

**WESTERN WASHINGTON UNIVERSITY**

***GRADUATE PROGRAM IN  
REHABILITATION COUNSELING***



**INTERNSHIP GUIDE**

## **INTERNSHIP IN REHABILITATION**

### **A. Purpose of Internship**

The purpose of the rehabilitation counseling internship is to develop, under appropriate supervision, professional competencies in assisting individuals with disabilities to attain and maintain satisfactory vocational and independent living status. Successful completion of RC 591, Practicum in Rehabilitation Counseling, is a prerequisite to the supervised rehabilitation counseling clinical internship experience.

The student is expected to complete a total of 600 hours (30 hours per credit for 20 credits) in an internship. A minimum of 240 of these hours must be in direct service to people with disabilities. The intern student is also expected to spend a minimum of 1½ hours per week in a group session facilitated by a faculty supervisor. This session may be dedicated to didactic and experiential activities and will usually include some review of best counseling practices.

The major focus of the Internship will be the development of professional counseling competencies. All students will be involved in as many aspects of the rehabilitation process as their academic preparation and variations in agency or community provider functions permit.

Internship settings will include carefully selected public and private rehabilitation agencies and human service facilities such as community rehabilitation programs, public rehabilitation agency district offices, hospitals, institutions and psychological treatment programs for persons with long-term mental illness, rehabilitation hospitals, and supported employment programs.

The internship ideally should comprise an organized sequence of increasingly complex, supervised activities in which the intern is given the opportunity to act as a responsible professional. Activities should provide interns with a variety of experiences that are directly related to individual goals. The internship serves as the important link between academic preparation and entry into employment in the rehabilitation and human services field and, thus, serves the critical role of “gatekeeper” for professional quality control.

From the student perspective, an internship assists in career development by providing real work experiences that allow exploration of interests and development of professional competencies. In this manner, students are provided opportunities to test knowledge acquired in earlier didactic work performed during university-based instruction. It is expected that students will also be challenged to examine their own attitudes, beliefs, and values that influence the rehabilitation process.

From the supervisor and agency perspective, an internship provides a unique mentoring experience designed to enhance the professional functioning of the student. This experience requires a supportive relationship that is evaluative so that the quality of services provided by the student intern can be monitored. In accepting students as interns, the supervisor or agency representative recognizes that the internship is, in fact, a learning process designed to promote professional growth of the student.

## **B. Internship Objectives**

The Internship affords an opportunity for everything the student has learned to be integrated into a “big picture” of the field and the student’s place in it. Upon successful completion of his or her internship, the student is expected to be fully prepared to enter the field as a professional. As such, he or she should be able to:

1. Demonstrate an understanding of the history, philosophy and structure of the rehabilitation service delivery system
2. Demonstrate an appreciation and understanding of the legal and ethical issues and aspects of his or her profession
3. Demonstrate proficiency in interviewing and counseling with individuals, groups, and families
4. Demonstrate the ability to identify, administer, and utilize all appropriate assessment information and instruments
5. Demonstrate the ability to develop rehabilitation plans and case management services
6. Demonstrate the ability to utilize knowledge and skills in vocational counseling and career development
7. Demonstrate proficiency in job development and the utilization of job analyses and job modification
8. Demonstrate the ability to utilize information from professional literature and rehabilitation research
9. Share the responsibility for providing a learning experience for other students at a lesser level of functioning who may also be present in the setting

## **C. Selecting an Appropriate Internship Site**

Internship sites must be appropriate for the rehabilitation counseling intern and able to provide high quality fieldwork experiences. The following list of characteristics is intended as a guideline to help students and agency and facility staff evaluate the likelihood of a placement being approved by the Faculty supervisor.

1. The agency or facility should be well established and recognized as providing professional services to clients with disabilities. This may be measured by reputation in the community, accreditations (e.g., Council for Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Hospitals), state licenses, or certification.
2. The agency or facility should have a full-time professional staff whose members identify with rehabilitation counseling and closely related professions. A staff member contemplating direct supervisory responsibility for a graduate Rehabilitation Counseling intern must hold minimally a master’s degree in Rehabilitation Counseling or a closely related profession and preferably be a Certified Rehabilitation Counselor (CRC). Students must inquire about supervisor credentials when selecting an appropriate site. Verification of supervisor credentials is contained on the Internship Experience Contract in Appendix A of this Guide.

3. The agency or facility should have a variety of rehabilitation programs that offer the intern a well-rounded experience and considerable opportunities to work directly with clients with disabilities.
4. The agency or facility should be committed to rehabilitation services and willing to cooperate with the Faculty supervisor in designing fieldwork experiences that will benefit both themselves and the interns.

### **Using The Student's Place of Employment As His or Her Internship Site**

In considering their placement site for internship, individuals currently employed in the field of rehabilitation counseling may be able to use their place of employment as their internship site, if certain conditions are met. For example, rehabilitation counselors with the State Division of Vocational Rehabilitation or the Department of Services for the Blind can use their employment sites to fulfill the internship requirements.

In order to use their work site for their internship, the student will be expected to develop a project or a series of related activities that will amount to 150-200 hours of new learning. This new learning must be over and above the activities required for the internship. Some examples of projects include (a) in-depth study and report on a disability with which the counselor was not previously familiar; (b) development of a guide summarizing comparable benefits available in the local area; or (c) development of a video or brochure, to be given to customers, describing the rehabilitation process.

This option should be discussed with the faculty supervisor and developed with input from the site supervisor. The Internship Extended Learning Contract that will be completed if the student chooses this type of internship is located in Appendix A of this Guide.

### **D. Scheduling and Arranging the Internship**

The following procedures are designed to assure that each student is given the opportunity to secure the best internship possible. It is important to remember that this is an individual process requiring coordination among three parties: the student, the faculty supervisor, and the cooperating agency or facility. It requires student initiative, and unless the student is actively involved in the process, the internship cannot be arranged. It also requires input from the Program Director for the Graduate Program in Rehabilitation Counseling to assure that an appropriate internship is selected. Preparation for internship site selection should begin at least one full quarter before the student wishes to begin her or his internship.

1. Prerequisites:
  - a. Completion of all required coursework (exceptions may be made in individual cases);
  - b. Grade of "B" or better in RC 583 - Practice of Rehabilitation Counseling and grade of "S" in RC 591 - Practicum in Rehabilitation Counseling
  - c. All students scheduling an internship must be in good standing with the University, having no academic or disciplinary action standing or pending against them

2. The student must initiate the scheduling process by requesting an appointment with their academic advisor to make sure that all academic requirements will be met prior to the expected internship date. Once personal contact is established with the academic advisor, the student will receive as much guidance and counseling as is necessary to complete the internship arrangements. Some students have clearly defined career goals and specific ideas as to the type of internship they desire and where they prefer to complete it. Others may need to discuss and explore their interests more fully, and may require more information concerning options within the field of rehabilitation counseling. In both cases, the academic advisor should be consulted. As with all aspects of the internship process, initiative is the key. Students must make their needs known to the academic advisor and ultimately to the faculty member who will be supervising the Internship.
3. If the student does not have a prior arrangement for internship (e.g., using his or her work setting), then the student selects several potential internship sites for further exploration. The student then proceeds in a professional manner to arrange interviews at the potential internship sites. It should be noted that the student must not make an unconditional commitment to any site until after discussing the arrangements with the academic advisor or faculty supervisor.
4. After interviewing at several sites, the student discusses the relative advantages of the sites with the academic advisor. After gaining this input, a final decision is made.
5. At the time the student has selected a primary choice of internship site, the academic advisor or the internship faculty supervisor may contact the site supervisor to discuss the content of the planned internship and, in general, to assure the appropriateness of the arrangements.
6. Students should at all times remember that scheduling the internship is a professional endeavor and that they represent not only themselves but also the Rehabilitation Counseling Program and the University. One specific point of professional conduct warrants noting. The student must reach closure with every site contacted. A call or letter thanking the contact person for his or her consideration and providing feedback as to the student's plans is essential, even for the sites not chosen.
7. After the student submits all the necessary paperwork (See FORMS section) to his or her faculty internship supervisor and the internship is approved, the student will be approved to register for the internship experience.
8. As far as the University is concerned, the internship quarter is no different from any other term. Tuition must be paid on time. Students planning to graduate at the completion of their internship must submit an "Application for Master's Degree" (blue card) no later than the last day of classes for the quarter **PRIOR** to the one in which he or she intends to graduate.
9. Shortly before the scheduled start date (10-14 days), the student should call the site supervisor to make final starting arrangements, such as exact time of arrival and location.

This also serves to remind the site supervisor of the impending internship and to uncover any last minute questions or problems.

10. All internship placements must be confirmed no later than 6 weeks prior to the end of the preceding term. In general, these dates would be August 15 for Fall quarter, November 25 for Winter quarter, February 5 for Spring quarter, and May 10 for Summer quarter.
11. Complete and accurate mailing addresses and phone numbers of both student and internship site are essential to the confirmation and communication process.

Appendix A includes the Internship Agreement and the internship evaluation forms. The Internship Agreement is your contract with the agency and the University for your internship experience. It outlines the expectations and requirements for you to complete this part of your professional graduate program. It is essential that you assume the responsibility for developing the agreement prior to the beginning of your placement as outlined. The Internship Agreement must be acceptable to both your agency and the University. You should make two copies of the completed signed agreement, one copy for your files and the other for your agency supervisor. The original should be given to your Faculty supervisor for your university file.

The Self-Assessment of Internship Performance, the Internship Student Evaluation of Site, and the Site Supervisor's Evaluation of Student Internship Performance are to be completed at the end of your experience. You should make two copies of the supervisor evaluation form when completed, one copy for your files and the other for your agency supervisor. The originals should be given to your faculty internship supervisor for your university file.

## **E. Internship Responsibilities**

### **Student Responsibilities**

1. Review available information on the client in preparation for all intake and subsequent sessions with clients.
2. Demonstrate effective helping skills when interacting with clients.
3. Interact with a variety of clients characterized by diverse presenting problems and individual differences.
4. Formulate treatment plans in accordance with agency guidelines based on information collected through intake activities and evaluation of background information. A holistic approach to problem conceptualization is recommended.
5. Help clients apply (a) skills learned through group work, (b) results of individual appraisal, and (c) career information and life experiences.
6. Help clients develop longer-range plans (e.g., personal-social, education, career development)
7. Facilitate developmental group work using group process and workshop skills
8. Comply with all policies and directives that apply to professional practice at the placement site.
9. Adhere to the Code of Professional Ethics for Rehabilitation Counselors (See Appendix B).
10. Complete all assignments and submit required documentation by specified due dates.

