingent on an outcome of a case or award.

b. FEE DISPUTES. Should fee disputes arise during the course of evaluating cases, forensic rehabilitation counselors have the right to discontinue their involvement.

SECTION G: ASSESSMENT AND EVALUATION

INTRODUCTION

Rehabilitation counselors use a comprehensive assessment process as an integral component of providing individualized rehabilitation counseling services for their clients. While assessment is also associated with the administration of tests, it is a broader process that goes well beyond gathering quantitative data from assessment instruments. It also entails the collection of other qualitative data and information. The terms assessment and evaluation may be used interchangeably within the profession. Evaluation is often referred to as a more specific process intended to assess an individual within the context of his or her living, learning, or working environments. Rehabilitation counselors promote the well-being of clients or groups of clients by developing and using assessment and evaluation methods that take into account the clients' personal and cultural context. Rehabilitation counselors make every effort to prevent the misuse of obsolete measures and data by others.

G.1. INFORMED CONSENT

a. EXPLANATION TO CLIENTS. Rehabilitation counselors explain the nature and purpose of the assessment or evaluation process, and the potential use of the results, prior to initiating either process. The explanation is given in the language and cognitive level of clients (or other legally authorized persons on behalf of clients). Rehabilitation counselors consider the personal or cultural contexts of clients 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 make reasonable efforts 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 or evaluation results. Rehabilitation counselors include accurate and appropriate interpretations with any release of individual or group assessment or evaluation results. Issues of cultural diversity, when present, are taken into consideration when providing interpretations and releasing information.

G.2. RELEASE OF ASSESSMENT OR EVALUATION INFORMATION

a. MISUSE OF RESULTS. Rehabilitation counselors do not misuse assessment or evaluation results, including test results and interpretations, and take reasonable steps to prevent the misuse of such by others.

b. RELEASE OF RAW DATA TO QUALIFIED PROFESSIONALS. Rehabilitation counselors release raw data in which clients are identified only with the consent of clients or their legal representatives, or by court order. Such raw data is released only to professionals recognized as qualified to interpret the data.

G.3. PROPER DIAGNOSIS OF MENTAL DISORDERS

a. PROPER DIAGNOSIS. If it is within their professional and individual scope of practice, rehabilitation counselors take special care to provide proper diagnosis of mental disorders using the most current diagnostic criteria. Assessment techniques (including personal interviews) used to determine care of clients (e.g., focus of treatment, types of treatment, or recommended follow-up) are selected carefully and used appropriately.

b. CULTURAL SENSITIVITY. Rehabilitation counselors recognize that culture affects the manner in which a client's symptoms are defined and experienced. A client's socioeconomic and cultural experiences are considered when diagnosing mental disorders.

c. HISTORICAL AND SOCIAL PREJUDICES IN THE DIAGNOSIS OF PATHOLOGY. Rehabilitation counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups, and strive to become aware of and address such biases in themselves or others.

d. REFRAINING FROM DIAGNOSIS. Rehabilitation counselors may refrain from making and/or reporting a diagnosis if they believe that it would cause harm to the client or others. Rehabilitation counselors carefully consider both the positive and negative implications of a diagnosis.

G.4. COMPETENCE TO USE AND INTERPRET TESTS/INSTRUMENTS

a. LIMITS OF COMPETENCE. Rehabilitation counselors utilize only those tests/instruments they are qualified and competent to administer. Rehabilitation counselors make reasonable efforts to ensure the proper use of assessment techniques by persons under their supervision. The requirement to develop this competency applies regardless of the manner of administration.

b. APPROPRIATE USE. Rehabilitation counselors are responsible for the appropriate applications, scoring, interpretations, and use of tests/instruments relevant to the needs of clients, whether they score and interpret the tests/instruments themselves or use technology or other services. Generally, new tests/instruments are used within one year of publication, unless rehabilitation counselors document a valid reason why the previous versions are more applicable to their clients.

c. DECISIONS BASED ON RESULTS. Rehabilitation counselors responsible for recommendations that are based on test results have a thorough understanding of psychometrics.

d. ACCURATE INFORMATION. Rehabilitation counselors provide accurate information and avoid false claims or misrepresentation when making statements about tests/instruments or testing techniques.

G.5. TEST/INSTRUMENT SELECTION

a. APPROPRIATENESS OF TESTS/INSTRUMENTS. When selecting tests/instruments, rehabilitation counselors carefully consider their appropriateness, validity, reliability, and psychometric limitations. When possible, multiple sources of data are used in forming conclusions, diagnoses, and/or recommendations.

b. REFERRAL INFORMATION. If clients are referred to a third party for evaluation, rehabilitation counselors provide specific referral questions, furnish sufficient objective client data, and make reasonable efforts to ensure that appropriate tests/instruments are utilized.

c. CULTURALLY DIVERSE POPULATIONS. Rehabilitation counselors use caution when selecting tests/instruments for use with a client from a culturally diverse population, avoiding tests/instruments that lack appropriate psychometric properties for the client's population.

G.6. TEST/INSTRUMENT ADMINISTRATION CONDITIONS

a. STANDARD CONDITIONS. Rehabilitation counselors administer tests/instruments according to the parameters described in the publishers' manuals. When tests/instruments 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 the interpretation, and the results may be designated as invalid or of questionable validity.

b. TECHNOLOGICAL ADMINISTRATION. Rehabilitation counselors make reasonable efforts to ensure that technologically administered tests/instruments are accessible, function properly and provide accurate results.

c. UNSUPERVISED ADMINISTRATION. Rehabilitation counselors do not permit unsupervised or inadequately supervised use of tests/instruments unless they are designed, intended, and validated for self-administration and/or scoring.

