

Office of Vocational Rehabilitation Services

Mentor Counselor Manual

FALL 2010 EDITION



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Part 1

Introduction

For the majority of OVRs counselors, the fieldwork experiences during their graduate programs were integral to their success in school and provided a springboard to their professional careers. Practicum and internship placements allow students to practice their skills in a safe environment and to get firsthand experience in a VR office while completing a required academic activity. For many, the internship experience is the catalyst to their decision to pursue employment in the state/federal VR program following graduation. Successful fieldwork placements also allow managers and staff to get to know the students, to play a large part in students' development as professional counselors and to assess whether students' skills and priorities are a match for future employment with OVRs. However, without mentor counselors willing to assist with field-based supervision, placement of rehabilitation counseling students in OVRs field offices cannot happen.

This guide is a tool for OVRs staff and managers who are considering or have committed to hosting a graduate rehabilitation counseling student in their branch. It will also serve as a companion volume to the various universities' internship guides, which outline internship responsibilities from the academic institutions' perspective. The goal of this guide is to provide field supervisors and their managers with information pertinent from an OVRs perspective.

In considering the idea of becoming a mentor to a practicum or internship student, your first step will be to discuss this option with your branch manager for approval. This discussion should include factors such as your workload, goals as a mentor, facilities available to support a student, and ways that you would see being a mentor might benefit your office.

If approved to move forward, contact the internship coordinator at OVRs Administration in Salem and let that person know you're interested in serving as a mentor counselor. As students begin to seek internship experiences, you will be contacted and may be matched with a student. It is recommended that you and the student meet before you both commit to work together; successful experiences on both sides of the relationship are of vital importance and you need to feel comfortable working closely with one another.

If you hold a CRC credential, you can receive credit for supervision of a student. CRCC allows up to 50 hours of supervision time to count toward the 100 hours of continuing professional education and activity required every five years. To claim your CRC credit, complete the CRC Credit Request Form located in the appendix of this guide and submit it to the OVRs internship coordinator. The internship coordinator will contact

the student's training program on your behalf to request a letter confirming your supervision hours. CRCC requires this documentation to award credit for internship supervision. Since it may take several weeks to receive final confirmation from a university, CRC counselors should not wait until the end of their five-year certification period to submit the CRC Credit Request Form to OVRS Administration. It is strongly recommended that mentors complete this form quarterly, rather than at the end of the mentorship experience.

Serving as a mentor counselor can be incredibly rewarding, challenging and enjoyable. Your ability to assist a student in his or her professional development and determination of a career path is significant. In volunteering to mentor, you are an integral part of the continuation of the rehabilitation counseling profession. Your interest in serving in this role is greatly appreciated.

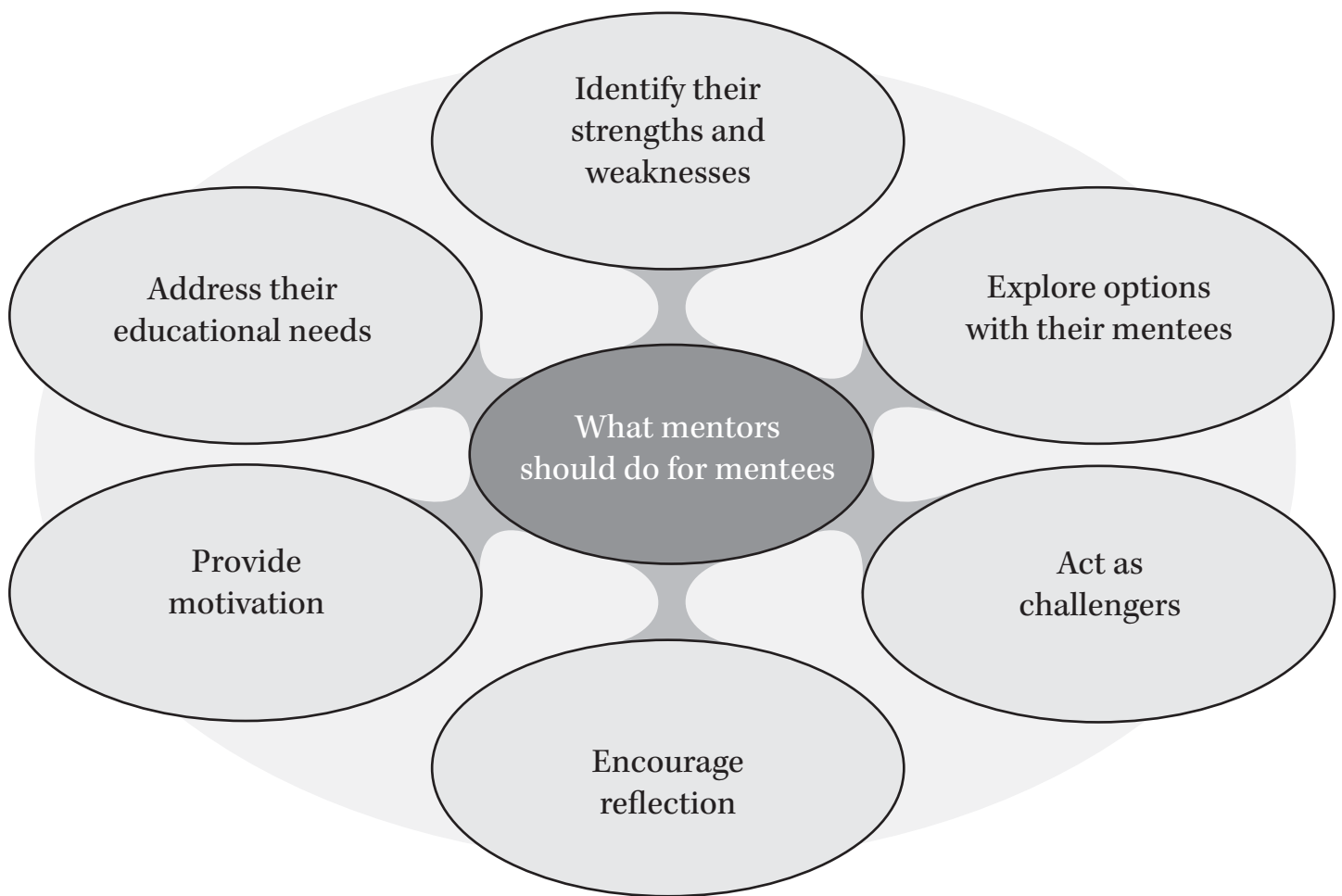
Part 2

The mentor's role

In exploring the idea of becoming a mentor to a student, the following things should be taken into consideration. Ask yourself if you are willing and able to make this commitment. Your commitment as a mentor counselor includes:

- Weekly 60-minute staffings with the intern;
- Having an intern on site for between six and nine months 20 to 40 hours a week, on average;
- Planning schedules and reviewing information before and after activities;
- Taking time to review your caseload to determine who may be appropriate clients for the intern;
- Lining up tasks for the intern – especially the first few months;
- Encouraging staff members' support and facilitating their buy-in with the intern;
- Assisting the student to complete application(s) for his or her first job in the profession, which may include serving as a professional reference, if you feel comfortable doing so;
- Communicating regularly with the OVRs internship coordinator and the university faculty;
- Debunking myths, resolving misunderstandings and ensuring clear communication of rules, regulations, policies and best practices;
- Modeling professionalism in how we work, both in the presence and absence of consumers and partners.

The following figure illustrates many of the activities a mentor will do. How each action is done or each responsibility is fulfilled depends on the mentor and the student. No mentoring experience is exactly like another. Our consumers and our potential interns are all very different individuals. There are some constants, however, which will be discussed later in this guide.