11. Attend all scheduled Internship class sessions.
12. Keep the site supervisor informed of all developments that may influence your performance as an internship student.
13. Schedule time to regularly visit or communicate with the faculty supervisor for the purpose of evaluation of guidance, clinical skills, and professional growth.
14. Consult with other professionals regarding presenting problems and preferred courses of action.
15. Refer clients to other human services professionals and programs in compliance with agency guidelines.
16. Conduct individual appraisal activities as required by agency.
17. Conduct public information activities appropriate to agency.
18. Participate in or help conduct professional development activities.
19. Help conduct program management activities.
20. Attend all training sessions required by the internship site.
21. Comply with all guidelines, policies, and procedures at the internship site.
22. Maintain all records required by the agency.
23. Attend staff meetings, workshops, and in-service sessions as recommended by the faculty supervisor or agency.
24. Conduct the following evaluation activities: (a) a self-assessment of clinical skills at the end of internship, (b) an evaluation of both the site supervisor and the site, and (c) an evaluation of the faculty supervisor (through the course evaluation process).

#### Faculty Supervisor Responsibilities

1. Assist internship students in locating sites for field experience, as needed. For this reason, class sizes are kept small.
2. Prepare internship students for placement in the field, as needed.
3. Periodically meet with the site supervisor at the approved internship site to discuss internship student's program.
4. Meet on a regularly scheduled basis with the internship student to assess clinical skills and review progress.
5. Be available for additional consultation by the student or the site supervisor, as needed.
6. Collaborate with the site supervisor in evaluating the internship student's professional growth.

#### Site Supervisor Responsibilities

1. Conduct a regularly scheduled weekly meeting with the internship student.
2. Provide the internship student with ample opportunities to experience counseling and human services work, which represents professional practice at the facility or agency.
3. Provide the training and guidance needed for the internship student to carry out his or her assigned responsibilities.
4. Provide adequate facilities for the internship student to carry out his or her assigned responsibilities.
5. Impart sound counseling techniques and related methods of intervention through demonstration, discussion, supervision, and evaluation.
6. Be available to the internship student for supervisory feedback and consultation.

7. Foster a professional attitude through demonstration of genuine interest and enthusiasm for the counseling profession, caring and ethical behavior, and willingness to engage in collaborative human services endeavors.
8. Evaluate the internship student's clinical skills through continuous feedback and a final evaluation of performance. This will include obtaining feedback from consumers the intern has worked with.
9. Immediately communicate any concerns regarding the internship student to the faculty supervisor.

### **Liability Insurance**

Student Medical Malpractice Insurance is optional but strongly recommended. This provides professional liability coverage up to \$3 million for a premium of \$5 for a full year. While the university protects its faculty and staff from liability issues, students are not automatically covered. Some field experience sites may insist that the student obtain this coverage. See Appendix A for the forms.

### **F. Time Commitment**

The internship student will invest a minimum of 30 clock hours per credit (600 hours for 20 credits) in performing the functions of the Internship. A minimum of 240 hours must be in providing direct service to people with disabilities.

### **G. Supervision**

The internship student is expected to spend a minimum of 1 hour per week in individual supervision by the site supervisor. In addition, the internship student is expected to spend 1 hour per week in individual or 1½ hours per week in group supervision with the faculty supervisor or a qualified individual working with the faculty supervisor. The internship supervision addresses work issues that an employed rehabilitation counselor experiences from intake to discharge, and those organizational issues that vocational rehabilitation agencies encounter, such as case management and coordination with other related programs.

When the course is being taken via distance education, part of this supervision may be through communication modalities such as video conferencing, teleconferencing, real time video contact, or other appropriate methods.

### **H. Internship Content.**

Since students intern in a wide variety of settings and bring with them varying degrees of training and experience, it is not possible or desirable to require a specific set of activities. The outline presented below is intended only as a guideline for structuring well-rounded, mutually beneficial fieldwork experiences. There is a logical chronology built in, but it is realized that many activities may overlap in time or, indeed, continue for the duration of the internship. Furthermore, the site supervisor and intern should remain flexible so that they may respond to changing agency/facility needs and developing student interests.

- I. Orientation
  - A. Introduction to staff and tour of physical plant
  - B. Overview of regulations and policies
    - 1. Expectations of interns
    - 2. Hours of attendance
    - 3. Use of telephones
    - 4. Chain of command
    - 5. Risk assessment
    - 6. Confidentiality of records
    - 7. Code of Professional Ethics for Rehabilitation Counselors
  - C. Overview of agency/facility program
    - 1. History
    - 2. Funding sources
    - 3. Client populations
    - 4. Referral sources
    - 5. Client services
    - 6. Case management and recording procedures
    - 7. Eligibility criteria
  - D. Review of case histories
  
- II. Observation
  - A. Intake and/or screening interviews
  - B. Diagnostic and/or evaluation procedures
    - 1. Medical
    - 2. Psychological
    - 3. Vocational
    - 4. Social
  - C. Counseling Sessions
    - 1. Individual
    - 2. Couples
    - 3. Group
  - D. Therapies
    - 1. Physical therapy
    - 2. Occupational therapy
    - 3. Speech therapy
    - 4. Recreational therapy
    - 5. Psychotherapy
  - E. Training
    - 1. Work adjustment training
    - 2. Vocational training
    - 3. Activities of daily living
    - 4. Supported employment
  - F. Staff meetings
    - 1. Client review
    - 2. In-service training

3. Administrative
- G. Field rounds
  1. Home visits
  2. Job development and/or placement
  3. Community agencies

### III. Participation

- A. Depending upon individual competencies, supervisor preferences, and site regulations, “observation” activities (Section II) may be required prior to providing client services. However, graduate Rehabilitation Counseling interns should concentrate on developing appropriate professional skills in such areas as case management, individual and group counseling, vocational evaluation, supported employment, job placement, and/or staff development. As such, the “observation” period should constitute a brief time.
- B. It is recommended that participation components be phased in as early as feasible to maintain student enthusiasm and maximize productivity.

## **I. Evaluating Intern Performance**

Supervision and evaluation of the intern are joint responsibilities of the site supervisor and the faculty supervisor. Both must maintain an ongoing interest and involvement in the intern’s progress. The site supervisor provides direct daily supervision or selectively assigns the intern to work with other experienced staff members. Regular meetings, at least once a week, must be scheduled to provide the intern with constructive feedback and discuss upcoming activities.

The faculty supervisor monitors the interns’ progress via the weekly journals, phone conversations, evaluation reports, and, when necessary, site visits. The faculty supervisor is available for consultation should questions or problems arise. Students should contact the faculty supervisor immediately when there is a concern or problem. Routine communication by either student or supervisor is encouraged throughout the internship. As a general rule, the faculty supervisor will make two phone calls to the on-site supervisor. The first call will occur around the midpoint of the first quarter; the second telephone call will occur around the midpoint of the second quarter. Where possible, the faculty supervisor will visit the internship site and meet with the intern and his or her site supervisor in lieu of the telephone call. Given this practice, it is important that weekly journals are sufficiently detailed and reflect accurate feelings about each week’s activity.

At the end of the first and second quarters, the site supervisor and the intern each complete an Internship Student Skills Checklist, for which forms are provided (see FORMS section). These evaluations provide the intern and the faculty supervisor with objective feedback regarding various dimensions of performance. They also give the intern an opportunity to make self-evaluative comments.

Both the intern and the site supervisor should realize that responsibility for assigning a grade for the entire fieldwork experience rests with the faculty supervisor. The site supervisor’s evaluations are always heavily weighted, but other factors are also considered, such as the

quality of the intern's assignments, on-site observations, and the intern's self-assessments. It has been found that in the large majority of cases all parties concerned agree upon successful completion.

It is especially important that each student enrolled recognize that the planning, seeking, interviewing, selecting, and on-site performance are all part of the internship process. The entire process is a learning experience from which increased professionalism should be gained. It begins at least one quarter in advance of the actual internship site experience. All parts of the experience and all assignments are considered in determining the overall final grade. A thorough reading of this Guide prior to beginning any part of the internship process is strongly advised. Students should maintain communication with the faculty supervisor to insure an accurate understanding of the process.

## **J. Internship Portfolio**

The Internship Professional Development Portfolio is required of all interns and may be reviewed with the agency supervisor as well as submitted to the faculty supervisor at the midpoint and completion of the internship.

The portfolio should briefly summarize the student's progress through their internship. It should not simply relate experiences but should include research readings, conference attendance, supervisory meetings etc. The portfolio should be divided in the following three sections.

1. **Weekly Journal Entry and Hours.** There must be a log entry for each day worked (up to three entries per week) consisting of (a) date and (b) the EIAG approach to documenting an experience for each day. The journal is to be submitted weekly based on the schedule provided by the Faculty supervisor. Each entry should demonstrate LEARNING acquired from your work experience, not what you did. One model for doing this is to apply the **EIAG (Experience, Identify, Analyze, Generalize)** process:
  - a) describe an **experience** at work that day;
  - b) **identify** ONE thing you learned from that particular experience,
  - c) **analyze** why you think that was an important insight or learning for you (i.e., why did that experience stand out), and
  - d) **generalize** how you will use this knowledge in the future to help you be a better rehabilitation counselor.

You should relate your learning experiences to your goals and objectives and what you have learned. An overview of the placement, clients served, professionals, and general responsibilities should introduce this section. You will be expected to keep a weekly reflection journal with entries for each day (up to three entries per week) that you are working at your field placement.

2. **Research or Reading Related To The Area(s) of This Internship.** Critically evaluate any readings assigned, especially how each might relate to your goals and objectives. Specific activities to include in this section might include creating a bibliography of readings in the area, detailing any research currently being conducted at the site, identifying current

and future trends related to your site. There is no minimum or maximum number of critiques required. However, 4-6 are recommended.

3. Internship Evaluations (forms located in Appendix A)
  - a. Self-Assessment of Internship Performance
  - b. Student Evaluation of Internship Site
  - c. Site Supervisor's Evaluation of Student Internship Performance

*It is our desire to have every student develop, enhance, and succeed into a capable professional in his or her chosen field. The internship is a capstone of a student's university learning experience and an entry into a career. This experience should be a highlight to one's academic preparation.*

# Appendix A



# Internship Forms

**REHABILITATION COUNSELING GRADUATE PROGRAM  
INTERNSHIP EXPERIENCE CONTRACT**

This agreement is made on \_\_\_\_\_ by and among WWU Graduate Program in Rehabilitation  
(Date)  
Counseling, \_\_\_\_\_, and \_\_\_\_\_  
(Field Site) (Student)

The agreement will be effective for a period  
from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ per week.  
(Starting date) (Ending date) (No. hours)

**Purpose**

The purpose of this agreement is to provide a qualified graduate student with an internship experience in the field of rehabilitation counseling.