G.7. TEST/INSTRUMENT SCORING AND INTERPRETATION

a. PSYCHOMETRIC LIMITATIONS. Rehabilitation counselors exercise caution and qualify any conclusions, diagnoses, or recommendations that are based on tests/instruments with questionable validity or reliability.

b. DIVERSITY ISSUES IN ASSESSMENT. Rehabilitation counselors use caution when interpreting results normed on populations other than that of the client. Rehabilitation counselors recognize the potential effects of disability, culture, or other factors that may result in potential bias and/or misinterpretation of data.

c. REPORTING STANDARDIZED SCORES. Rehabilitation counselors include standard scores when reporting results of a specific instrument.

d. INTERPRETING TEST/INSTRUMENT RESULTS TO CLIENTS. When interpreting test results to a client, rehabilitation counselors consider the client's personal and cultural background and the level of the client's understanding. Rehabilitation counselors are sensitive to the effect of the information on the client.

G.8. TEST/INSTRUMENT SECURITY

Rehabilitation counselors maintain the integrity and security of tests/instruments consistent with legal and contractual obligations. Rehabilitation counselors do not appropriate, reproduce, or modify published tests/instruments or parts thereof without the acknowledgment and permission of the publisher.

G.9. OBSOLETE TESTS/INSTRUMENTS AND OUTDATED RESULTS

Rehabilitation counselors do not rely on data or results from tests/instruments that are obsolete or outdated for the current purpose. Rehabilitation counselors may use an outdated version only when necessary due to specific, individual needs (e.g., updated version lacks appropriate norms for particular populations).

G.10. TEST/INSTRUMENT CONSTRUCTION

Rehabilitation counselors utilize established scientific procedures, relevant standards, and current professional knowledge of test/instrument design in the development, publication, and utilization of testing techniques.

SECTION H: SUPERVISION, TRAINING, AND TEACHING

INTRODUCTION

Supervision and training occur in both the academic and work environment and may occur in face-to-face, online, and/or hybrid formats. In employment settings, supervision may include both clinical supervision and administrative oversight of an employee's work performance in areas other than clinical counseling. The standards in this section pertain to clinical supervision, although the standards may also provide useful guidance in performing other administrative functions, such as performance evaluations. To promote ethical behavior and safeguard client welfare, rehabilitation counselor supervisors and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with

supervisees and students. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of supervisees and students. Rehabilitation counselor educators and supervisors strive to assist students and supervisees in developing their counseling knowledge and skills and to address barriers to competent practice. They also serve an important gatekeeping function to ensure that a minimal level of competency is achieved before supervisees assume professional counseling roles.

H.1. CLINICAL SUPERVISOR RESPONSIBILITIES

a. CLIENT WELFARE. A primary obligation of rehabilitation counselor supervisors is to monitor client welfare by overseeing supervisee performance and professional development. To fulfill these obligations, rehabilitation counselor supervisors meet or communicate regularly with supervisees to review the supervisees' work and help them become prepared to serve a diverse client population.

b. REHABILITATION COUNSELOR CREDENTIALS. Rehabilitation counselor supervisors make reasonable efforts to ensure that supervisees communicate their qualifications to render services to their clients.

c. CLIENT RIGHTS AND INFORMED CONSENT. Rehabilitation counselor supervisors make supervisees aware of policies and procedures intended to protect the rights of clients, including the right to privacy and confidentiality in the counseling relationship. They ensure that supervisees are advised of their ethical obligations under the Code.

d. SUPERVISEE RIGHTS AND INFORMED CONSENT FOR SUPERVISION. Rehabilitation counselor supervisors have an obligation to review, in writing and verbally, the rights and responsibilities of both the supervisor and supervisee. Rehabilitation counselor supervisors disclose to supervisees organizational policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. Issues unique to the use of distance supervision are included.

e. 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.

f. TERMINATION OF THE SUPERVISORY RELATIONSHIP. Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

H.2. CLINICAL SUPERVISOR COMPETENCE

a. SUPERVISOR PREPARATION. Prior to offering supervision services, rehabilitation counselor supervisors are trained in supervision methods and techniques. Rehabilitation counselor supervisors who offer supervision services regularly pursue continuing education activities, including both rehabilitation counseling and supervision topics and skills.

b. CULTURAL DIVERSITY IN REHABILITATION COUNSELOR SUPERVISION. Rehabilitation counselor supervisors are sensitive to the role of cultural diversity in their relationships with supervisees. Rehabilitation counselor supervisors understand and use culturally sensitive and competent supervision practices. They assist supervisees in gaining knowledge, personal awareness, sensitivity, disposition, and skills necessary for becoming a culturally competent rehabilitation counselor working with a diverse client population.

c. TECHNOLOGY-ASSISTED SUPERVISION. When using technology in supervision, rehabilitation counselor supervisors are competent in the use of that technology. Rehabilitation counselor supervisors take necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

H.3. ROLES AND RELATIONSHIPS BETWEEN CLINICAL SUPERVISORS AND SUPERVISEES

a. RELATIONSHIP BOUNDARIES WITH SUPERVISEES. Rehabilitation counselor supervisors are aware of the power differential in their relationships with supervisees. They do not engage in electronic and/or in-person interactions or relationships that knowingly compromise the supervisory relationship. Rehabilitation counselor supervisors consider and clearly discuss the risks and benefits of extending boundaries with their supervisees and take appropriate professional precautions to minimize the risk of harm to supervisees.

b. SEXUAL OR ROMANTIC RELATIONSHIPS WITH CURRENT SUPERVISEES. Rehabilitation counselor supervisors are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with their current supervisees.

c. EXPLOITATIVE RELATIONSHIPS. Rehabilitation counselor supervisors do not engage in exploitative relationships with their supervisees.

d. HARASSMENT. Rehabilitation counselor supervisors do not condone or participate in any form of harassment, including sexual harassment.

e. RELATIONSHIPS WITH FORMER SUPERVISEES. Rehabilitation counselor supervisors are aware of the power differential in their relationships with former supervisees. Rehabilitation counselor supervisors discuss with former supervisees potential risks when they consider engaging in romantic, sexual, or other intimate relationships.

f. SUPERVISION OF RELATIVES AND FRIENDS. Rehabilitation counselor supervisors make every effort to avoid accepting close relatives, romantic partners, or friends as supervisees. When such circumstances cannot be avoided, rehabilitation counselor supervisors utilize a formal review mechanism.