Mentorship is beneficial to the student. However, most experienced mentors know they learn a great deal through the process and have an unusual opportunity to slow down and think through how and why they perform their daily job duties. This may provide insights to mentors on areas they wish to improve or explore in their own professional development. They are also rewarded with the knowledge that they are actively contributing to the development of the VR profession. By being exposed to people who are new to the field, mentors often report picking up current information and resources from the students' academic experience; that information allows the mentors to stay more current with trends and counseling techniques and to apply them in their daily work with consumers.

Consumers also benefit from students' involvement with OVRs. Often students are able to provide more one-on-one time than a working VRC can in order to address resume development, completion of applications, job club activities, disability adjustment and self-advocacy issues. By working closely with an intern to ensure correct and current information is being shared with consumers, a mentor can more efficiently ensure consumers receive the services they require to obtain and maintain employment.

Part 3

Western Oregon University Advanced Practicum requirement

Beginning in the 2005-06 academic year, Western Oregon University's Rehabilitation Counselor Education Program added a fourth practicum experience requirement for its students. This action occurred in response to OVRs' and Washington DVR's feedback regarding the lack of practical rehabilitation-specific counseling skills WOU students had upon beginning their internships in VR field offices. To address this concern, the Advanced Practicum in Career Counseling was added to WOU's curriculum.

This practicum experience is intended to assist students to smoothly transition into their VR internships, or, if the student is not completing a VR internship, to have a clearer understanding of how VR functions and integrates into the larger service community.

The WOU Advanced Practicum occurs in the first term of the student's final year in the program. Over these three months, students must log at least 40 hours of direct client contact. This generally means they must work with two or three consumers. The practicum is an extension of academic course work with close monitoring and formal supervision from WOU staff and is the student's first opportunity to practice vocational counseling skills. It is intentionally extremely limited in scope with reference to counseling; emphasis is placed on using skills in vocational counseling, not mental health or general personal counseling skills, and doing so in a tightly controlled environment.

For the Advanced Practicum, students do not need access to ORCA, but granting basic network access is acceptable. The student is expected to complete independent counseling sessions one-on-one with the client, addressing issues identified by the VRC of record and the consumer prior to referral to the practicum student. The mentor should ensure the student has exposure to a variety of populations and issues regarding client needs. The mentor may refer clients from his/her own caseload or may solicit and coordinate referrals from other counseling staff in the branch if needed. Suggested issues for students to address include (but are not limited to):

- Vocational exploration;
- Completion of employment applications;
- Development of resume and cover letter;
- Job search tactics and resources;

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- Disability adjustment/identifying functional limitations;
 - Self-advocacy and disability disclosure on the job;
 - Resource exploration (e.g., SSA work incentives, housing assistance, child care assistance, benefits planning referrals, etc.).

Due to academic requirements, these sessions must be videotaped; consumers are asked to sign a WOU release form at the start of their work with the students. During this period of their educational program, students have limited contact with partners and community resources. OVRs' commitment to this practicum program is to provide mentors and access to OVRs' consumers, as well as to ensure that space is available for meetings between the students and the clients. This does not have to consistently be the same space but should be as private as possible, of a comfortable size and allow for the videotaping requirement. The overall goal is to have students develop some general vocational counseling skills for use in internships whether or not their internship placements are with OVRs, as well as to have a general framework of the OVRs process on which to build.

At this point in the student's field experience, the OVRs mentor will be expected to meet with the student at least 30 minutes a week for an update on successes, issues and concerns that took place with each consumer. If the client is from a caseload other than the assigned mentor's, the referring counselor should also be present for this discussion. The student is expected to e-mail copies of his or her case notes (using the format required by WOU) to the referring VR counselor so the information can be copied into an ORCA case note in the consumer's file. OVRs staff do not need to critique or request revisions on these notes, since that is the role of the university faculty during Advanced Practicum. Mentors are also expected to complete university feedback forms regarding students' progress. If issues need intervention, mentors are expected to contact the branch manager, the OVRs internship coordinator and the WOU clinical coordinator to resolve them.

PART 4

Internship basics

Internship is a requirement for all accredited rehabilitation counseling programs. The Council on Rehabilitation Education (CORE) requires students complete 600 hours of internship-related activities. This is generally spread over approximately six months and requires the intern to log 32-40 hours a week onsite. A handful of programs spread the internship experience over the second academic year, thus reducing the weekly number of hours onsite and allowing students to take required courses concurrently with their internships. Internships are quite different from practicum experiences, in large part because internships are the first time the interns have no direct monitoring of sessions with clients. Most interns are still taking one or two classes on campus, but for the most part, the internship is the capstone of their education. Internship is where the theoretical information and the research results that have taken up so much of the interns' focus for the past 18 months begin to be put into practice with real consumers, real resources and real outcomes.

Unlike previous practicum experiences that focused on specific skills and/or specific counseling issues, the internship covers all steps and stages of the VR process. The intern will experience more involvement from other staff in the office, including all positions and roles. The mentor is the intern's main onsite supervisor and will work closely with the student's academic supervisor throughout the time the student is onsite. The internship mentor's role includes observation of the student in all settings (e.g., one-on-one with consumers; participating or leading client group activities such as orientation, WRAW or job club; staff meetings; worksite visits). The mentor also is responsible for providing guided practice of counseling skills and constructive criticism regarding methods, style and implementation of counseling plans. This practice will lead to the intern's independent execution of the VRC role (on a small scale) by the end of the internship experience.

In making an OVRs internship available to the student, the OVRs staff members' goal is to assist the intern to gain a broad base of professional experience and, if interested, be ready to begin work as a newly hired VRC by the end of the internship period. To achieve this, office staff member's need to work together to ensure the student has an OVRs phone and GroupWise access. The student will need full ORCA access immediately upon starting the internship, as well as access to all software programs VRC would use. For ORCA purposes, interns should be granted rights as Counselor interns; they may use "VR Counselor Intern" or a similar job title in written communication. Branch staff should also designate a consistent work space for the student. The mentor and student should work with the branch manager, internship coordinator and university faculty to coordinate any necessary accommodations for disability-related limitations. The

mentor will be expected to complete university feedback forms regarding the student's progress. It is the mentor's responsibility to ensure the student has exposure to a variety of populations and issues regarding client needs during the course of the internship.

In addition to their in-office work, interns are expected to attend pertinent VRC-related training, including Counselor Training, to further improve the practice of their newly acquired skills. They are also expected to visit various Community rehabilitation programs (CRPs) and partners with which OVRs works in the region mentors should assist interns in identifying which organizations to visit and make introductions to key staff at each. Interns should be expected to keep their own schedules (with mentor and manager approval/awareness of activities) and set up their office spaces, be it to meet their organizational style or for accommodation needs.

If an intern requires reasonable accommodation to complete the internship, those services are negotiated with the academic program and university office for students with disabilities. Accommodations that require substantial hardware or any connection to the DHS computer network (e.g., videophones) must be requested well in advance through the OVRs internship coordinator.