**The university program agrees**

1. to assign a university faculty supervisor to facilitate communication between university and site;
2. to provide the site prior to placement of the student with the following information
  - a. profile of the student named above and
  - b. an academic calendar that shall include dates for periods during which student will be excused from field supervision;
3. to notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
4. that the faculty liaison shall be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and
5. that the university supervisor is responsible for the assignment of a fieldwork grade.

**The internship site agrees**

1. to assign an internship supervisor who has appropriate credentials, time, and interest for training the internship student;
2. to provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance (suggested counseling experiences included in "Internship Activities" section);
3. to provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
4. to provide supervisory contact that involves some examination of student work using audio/video tapes, observation, and/or live supervision; and
5. to provide written evaluation of student based on criteria established by the university program.

**The student agrees**

1. to maintain standards in keeping with the Code of Professional Ethics for Rehabilitation Counselors;
2. to act within the limits of his/her defined roles, training and competencies as defined and approved in this document;
3. to adhere to the policies and procedures for professional personnel at the practicum site (e.g., working hours, dress, and activities) for the duration of the field experience;
4. to cooperate with the site supervisor and faculty supervisor, submitting reports at appropriate times, and keeping a log of activities performed as part of the practicum;
5. to at all times respect the confidentiality of information about clients or participants of the practicum site, and to follow any policies or guidelines of the university and the practicum site relating to research or training with human subjects;
6. to report concerns or problems promptly and completely to both the site and faculty supervisors so that these issues may be resolved as soon as possible; and
7. to avoid undertaking any activity in which competency, personal problems, or conflicts of interest is likely to lead to inadequate performance. If such a situation arises, student shall seek agency or faculty supervisor assistance to determine the appropriate course of action.

Within the specified time frame, \_\_\_\_\_ (site supervisor) will be the primary internship site supervisor. The training activities (checked below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.

\_\_\_\_\_(faculty supervisor) will be the faculty supervisor with whom the student and internship site supervisor will communicate regarding progress, problems, and performance evaluations.

### Internship Activities

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|---|--|
| <p>I. Orientation</p> <p>A. Introduction</p> <p>B. Overview of regulations/policies</p> <p style="padding-left: 40px;">1. Hours of attendance</p> <p style="padding-left: 40px;">2. Use of telephones</p> <p style="padding-left: 40px;">3. Chain of command</p> <p style="padding-left: 40px;">4. Confidentiality of records</p> <p>C. Overview of agency/facility program</p> <p style="padding-left: 40px;">1. History</p> <p style="padding-left: 40px;">2. Funding sources</p> <p style="padding-left: 40px;">3. Client populations</p> <p style="padding-left: 40px;">4. Referral Sources</p> <p style="padding-left: 40px;">5. Client Services</p> <p style="padding-left: 40px;">6. Case management and recording procedures</p> <p style="padding-left: 40px;">7. Eligibility criteria</p> <p>D. Review of case histories</p> <p>II Observation/Participation</p> <p>A. Intake/screening interviews</p> <p>B. Diagnostic/evaluation procedures</p> <p style="padding-left: 40px;">1. Medical</p> <p style="padding-left: 40px;">2. Psychological</p> <p style="padding-left: 40px;">3. Vocational</p> <p style="padding-left: 40px;">4. Social</p> | <p>C.. Counseling sessions</p> <p style="padding-left: 40px;">1. Individual</p> <p style="padding-left: 40px;">2. Couples</p> <p style="padding-left: 40px;">3. Group</p> <p>D. Therapies</p> <p style="padding-left: 40px;">1. Physical therapy</p> <p style="padding-left: 40px;">2. Occupational therapy</p> <p style="padding-left: 40px;">3. Speech therapy</p> <p style="padding-left: 40px;">4. Recreational therapy</p> <p style="padding-left: 40px;">5. Psychotherapy</p> <p>E. Training</p> <p style="padding-left: 40px;">1. Work adjustment training</p> <p style="padding-left: 40px;">2. Vocational training</p> <p style="padding-left: 40px;">3. Activities of daily living</p> <p style="padding-left: 40px;">4. Supported employment</p> <p>F. Staff meetings</p> <p style="padding-left: 40px;">1. Client review</p> <p style="padding-left: 40px;">2. In-service training</p> <p style="padding-left: 40px;">3. Administrative</p> <p>G. Field Rounds</p> <p style="padding-left: 40px;">1. Home visits</p> <p style="padding-left: 40px;">2. Job dev/placement</p> <p style="padding-left: 40px;">3. Community agencies</p> <p>H. Other (Please specify)</p> |
|---|--|

FACULTY SUPERVISOR	SITE SUPERVISOR
<hr/> Printed/Typed Name	<hr/> Printed/Typed Name
e-mail: <hr/>	e-mail: <hr/>
<hr/> Telephone	<hr/> Telephone
<hr/> Certified Rehabilitation Counselor (CRC) #	Work Address: <hr/>
<hr/> Faculty Supervisor Signature	<hr/>
Student	<hr/> Certified Rehabilitation Counselor (CRC) #
<hr/> Printed/Typed Name	<hr/> Other Credential Type, No., and State
<hr/> Student Signature	<hr/> Site Supervisor Signature

**In some cases, a Memorandum of Agreement already exists between two agencies. If this is the case, the Interagency MOA expands on any agreements made here. Interagency MOA is on file: Yes  No**

**INTERNSHIP**  
**Extended Learning Contract**  
*(For students using their place of employment as their Internship Site)*

Student \_\_\_\_\_ Quarter/Yr \_\_\_\_\_

Identify or describe the activities that you will engage in for your extended learning component of your internship.

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What are the expected “new” learning outcomes from these activities?

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Approximate number of hours you will devote to these activities: \_\_\_\_\_

\_\_\_\_\_  
*Student Signature* *Date*

\_\_\_\_\_  
*Faculty Supervisor Signature* *Date* *Site Supervisor Signature* *Date*



Paul Mueller CPCU, Risk Manager  
Safety Building 115, MS-9070  
Direct Line: (360) 650-3065  
Fax: (360) 650-6514  
E-mail: paul.mueller@wwu.edu

## **STUDENT MEDICAL MALPRACTICE INSURANCE PROGRAM**

**Description:** Western Washington University's Student Medical Malpractice Insurance Program insures the professional liability of students who furnish mental and physical health-related professional services required under curriculum or internships. Examples include athletic trainer, mental health counselor, school counselor, dance therapist, drug and alcohol counselor, marriage and family counselors, audiologist, language-speech pathologist, dietitian, physical therapist, social worker, occupational therapist, and services in the physical education, health and recreation fields. Any academic department within these and similar fields should make the Student Medical Malpractice Insurance available to students.

**Cost:** The cost for this insurance is a flat fee of \$5.00 for 12 months of coverage from the date the fee is paid, although the annual state master policy period begins and ends on September 1. It is the student's responsibility to make sure their premium is paid and their coverage is current.

**Purchasing Procedures:** Cash payment for the fee of \$5.00 is to be made at the University Cashier before the student begins to offer services. The student must complete an enrollment form and deliver to the University Cashier with the accompanying payment. The University Cashier forwards a receipt and completed enrollment form to Risk Management for processing.

If payment is to be made through transfer of funds, the University department completes a journal Voucher (JV), attaches enrollment forms and other supporting documents and then submits to Accounting Services. A copy is sent to Risk Management. Do not send originals to Risk Management.

**Certificates of Insurance:** The University department in charge of the student can obtain a current certificate of insurance from Risk Management to make copies for students who provide proof of fee payment. A certificate of insurance may be required by the organization providing the internship.

**Potential Claims:** Potential claims must be reported to Risk Management *immediately* by the University department in charge of the student. Failure to do so may jeopardize our position. Risk Management will administer the claim at that time.

**Coverage:** The policy provides professional liability for students. As an added benefit, it also provides coverage for faculty for supervision and instruction of the students. It covers what the student or faculty may be legally obligated to pay for bodily injury or property damage caused by a negligent act or omission arising out of the rendering of professional services by the student. The limit of liability is \$1,000,000 per occurrence with a \$3,000,000 annual aggregate.

***This summary is intended for reference only.*** Contact the Risk Manager for specific information about the program.



# WESTERN

WASHINGTON UNIVERSITY

Paul Mueller CPCU, Risk Manager

Safety Building 115, MS-9070

Direct Line: (360) 650-3065

Fax: (360) 650-6514

E-mail: paul.mueller@wwu.edu

## STUDENT MEDICAL MALPRACTICE INSURANCE ENROLLMENT FORM

Cost: **\$5.00 Flat Fee**

Name \_\_\_\_\_

Department (be specific) Department of Human Services and Rehabilitation

Department Contact and Extension Dr. Elizabeth A. Swett 425-339-3810, ext 20

Activity to be Insured Practicum and Internship in Rehabilitation Counseling (RC 591 and RC 592)

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

This student medical malpractice program provides professional liability with limits of \$1,000,000 per occurrence with a \$3,000,000 annual aggregate.

### **Instructions:**

**Take this form and \$5.00 payment to University Cashier, Old Main 245, MS-9004. University Cashier will deliver form and receipt to Risk Manager for processing. Do not send payment and form to Risk Management.**

**FOR CASHIER USE: PLEASE DEPOSIT TO FSRMMM H191  
(Please attach receipt or stamp form and mail to Risk Manager MS-9070) Thanks!**

# Internship Contact Hours

Student Name \_\_\_\_\_

Month/Year \_\_\_\_\_

	Client Contact Hours	NonClient Agency Hours	Extended Learning Hours	Site Supervision Hours	Faculty Supervision/ Class Hours	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Total</b>						

**Department of Human Services and Rehabilitation  
Western Washington University**

**CLIENT RELEASE FORM**

I, \_\_\_\_\_, agree to be counseled by a practicum/intern (circle one) student in the Department of Human Services and Rehabilitation at Western Washington University \_\_\_\_\_.

I further understand that I will participate in counseling interviews that will be audiotaped, videotaped, and/or viewed by practicum/intern students and faculty.