H.4. SUPERVISION EVALUATION, REMEDIATION, AND ENDORSEMENT

a. EVALUATION OF SUPERVISEES. Rehabilitation counselor supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

b. GATEKEEPING AND REMEDIATION FOR SUPERVISEES. Through initial and ongoing evaluation, rehabilitation counselor supervisors are aware of and address supervisee limitations that might impede performance. If remedial assistance does not resolve concerns regarding supervisee performance and supervisees are unable to demonstrate they can provide competent professional services to a range of diverse clients, rehabilitation counselor supervisors may recommend dismissal from training programs or supervision settings. Rehabilitation counselor supervisors seek consultation and document their decisions to recommend dismissal. They make reasonable efforts to ensure that supervisees are aware of options available to them to address such decisions.

c. REFERRING SUPERVISEES FOR COUNSELING. If supervisees request counseling or if counseling services are suggested as part of a remediation process, rehabilitation counselor supervisors assist supervisees in identifying appropriate services. Rehabilitation counseling supervisors do not provide counseling services to supervisees but may address interpersonal competencies in terms of the impact of these issues on the supervisory relationship, professional functioning, and/or clients.

d. ENDORSEMENT. Rehabilitation counselor supervisors endorse supervisees 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, rehabilitation counselor supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

H.5. REHABILITATION COUNSELOR EDUCATOR RESPONSIBILITIES

a. PROGRAM INFORMATION AND 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. STUDENT CAREER ADVISING. Rehabilitation counselor educators provide career advisement to their students and make them aware of opportunities in the field.

c. SELF-GROWTH EXPERIENCES. Rehabilitation counselor educators are mindful of ethical principles when they require students to engage in self-growth experiences. Rehabilitation counselor educators inform students they have a right to decide what information will be shared or withheld when other students are present.

d. STUDENT DISCLOSURE OF PERSONAL INFORMATION. Rehabilitation counselor educators do not require students to disclose highly personal and private information in course- or program-related activities, either orally or in writing (e.g., sexual history, history of abuse and neglect, medical treatment, and relationships with parents, peers, and spouses or significant others).

e. DIVERSITY IN RECRUITMENT AND RETENTION. 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 that 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.

f. TEACHING CULTURAL DIVERSITY. Rehabilitation counselor educators infuse material related to cultural diversity into all courses and trainings for the development of professional rehabilitation counselors.

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

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

i. USE OF CASE EXAMPLES. The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when: (1) the client, student, or supervisee has reviewed the material and agreed to its presentation; or (2) the information has been sufficiently modified to obscure identity.

j. STUDENT-TO-STUDENT SUPERVISION AND INSTRUCTION. Rehabilitation counselor educators make reasonable efforts to ensure the rights of students are not compromised when their peers lead experiential counseling activities in traditional, online, and/or hybrid formats (e.g., counseling groups, skills classes, clinical supervision). Rehabilitation counselor educators make reasonable efforts to ensure that students understand they have the same ethical obligations as rehabilitation counselor educators.

k. INNOVATIVE TECHNIQUES/PROCEDURES/MODALITIES. Rehabilitation counselor educators promote the use of techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When rehabilitation counselor educators discuss innovative or developing techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities.

I. FIELD PLACEMENT. 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.

m. STUDENT STATUS DISCLOSURE. Rehabilitation counselor educators make reasonable efforts to ensure that clients at field placement are aware of the services rendered and the qualifications of the students rendering those services. Rehabilitation counselor educators reinforce the requirement for students to disclose their status as a student and how this status affects the limits of confidentiality.

H.6. REHABILITATION COUNSELOR EDUCATOR COMPETENCE

a. EDUCATOR KNOWLEDGE AND SKILL. Rehabilitation counselor educators who are responsible for developing, implementing, and supervising educational programs 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 counselor education and training programs in an ethical manner.

b. TECHNOLOGY-ASSISTED EDUCATION. When using technology, rehabilitation counselor educators are competent in the use of that technology. Rehabilitation counselor educators take necessary precautions to protect confidential student information transmitted through any electronic means.

c. CULTURAL DIVERSITY IN REHABILITATION COUNSELOR EDUCATION. Rehabilitation counselor educators are sensitive to the role of cultural diversity in their relationships with students. Rehabilitation counselor educators understand and use culturally sensitive and competent teaching practices. They assist students in gaining knowledge, personal awareness, sensitivity, disposition, and skills necessary for becoming a culturally competent rehabilitation counselor working with a diverse client population.