Part 5

Finding a student to mentor

You have decided that you would like to mentor an intern or practicum student and have gained approval from your supervisor, or your supervisor has approached you about becoming a mentor and you have accepted. The next steps include the following:

1. If he/she has not already been in touch regarding potential placements, contact the OVRs internship coordinator at Administration about possible students.
2. Meet with students who may be interested in being mentored.
 - a. Have students bring their resumes, internship goals, required internship/practicum agreement forms and any questions.
 - b. A copy of the students' goals and resumes might be available as part of the matching process; contact the OVRs internship coordinator for information.
 - c. Provide immediate feedback to internship coordinator if there are concerns. Examples include lack of follow-through, lack of professionalism, time management issues, hostility, etc.
3. If you and the intern or practicum student decide to work together:
 - a. Review the internship page on the OVRs website for students and mentors, including sections on criminal history checks and stipend availability, so you are aware of that information.
 - b. Review university information, including specific requirements from the training program.
 - c. Discuss specifics with your branch manager. If the manager agrees to host the student under your mentorship, set a time to introduce the student to your manager.
 - d. Complete paperwork required by the student's training program.
 - e. Invite student to staff meeting and/or introduce to other staff one-on-one.
4. Discuss student's accommodation needs for the internship. This should be done for all students regardless of obvious accommodation needs. Additionally discuss with the student the kinds of activities, work environments and, ways of communicating that will occur during the internship.

Before student arrives onsite:

Students should have completed the required DHS background check, confidentiality forms, OVRs Administrator's Stipend applications and have received copies of relevant DHS policies regarding privacy, acceptable use of technology and harassment. They should also have received a copy of the current **Code of Professional Ethics for Rehabilitation Counselors** (Appendix B).. In addition to these materials, mentor counselors and branch managers should address the following items:

1. Branch manager should confirm that a criminal history check has been completed and has come back with no limitations. This should already have been done through the OVRs internship coordinator (for both practicum and internship students).
2. If the intern is being paid a stipend through the branch office (not through the Administrator's Stipend Program), make sure any required paperwork has been completed with DHS Human Resources/Payroll.
3. For interns only: Have an AMD request submitted for GroupWise, ORCA, CORE and DHS Novell login.
 - a. The student will have ORCA rights as a counselor intern.
 - b. Under GroupWise the intern will have the title of "VRC Intern."
4. Interns may use blank office business cards and add their names. Personalized cards should not be printed for interns unless they are already regular employees of OVRs.
5. Work with business integrity managers to ensure phone set-up and ORCA training occur. (WOU students will have received an overview of ORCA but still need the full training package.)
6. OVRs Administration:
 - a. Mentor counselor needs to be in contact with OVRs internship coordinator about getting CRC credit for mentoring.
 - b. Help the intern find out when the next Counselor Training will occur. Have student sign up to attend the training, with prior approval from the branch manager.

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7. Space to work in:
 - a. Student will need a space during work time. This needs to be a consistent space to call his or her own when working as an intern. The space does not have to be consistently the same for a practicum student.
 - b. Historically it has been best that the intern have space that is not in the same office or cubicle as the VR counselor mentor. This gives the mentor some space and allows the intern greater independence and interaction with other office staff.
 - c. Each intern will require a locking filing cabinet for storing confidential client information. Cabinet keys should not leave the premises because client information is the property of OVRS, not the intern.
 8. Set up consistent weekly staffing time between mentor counselor and intern to review work, caseload, questions, etc. Make this a set part of the weekly schedule.
 9. Agree on what the student's work schedule will be and how to best schedule his or her time. Provide guidance on appropriate number of client appointments per day and regularly scheduled meetings.
 10. Schedule a meeting with human services assistant (HSA) support staff to discuss roles, how intern will be included in the team and what each team member will take responsibility for to ensure client services are provided appropriately and in a timely manner.
 11. Should the intern/student also happen to be an OVRS client, measures will have been taken to see that the student does not intern within the same office in which the client's current file is open. Steps should also be taken to restrict ORCA access to the client's own case.
 12. If the intern/student has classmates who are known clients of OVRS, steps should be taken to restrict ORCA and physical access to their classmates' files.

Part 6

Successfully connecting interns and consumers

How to choose appropriate cases for interns

1. To gain a broad perspective from their experiences, interns will need a caseload mix of clients in various stages of intake, eligibility, plan development and active plan stage as well as those in employment. The consumers identified as possible candidates for the students' caseloads should also have a mix of disabilities.
2. An internship generally lasts from five to six months. By the end of that time period the intern needs to have a working caseload of between 10 and 20 clients in various stages of the VR process.
3. There are specific cases to avoid assigning to intern or practicum students. Mentors and branch managers should use their discretion and professional judgment in assigning cases. It is recommended that they avoid cases with known CAP involvement, post-hearing cases and cases where the intern has a conflict of interest due to a non-OVRS relationship with the consumer or his or her family. Very fragile clients or clients with severely challenging behavior patterns should not be assigned to a student. Clients who do not do well with change should not be assigned because they will not be with the student long term. The mentor may choose to team counsel some cases that are complex due to high needs or high costs, but should not assign the intern to these cases independently.
4. If you are considering a client for the intern to work with, discuss it first with the client. Do not do this the same day as the client meets the intern. This should be done during an in-office session. Be sure to explain disclosure and make it very clear the client has a choice about participating; be clear that there will be no negative effects if he or she declines your request.
5. Think about areas the student may need to grow and develop, and then choose cases accordingly. Look at the internship goals for guidance in addition to talking with the student. If in doubt, contact the faculty advisor to discuss the situation.

Part 7

Mentoring a practicum student

(Note: Advanced Practicum is specific to WOU's program at this time.)

- Identify six potential clients to work with the practicum student. The clients may be from your caseload or other caseloads in the branch with other VRCs' approval. The student will actually need to work with two or three clients based on practicum hour requirements. Six clients allows for no-shows and lack of participation that may occur on the part of the client and gives the practicum student a little cushion.
- Communicate with potential clients about practicum students' role, and tell the clients that videotaping will occur and confidentiality will be enforced. Clients will benefit from additional support and counseling, and from this time-limited service.
- Arrange space for meeting with clients in a private setting where videotaping can occur. In addition to the university's requirements, the student needs to follow OVRs' and DHS' confidentiality and privacy rules.
- Schedule a meeting with practicum student and client to do introductions, to agree on consumer-specific goals for one-on-one counseling experience and to answer any questions the student or client may have.
- Meet with the practicum student separately to briefly summarize the case and mutually agree on goals and tasks for the time with client. Some examples:
 - ◊ Case summary – This client in eligible status, disabilities are A, B and C and limits him/her in the following ways:... Currently D, E and F factors are affecting this client's ability to move forward with services. I would describe client as particularly _____ to work with. Client's stated vocational interests include... Work history is... Other partners involved are...
 - ◊ Mutually agreed goals – Our goals in this case are to:
 - » Work with client specifically on vocational goal selection and exploration;
 - » Better understand the client's disability and limitations;
 - » Explore community resources and comparable benefits;
 - » Complete job market surveys.
- The mentor counselor also needs to reserve 30 minutes a week to do check-in/follow-up with the practicum student on progress made with each case. This meeting does not apply toward CRC credit; CRC credit is only granted for formal internship supervision sessions.

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- The mentor counselor needs to review with the practicum student how the counselor wants documentation provided for each client's appointment. Historically this has been by receiving an electronic copy (i.e., via e-mail) of the practicum student's notes the same week the meeting occurred. Often this is listed in the SOAP or CAP format that the student is working with in his or her program. Historically this has been directly pasted into a case note in ORCA for documentation purposes, with a notation that the interaction happened with the practicum student.
 - Review with the practicum student that he or she needs to come to the VRC regarding requests, funding issues, service plan changes, or any red flags that pop up during counseling sessions. Emphasize that this needs to happen immediately and not wait for the weekly check-in. The counselor needs to reinforce this with the practicum student throughout the experience.
 - Space reservations for interview rooms, etc. need to be made by mentor counselor.
 - Practicum student needs to be provided with a backup contact in case of emergency – e.g., illness or running late for a meeting. This backup person could be another VRC, an HSA or receptionist.
 - Explain the importance of establishing/agreeing on the next appointment at the end of the current session. Giving written confirmation to client helps with clarifying the follow-up session. Written notification of homework (with copy to be kept for the VR file) is also helpful to the client.
 - Historically it has been easiest to set weekly regular appointments (same time weekly) for these sessions with clients. Consider this when choosing clients to participate.
 - The mentor counselor needs to make a point of passing by the room where the meeting is occurring at least once to be sure things are going OK. On occasion if VRC is not in the building, this could be assigned for that date to another staff person.