I understand that I will be counseled by a graduate student who has completed advanced coursework in rehabilitation counseling.

I understand that the student will be supervised by a faculty member or site supervisor.

Client's signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Counselor's signature \_\_\_\_\_

## SELF-ASSESSMENT OF INTERNSHIP PERFORMANCE

During the last week of the internship, each student is required to write a short (3 to 5 pages) critique of his or her internship performance. The critique should include:

1. your stated goals and objectives;
2. what you were able to complete and what, if anything, you were not able to complete;
3. an overview of the activities in which you participated with an analysis of the personal and professional development gained from these activities;
4. what was learned about the particular setting, occupation(s), and populations you encountered;
5. self-assessment of your performance and relative strengths and weaknesses; and
6. implications for your placement immediately following graduation.



On the scale below, please rate how the internship experience has enhanced your knowledge/skill base in the areas listed. Please add any comments to your rating.

1. Excellent
2. Very Good
3. Good
4. Satisfactory
5. Unsatisfactory
6. N/A – not applicable

A. Knowledge and application of basic skills and techniques in counseling \_\_\_\_\_  
Comments:

B. Application of the individual counseling process \_\_\_\_\_  
Comments:

C. Application of the group counseling process \_\_\_\_\_  
Comments:

D. Professional application of counseling in a rehabilitation service agency \_\_\_\_\_  
Comments:

E. Problem-solving and decision-making \_\_\_\_\_  
Comments:

F. Professionalism \_\_\_\_\_  
Comments:

Would you recommend this site/agency to another rehabilitation counseling internship student?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

# **SITE SUPERVISOR'S EVALUATION OF STUDENT INTERNSHIP PERFORMANCE**

## **Master of Arts in Rehabilitation Counseling Woodring College, Department of Human Services and Rehabilitation**

Student:

Field Experience Course:

Host Agency:

Site Supervisor:

Period:

Excellent: Always performs above the minimum requirements and shows outstanding aptitude and application of techniques and concepts of Rehabilitation Counseling

Above Average: Always meets minimum requirements in a satisfactory manner, and performs at a level considerably above that normally expected of a graduate intern.

Average: Usually meets minimum requirements in a satisfactory manner; performs as might be expected of a graduate intern.

Below Average: Occasionally fails to meet minimum requirements in a satisfactory manner, performs at a level somewhat below that expected of a graduate intern.

No Basis: No basis exists on which to evaluate the graduate intern.

## SITE SUPERVISOR'S EVALUATION OF STUDENT INTERNSHIP PERFORMANCE

I. SUCCESS IN FORMING EFFECTIVE RELATIONSHIPS					
	Excellent	Above Average	Average	Below Average	No Basis
A. With Clients					
With Other Professionals					
Staff					
Supervisors					
Overall Agency					
Outside Agencies					
Success in forming and maintaining effective relationships					
II. SKILLS IN COUNSELING:					
	Excellent	Above Average	Average	Below Average	No Basis
A. Knowledge & Understanding					
Rehabilitation principles and process					
Psychological aspects of rehabilitation					
Medical aspects of rehabilitation					
Community resources					
Ethical principles & standards					
Appropriate legal principles & ethical decision-making skills					
Developing & maintaining a counseling relationship					
Establishing consumer goals & objectives of counseling					
Facilitating an individual's independent decision making					
Multi-cultural techniques and effectively counseling approaches with culturally diverse consumers.					
Skill in counseling:					

B. Case Work Skills & Abilities	Excellent	Above Average	Average	Below Average	No Basis
Development of a rehabilitation plan					
Report writing and documentation					
Identification of individual strategies to resolve problems that impede the rehabilitation process					
Identify available resources and determine jointly, with the consumer, an appropriate rehabilitation plan					
Facilitate, with the consumer, the development of a rehabilitation transition, and /or independent living plan					
Communicate with other service providers involved with the consumer/family					
Determine mutual responsibilities with other service providers involved with the consumer/family					
Assist consumers in identifying potential fiscal resources to obtain needed services					
Evaluate the feasibility of a consumer's rehabilitation or independent living objectives					
Assess the consumer's capabilities to make decisions					
Establish follow-up and/or follow-along procedures to maximize a consumer's independent functioning					
Demonstration of skills in job analysis, working site modification and/or restructuring, including the application of appropriate technology					
Demonstration of skills in job developing, job placement, employer contacts, supported employment, follow-up and/or follow-along services					
Demonstration of appropriate and effective case work with culturally diverse consumers					

*III. WORK HABITS AND PERSONAL TRAITS & ATTITUDES					
A. Work habits	Excellent	Above Avg	Average	Below Avg	No Basis
B. Personal traits and attitudes	Excellent	Above Avg	Average	Below Avg	No Basis
C. Professional Growth and Potential	Excellent	Above Avg	Average	Below Avg	No Basis
Comments:					
*If "below average" or "not acceptable," please comment on reverse side of this sheet					
IV. READINESS FOR FIELD EXPERIENCE	Excellent	Above Average	Average	Below Average	No Basis
Summary of comments made by consumers the student worked with:					
Based on your observations, was this student adequately prepared to be effective in the field experience placement?					
What recommendations or suggestions would you make for the Rehabilitation Counseling Program for improving or enhancing student training?					
In what type of rehabilitation setting (clients, services, and skills) do you feel this graduate intern would be most effective?					
Additional Comments:					

These competencies are based on criteria established by the Commission on Rehabilitation Education.

Site Supervisor's Signature \_\_\_\_\_

\_\_\_\_\_ CRC#

\_\_\_\_\_ Date

Student's Signature \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

Faculty Supervisor's Signature \_\_\_\_\_

\_\_\_\_\_ CRC#

\_\_\_\_\_ Date

**WESTERN WASHINGTON UNIVERSITY**  
**Graduate Rehabilitation Counseling Program**

**Summary of Consumer Feedback**

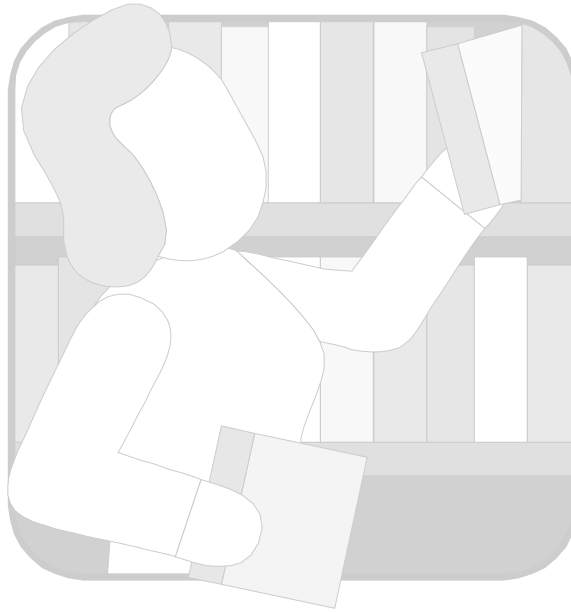
Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Instructions for the Student's On-Site Supervisor:*** As part of your supervision of the student, you are asked to make contact with the consumers with whom the student has been working, and to find out how well the student performed, from their perspective. You are asked to summarize the information from consumers in some written form. For your reference, the following is a list of questions you may wish to ask consumers:

To what extent did you feel:

1. that your opinion was valued in determining your rehabilitation plan?
2. you were able to choose what you would do?
3. your counselor listened to you?
4. your counselor challenged you and made you look at things differently?
5. your counselor had the necessary knowledge and skills to plan an appropriate array of services?
6. your counselor knew the community services that you would need to succeed?
7. your counselor supported you in your attempt to consider employment options?
8. your counselor understood employment law and job issues sufficiently to help you in job seeking activities?
9. Other comments about your counselor?

## **APPENDIX B**



# **Code of Professional Ethics For Rehabilitation Counselors**

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

*Adopted in June 2001 by the Commission on Rehabilitation Counselor Certification for its  
Certified Rehabilitation Counselors.  
This Code is effective as of January 1, 2002.*

**Developed and Administered by the:  
Commission on Rehabilitation Counselor Certification  
1835 Rohlwing Road, Suite E  
Rolling Meadows, Illinois 60008  
(847) 394-2104  
<http://www.crc certification.com>**

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## PREAMBLE

Rehabilitation counselors are committed to facilitating the personal, social, and economic independence of individuals with disabilities. In fulfilling this commitment, rehabilitation counselors work with people, programs, institutions, and service delivery systems. Rehabilitation counselors provide services within the Scope of Practice for Rehabilitation Counseling (see the Scope of Practice document) and recognize that both action and inaction can be facilitating or debilitating. It is essential that rehabilitation counselors demonstrate adherence to ethical standards and ensure that the standards are enforced vigorously. The Code of Professional Ethics for Rehabilitation Counselors, henceforth referred to as the Code, is designed to facilitate these goals.

The fundamental spirit of caring and respect with which the Code is written is based upon five principles of ethical behavior<sup>1</sup>. These include autonomy, beneficence, nonmaleficence, justice, and fidelity, as defined below:

Autonomy: To honor the right to make individual decisions.

Beneficence: To do good to others.

Nonmaleficence: To do no harm to others.

Justice: To be fair and give equally to others.

Fidelity: To be loyal, honest, and keep promises.

**The primary obligation of rehabilitation counselors is to their clients, defined in the Code as individuals with disabilities who are receiving services from rehabilitation counselors.**

Regardless of whether direct client contact occurs or whether indirect services are provided, rehabilitation counselors are obligated to adhere to the Code. At times, rehabilitation counseling services may be provided to individuals other than those with disabilities, such as a student population. In all instances, the primary obligation remains with the client and adherence to the Code is required.

The basic objective of the Code is to promote public welfare by specifying ethical behavior expected of rehabilitation counselors. The Enforceable Standards within the Code are the exacting standards intended to provide guidance in specific circumstances and will serve as the basis for processing ethical complaints initiated against certificants.

Rehabilitation counselors who violate the Code are subject to disciplinary action. Since the use of the Certified Rehabilitation Counselor (CRC) designation is 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.

<sup>1</sup> Beauchamp, T.L., & Childress, J.F. (1994), 4<sup>th</sup> Ed. Principles of Biomedical Ethics. Oxford: Oxford University Press. Kitchener, K.S. (1984). Ethics in Counseling Psychology: Distinctions and Directions. *Counseling Psychologists*, 12 (3), 43-55.