H.7. ROLES AND RELATIONSHIPS BETWEEN EDUCATORS AND STUDENTS

a. RELATIONSHIP BOUNDARIES WITH STUDENTS. Rehabilitation counselor educators are aware of the power differential in their relationships with students. They do not engage in electronic and/or in-person interactions or relationships that knowingly compromise the academic relationship. Rehabilitation counselor educators consider and clearly discuss the risks and benefits of extending boundaries with their students and take appropriate professional precautions to minimize the risk of harm to the student.

b. SEXUAL OR ROMANTIC RELATIONSHIPS WITH CURRENT STUDENTS. Rehabilitation counselor educators are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with their current students.

c. EXPLOITATIVE RELATIONSHIPS. Rehabilitation counselor educators do not engage in exploitative relationships with their students.

d. HARASSMENT. Rehabilitation counselor educators do not condone or participate in any form of harassment, including sexual harassment.

e. RELATIONSHIPS WITH FORMER STUDENTS. Rehabilitation counselor educators are aware of the power differential in their relationships with former students. Rehabilitation counselor educators discuss with former students potential risks when they consider engaging in romantic, sexual, or other intimate relationships.

f. ACADEMIC RELATIONSHIPS WITH RELATIVES AND FRIENDS. Rehabilitation counselor educators make every effort to avoid accepting close relatives, romantic partners, or friends as students. When such circumstances cannot be avoided, rehabilitation counselor educators utilize a formal review mechanism.

H.8. EDUCATION EVALUATION, REMEDIATION, AND ENDORSEMENT

a. EVALUATION OF STUDENTS. Rehabilitation counselor educators clearly state to students, 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 educators provide students with ongoing feedback regarding their performance throughout the training program.

b. GATEKEEPING AND REMEDIATION FOR STUDENTS. Rehabilitation counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve required competencies, which may be due to academic performance or personal concerns. Rehabilitation counselor educators do the following: (1) assist students in securing remedial assistance, including counseling, when needed; (2) seek professional consultation and document the decision to recommend dismissal or refer students for assistance; and (3) make reasonable efforts to ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance, or to dismiss them and provide students with due process, according to institutional policies and procedures.

c. REFERRING STUDENTS FOR COUNSELING. If students request counseling or if counseling services are suggested as part of a remediation process, rehabilitation counselor educators assist students in identifying appropriate services. Rehabilitation counselor educators do not provide counseling services to currently enrolled students but may address interpersonal competencies in terms of the impact of these issues on academic performance, professional functioning, and/or clients.

d. ENDORSEMENT. Rehabilitation counselor educators endorse students 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, rehabilitation counselor educators do not endorse students whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

SECTION I: RESEARCH AND PUBLICATION

INTRODUCTION

Rehabilitation counselors who conduct research are encouraged to contribute to the knowledge base of the profession. They promote the welfare of individuals with disabilities as well as a clearer understanding of the conditions that lead to a healthy and more just society. Rehabilitation counselors support the efforts of researchers by participating fully and willingly whenever possible. Rehabilitation counselors minimize bias and respect diversity in designing and implementing research. Rehabilitation counselors understand the need for research that includes diverse populations, including individuals with disabilities and other under-represented groups.

I.1. RESEARCH RESPONSIBILITIES

a. CULTURE AND DIVERSITY IN RESEARCH. Rehabilitation counselors plan, design, conduct, and report research in a manner that reflects cultural sensitivity. When possible, rehabilitation counselors take steps to include a diverse sample population.

b. USE OF HUMAN SUBJECTS. Rehabilitation counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, applicable laws, host institutional regulations, and organizational and scientific standards governing research with human subjects. They seek consultation when appropriate.

c. CONFIDENTIALITY IN RESEARCH. Rehabilitation counselors are responsible for understanding and adhering to applicable laws and organizational policies and applicable guidelines regarding confidentiality in their research practices.

d. 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 protocols.

e. INDEPENDENT RESEARCHERS. When rehabilitation counselors conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and laws pertaining to the review of their plan, design, conduct, and reporting of research. Independent researchers not familiar with institutional review board standards seek appropriate consultation.

f. DEVIATION FROM STANDARD PRACTICES. Rehabilitation counselors seek consultation and observe stringent safeguards to protect the rights of research subjects when a research-related problem indicates that a deviation from standard or acceptable practices may be necessary.

g. PRECAUTIONS TO AVOID INJURY. Rehabilitation counselors who conduct research with human subjects are responsible for the welfare of participants throughout the research process and take reasonable precautions to avoid causing psychological, emotional, physical, or social harm to participants.

h. PRINCIPAL RESEARCHER RESPONSIBILITY. The ultimate responsibility for ethical research practice lies with the principal researcher(s). All others involved in the research activities share ethical obligations and responsibilities for their own actions.

i. MINIMAL INTERFERENCE. Rehabilitation counselors take precautions to avoid causing disruption in the lives of research participants or the setting in which research is conducted.

I.2. RIGHTS OF RESEARCH PARTICIPANTS

a. INFORMED CONSENT IN RESEARCH. Individuals have the right to consent to or decline requests to become research participants. Rehabilitation counselors obtain consent from participants prior to initiating research. In seeking consent, rehabilitation counselors:

- (1) accurately explain the purpose and procedures to be followed;
- (2) identify any procedures that are experimental or relatively untried;
- (3) describe any attendant discomforts and risks;
- (4) describe any benefits or changes in individuals or organizations that might be reasonably expected;
- (5) disclose appropriate alternative procedures that would be advantageous for participants;
- (6) offer to answer any inquiries concerning the procedures;
- (7) describe any limitations on confidentiality;
- (8) describe formats and potential target audiences for the dissemination of research findings; and
- (9) instruct participants 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. STUDENT/SUPERVISEE PARTICIPATION. Rehabilitation counselors who involve students or supervisees in research make clear to them the decision regarding participation in research activities does not affect their academic standing or supervisory relationship. Students or supervisees who choose not to participate in research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

d. CLIENT PARTICIPATION. Rehabilitation counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether to participate in research activities and are free to withdraw from research studies without adverse consequences.

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

f. RESEARCH PARTICIPANTS NOT CAPABLE OF GIVING INFORMED CONSENT. When research participants are not capable of giving informed consent, rehabilitation counselors obtain informed consent from a legally authorized representative.