Part 8

Mentoring a VR intern

A mentor is a coach on proficiencies or a resource to find someone with a particular skill or competency.

The five principles of coaching:

- Provide support to others.
- Listen and respond with empathy.
- Ask for help and assistance.
- Share thoughts and feelings and rationale.
- Maintain self-esteem.

In mentoring interns throughout their field experience, it is helpful to use the following process:

- Choose the situation and the opportunity for improvement.
- Articulate the principles.
- Model the behavior.
- Have trainees apply the techniques.
- Observe and coach, recognize and reward improvement.

As might be expected, different students will require different approaches to learning. However, most will need a fair amount of structure in the beginning of their placement in the VR office. The recommendations below should assist you to ensure the student is neither overwhelmed nor failing to progress toward more independent decision making. Use your professional judgment and consult with the branch manager and OVRs internship coordinator (as needed) for confirmation regarding the student's readiness to transition to the next stage.

1. Initially show the intern the process or how to perform a task. This can be done by having the student observe a meeting, observe you doing a case note, observe and discuss writing a plan, etc. This may also include having student review completed samples in ORCA. The intern will need repetition and to do the task between three and five times before he or she will have a firm grasp on the concept and process.
2. Share responsibility and involvement but guide the process yourself. Have the intern ask questions during intake and have him or her aid in remembering details of the meeting for the notes. Again, this should happen between three and five times before moving to the next step.

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3. Have the intern do the task while you coach on the side.
 4. Finally, have the intern do the task independently and come back to you to review his or her notes and summary.

Keep in mind that everyone learns in a different way and at a different pace. Do not be surprised if the intern grasps certain activities or concepts immediately but struggles with others. If needed, the OVRS internship coordinator and university faculty are available to assist you with this or any other task.

A reminder, before the student arrives onsite:

Student should have completed confidentiality forms and OVRS Administrator's Stipend Application; he or she should also have received copies of relevant DHS policies regarding privacy, acceptable use of technology and harassment. The student should have received a copy of the current **Code of Professional Ethics for Rehabilitation Counselors**. In addition to these materials, mentor counselors and branch managers should address the following items:

1. Branch manager should confirm that a criminal history check has been completed and has come back with no limitations. The background check should already have been done through the OVRS internship coordinator (for both practicum and internship students).
2. If the intern is being paid a stipend through the branch office (not through the Administrator's Stipend Program), make sure any required paperwork has been completed with DHS Human Resources/Payroll.
3. For interns only: Have an **AMD** request submitted for GroupWise, ORCA, CORE and DHS Novell login.
 - a. The student will have ORCA rights as a counselor intern.
 - b. Under GroupWise the intern will have the title of "VRC intern."
4. Interns may use blank office business cards and add their names. Personalized cards should not be printed for interns unless they are already regular employees of OVRS.
5. Work with business integrity managers to ensure phone set-up and ORCA training occur. (WOU students have received an overview of ORCA but still need the full training package.)

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6. OVRs Administration:
 - a. Mentor counselor needs to be in contact with OVRs internship coordinator about getting CRC credit for mentoring student.
 - b. Help the intern find out when the next new counselor training will occur. Have student sign up to attend the training, with prior approval from the branch manager.
 7. Space to work in:
 - a. Student will need a space during work time. This space needs to be a consistent space to call his or her own when working as an intern. The space does not have to be consistently the same for a practicum student.
 - b. Historically it has been best that the intern have space that is not in the same office or cubicle as the VR counselor mentor. This gives the mentor some space and allows the intern greater independence and interaction with other office staff.
 - c. Each intern will require a locking filing cabinet for storing confidential client information. Cabinet keys should not leave the premises because client information is the property of OVRs, not the intern.
 8. Set up consistent weekly staffing time between mentor counselor and intern to review work, caseload, questions, etc. Make this a set part of the weekly schedule.
 9. Agree on what the student's work schedule will be and how to best schedule his or her time. Provide guidance on appropriate number of client appointments per day and regularly scheduled meetings.
 10. Schedule a meeting with HSA support staff to discuss roles, how the intern will be included in the team and what each team member will take responsibility for to ensure client services are provided appropriately and in a timely manner.
 11. Should the intern/student also happen to be an OVRs client, measures will have been taken to see that the student does not intern within the same office in which the client's current file is open. Steps will have been taken to restrict ORCA access to the client's own case.
 12. If the intern/student has classmates who are known clients of OVRs, steps should be taken to restrict ORCA and physical access to their classmates' files.

Part 9

Recommended assignments and timeline for internship

NOTE: This recommended schedule is based on a 5-6 month internship experience. It may need to be adjusted based on individual interns' needs and strengths, academic internship schedule and intern availability.

During the first week/month of internship:

1. Tour the building. Provide intern/practicum student with a map of the office including names of various staff members and where their offices are located in the building. Mark all facilities (restrooms, kitchen, conference rooms, etc.) and equipment locations (copier, fax, shared printer) clearly to increase the student's ability to independently locate things.
2. Invite the student to attend all staff meetings. Create a list or calendar of the times/dates of these for the intern. Example: "Conference room in building first Tuesday of the month" or "site varies across three locations, but is always held first and third Wednesday of the month."
3. Discuss professional and ethical boundaries — what should and should not be shared with clients and community partners (e.g., personal information, political and religious leanings, etc.)
4. Invite the intern to attend all case staffings. If your office has regular meetings to staff cases and seek input, the intern should be involved in this activity.
5. Have student log agency-related travel (not his or her commute!) in the TRIPS (travel reimbursement request) system and instruct the student on how to get the request in process. The DHS course "TRIPS for Travelers" may be a good activity for the student to complete.
6. Make sure the intern has ORCA training. This is separate from Counselor Training and is in addition to any overview provided by the internship coordinator prior to the beginning of the internship. Coordinate this with your local ORCA trainer and/or the Regional Business Integrity Manager.
7. The intern should attend Counselor Training if it is available after the first month of internship; he/she should also complete DHS Information Security/Privacy training and other mandatory DHS training sessions, as available.

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8. Coordinate a meeting with HSA support staff to jointly discuss roles, how the intern will be included in the team and how each team member will take responsibility to ensure client services are provided appropriately and in a timely manner.
 9. Review OVRs Business Manual, OVRs TAGs and Help files, and CRCC Code of Professional Ethics. Discuss impressions and intern's questions during supervision.

Activities to have interns do when not engaged with clients:

1. Observe other OVRs staff in appointments with clients, especially intakes and plan development. Have intern discuss differences with you including discussion of best practices versus style.
2. Provide the tools for him or her to create a personal Rolodex/contact list based on your and other staff members' lists.
3. Encourage the intern to take break time with other staff to get to know them and increase networking skills.
4. Encourage the intern to create personal resource binders or files. Examples: intake, eligibility, plan (include best practice materials, samples and resources to use at that time). Another example might be types of resources such as Deafness, youth transition, alcohol and/or drug addiction, TBI, job developers, spinal cord injury and evaluation resources.
5. Have the intern meet with other counselors regarding information and resources that are frequently used and what information they share with a client. Review the mandatory items for processing an application for VR services (e.g., personal information form, signed application form, CAP information). From there, encourage the intern to create his or her own presentation style.
6. Invite intern to attend orientation and observe various staff members conducting that meeting; it is recommended that the intern observe each person's presentation at least twice.
7. Encourage intern to spend a day at a local community college getting to know the resources and making contacts there. Assist intern in coordinating visit if necessary.