# ENFORCEABLE STANDARDS OF ETHICAL PRACTICE

## SECTION A: THE COUNSELING RELATIONSHIP

### A.1. CLIENT WELFARE

- a. **DEFINITION OF CLIENT.** The primary obligation of rehabilitation counselors will be to their clients, defined as individuals with disabilities who are receiving services from rehabilitation counselors.
- b. **REHABILITATION AND COUNSELING PLANS.** Rehabilitation counselors will work jointly with their clients in devising and revising integrated, individual rehabilitation and counseling plans that contain realistic and mutually agreed upon goals and are consistent with abilities and circumstances of clients.
- c. **CAREER AND EMPLOYMENT NEEDS.** Rehabilitation counselors will work with their clients in considering employment that is consistent with the overall abilities, vocational limitations, physical restrictions, psychological limitations, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and cultural and other relevant characteristics and needs of clients. Rehabilitation counselors will neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.
- d. **AUTONOMY.** Rehabilitation counselors will respect the autonomy of the client if actions such as involuntary commitment or initiation of guardianship are taken that diminish client autonomy. The assumption of responsibility for decision-making on behalf of the client will be taken only after careful deliberation. The rehabilitation counselor will advocate for client resumption of responsibility as quickly as possible.

### A.2. RESPECTING DIVERSITY

- a. **RESPECTING CULTURE.** Rehabilitation counselors will demonstrate respect for clients' cultural backgrounds.
- b. **INTERVENTIONS.** Rehabilitation counselors will develop and adapt interventions and services to incorporate consideration of clients' cultural perspectives and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes.
- c. **NON-DISCRIMINATION.** Rehabilitation counselors will not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

### A.3. CLIENT RIGHTS

- a. **DISCLOSURE TO CLIENTS.** When counseling is initiated, and throughout the counseling

process as necessary, rehabilitation counselors will inform clients, preferably through both written and oral means, of their credentials, the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Rehabilitation counselors will take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to (1) expect confidentiality and will be provided with an explanation of its limitations, including disclosure to supervisors and/or treatment team professionals; (2) obtain clear information about their case records; (3) actively participate in the development and implementation of rehabilitation counseling plans; and (4) refuse any recommended services and be advised of the consequences of such refusal.

- b. THIRD PARTY REFERRAL.** Rehabilitation counselors who have direct contact with a client at the request of a third party will define the nature of their relationships and role to all rightful, legal parties with whom they have direct contact. Direct contact is defined as any written, oral, or electronic communication. Legal parties may include clients, legal guardians, referring third parties, and attorneys actively involved in a matter directly related to rehabilitation services.
- c. INDIRECT SERVICE PROVISION.** Rehabilitation counselors who are employed by third parties as case consultants or expert witnesses, and who engage in communication with the individual with a disability, will fully disclose to the individual with a disability and/or his or her designee their role and limits of their relationship. Communication includes all forms of written or oral interactions regardless of the type of communication tool used. When there is no pretense or intent to provide rehabilitation counseling services directly to the individual with a disability, and where there will be no communication, disclosure by the rehabilitation counselor is not required. When serving as case consultants or expert witnesses, rehabilitation counselors will provide unbiased, objective opinions. Rehabilitation counselors acting as expert witnesses will generate written documentation, either in the form of case notes or a report, as to their involvement and/or conclusions.
- d. FREEDOM OF CHOICE.** To the extent possible, rehabilitation counselors will offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients will be fully explained. Rehabilitation counselors will honor the rights of clients to consent to participate and the right to make decisions with regard to rehabilitation services. Rehabilitation counselors will inform clients or the clients' legal guardians of factors that may affect decisions to participate in rehabilitation services, and they will obtain written consent or will acknowledge consent in writing after clients or legal guardians are fully informed of such factors.
- e. INABILITY TO GIVE CONSENT.** When counseling minors or persons unable to give voluntary informed consent, rehabilitation counselors will obtain written informed consent from legally responsible parties. Where no legally responsible parties exist, rehabilitation counselors will act in the best interest of clients.
- f. INVOLVEMENT OF SIGNIFICANT OTHERS.** Rehabilitation counselors will attempt to

enlist family understanding and involvement of family and/or significant others as a positive resource if (or when) appropriate. The client or legal guardian's permission will be secured prior to any involvement of family and/or significant others.

#### **A.4. PERSONAL NEEDS AND VALUES**

In the counseling relationship, rehabilitation counselors will be aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

#### **A.5. SEXUAL INTIMACIES WITH CLIENTS**

- a. CURRENT CLIENTS.** Rehabilitation counselors will not have any type of sexual intimacies with clients and will not counsel persons with whom they have had a sexual relationship.
- b. FORMER CLIENTS.** Rehabilitation counselors will not engage in sexual intimacies with former clients within a minimum of 5 years after terminating the counseling relationship. Rehabilitation counselors who engage in such relationship after 5 years following termination will have the responsibility to examine and document thoroughly that such relations do not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination. Rehabilitation counselors will seek peer consultation prior to engaging in a sexual relationship with a former client.

#### **A.6. NON-PROFESSIONAL RELATIONSHIPS WITH CLIENTS**

- a. POTENTIAL FOR HARM.** Rehabilitation counselors will be aware of their influential positions with respect to clients, and will avoid exploiting the trust and dependency of clients. Rehabilitation counselors will make every effort to avoid non-professional relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, close personal relationships with clients, or volunteer or paid work within an office in which the client is actively receiving services.) When a non-professional relationship cannot be avoided, rehabilitation counselors will take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.
- b. SUPERIOR/SUBORDINATE RELATIONSHIPS.** Rehabilitation counselors will not accept as clients, superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

#### **A.7. MULTIPLE CLIENTS**

When rehabilitation counselors agree to provide counseling services to two or more persons who

have a relationship (such as husband and wife, or parents and children), rehabilitation counselors will clarify at the outset, which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that rehabilitation counselors may be called upon to perform potentially conflicting roles, they will clarify, adjust, or withdraw from such roles appropriately.

#### **A.8. GROUP WORK**

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

#### **A.9. TERMINATION AND REFERRAL**

- a. ABANDONMENT PROHIBITED.** Rehabilitation counselors will not abandon or neglect clients in counseling. Rehabilitation counselors will assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.
- b. INABILITY TO ASSIST CLIENTS.** If rehabilitation counselors determine an inability to be of professional assistance to clients, they will avoid entering or immediately terminate a counseling relationship.
- c. APPROPRIATE TERMINATION.** Rehabilitation counselors will terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, or when there is failure to pay fees according to Section J of this document.
- d. REFERRAL UPON TERMINATION.** Rehabilitation counselors will be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, rehabilitation counselors have the right to discontinue the relationship.

#### **A.10. COMPUTER TECHNOLOGY**

- a. USE OF COMPUTERS.** When computer applications are used in counseling services, rehabilitation counselors will ensure that (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

- b. **EXPLANATION OF LIMITATIONS.** Rehabilitation counselors will ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.
- c. **ACCESS TO COMPUTER APPLICATIONS.** Rehabilitation counselors will provide reasonable access to computer applications in counseling services.

## **SECTION B: CONFIDENTIALITY**

### **B.1. RIGHT TO PRIVACY**

- a. **RESPECT FOR PRIVACY.** Rehabilitation counselors will respect clients' rights to privacy and will avoid illegal and unwarranted disclosures of confidential information.
- b. **CLIENT WAIVER.** Rehabilitation counselors will respect the right of the client or his/her legally recognized representative to waive the right to privacy.
- c. **EXCEPTIONS.** When disclosure is required to prevent clear and imminent danger to the client or others, or when legal requirements demand that confidential information be revealed, the general requirement that rehabilitation counselors keep information confidential will not apply. Rehabilitation counselors will consult with other professionals when in doubt as to the validity of an exception.
- d. **CONTAGIOUS, FATAL DISEASES.** Rehabilitation counselors will become aware of the legal requirements for disclosure of contagious and fatal diseases in their jurisdiction. In jurisdictions where allowable, a rehabilitation counselor who receives information will confirm that a client has a disease known to be communicable and/or fatal. If allowable by law, the rehabilitation counselor will disclose this information to a third party, who by his or her relationship with the client is at high risk of contracting the disease. Prior to disclosure, the rehabilitation counselor will ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future.
- e. **COURT-ORDERED DISCLOSURE.** When court ordered to release confidential information without a client's permission, rehabilitation counselors will request to the court that the disclosure not be required due to potential harm to the client or counseling relationship.
- f. **MINIMAL DISCLOSURE.** When circumstances require the disclosure of confidential information, rehabilitation counselors will endeavor to reveal only essential information. To the extent possible, clients will be informed before confidential information is disclosed.
- g. **EXPLANATION OF LIMITATIONS.** When counseling is initiated and throughout the counseling process as necessary, rehabilitation counselors will inform clients of the limitations of confidentiality and will identify foreseeable situations in which confidentiality

must be breached.

- h. WORK ENVIRONMENT.** Rehabilitation counselors will make every effort to ensure that a confidential work environment exists and that subordinates including employees, supervisees, clerical assistants, and volunteers maintain the privacy and confidentiality of clients.
- i. TREATMENT TEAMS.** If client treatment will involve the sharing of client information among treatment team members, the client will be advised of this fact and will be informed of the team's existence and composition.
- j. CLIENT ASSISTANTS.** When a client is accompanied by an individual providing assistance to the client (e.g., interpreter, personal care assistant, etc.), rehabilitation counselors will ensure that the assistant is apprised of the need to maintain confidentiality.

## **B.2. GROUPS AND FAMILIES**

- a. GROUP WORK.** In group work, rehabilitation counselors will clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed will be clearly communicated to group members.
- b. FAMILY COUNSELING.** In family counseling, unless otherwise directed by law, information about one family member will not be disclosed to another member without permission. Rehabilitation counselors will protect the privacy rights of each family member.

## **B.3. RECORDS**

- a. REQUIREMENT OF RECORDS.** Rehabilitation counselors will maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.
- b. CONFIDENTIALITY OF RECORDS.** Rehabilitation counselors will be responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium.
- c. PERMISSION TO RECORD OR OBSERVE.** Rehabilitation counselors will obtain and document written or recorded permission from clients prior to electronically recording or observing sessions. When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, written or recorded permission of guardians must be obtained.
- d. CLIENT ACCESS.** Rehabilitation counselors will 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 or detrimental to the client, the rehabilitation counselor has a responsibility to adequately interpret such information to the client. In situations involving multiple clients, access to records will be limited to those parts of records that do not include confidential information related to another client.