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

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 make reasonable efforts to ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

j. RESEARCH RECORDS CUSTODIAN. As appropriate, rehabilitation counselors prepare and disseminate to an identified colleague or records custodian a plan for the transfer of research data in the case of their incapacitation, retirement, or death.

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 to diverse populations.

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

c. 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 other appropriate publication means.

d. IDENTITY OF PARTICIPANTS. Rehabilitation counselors who supply data, aid in the research of another investigator, 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 make reasonable efforts to ensure that data are adapted/changed to protect the identities and welfare of all parties and that discussion of results does not cause harm to participants.

e. REPLICATION STUDIES. Rehabilitation counselors make reasonable efforts to make available sufficient original research information to qualified professionals who may wish to replicate the study.

I.4. RESEARCH PUBLICATIONS AND PRESENTATIONS

a. PLAGIARISM. Rehabilitation counselors do not plagiarize.

b. USE OF CASE STUDIES. The use of information from participants, clients, students, or supervisees for the purpose of case examples in a presentation or publication is permissible only when: (1) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication; or (2) the information has been sufficiently modified to obscure identity.

c. ACKNOWLEDGING PREVIOUS WORK. When conducting and reporting research, including replication studies, 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.

d. CONTRIBUTOR(S). 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.

e. STUDENT RESEARCH. Manuscripts or professional presentations in any media that are substantially based on a student's course papers, projects, dissertations, or theses are used only with the student's permission and list the student as lead author.

f. 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 secondary publication without acknowledgment and permission from the original publisher.

g. PROFESSIONAL REVIEW. Rehabilitation counselors who review material submitted for publication, research, or other scholarly purposes: (1) respect the confidentiality and proprietary rights of those who submitted it; (2) avoid personal biases; (3) make publication decisions based on valid and defensible standards; and (4) review only materials that are within their scope of competency.

I.5. MANAGING AND MAINTAINING BOUNDARIES

a. BOUNDARY CONSIDERATIONS IN RESEARCH. Rehabilitation counselors consider the risks and benefits of extending current research relationships beyond conventional parameters. When a non-research 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 should be discussed and are initiated with appropriate consent of research participants. Where unintentional harm occurs to research participants, researchers must show evidence of an attempt to remedy such harm.

b. SEXUAL OR ROMANTIC RELATIONSHIPS WITH RESEARCH PARTICIPANTS. Rehabilitation counselors are prohibited from engaging in electronic and/or in-person sexual or romantic interactions or relationships with current research participants.

c. HARASSMENT. Rehabilitation counselors do not condone or subject research participants to any form of harassment, including sexual harassment.

SECTION J: TECHNOLOGY, SOCIAL MEDIA, AND DISTANCE COUNSELING

INTRODUCTION

Rehabilitation counselors recognize that service provision is not limited to in-person, face-to-face interactions. Rehabilitation counselors actively attempt to understand the evolving nature of technology, social media, and distance counseling and how such resources may be used to better serve their clients. Rehabilitation counselors appreciate the implications for legal and ethical practice when using technology, social media, or distance counseling and are particularly mindful of issues related to confidentiality, accessibility, and online behavior.

J.1. COMPETENCE AND LEGAL CONSIDERATIONS

a. COMPETENCE. When technology is used in the counseling relationship, rehabilitation counselors are held to the same level of expected behavior and competence as defined by the Code regardless of the technology used or its application.

b. LEGAL CONSIDERATIONS. Rehabilitation counselors who use technology, social media, and/or distance counseling in their practice understand they may be subject to laws in both the rehabilitation counselor's practicing location and the client's place of residence. Rehabilitation counselors are aware of and adhere to laws governing the practice of counseling across state lines or international boundaries. Rehabilitation counselors seek business, legal, and technical assistance when necessary and make reasonable efforts to ensure that technology is used appropriately and client rights are protected.

J.2. ACCESSIBILITY

a. ACQUISITION AND USE OF TECHNOLOGY. When providing technology-assisted services, rehabilitation counselors make reasonable efforts to ensure that technology and equipment used, purchased, or recommended for a client meets the current standards of accessibility as established by law. Rehabilitation counselors also determine that this technology is appropriate for the clients' needs and is accessible by them based on their individual capabilities, including language preferences. When recommending language translation software, limitations are reviewed with clients.

b. ACCESSING TECHNOLOGY. Rehabilitation counselors guide clients in obtaining reasonable access to pertinent applications when providing technology-assisted services.

J.3. CONFIDENTIALITY, INFORMED CONSENT, AND SECURITY

a. INFORMED CONSENT AND DISCLOSURE. Clients have the freedom to choose whether to use technology-based distance counseling within the rehabilitation counseling process. In addition to the usual and customary protocol of informed consent between rehabilitation counselor and client for face-to-face counseling, the following issues, unique to the use of technology-based distance counseling, are addressed in the informed consent process:

- (1) risks and benefits of engaging in the use of technology-based distance counseling;
- (2) type of technology, possibility of technology failure, and alternate methods of service delivery;
- (3) anticipated response time;
- (4) procedures to follow when the rehabilitation counselor is not available;
- (5) referral information for client emergencies;
- (6) time zone differences;
- (7) cultural and/or language differences that may affect the delivery of services;
- (8) possible denial of insurance claims and/or benefits;
- (9) any limitations due to services provided across jurisdictions; and
- (10) any policies related to use of social media.

b. TRANSMITTING CONFIDENTIAL INFORMATION. Rehabilitation counselors inform clients about the inherent risks of using technology to transmit confidential information. Rehabilitation counselors explain the limitations of specific technologies (e.g., text messaging, email) and urge clients to be cautious when using technology to communicate confidential information.