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8. Involve student in setting up meetings with various community partners: i.e., employment office, training program sites, frequently used CRPs. Have the student tour these programs and learn information about partnership with VR.
 9. Encourage the intern to keep a log of questions for your weekly supervision meetings.

Activities to start on files:

1. Begin with 90-day and six-month reviews. This gives the intern a chance to review files that are in need of this activity. Give the intern lots of time. Model best practice of how to do the review — e.g., review each plan service. You will probably want to print out current plan, plan revisions and the authorization register. Include intern in meeting(s) with the client whose file is being reviewed so the intern gets a first-hand feel for the case. Have intern bring questions, concerns, clarification needs regarding file to you immediately; determine whether your response would be best shared immediately or in a supervision meeting.
2. Have the intern help with the input of intake information into ORCA. Initially do it yourself with the intern observing. Later, have the intern input the data with your observation.

In the first month of the field experience, the intern can ...

1. Review medical records that need eligibility determination. Have intern make summary notes. Have him or her note functional limitations for each disability.
2. Work toward being ready to do a teamed intake. Remember to use the coaching strategies outlined in Part 8 as you assist the intern toward this goal.
3. Start reviewing already determined eligibilities. Understand what made them eligible and how VRC determined eligibility and limitations.
4. Write case notes for jointly occurring meetings. These should be reviewed by a VR counselor and edited as needed. The mentor will generally only need to ask leading questions unless something glaringly difficult requires more direction.
5. Visit WRAW and MET if available in your branch.

-
6. Create releases of information (ROIs). Provide examples of types for various kinds of information (e.g., psychological evaluation, medical records request, referral to job developer). Have intern take the lead on doing ROI throughout teamed appointments with client once he or she knows how.

In the second month of the field experience, the intern can ...

1. Lead an intake with supervision by mentor (VRC present for meeting but not as involved).
2. Attend counselor training if it is available; this can also be postponed until month 3-5 if needed.
3. Observe and train on how to correctly write plans, plan reviews and plan revisions. (Do not send the student out solo yet but do allow him or her to make initial drafts.)
4. Have intern complete detailed case notes after meeting with clients; these should be done on the same day as the counseling session.
5. Independently call/e-mail clients regarding follow-up.
6. Review vendor reports and discuss what is needed in these reports and why with VRC. Include job developers, evaluations (PCE, audiologists, psychological evaluations, orthopedic evaluations), training reports, etc.

In the third month of the field experience, the intern can ...

1. Start doing many tasks solo or with occasional supervision.
2. Complete labor market surveys with and/or for consumers.
3. Write referral letters for evaluations and review them with mentor before sending them under their own signature. (Intern should use the title “VR Counselor Intern.”)
4. Draft AFPs.
5. Actively work a caseload of between four and six clients with a mix of intakes and variety of stages in the VR process.

-
6. Lead an orientation.
 7. Learn about CRP process as well as which vendors need criminal history checks and liability insurance. Understand the differences between CRP and non-CRP vendors. Know who to contact in Administration for help with vendor questions.
 8. Submit new vendors to vendor system.
 9. Complete VR/financial aid report and discuss funding options with mentor and consumers.

In the fourth month of the field experience, the intern can ...

1. Complete draft plan, R5 and financial needs test.
2. Lead referral meetings with job developers including outlining services needed when meeting with client. Also lead meetings with other referral programs and partners.
3. Draft file closures.
4. Coordinate referrals for evaluations. Draft referral letters for psychological and medical evaluations.
5. Review and understand budget concepts; look at information in ORCA as well as CORE. Look at reports and breakdowns. Look at individual client budget amounts. Talk about accurately projecting funds.
6. Draft a transfer summary of a file's activities and the reason for transfer to another office/counselor.
7. Start State employment application.

In the fifth month of the field experience, the intern can ...

1. Complete and submit State employment application.
2. Independently manage regularly scheduled meetings with clients.
3. Independently complete intakes, eligibilities, plans and plan revisions for review by Mentor VR Counselor.

In the sixth month of the field experience, the intern can ...

1. Begin the transition of cases back to VRC. Involve intern in establishing closure with consumers in this way.

Throughout the field experience, the intern should ...

1. Attend in-house (OVRs/DHS) trainings as available. Interns can attend trainings, keeping in mind that OVRs staff members are prioritized for training slots. Discuss with the intern the requirement to obtain approval from the branch manager and guide the intern through the registration process if management approval is given.
 - a. Non-OVRs/DHS trainings (which have registration fees associated with them) are not to be approved for practicum students or interns because they are not essential to qualify for employment. Students may elect to self-fund, but the training time will not count for the required internship hours.
2. Consider having another counselor as a backup who is invested in the intern's learning and success at the office. This backup resource can work with the student when the VRC is not available or needs focused time without intern interruption. The mentor counselor should work with the branch manager to ensure backup counselor has approval to serve in this way before approaching this colleague with the request to serve as backup.

OREGON DEPARTMENT OF HUMAN SERVICES

DHS Core Values



- **Integrity**
- **Stewardship**
- **Responsibility**
- **Respect**
- **Professionalism**

“The people at DHS aspire to be guided by these five values in our daily work life as we make decisions to help Oregonians be independent, healthy and safe”



DHS CORE VALUES POSTER (9/2009)

DHS Core Values Poster

We maintain the highest standards of individual and institutional INTEGRITY.


We maintain the highest standards of

INTEGRITY

Integrity

Doing what is right even though no one is watching; a self-assigned, and self-enforced, obligation to do the right thing.



• Integrity • Stewardship • Responsibility • Respect • Professionalism • 

DHS Integrity Core Values Poster

Because all Oregonians have a stake in the actions of public sector employees, we are accountable in action and attitude for this STEWARDSHIP of the public trust.

STEWARDSHIP

Stewardship

All DHS employees, regardless of job title or classification, are stewards of the public trust, and use public resources to fulfill the DHS mission of assisting people to become independent, healthy and safe.



• Integrity • Stewardship • Responsibility • Respect • Professionalism • 

DHS Stewardship Core Values Poster

We take RESPONSIBILITY for our actions. DHS has relationships with several populations —

RESPONSIBILITY

Responsibility

the public, customers, clients, partners, volunteers, contractors, other governmental bodies and the Legislature.

We understand that each of these relationships requires us to accept different responsibilities and that we manage these responsibilities to advance the DHS Mission.



- Integrity • Stewardship • Responsibility • Respect • Professionalism •



DHS Responsibility Core Values Poster

We treat each person with DIGNITY, fairness and RESPECT. We respect the DIVERSITY of our workforce, our community, and the people we assist.

We
treat
each
person
with

RESPECT

Respect

We are attentive to personal dignity and receptive to DIVERSITY of ideas. We recognize the value of respecting individuality, personal experience and diverse cultural backgrounds.



- Integrity • Stewardship • Responsibility • Respect • Professionalism •



DHS Respect Core Values Poster


We maintain the highest standards of PROFESSIONALISM.

PROFESSIONALISM

Professionalism

Regardless of our formal expertise or credentials, and regardless of whether we interact with the public, other public officials, or our clients, we adhere to standards, methods, behaviors and personal characteristics demonstrated by the best workers in their respective fields.