- e. **DISCLOSURE OR TRANSFER.** Rehabilitation counselors will obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1.

#### **B.4. CONSULTATION**

- a. **RESPECT FOR PRIVACY.** Information obtained in a consulting relationship will be discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports will present data germane to the purposes of the consultation, and every effort will be made to protect client identity and to avoid undue invasion of privacy.
- b. **COOPERATING AGENCIES.** Before sharing information, rehabilitation counselors will make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

#### **B.5. ALTERNATIVE COMMUNICATION**

Rehabilitation counselors will make every effort to ensure that methods of exchanging information that utilize alternative means of communication (i.e., facsimile, cellular telephone, computer, or videoconferencing) will be conducted in such a manner that ensures protection of client confidentiality. If confidentiality cannot be ensured, client or guardian permission must be obtained.

### **SECTION C: ADVOCACY AND ACCESSIBILITY**

#### **C.1. ADVOCACY**

- a. **ATTITUDINAL BARRIERS.** Rehabilitation counselors will strive to eliminate attitudinal barriers, including stereotyping and discrimination, toward individuals with disabilities and to increase their own awareness and sensitivity to such individuals.
- b. **ADVOCACY WITH COOPERATING AGENCIES.** Rehabilitation counselors will remain aware of actions taken by cooperating agencies on behalf of their clients and will act as advocates of such clients to ensure effective service delivery.
- c. **EMPOWERMENT.** Rehabilitation counselors will provide the client with appropriate information and will support their efforts at self-advocacy both on an individual and an organizational level.

## C.2. ACCESSIBILITY

- a. **COUNSELING PRACTICE.** Rehabilitation counselors will demonstrate, in their practice, an appreciation of the need to provide necessary accommodations, including accessible facilities and services, to individuals with disabilities.
- b. **BARRIERS TO ACCESS.** Rehabilitation counselors will identify physical, communication, and transportation barriers to clients and will communicate information on barriers to public and private authorities to facilitate removal of barriers to access.
- c. **REFERRAL ACCESSIBILITY.** Rehabilitation counselors, as advocates for individuals with disabilities, will ensure, prior to referring clients to programs, facilities, or employment settings, that they are appropriately accessible.

## SECTION D: PROFESSIONAL RESPONSIBILITY

### D.1. PROFESSIONAL COMPETENCE

- a. **BOUNDARIES OF COMPETENCE.** Rehabilitation counselors will practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Rehabilitation counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. Rehabilitation counselors will not misrepresent their role or competence to clients.
- b. **REFERRAL.** Rehabilitation counselors will refer clients to other specialists as the needs of the clients dictate.
- c. **NEW SPECIALTY AREAS OF PRACTICE.** Rehabilitation counselors will practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, rehabilitation counselors will take steps to ensure the competence of their work and to protect clients from possible harm.
- d. **RESOURCES.** Rehabilitation counselors will ensure that the resources used or accessed in counseling are credible and valid (e.g., web link, books used in Bibliotherapy, etc.).
- e. **QUALIFIED FOR EMPLOYMENT.** Rehabilitation counselors will accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Rehabilitation counselors will hire only individuals who are qualified and competent for professional rehabilitation counseling positions.
- f. **MONITOR EFFECTIVENESS.** Rehabilitation counselors will take reasonable steps to seek peer supervision to evaluate their efficacy as rehabilitation counselors.
- g. **ETHICAL ISSUES CONSULTATION.** Rehabilitation counselors will take reasonable

steps to consult with other rehabilitation counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

- h. CONTINUING EDUCATION.** Rehabilitation counselors will engage in continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They will take steps to maintain competence in the skills they use, will be open to new techniques, and will develop and maintain competence for practice with the diverse and/or special populations with whom they work.
- i. IMPAIRMENT.** Rehabilitation counselors will refrain from offering or rendering professional services when their physical, mental, or emotional problems are likely to harm the client or others. They will seek assistance for problems, and, if necessary, will limit, suspend, or terminate their professional responsibilities.

## **D.2. LEGAL STANDARDS**

- a. LEGAL VERSUS ETHICAL.** Rehabilitation counselors will obey the laws and statutes of the legal jurisdiction in which they practice unless there is a conflict with the Code, in which case they should seek immediate consultation and advice.
- b. LEGAL LIMITATIONS.** Rehabilitation counselors will be familiar with and observe the legal limitations of the services they offer to clients. They will discuss these limitations as well as all benefits available to clients they serve in order to facilitate open, honest communication and avoid unrealistic expectations.

## **D.3. ADVERTISING AND SOLICITING CLIENTS**

- a. ACCURATE ADVERTISING.** Advertising by rehabilitation counselors shall not be restricted. Rehabilitation counselors will advertise or will represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Rehabilitation counselors will only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council on Higher Education Accreditation.
- b. TESTIMONIALS.** Rehabilitation counselors who use testimonials will not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence. Full disclosure of uses and the informed consent of the client or guardian will be obtained. Use of testimonials will be for a specified and agreed upon period of time.
- c. STATEMENTS BY OTHERS.** Rehabilitation counselors will make reasonable efforts to ensure that statements made by others about them or the profession of rehabilitation counseling are accurate.
- d. RECRUITING THROUGH EMPLOYMENT.** Employed rehabilitation counselors will

not use their institutional affiliations or relationship with their employers to recruit clients, supervisees, or consultees for their separate private practices.

- e. **PRODUCTS AND TRAINING ADVERTISEMENTS.** Rehabilitation counselors who develop products related to their profession or conduct workshops or training events will ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.
- f. **PROMOTING TO THOSE SERVED.** Rehabilitation counselors will 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 counselors may adopt textbooks they have authored for instructional purposes.

#### **D.4. CREDENTIALS**

- a. **CREDENTIALS CLAIMED.** Rehabilitation counselors will claim or will imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.
- b. **CREDENTIAL GUIDELINES.** Rehabilitation counselors will follow the guidelines for use of credentials that have been established by the entities that issue the credentials.
- c. **MISREPRESENTATION OF CREDENTIALS.** Rehabilitation counselors will not attribute more to their credentials than the credentials represent, and will not imply that other rehabilitation counselors are not qualified because they do not possess certain credentials.
- d. **DOCTORAL DEGREES FROM OTHER FIELDS.** Rehabilitation counselors who hold a master's degree in counseling or a closely related field, but hold a doctoral degree from other than counseling or a closely related field, will not use the title "Dr." in their practices and will not announce to the public in relation to their practice or status as a rehabilitation counselor that they hold a doctorate.

#### **D.5. CRC CREDENTIAL**

- a. **ACTING ON BEHALF OF CRCC.** Certified Rehabilitation Counselors will not write, speak, nor act in ways that lead others to believe the counselor is officially representing CRCC unless the Commission has granted permission in writing.
- b. **SUPPORT OF CANDIDATES.** Certified Rehabilitation Counselors will not initiate or support the candidacy of an individual for certification by CRCC if the individual is known to engage in professional practices that violate the Code of Professional Ethics for Rehabilitation Counselors.

## **D.6. PUBLIC RESPONSIBILITY**

- a. SEXUAL HARASSMENT.** Rehabilitation counselors will not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) the rehabilitation counselor knows or is told the act is unwelcome, offensive, or creates a hostile workplace environment; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person within the context in which it occurs. Sexual harassment may consist of a single intense or severe act or multiple persistent or pervasive acts.
- b. REPORTS TO THIRD PARTIES.** Rehabilitation counselors will be accurate, timely, and objective in reporting their professional activities and opinions 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, printed articles, mailed material, or other media, they will 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 of Professional Ethics for Rehabilitation Counselors; and (3) the recipients of the information are not encouraged to infer that a professional rehabilitation counseling relationship has been established.
- d. CONFLICTS OF INTEREST.** Rehabilitation counselors will not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services.
- e. DISHONESTY.** Rehabilitation counselors will not engage in any act or omission of a dishonest, deceitful or fraudulent nature in the conduct of their professional activities.

## **D.7. RESPONSIBILITY TO OTHER PROFESSIONALS**

- a. DISPARAGING COMMENTS.** Rehabilitation counselors will not discuss in a disparaging way the competency of other professionals or agencies, or the findings made, the methods used, or the quality of rehabilitation plans.
- b. PERSONAL PUBLIC STATEMENTS.** When making personal statements in a public context, rehabilitation counselors will clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all rehabilitation counselors or the profession.
- c. CLIENTS SERVED BY OTHERS.** When rehabilitation counselors learn that their clients have an ongoing professional relationship with another rehabilitation or treating professional, they will request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. File reviews, second-opinion services,

and other indirect services are not considered ongoing professional services.

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

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

- a. NEGATIVE CONDITIONS.** Rehabilitation counselors will alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.
- b. EVALUATION.** Rehabilitation counselors will submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.
- c. DISCRIMINATION.** Rehabilitation counselors, as either employers or employees, will engage in fair practices with regard to hiring, promotion, or training.
- d. EXPLOITATIVE RELATIONSHIPS.** Rehabilitation counselors will not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.
- e. EMPLOYER POLICIES.** In those instances where rehabilitation counselors are critical of policies, they will attempt to affect change through constructive action within the organization. Where such change cannot be affected, rehabilitation counselors will take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations or termination of employment.

### **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 will avoid placing the consultant in a conflict of interest situation that will preclude the consultant from being a proper party to the counselor's efforts to help the client. If rehabilitation counselors are engaged in a work setting that compromises this consultation standard, they will consult with other professionals whenever possible to consider justifiable alternatives.
- b. CONSULTANT COMPETENCY.** Rehabilitation counselors will be reasonably certain that they have, or the organization represented has, the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

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

- a. CLIENT AS A TEAM MEMBER.** Rehabilitation counselors will ensure that clients and/or their legally recognized representative are afforded the opportunity for full participation in their own treatment team.

- b. **COMMUNICATION.** Rehabilitation counselors will ensure that there is fair mutual understanding of the rehabilitation plan by all agencies cooperating in the rehabilitation of clients and that any rehabilitation plan is developed with such mutual understanding.
- c. **DISSENT.** Rehabilitation counselors will abide by and help to implement team decisions in formulating rehabilitation plans and procedures, even when not personally agreeing with such decisions, unless these decisions breach the Code.
- d. **REPORTS.** Rehabilitation counselors will attempt to secure from other specialists appropriate reports and evaluations, when such reports are essential for rehabilitation planning and/or service delivery.