c. SECURITY. Rehabilitation counselors make reasonable efforts to ensure the security of confidential information transmitted or stored through any electronic means. Rehabilitation counselors use encryption and password-protection techniques for all technology-based communications to protect confidential client information.

d. CLIENT VERIFICATION. Rehabilitation counselors who engage in the use of technology-based distance counseling to interact with clients take steps to verify the client's identity at the beginning and throughout the rehabilitation counseling process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

J.4. SOCIAL MEDIA

a. PROFESSIONAL ELECTRONIC PRESENCE. In cases where rehabilitation counselors maintain both professional and personal presences for social media use, separate professional and personal pages and profiles are created to clearly distinguish between the two kinds of electronic presence.

b. MONITORING SOCIAL MEDIA. Rehabilitation counselors recognize that information posted on social media sites is largely permanent and easily shared beyond the privacy settings of any particular site. Rehabilitation counselors take reasonable steps to monitor for and remove or correct potentially harmful information shared on sites they establish for their professional presence.

c. SOCIAL MEDIA AND INFORMED CONSENT. Rehabilitation counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media in the provision of services. Additionally, rehabilitation counselors work within their organizations to develop and clearly communicate a social media policy so the social media practice is transparent, consistent, and easily understood by clients.

d. PRIVACY IN SOCIAL MEDIA. Rehabilitation counselors respect the privacy of their client's presence on social media and avoid searching a client's virtual presence unless relevant to the rehabilitation counseling process. If a rehabilitation counselor may search a client's virtual presence, this is disclosed in advance. Rehabilitation counselors caution clients of the potential impact that social media use may have on the counseling relationship and discuss the benefits and risks of using social media within the rehabilitation counseling process.

e. MAINTAINING CONFIDENTIALITY IN SOCIAL MEDIA. Rehabilitation counselors protect the confidentiality of clients by avoiding the posting of any personally identifiable information, unless the client has provided written consent to do so. In no circumstance should protected or highly sensitive information be shared via social media platforms.

SECTION K: BUSINESS PRACTICES

INTRODUCTION

Rehabilitation counselors aspire to open, honest, and accurate business practices when working or communicating with clients, evaluatees, other professionals, and the general public. Rehabilitation counselors facilitate access to rehabilitation counseling services and practice in a nondiscriminatory manner within the boundaries of professional competence.

K.1. ADVERTISING AND SOLICITING CLIENTS

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

b. TESTIMONIALS AND STATEMENTS. Rehabilitation counselors who use testimonials do not solicit them from current or former clients or evaluatees, or any other persons who may be vulnerable to undue influence. When considering the use of unsolicited testimonials from clients or evaluatees, rehabilitation counselors discuss the implications and obtain permission for such use. Testimonials from those who are not current or former clients or evaluatees (e.g., partner organizations, placement sites) may be used. Regardless of the source of the testimonial, rehabilitation counselors make reasonable efforts, whenever feasible, to ensure that statements made by others about them or about the profession are accurate.

c. RECRUITMENT THROUGH SELF-REFERRAL. Rehabilitation counselors working in an organization that provides rehabilitation counseling services do not refer clients to their private practice unless the policies of a particular organization make explicit provisions for self-referrals. In such instances, clients must be informed of other available options for services.

d. PROMOTION OF PRODUCTS AND TRAINING EVENTS. Rehabilitation counselors who develop products related to their profession or conduct workshops or training events make reasonable efforts to ensure that advertisements concerning these products or events are accurate and disclose adequate information so clients or consumers may make informed choices. 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. RECORDS AND DOCUMENTATION. Regardless of format, rehabilitation counselors create, protect, and maintain documentation necessary for rendering professional services. Rehabilitation counselors include sufficient and timely documentation to facilitate the delivery and continuity of services. Rehabilitation counselors make reasonable efforts to ensure that documentation accurately reflects client progress and the services provided, including who provided the services. If records or documentation need to be altered, it is done so according to organizational policy and in a manner that preserves the original information. Alterations are accompanied by the date of change, the identity of 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 possible and includes only relevant or appropriate information.

c. RECORDS MAINTENANCE. Rehabilitation counselors securely maintain records necessary for rendering professional services to clients and as required by applicable laws and organizational policies. Subsequent to file closure or termination of services, records are stored in a secure manner that ensures reasonable future access for record retrieval. Records are destroyed in a manner assuring preservation of confidentiality. Rehabilitation counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law.

d. CONTINGENCY PLANNING. Rehabilitation counselors prepare and disseminate to identified colleagues or records custodians a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

K.3. FEES, BARTERING, AND BILLING

a. UNDERSTANDING OF FEES AND NONPAYMENT OF FEES. Prior to providing services, rehabilitation counselors clearly explain to the client or evaluatee and/or responsible party all financial arrangements related to professional services. If a third party is paying for services, the rehabilitation counselor explains that arrangement to the client or evaluatee and/or responsible party. If rehabilitation counselors, or their employer, intend to use collection agencies or take legal measures to collect fees when payment is not received as agreed upon, they include such information in their professional disclosure statement or retainer agreement. If collection actions are considered, the rehabilitation counselor first informs the client, evaluatee, or responsible party of intended actions in a timely fashion.

b. ESTABLISHING FEES. If a rehabilitation counselor's usual fees create undue hardship for the client, the rehabilitation counselor may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services.

c. UNACCEPTABLE FEE ARRANGEMENTS. Rehabilitation counselors do not participate in fee splitting, nor do they give or receive commissions, rebates, or any other form of remuneration when accepting referrals or referring clients for additional professional services.

d. LIENS AND OUTCOME-BASED PAYMENTS. Liens and payments based on outcomes are acceptable when it is standard practice within the particular practice setting. In a forensic setting, payment for services is never contingent on an outcome of a case or award.