• Integrity • Stewardship • Responsibility • Respect • Professionalism • 

DHS Professionalism Core Values Poster



CODE OF PROFESSIONAL ETHICS FOR REHABILITATION COUNSELORS

*Adopted in June 2009 by the
Commission on Rehabilitation Counselor Certification
for its Certified Rehabilitation Counselors.
This Code is effective as of January 1, 2010.*

**Developed and Administered by the
Commission on Rehabilitation Counselor Certification
(CRCC®)**

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PREAMBLE

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

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

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

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

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

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

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

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

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

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

ENFORCEABLE STANDARDS OF ETHICAL PRACTICE

SECTION A: THE COUNSELING RELATIONSHIP

A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS

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

A.2. RESPECTING DIVERSITY

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

A.3. CLIENT RIGHTS IN THE COUNSELING RELATIONSHIP

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

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

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

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

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

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

A.4. AVOIDING HARM AND AVOIDING VALUE IMPOSITION

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

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

A.5. ROLES AND RELATIONSHIPS WITH CLIENTS

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

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

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

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

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

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

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

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

A.6. MULTIPLE CLIENTS

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

A.7. GROUP WORK

- a. **SCREENING.** Rehabilitation counselors screen prospective group counseling/therapy participants. To the extent possible, rehabilitation counselors select members whose needs and goals are compatible with goals of the group, who do not impede the group process, and whose well-being is not jeopardized by the group experience.
- b. **PROTECTING CLIENTS.** In a group setting, rehabilitation counselors take reasonable precautions to protect clients from harm or trauma.

A.8. TERMINATION AND REFERRAL

- a. **ABANDONMENT PROHIBITED.** Rehabilitation counselors do not abandon or neglect clients in counseling. Rehabilitation counselors assist in making appropriate arrangements for the continuation of services when necessary (e.g., during interruptions such as vacations, illness, and following termination).
- b. **INITIAL DETERMINATION OF INABILITY TO ASSIST CLIENTS.** If rehabilitation counselors determine they are unable to be of professional assistance to clients, rehabilitation counselors avoid entering such counseling relationships.
- c. **APPROPRIATE TERMINATION AND REFERRAL.** Rehabilitation counselors terminate counseling relationships when it becomes reasonably apparent that clients no longer need assistance, are not likely to benefit, or are being harmed by continued counseling. Rehabilitation counselors may terminate counseling when in jeopardy of harm by clients or other persons with whom clients have a relationship, or when clients do not pay agreed-upon fees. Rehabilitation counselors provide pre-termination counseling and recommend other clinically and culturally appropriate service sources when necessary.
- d. **APPROPRIATE TRANSFER OF SERVICES.** When rehabilitation counselors transfer or refer clients to other practitioners, they ensure that appropriate counseling and administrative processes are completed in a timely manner and that open communication is maintained with both clients and practitioners. Rehabilitation counselors prepare and disseminate, to identified colleagues or records custodian, a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

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

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

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

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

SECTION B: CONFIDENTIALITY, PRIVILEGED COMMUNICATION, AND PRIVACY

B.1. RESPECTING CLIENT RIGHTS

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

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

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

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

B.2. EXCEPTIONS

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

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

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

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

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

B.3. INFORMATION SHARED WITH OTHERS

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

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

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

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

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

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

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

B.4. GROUPS AND FAMILIES

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

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

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

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

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

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

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

B.6. RECORDS

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

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

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

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

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

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

B.7. CONSULTATION

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

SECTION C: ADVOCACY AND ACCESSIBILITY

C.1. ADVOCACY

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

C.2. ACCESSIBILITY

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

SECTION D: PROFESSIONAL RESPONSIBILITY

D.1. PROFESSIONAL COMPETENCE

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

D.2. CULTURAL COMPETENCE/DIVERSITY

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

D.3. FUNCTIONAL COMPETENCE

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

D.4. PROFESSIONAL CREDENTIALS

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

D.5. RESPONSIBILITY TO THE PUBLIC AND OTHER PROFESSIONALS

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

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

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

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

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

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

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

D.6. SCIENTIFIC BASES FOR INTERVENTIONS

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

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

SECTION E: RELATIONSHIPS WITH OTHER PROFESSIONALS

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

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

b. QUESTIONABLE CONDITIONS. Rehabilitation counselors alert their employers to conditions or inappropriate policies or practices that may be potentially disruptive or damaging to the professional responsibilities of rehabilitation counselors or that may limit their effectiveness. In those instances where rehabilitation counselors are critical of policies, they attempt to affect changes in such policies or procedures through constructive action within the organization. Such action may include referral to appropriate certification, accreditation, or licensure organizations, or voluntary termination of employment.

c. EMPLOYER POLICIES. The acceptance of employment in an agency or institution implies that rehabilitation counselors are in agreement with its general policies and principles. Rehabilitation counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in employer policies conducive to the growth and development of clients.

d. PROTECTION FROM PUNITIVE ACTION. Rehabilitation counselors take care not to harass or dismiss employees who have acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

e. PERSONNEL SELECTION AND ASSIGNMENT. Rehabilitation counselors select competent staff and assign responsibilities compatible with their skills and experiences.

f. DISCRIMINATION. Rehabilitation counselors, as either employers or employees, engage in fair practices with regard to hiring, promoting, and training.

E.2. CONSULTATION

a. CONSULTATION AS AN OPTION. Rehabilitation counselors may choose to consult with professionally competent persons about their clients. In choosing consultants, rehabilitation counselors avoid placing consultants in a conflict of interest situation that precludes the consultant from being a proper party to the efforts of rehabilitation counselors to help clients. If rehabilitation counselors are engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.

b. CONSULTANT COMPETENCY. Rehabilitation counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Rehabilitation counselors provide appropriate referral resources when requested or needed.

c. INFORMED CONSENT IN CONSULTATION. When providing consultation, rehabilitation counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both rehabilitation counselors and consultees. Rehabilitation counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultees, rehabilitation counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees.

E.3. AGENCY AND TEAM RELATIONSHIPS

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

b. INTERDISCIPLINARY TEAMWORK. Rehabilitation counselors who are members of interdisciplinary teams delivering multifaceted services to clients must keep the focus on how to serve clients best. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

c. COMMUNICATION. Rehabilitation counselors ensure that there is fair and mutual understanding of rehabilitation plans by all parties cooperating in the rehabilitation of clients.

d. ESTABLISHING PROFESSIONAL AND ETHICAL OBLIGATIONS. Rehabilitation counselors who are members of interdisciplinary teams clarify professional and ethical obligations of the team as a whole and of its individual members. Rehabilitation counselors implement team decisions in rehabilitation plans and procedures, even when not personally agreeing with such decisions, unless these decisions breach the Code. When team decisions raise ethical concerns, rehabilitation counselors first attempt to resolve the concerns within the team. If they cannot reach resolution among team members, rehabilitation counselors consider other approaches to address their concerns consistent with the well-being of clients.

e. REPORTS. Rehabilitation counselors secure from other specialists appropriate reports and evaluations when such reports are essential for rehabilitation planning and/or service delivery.