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

### **F.1. INFORMED CONSENT**

- a. **EXPLANATION TO CLIENTS.** Prior to assessment, rehabilitation counselors will explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand. Regardless of whether scoring and interpretation are completed by rehabilitation counselors, by assistants, or by computer or other outside services, rehabilitation counselors will take reasonable steps to ensure that appropriate explanations are given to the client.
- b. **RECIPIENTS OF RESULTS.** The client's welfare, explicit understanding, and prior agreement will determine the recipients of test results. Rehabilitation counselors will include accurate and appropriate interpretations with any release of test results.

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

- a. **MISUSE OF RESULTS.** Rehabilitation counselors will not misuse assessment results, including test results and interpretations, and will take reasonable steps to prevent the misuse of such by others.
- b. **RELEASE OF RAW DATA.** Rehabilitation counselors will ordinarily release data (e.g., protocols, counseling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client's legal representative. Such data will be released only to persons recognized by rehabilitation counselors as competent to interpret the data.

### **F.3. RESEARCH AND TRAINING**

- a. **DATA DISGUISE REQUIRED.** Use of data derived from counseling relationships for purposes of training, research, or publication will be confined to content that is disguised to ensure the anonymity of the individuals involved.

- b. AGREEMENT FOR IDENTIFICATION.** Identification of a client in a presentation or publication will be permissible only when the client has agreed in writing to its presentation or publication.

#### **F.4. PROPER DIAGNOSIS OF MENTAL DISORDERS**

- a. PROPER DIAGNOSIS.** Rehabilitation counselors qualified to provide proper diagnosis of mental disorders will take special care when doing so. Assessment techniques (including personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) will be carefully selected and appropriately used.
- b. CULTURAL SENSITIVITY.** Disability, socioeconomic, and cultural experience of clients will be considered when diagnosing mental disorders.

#### **F.5. COMPETENCE TO USE AND INTERPRET TESTS**

- a. LIMITS OF COMPETENCE.** Rehabilitation counselors will recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They will be familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Rehabilitation counselors using computer-based test interpretations will be trained in the construct being measured and the specific instrument being used prior to using this type of computer application. Rehabilitation counselors will take reasonable measures to ensure the proper use of psychological assessment techniques by persons under their supervision.
- b. APPROPRIATE USE.** Rehabilitation counselors will be responsible for the appropriate application, scoring, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use computerized or other services.
- c. DECISIONS BASED ON RESULTS.** Rehabilitation counselors will be responsible for decisions involving individuals or policies that are based on assessment results and will have a thorough understanding of educational and psychological measurement, including validation criteria, test research, and guidelines for test development and use.
- d. ACCURATE INFORMATION.** Rehabilitation counselors will provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts will be made to avoid utilizing test results to make inappropriate diagnoses or inferences.

#### **F.6. TEST SELECTION**

- a. APPROPRIATENESS OF INSTRUMENTS.** Rehabilitation counselors will carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.
- b. REFERRAL INFORMATION.** If a client is referred to a third party provider for testing,

the rehabilitation counselor will provide specific referral questions and sufficient objective data about the client so as to ensure that appropriate test instruments are utilized.

- c. **CULTURALLY DIVERSE POPULATIONS.** Rehabilitation counselors will be cautious when selecting tests for disability or culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns or functional abilities.
- d. **NORM DIVERGENCE.** Rehabilitation counselors will be cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized and will disclose such information.

#### **F.7. CONDITIONS OF TEST ADMINISTRATION**

- a. **ADMINISTRATION CONDITIONS.** Rehabilitation counselors will administer tests under the same conditions that were established in the test standardization. When tests are not administered under standard conditions, as may be necessary to accommodate modifications for clients with disabilities or when unusual behavior or irregularities occur during the testing session, those conditions will be noted in interpretation.
- b. **COMPUTER ADMINISTRATION.** When a computer or other electronic methods are used for test administration, rehabilitation counselors will be responsible for ensuring that programs function properly to provide clients with accurate results.
- c. **UNSUPERVISED TEST-TAKING.** Rehabilitation counselors will 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.

#### **F.8. TEST SCORING AND INTERPRETATION**

- a. **REPORTING RESERVATIONS.** In reporting assessment results, rehabilitation counselors will indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.
- b. **DIVERSITY IN TESTING.** Rehabilitation counselors will place test results and their interpretations in proper perspective considering other relevant factors including age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, and socioeconomic status.
- c. **RESEARCH INSTRUMENTS.** Rehabilitation counselors will exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments will be stated explicitly to the examinee.
- d. **TESTING SERVICES.** Rehabilitation counselors who provide test scoring and test

interpretation services to support the assessment process will confirm the validity of such interpretations. The interpretation of assessment data will be related to the particular goals of evaluation. Rehabilitation counselors will accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

- e. **AUTOMATED TESTING SERVICES.** The public offering of an automated test interpretation service will be considered a professional-to-professional consultation. The formal responsibility of the consultant will be to the consultee, but the ultimate and overriding responsibility will be to the client.

## **F.9. TEST SECURITY**

Rehabilitation counselors will maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Rehabilitation counselors will not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher.

## **F.10. OBSOLETE TESTS AND OUTDATED TEST RESULTS**

Rehabilitation counselors will not use data or test results that are obsolete or outdated for the current purpose. Rehabilitation counselors will make every effort to prevent the misuse of obsolete measures and test data by others.

## **F.11. TEST CONSTRUCTION**

Rehabilitation counselors will use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of educational and psychological assessment techniques.

## **F.12. FORENSIC EVALUATION**

When providing forensic evaluations, the primary obligation of rehabilitation counselors will be to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual with a disability and/or review of records. Rehabilitation counselors will define the limits of their reports or testimony, especially when an examination of the individual with a disability has not been conducted.

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

## **G.1. REHABILITATION COUNSELOR EDUCATORS AND TRAINERS**

- a. **RELATIONSHIP BOUNDARIES WITH STUDENTS AND SUPERVISEES.** Rehabilitation counselors will clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They will be aware of the

differential in power that exists and the student or supervisee's possible incomprehension of that power differential. Rehabilitation counselors will explain to students and supervisees the potential for the relationship to become exploitive.

- b. SEXUAL RELATIONSHIPS.** Rehabilitation counselors will not engage in sexual relationships with students or supervisees and will not subject them to sexual harassment.
- c. SUPERVISION PREPARATION.** Rehabilitation counselors will supervise only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Rehabilitation counselors who are doctoral students serving as practicum or internship supervisors will be adequately prepared and supervised by the training program.
- d. RESPONSIBILITY FOR SERVICES TO CLIENTS.** Rehabilitation counselors who supervise the rehabilitation counseling services of others will perform direct supervision sufficient to ensure that rehabilitation counseling services provided to clients are adequate and do not cause harm to the client.
- e. ENDORSEMENT.** Rehabilitation counselors will not endorse students or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe students or supervisees are not qualified for the endorsement. Rehabilitation counselors will take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

## **G.2. REHABILITATION COUNSELOR EDUCATION AND TRAINING PROGRAMS**

- a. ORIENTATION.** Prior to admission, rehabilitation counselor educators will orient prospective students to the counselor education or training program's expectations, including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings and requirements of the sites for required clinical field experiences, (6) student evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.
- b. EVALUATION.** Rehabilitation counselor educators will clearly state, in advance of training, to students and internship supervisees, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and experiential components. Rehabilitation counselor educators will provide students and internship supervisees with periodic performance appraisal and evaluation feedback throughout the training program.
- c. TEACHING ETHICS.** Rehabilitation counselor educators will teach students and internship supervisees the ethical responsibilities and standards of the profession and the students' and supervisees' professional ethical responsibilities.

- d. **PEER RELATIONSHIPS.** When students are assigned to lead counseling groups or provide clinical supervision for their peers, rehabilitation counselor educators will take steps to ensure that students placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Rehabilitation counselor educators will make every effort to ensure that the rights of peers are not compromised when students are assigned to lead counseling groups or provide clinical supervision.
- e. **VARIED THEORETICAL POSITIONS.** Rehabilitation counselor educators will present varied theoretical positions so that students may make comparisons and have opportunities to develop their own positions. Rehabilitation counselor educators will provide information concerning the scientific bases of professional practice.
- f. **FIELD PLACEMENTS.** Rehabilitation counselor educators will develop clear policies within their training program regarding field placement and other clinical experiences. Rehabilitation counselor educators will provide clearly stated roles and responsibilities for the student and the site supervisor. Rehabilitation counselor educators will confirm that site supervisors will be qualified to provide supervision and are informed of their professional and ethical responsibilities in this role. Rehabilitation counselor educators will not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student placement.
- g. **DIVERSITY IN PROGRAMS.** Rehabilitation counselor educators will respond to their institution and program's recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs.

### **G.3. STUDENTS AND SUPERVISEES**

- a. **LIMITATIONS.** Rehabilitation counselors, through ongoing evaluation and appraisal, will be aware of the academic and personal limitations of students and supervisees that might impede performance. Rehabilitation counselors will assist students and supervisees in securing remedial assistance when needed, and will dismiss students or supervisees who are unable to provide competent service due to academic or personal limitations. Rehabilitation counselors will seek professional consultation and document their decision to dismiss or to refer students or supervisees for assistance. Rehabilitation counselors will advise students and supervisees of appeals processes as appropriate.
- b. **SELF-GROWTH EXPERIENCES.** Rehabilitation counselor educators, when designing training groups or other experiences conducted by the rehabilitation counselor educators themselves, will inform students of the potential risks of self-disclosure. Rehabilitation counselor educators will respect the privacy of students by not requiring self-disclosure that could reasonably be expected to be harmful and student evaluation criteria will not include the level of the student's self-disclosure.
- c. **COUNSELING FOR STUDENTS AND SUPERVISEES.** If students or supervisees request counseling, supervisors or rehabilitation counselor educators will provide them with

acceptable referrals. Supervisors or rehabilitation counselor educators will not serve as rehabilitation counselors to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience.

- d. **CLIENTS OF STUDENTS AND SUPERVISEES.** Rehabilitation counselors will make every effort to ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients will receive professional disclosure information and will be informed of the limits of confidentiality. Client permission will be obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process.
- e. **PROFESSIONAL DEVELOPMENT.** Rehabilitation counselors who employ or supervise individuals will provide appropriate working conditions, timely evaluations, constructive consultations, and suitable opportunities for experience and training.