e. BARTERING DISCOURAGED. Rehabilitation counselors ordinarily refrain from accepting goods or services from clients in return for rehabilitation counseling services because such arrangements may create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Rehabilitation counselors may barter only if the client requests it, if such arrangements are an accepted practice in the community, and if the bartering does not result in exploitation or harm. Rehabilitation counselors consider the cultural implications of bartering, discuss relevant concerns with clients, and document such agreements in writing.

f. WITHHOLDING RECORDS FOR NONPAYMENT. Rehabilitation counselors may not withhold records under their control that are requested and needed for the emergency medical/psychiatric treatment of clients solely because payment has not been received.

g. BILLING RECORDS AND INVOICES. Rehabilitation counselors maintain billing records that are confidential, accurately reflect the services provided and fees charged, and identifies who provided the services. Invoices accurately reflect the services provided.

K.4. TERMINATION AND REFERRAL

Rehabilitation counselors in fee-for-service relationships may terminate client services 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 themselves 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

INTRODUCTION

Rehabilitation counselors behave in an ethical and legal manner. They are aware that client welfare and trust in the profession depend on a high level of professional conduct. They hold other rehabilitation counselors to the same standards and are willing to make reasonable efforts to ensure that standards are

upheld. Rehabilitation counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Rehabilitation counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development on current topics in ethical and legal issues in counseling. Rehabilitation counselors become familiar with the CRCC Guidelines and Procedures for Processing Complaints and use it as a reference for assisting in the enforcement of the Code.

L.1 KNOWLEDGE OF ETHICAL STANDARDS AND THE LAW

a. KNOWLEDGE OF THE CODE. 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.

b. 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 the Code forms the basis for CRCC disciplinary actions, and understand they are held to the CRCC standards if there is a discrepancy between codes.

c. CONFLICTS BETWEEN ETHICS AND LAWS. Rehabilitation counselors obey the laws of the legal jurisdiction in which they practice unless there is a conflict with the Code. If ethical responsibilities conflict with laws, 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.

L.2. ADDRESSING SUSPECTED VIOLATIONS

a. ETHICAL DECISION-MAKING MODELS AND SKILLS. Rehabilitation counselors recognize underlying ethical principles and conflicts among competing interests. They apply appropriate decision-making models and skills to resolve dilemmas and act ethically.

b. 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.

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

d. REPORTING ETHICAL VIOLATIONS. When an informal resolution is not appropriate or feasible, is not resolved, or if an apparent violation has substantially harmed or is likely to substantially harm persons or organizations, rehabilitation counselors take further action appropriate to the situation. Such action might include referral of the matter to applicable committees on professional ethics (e.g., voluntary certification bodies, licensure boards, organizational authorities). Referral may not be appropriate when the reporting 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 (e.g., consultation, expert testimony).

e. SELF-REPORTING. Rehabilitation counselors shall immediately notify CRCC when sanctioned for violations of ethical codes by any applicable counselor licensure, certification, or registry boards; other mental health licensure, certification, or registry boards; and voluntary national certification boards or professional associations with which they are affiliated. Rehabilitation counselors notify CRCC if they are found to have violated another organization's professional code of ethics, violated laws in relation to their

practice in the field of rehabilitation counseling, or are convicted of offenses that constitute violations of the Code.

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 their commitment to the Code to appropriate responsible officials. When possible, rehabilitation counselors work to create change within organizations to allow full adherence to the Code. If the conflict cannot be resolved, rehabilitation counselors evaluate the risks and benefits of continued affiliation with the organization.

L.3. CONDUCT IN ADDRESSING ETHICAL ISSUES

a. COOPERATION WITH ETHICS COMMITTEES. Rehabilitation counselors have a working knowledge of the Code and assist in the process of enforcing it. Rehabilitation counselors cooperate with investigations, 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.

b. CONFIDENTIALITY. Rehabilitation counselors who are knowledgeable of and/or party to a complaint alleging violation of the Code maintain confidentiality of all information related to the complaint and to the adjudication of the complaint, unless they are compelled to disclose information by a validly issued subpoena or when otherwise required by law or valid court order.

c. UNWARRANTED COMPLAINTS. Rehabilitation counselors do not initiate, participate in, or encourage the filing of ethics complaints that are retaliatory in nature, 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.

d. UNFAIR DISCRIMINATION AGAINST COMPLAINANTS AND RESPONDENTS. Rehabilitation counselors do not disparage or retaliate against individuals by denying 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.

GLOSSARY OF TERMS

ABANDONMENT: The inappropriate ending or arbitrary termination of a counseling relationship that puts the client at risk.

ACCESSIBILITY: access to a site, facility, work environment, service, or program that is easy to approach, enter, operate, participate in, and/or use safely and with dignity by a person with a disability.

ADVOCACY: promoting the well-being of individuals, groups, and the 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 rehabilitation counseling services or plans when a person is otherwise not capable or competent to give formal or legal consent (e.g., informed consent).

ASSESSMENT: an ongoing, dynamic, and comprehensive process of collecting in-depth information and data in order to provide individualized rehabilitation counseling services for a client. The terms assessment and evaluation are sometimes used interchangeably.

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.

AVOCATIONAL: a non-paid activity that may include hobbies, recreation, leisure, or volunteer work.

BENEFICENCE: to do good to others; to promote the well-being of clients.

CLIENTS: individuals with or directly affected by a disability, who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with disabilities.

CLINICAL SUPERVISION: a formal process that generally is provided to a student or to a beginning counselor (supervisee) by a more experienced counselor (supervisor) in which the supervisee's work with clients is reviewed and reflected upon with the aims of improving the supervisee's counseling skills, protecting client welfare, and facilitating the supervisee's professional development.