SECTION F: FORENSIC AND INDIRECT SERVICES

F.1. CLIENT OR EVALUEE RIGHTS

a. PRIMARY OBLIGATIONS. Rehabilitation counselors produce unbiased, objective opinions and findings that can be substantiated by information and methodologies appropriate to the evaluation, which may include examination of individuals, research, and/or review of records. Rehabilitation counselors form opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Rehabilitation counselors define the limits of their opinions or testimony, especially when an examination of individuals has not been conducted. Rehabilitation counselors acting as expert witnesses generate written documentation, either in the form of case notes or a report, as to their involvement and/or conclusions.

b. INFORMED CONSENT. Individuals being evaluated are informed in writing that the relationship is for the purpose of an evaluation and that a report of findings may be produced. Written consent for evaluations are obtained from those being evaluated or the individuals' legal representatives/guardians unless: (1) there is a clinical or cultural reason that this is not possible; (2) a court or legal jurisdiction orders evaluations to be conducted without the written consent of individuals being evaluated; and/or (3) deceased evaluatees are the subject of evaluations. If written consent is not obtained, rehabilitation counselors document verbal consent and the reasons why obtaining written consent was not possible. When minors or vulnerable adults are evaluated, informed consent is obtained from parents or guardians.

c. DUAL ROLES. Rehabilitation counselors do not evaluate current or former clients for forensic purposes except under the conditions noted in A.5.f. or government statute. Likewise, rehabilitation counselors do not provide direct services to evaluatees whom they have previously provided forensic services in the past except under the conditions noted in A.5.f. or government statute. In a forensic setting, rehabilitation counselors who are engaged as expert witnesses have no clients. The persons who are the subject of objective and unbiased evaluations are considered to be evaluatees.

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

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

F.2. REHABILITATION COUNSELOR FORENSIC COMPETENCY AND CONDUCT

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

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

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

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

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

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

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

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

F.3. FORENSIC PRACTICES

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

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

F.4. FORENSIC BUSINESS PRACTICES

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

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

SECTION G: EVALUATION, ASSESSMENT, AND INTERPRETATION

G.1. INFORMED CONSENT

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

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

G.2. RELEASE OF INFORMATION TO COMPETENT PROFESSIONALS

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

G.3. PROPER DIAGNOSIS OF MENTAL DISORDERS

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

G.4. COMPETENCE TO USE AND INTERPRET TESTS

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

G.5. TEST SELECTION

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

G.6. CONDITIONS OF TEST ADMINISTRATION

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

G.7. TEST SCORING AND INTERPRETATION

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

G.8. ASSESSMENT CONSIDERATIONS

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

SECTION H: TEACHING, SUPERVISION, AND TRAINING

H.1. REHABILITATION COUNSELOR SUPERVISION AND CLIENT WELFARE

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

H.2. REHABILITATION COUNSELOR SUPERVISION COMPETENCE

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

H.3. ROLES AND RELATIONSHIPS WITH SUPERVISEES OR TRAINEES

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

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

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

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

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

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

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

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

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

H.4. REHABILITATION COUNSELOR SUPERVISOR RESPONSIBILITIES

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

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

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

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

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

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

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

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

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

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

H.6. RESPONSIBILITIES OF REHABILITATION COUNSELOR EDUCATORS

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

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

- b. INFUSING CULTURAL DIVERSITY.** Rehabilitation counselor educators infuse material related to cultural diversity into all courses and workshops for the development of professional rehabilitation counselors.
- c. INTEGRATION OF STUDY AND PRACTICE.** Rehabilitation counselor educators establish education and training programs that integrate academic study and supervised practice.
- d. TEACHING ETHICS.** Rehabilitation counselor educators make students aware of their ethical responsibilities, standards of the profession, and the ethical responsibilities of students to the profession. Rehabilitation counselor educators infuse ethical considerations throughout the curriculum.
- e. PEER RELATIONSHIPS.** Rehabilitation counselor educators make every effort to ensure that the rights of peers are not compromised when students lead counseling groups or provide clinical supervision. Rehabilitation counselor educators take steps to ensure that students understand they have the same ethical obligations as rehabilitation counselor educators, trainers, and supervisors.
- f. INNOVATIVE TECHNIQUES/PROCEDURES/MODALITIES.** When rehabilitation counselor educators teach counseling techniques/procedures/modalities that are innovative, without an empirical foundation or without a well-grounded theoretical foundation, they define the counseling techniques/procedures/modalities as unproven or developing and explain to students the potential risks and ethical considerations of using such techniques/procedures/modalities.
- g. FIELD PLACEMENTS.** Rehabilitation counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Rehabilitation counselor educators provide clearly stated roles and responsibilities for students, site supervisors, and program supervisors. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.
- h. PROFESSIONAL DISCLOSURE.** Before initiating counseling services, rehabilitation counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Rehabilitation counselor educators ensure that clients at field placement are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students obtain permission from clients before they use any information concerning the counseling relationship in the training process.

H.7. STUDENT WELFARE

- a. ORIENTATION.** Rehabilitation counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Rehabilitation counselor educators have an ethical responsibility to provide enough information to prospective or current students about program expectations for them to make informed decisions about entering into and continuing in a program.
- b. SELF-GROWTH EXPERIENCES.** Rehabilitation counselor education programs delineate requirements for self-disclosure as part of self-growth experiences in their admission and program materials. Rehabilitation counselor educators use professional judgment when designing training experiences they conduct that require student self-growth or self-disclosure. Students are made aware of the ramifications their self-disclosure may have when rehabilitation counselors whose

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

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

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

SECTION I: RESEARCH AND PUBLICATION

I.1. RESEARCH RESPONSIBILITIES

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

I.2. INFORMED CONSENT AND DISCLOSURE

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

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

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

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

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

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

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

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

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

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

I.3. REPORTING RESULTS

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

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

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

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

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

I.4. PUBLICATIONS AND PRESENTATIONS

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

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

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

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

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

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

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

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

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

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

I.5. CONFIDENTIALITY

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

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

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

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

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

SECTION J: TECHNOLOGY AND DISTANCE COUNSELING

J.1. BEHAVIOR AND IDENTIFICATION

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

J.2. ACCESSIBILITY

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

J.3. CONFIDENTIALITY, INFORMED CONSENT, AND SECURITY

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

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

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

J.4. TECHNOLOGY-ASSISTED ASSESSMENT

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

J.5. CONSULTATION GROUPS

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

J.6. RECORDS, DATA STORAGE, AND DISPOSAL

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

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

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

J.7. LEGAL

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

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

J.8. ADVERTISING

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

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

J.9. RESEARCH AND PUBLICATION

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

J.10. REHABILITATION COUNSELOR UNAVAILABILITY

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

J.11. DISTANCE COUNSELING CREDENTIAL DISCLOSURE

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

J.12. DISTANCE COUNSELING RELATIONSHIPS

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

J.13. DISTANCE COUNSELING SECURITY AND BUSINESS PRACTICES

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

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

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

J.14. DISTANCE GROUP COUNSELING

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

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

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

SECTION K: BUSINESS PRACTICES

K.1. ADVERTISING AND SOLICITING CLIENTS

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

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

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

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

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

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

K.2. CLIENT RECORDS

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

K.3. FEES, BARTERING, AND BILLING

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

K.4. TERMINATION

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

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

SECTION L: RESOLVING ETHICAL ISSUES

L.1. KNOWLEDGE OF CRCC STANDARDS

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

L.2. APPLICATION OF STANDARDS

- a. DECISION-MAKING MODELS AND SKILLS.** Rehabilitation counselors must be prepared to recognize underlying ethical principles and conflicts among competing interests, as well as to apply appropriate decision-making models and skills to resolve dilemmas and act ethically.
- b. ADDRESSING UNETHICAL BEHAVIOR.** Rehabilitation counselors expect colleagues to adhere to the Code. When rehabilitation counselors possess knowledge that raises doubt as to whether another rehabilitation counselor is acting in an ethical manner, they take appropriate action.
- c. CONFLICTS BETWEEN ETHICS AND LAWS.** Rehabilitation counselors obey the laws and statutes of the legal jurisdiction in which they practice unless there is a conflict with the Code. If ethical responsibilities conflict with laws, regulations, or other governing legal authorities, rehabilitation counselors make known their commitment to the Code and take steps to resolve conflicts. If conflicts cannot be resolved by such means, rehabilitation counselors may adhere to the requirements of law, regulations, or other governing legal authorities.
- d. KNOWLEDGE OF RELATED CODES OF ETHICS.** Rehabilitation counselors understand applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Rehabilitation counselors are aware that the Code forms the basis for CRCC disciplinary actions, and understand that if there is a discrepancy between codes they are held to the CRCC standards.
- e. CONSULTATION.** When uncertain as to whether particular situations or courses of action may be in violation of the Code, rehabilitation counselors consult with other professionals who are knowledgeable about ethics, with supervisors, colleagues, and/or with appropriate authorities, such as CRCC, licensure boards, or legal counsel.
- f. ORGANIZATION CONFLICTS.** If the demands of organizations with which rehabilitation counselors are affiliated pose a conflict with the Code, rehabilitation counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code. When possible, rehabilitation counselors work toward change within organizations to allow full adherence to the Code. In doing so, they address any confidentiality issues.

L.3. SUSPECTED VIOLATIONS

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

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

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

L.4. COOPERATION WITH ETHICS COMMITTEES

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

L.5. UNFAIR DISCRIMINATION AGAINST COMPLAINANTS AND RESPONDENTS

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

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

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GLOSSARY OF TERMS

ADVOCACY: promoting the well-being of individuals and groups and the rehabilitation counseling profession within systems and organizations. Advocacy seeks fair treatment and full physical and programmatic access for clients, and the removal of any barriers or obstacles that inhibit access, growth, and development.

ASSENT: agreement with a proposed course of action in relation to counseling services or plans when a person is otherwise not capable or competent to give formal or legal consent (e.g., informed consent).

AUTONOMY: the right of clients to be self-governing within their social and cultural framework. The right of clients to make decisions on their own behalf.

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

CLIENTS: individuals with, or directly affected by, a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with a disability.

CONFIDENTIALITY: a promise or contract to respect the privacy of clients by not disclosing anything revealed to rehabilitation counselors except under agreed-upon conditions.

CONFLICT OF INTEREST: a situation in which financial or other personal considerations have the potential to compromise or bias professional judgment and objectivity.

CONSULTATION: when one professional seeks the advice of another professional. It is a process in which consultants assist consultees to resolve a specific issue.

CONTINGENCY FEE: any fee for services provided where the fee is payable only if there is a favorable result (defined as part of the fee contract).

COURT ORDER: a directive from a tribunal or court directing certain actions or conduct which rehabilitation counselors are legally required to follow.

CULTURAL COMPETENCE: encompasses beliefs, attitudes, knowledge, and skills that result in an ability to understand, communicate with, and effectively interact with people across cultures.

CULTURALLY DIVERSE: age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.

DISPARAGING REMARKS: public statements that degrade, belittle, minimize, defame, demean, humiliate, or scorn individuals or groups of individuals. These differ from critiques, which are intended to provide comparisons of thoughts, ideas, methods, work products, or conclusions. If statements criticize the individual as a person, their character or intellect, or are based on incorrect information or fictional claims, these are considered disparaging remarks.

DISTANCE COUNSELING OR EDUCATION: any rehabilitation counseling or education that occurs through electronic auditory and/or electronic visual means.

EVALUEES: in a forensic setting, the people who are the subject of the objective and unbiased evaluations.

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

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

FORENSIC: to provide expertise involving the application of professional knowledge and the use of scientific, technical, or other specialized knowledge for the resolution of legal or administrative issues, proceedings, or decisions.

FUNCTIONAL: relating to cognitive, sensory, environmental, intellectual, mental, behavioral, emotional, and/or physical capabilities.

IMMEDIATE FAMILY MEMBERS: a child, spouse, parent, grandparent, or sibling. Immediate family members are also defined in a manner that is sensitive to cultural differences.

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

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

NONMALEFICENCE: to do no harm to others.

PRIVACY: the right of clients to keep the counseling relationship to oneself (e.g., as a secret). Privacy is more inclusive than confidentiality, which addresses communications in the counseling context.

PRIVILEGED COMMUNICATION: established by statute and protects clients from having confidential communications with rehabilitation counselors disclosed in legal proceedings without their permission.

PROFESSIONAL DISCLOSURE: the process of communicating pertinent information to clients in order for clients to engage in informed consent.

REGIONAL: state, provincial, or other intermediate level.

RETAINER: a contract between an agency or individual(s) and rehabilitation counselors when the agency/individual(s) pays to reserve the time of rehabilitation counselors.

SEXUAL HARASSMENT: sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and (1) rehabilitation counselors know or are told the act is unwelcome, offensive, or creates a hostile workplace or learning environment; and (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred. Sexual harassment may consist of a single intense or severe act considered harassment by a reasonable person, or multiple persistent or pervasive acts.

STUDENTS: persons actively enrolled in an academic program.

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

TRAINEES: rehabilitation counselors-in-training, students, or participants in in-service or continuing education.

VERACITY: to be honest; truthfulness.

Acknowledgements – CRCC recognizes the American Counseling Association and the International Association of Rehabilitation Professionals for permitting the Commission to adopt, in part, the ACA Code of Ethics and the IARP Code of Ethics, Standards of Practice and Competencies, respectively.

A copy of CRCC's Guidelines and Procedures for Processing Complaints along with a Complaint Form may be obtained from CRCC's website at www.crccertification.com or by contacting CRCC at:

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

RECOMMENDED CITATION

Commission on Rehabilitation Counselor Certification. (2009). *Code of professional ethics for rehabilitation counselors*. Schaumburg, IL: Author.

Adopted: 06/2009
Effective: 01/2010

Appendix E

OVRs Intern Program

Evaluation by Onsite Mentor/Manager FOR VR ADMIN REVIEW

Intern:

University:

Location:

Dates onsite (mo/yr):

Evaluator:

Role: Mentor VRC Manager

Please rate the intern on the following qualities and competencies by making a mark on the scales below.

1. Communication with consumers, partners and vendors



2. Communication with OVRs staff and management



3. Case management, decision making and documentation



4. Awareness of Vocational Impact of Disabilities



5. Professionalism



6. Readiness for work as an OVRs VR Counselor



Please discuss the following, based on your interaction with this intern.

Strengths:

Weaknesses:

Thank you for your assistance! Your input is very important.

Please return this questionnaire to OVRs' Internship Coordinator:

ATTN: INTERNSHIP COORDINATOR

State of OR—DHS

OVRs

500 Summer St. NE E-87

Salem, OR 97301

Or by DAS Shuttle to OVRs Administration E-87, Salem HSB

Confidential

Appendix D

OVRs Intern Program

Evaluation by Intern — FOR VR ADMIN REVIEW ONLY

Mentor VRC(s):

Location:

Intern:

Dates onsite (mo/yr):

Please rate your mentor on the following qualities and competencies by making a mark on the scales below.

1. Professionalism



2. Verbal/Signed communication (understandable, appropriate)



3. Respect for your professional development



4. Easy to approach and talk with



5. Integrity and Ethics



6. Overall success of your internship experience with OVRs



Please discuss the following, based on your interaction with this mentor.

Strengths:

Weaknesses:

Thank you for your assistance! Your input is very important.

Please return this questionnaire to OVRs' Internship Coordinator:

ATTN: INTERNSHIP COORDINATOR

State of OR—DHS

OVRs

500 Summer St. NE E-87

Salem, OR 97301

Or by DAS Shuttle to OVRs Administration E-87, Salem HSB

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This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail vr.info@state.or.us, call 503-945-5880 (voice) or call 1-800-735-2900 (TTY) to arrange for the alternative format that will work best for you.