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: a process in which one professional seeks the advice of another professional 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 that rehabilitation counselors are legally required to follow.

CULTURAL COMPETENCE: possessing a set of values and principles, and demonstrating behavior, attitude, knowledge, and skill that enable one to work effectively cross-culturally with the capacity to value

diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the individuals and communities served.

CULTURALLY DIVERSE: the existence of a variety of cultural or ethnic groups within a society.

DISABILITY: an umbrella term for the ways in which individual functioning is impacted by a health condition. The impacts of the health condition on functioning may include the presence of impairments, activity limitations, and/or participation restrictions; however, these impacts may be affected in both positive and negative directions by personal and environmental factors (contextual factors).

DISPARAGING REMARKS: public statements that degrade, belittle, minimize, defame, demean, humiliate, or scorn individuals or groups of individuals. If the evaluation of a colleague's methodology, work product, or conclusion is critical of the individual as a person, mocks the colleague's character or intellect, or is based on incorrect information or fictional claims, such a statement is considered a disparaging remark.

DISTANCE COUNSELING, SUPERVISION, OR EDUCATION: rehabilitation counseling service provision, supervision, or education that occurs primarily through any electronic format.

EVALUATION: a specific process of assessing an individual in the context of his or her living, learning, or working environments. The terms evaluation and assessment are sometimes used interchangeably.

EVALUEE: in a forensic setting, the evaluatee is the person who is being evaluated.

EXPLOIT: to take advantage of a power differential in a relationship.

FEE SPLITTING: the payment or acceptance of fees for client referrals (e.g., percentage of fee paid for rent, referral fees).

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.

FORENSIC REHABILITATION COUNSELOR: rehabilitation counselors who work in a forensic setting conducting evaluations and/or reviews of records and conduct research for the purpose of providing unbiased and objective expert opinions via case consultation or testimony.

FUNCTIONAL: pertaining to the performance of tasks or activities required to achieve desired outcomes during the course of daily life.

FUNCTIONAL LIMITATION: a term given to the restriction or lack of ability to perform a task or activity.

GATEKEEPING: the initial and ongoing academic, skill, and dispositional assessment of rehabilitation counseling students' and supervisees' competency for professional practice, including remediation and termination as appropriate.

HARASSMENT: unwelcome conduct--whether verbal, written, physical, or visual--that is based upon a person's legally protected status. This includes sexual harassment, defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature. Harassment occurs when: (1) rehabilitation counselors know or are told the act is unwelcome, offensive, or creates a hostile workplace or learning environment; and (2) the act(s) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred. Harassment may occur in person or through electronic format.

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.

IMPAIRMENT: a loss or significant deviation in body function or structure.

INFORMED CONSENT: a process of communication between rehabilitation counselors and clients that results in an authorization or decision by clients based upon an appreciation and understanding of the facts and implications of an action.

INSTITUTIONAL REVIEW BOARD (IRB): a committee that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans. The committee members often conduct some form of risk-benefit analysis in an attempt to determine whether or not research should be done. The purpose of the IRB is to assure that appropriate steps are taken to protect the rights and welfare of humans participating as subjects in a research study.

JUSTICE: to be fair in the treatment of all clients; to provide appropriate services to all.

LAWS: within the context of this Code, the term laws includes any applicable laws, statutes, or regulations, whether they occur at a local, regional, or national level.

LEGAL GUARDIAN: a person who has been appointed by the courts and has the legal authority and obligation to care for the personal and property interests of a minor or an adult who is incapacitated. Rights and responsibilities of the legal guardian may vary by jurisdiction.

MINORS: generally, persons under the age of 18 years, unless otherwise designated by statute or regulation. In some jurisdictions, minors may have the right to consent to counseling without consent of the parent or guardian.

NONMALEFICENCE: to do no harm to others.

PLAGIARISM: an act or instance of using or closely imitating the language and thoughts of another author without authorization; the representation of that author's work as one's own without crediting the original author.

PRIVACY: the right of a client to keep the counseling relationship to him/herself (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.

RAW DATA: client/evaluatee responses to assessment questions, raw and scaled scores, and notes and recordings concerning client/evaluatee statements and behavior obtained during an evaluation or assessment.

RESEARCH: a systematic and scientific process of investigation that is intended to establish facts and reach new conclusions.

REGIONAL: state, provincial, or other intermediate level.

RETAINER AGREEMENT: a contract that outlines the terms of the services provided by the rehabilitation counselor.

SOCIAL MEDIA: forms of electronic communication through which users create online communities to share information, ideas, personal messages, and other content.

SOCIAL MEDIA POLICY: a statement delineating a rehabilitation counselor's practices and use of social media.

STUDENT: a person actively enrolled in an academic program.

SUPERVISEE: a professional rehabilitation counselor or rehabilitation counselor-in-training whose work is being overseen in a formal supervisory relationship by a qualified, trained rehabilitation counselor.

SUPERVISOR: a rehabilitation counselor who oversees the development and professional work of another rehabilitation counselor or rehabilitation counselor-in-training.

TEAMS: groups of individuals who participate in a structured or agreed-upon form of collaboration.

TEST/INSTRUMENT: a tool, developed using accepted research practices, which measures the presence and strength of a specified behavior or construct(s). The terms test and instrument are sometimes used interchangeably.

TRAINING: educational activities, such as in-service training, professional development activity, or completion of academic programs leading to the award of a degree or certificate.

VERACITY: to be honest; truthfulness.

VIRTUAL RELATIONSHIP: a non-face-to-face relationship (e.g., through social media).

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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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:

CRCC
1699 East Woodfield Road, Suite 300
Schaumburg, IL 60173
(847) 944-1325

RECOMMENDED CITATION

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