## **SECTION H: RESEARCH AND PUBLICATION**

### **H.1. RESEARCH RESPONSIBILITIES**

- a. **USE OF HUMAN PARTICIPANTS.** Rehabilitation counselors will plan, design, conduct, and report research in a manner that reflects cultural sensitivity, is culturally appropriate, and is consistent with pertinent ethical principles, federal and state/provincial laws, host institutional regulations, and scientific standards governing research with human participants.
- b. **DEVIATION FROM STANDARD PRACTICES.** Rehabilitation counselors will 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 will be responsible for the participants' welfare throughout the research and will take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their participants.
- d. **PRINCIPAL RESEARCHER RESPONSIBILITY.** While ultimate responsibility for ethical research practice lies with the principal researcher, rehabilitation counselors involved in the research activities will share ethical obligations and bear full responsibility for their own actions.
- e. **MINIMAL INTERFERENCE.** Rehabilitation counselors will take precautions to avoid causing disruptions in participants' lives due to participation in research.
- f. **DIVERSITY.** Rehabilitation counselors will be sensitive to diversity and research issues with culturally diverse populations and they will seek consultation when appropriate.

## H.2. INFORMED CONSENT

- a. **TOPICS DISCLOSED.** In obtaining informed consent for research, rehabilitation counselors will use language that is understandable to research participants and that (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals or organizations that might reasonably be 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 of confidentiality; and (8) instructs that participants are free to withdraw their consent and to discontinue participation in the project at any time.
- b. **DECEPTION.** Rehabilitation counselors will not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate concealment or deception, the investigator will be required to explain clearly the reasons for this action as soon as possible.
- c. **VOLUNTARY PARTICIPATION.** Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation will be appropriate only when it can be demonstrated that participation will have no harmful effects on participants and is essential to the investigation.
- d. **CONFIDENTIALITY OF INFORMATION.** Information obtained about research participants during the course of an investigation will be 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, will be explained to participants as a part of the procedure for obtaining informed consent.
- e. **PERSONS INCAPABLE OF GIVING INFORMED CONSENT.** When a person is incapable of giving informed consent, rehabilitation counselors will provide an appropriate explanation, obtain agreement for participation, and obtain appropriate consent from a legally authorized person.
- f. **COMMITMENTS TO PARTICIPANTS.** Rehabilitation counselors will take reasonable measures to honor all commitments to research participants.
- g. **EXPLANATIONS AFTER DATA COLLECTION.** After data are collected, rehabilitation counselors will provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, rehabilitation counselors will take reasonable measures to avoid causing harm.
- h. **AGREEMENTS TO COOPERATE.** Rehabilitation counselors who agree to cooperate with another individual in research or publication will incur an obligation to cooperate as agreed.

- i. **INFORMED CONSENT FOR SPONSORS.** In the pursuit of research, rehabilitation counselors will give sponsors, institutions, and publication channels the same opportunity for giving informed consent that they accord to individual research participants. Rehabilitation counselors will be aware of their obligation to future researchers and will ensure that host institutions are given feedback information and proper acknowledgment.

### H.3. REPORTING RESULTS

- a. **INFORMATION AFFECTING OUTCOME.** When reporting research results, rehabilitation counselors will explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.
- b. **ACCURATE RESULTS.** Rehabilitation counselors will plan, conduct, and report research accurately and in a manner that minimizes the possibility that results will be misleading. They will provide thorough discussions of the limitations of their data and alternative hypotheses. Rehabilitation counselors will not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.
- c. **OBLIGATION TO REPORT UNFAVORABLE RESULTS.** Rehabilitation counselors will make available the results of any research judged to be of professional value even if the results reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests.
- d. **IDENTITY OF PARTICIPANTS.** Rehabilitation counselors who supply data, aid in the research of another person, report research results, or make original data available will take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise.
- e. **REPLICATION STUDIES.** Rehabilitation counselors will be obligated to make sufficient original research data available to qualified professionals who may wish to replicate the study.

### H.4. PUBLICATION

- a. **RECOGNITION OF OTHERS.** When conducting and reporting research, rehabilitation counselors will be 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 will 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. The principal contributor will be listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.
- c. **STUDENT RESEARCH.** For an article that is substantially based on a student's

dissertation or thesis, the student will be listed as the principal author.

- d. **DUPLICATE SUBMISSION.** Rehabilitation counselors will 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 will not be 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 will respect the confidentiality and proprietary rights of those who submitted it.

## **SECTION I: ELECTRONIC COMMUNICATION AND EMERGING APPLICATIONS**

### **I.1. COMMUNICATION**

- a. **COMMUNICATION TOOLS.** Rehabilitation counselors will be held to the same level of expected behavior as defined by the Code of Professional Ethics for Rehabilitation Counselors regardless of the form of communication they choose to use (i.e., cellular phones, electronic mail, facsimile, video, audio-visual).
- b. **IMPOSTERS.** In situations where it is difficult to verify the identity of the rehabilitation counselor, the client, or the client's guardian, rehabilitation counselors will take steps to address imposter concerns, such as using code words, numbers, or graphics.
- c. **CONFIDENTIALITY.** Rehabilitation counselors will ensure that clients are provided sufficient information to adequately address and explain the limits of: (1) computer technology in the counseling process in general; and (2) the difficulties of ensuring complete client confidentiality of information transmitted through electronic communication over the Internet through on-line counseling.

### **I.2. COUNSELING RELATIONSHIP**

- a. **ETHICAL/LLEGAL REVIEW.** Rehabilitation counselors will review pertinent legal and ethical codes for possible violations emanating from the practice of distance counseling and supervision. Distance counseling is defined as any counseling that occurs at a distance through electronic means, such as web-counseling, tele-counseling, or video-counseling.
- b. **SECURITY.** Rehabilitation counselors will use encryption methods whenever possible. If encryption is not made available to clients, clients must be informed of the potential hazards of unsecured communication on the Internet. Hazards may include authorized or unauthorized monitoring of transmissions and/or records of sessions.
- c. **RECORDS PRESERVATION.** Rehabilitation counselors will inform clients whether the records are being preserved, how they are being preserved, and how long the records are being maintained.

- d. **SELF-DESCRIPTION.** Rehabilitation counselors will provide information about themselves as would be available if the counseling were to take place face-to-face (e.g., possibly ethnicity or gender).
- e. **CONSUMER PROTECTION.** Rehabilitation counselors will provide information to the client regarding all appropriate certification bodies and licensure boards to facilitate consumer protection, such as links to websites.
- f. **CRISIS CONTACT.** Rehabilitation counselors will provide the name of at least one agency or counselor-on-call for purposes of crisis intervention within the client's geographical region.
- g. **UNAVAILABILITY.** Rehabilitation counselors will provide clients with instructions for contacting them when they are unavailable through electronic means.
- h. **INAPPROPRIATE USE.** Rehabilitation counselors will mention at their websites or in their initial contacts with potential clients those presenting problems they believe to be inappropriate for distance counseling.
- i. **TECHNICAL FAILURE.** Rehabilitation counselors will explain to clients the possibility of technology failure and will provide an alternative means of communication.
- j. **POTENTIAL MISUNDERSTANDINGS.** Rehabilitation counselors will explain to clients how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations from the counselor or client.

## **SECTION J: BUSINESS PRACTICES**

### **J.1. BILLING**

Rehabilitation counselors will establish and maintain billing records that accurately reflect the services provided and the time engaged in the activity, and that clearly identify who provided the service.

### **J.2. TERMINATION**

Rehabilitation counselors in fee for service relationships may terminate services with clients due to nonpayment of fees under the following conditions: a) the client was informed of payment responsibilities and the effects of nonpayment or the termination of payment by a third party, and b) the client does not pose an imminent danger to self or others. As appropriate, rehabilitation counselors will refer clients to another qualified professional to address issues unresolved at the time of termination.

### **J.3. CLIENT RECORDS**

- a. **ACCURATE DOCUMENTATION.** Rehabilitation counselors will establish and will

maintain documentation that accurately reflects the services provided and that identifies who provided the service. If case notes need to be altered, it will be done so in a manner that preserves the original note and will be accompanied by the date of change, information that identifies who made the change, and the rationale for the change.

- b. SUFFICIENT DOCUMENTATION.** Rehabilitation counselors will provide sufficient documentation in a timely manner (e.g., case notes, reports, plans).
- c. PRIVACY.** Documentation generated by rehabilitation counselors will protect the privacy of clients to the extent that it is possible and appropriate, and will include only relevant information.
- d. MAINTENANCE.** Rehabilitation counselors will maintain records necessary for rendering professional services to their clients and as required by applicable laws, regulations, or agency/institution procedures. Subsequent to file closure, records will be maintained for the number of years consistent with jurisdictional requirements or for a longer period during which maintenance of such records is necessary or helpful to provide reasonably anticipated future services to the client. After that time, records will be destroyed in a manner assuring preservation of confidentiality.

#### **J.4. FEES AND BARTERING**

- a. ADVANCE UNDERSTANDING.** Rehabilitation counselors will clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment.
- b. ESTABLISHING FEES.** In establishing fees for professional rehabilitation counseling services, rehabilitation counselors will consider the financial status and locality of clients. In the event that the established fee structure is inappropriate for a client, assistance will be provided in attempting to find comparable services of acceptable cost.
- c. BARTERING DISCOURAGED.** Rehabilitation counselors will 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 will participate in bartering only if the relationship is not exploitative, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice in the client's community or culture.

#### **J.5. FEES FOR REFERRAL**

- a. ACCEPTING FEES FROM AGENCY CLIENTS.** Rehabilitation counselors will not accept a private fee or other remuneration for rendering services to persons who are entitled to such services through the rehabilitation counselor's employing agency or institution. However, the policies of a particular agency may make explicit provisions for agency clients

to receive rehabilitation counseling services from members of its staff in private practice. In such instances, the clients will be informed of other options open to them should they seek private rehabilitation counseling services.

- b. REFERRAL FEES.** Rehabilitation counselors will neither give nor receive commissions, rebates or any other form of remuneration when referring clients for professional services.

## **SECTION K: RESOLVING ETHICAL ISSUES**

### **K.1. KNOWLEDGE OF STANDARDS**

Rehabilitation counselors are responsible for learning the Code and should seek clarification of any standard that is not understood. Lack of knowledge or misunderstanding of an ethical responsibility will not be used as a defense against a charge of unethical conduct.

### **K.2. SUSPECTED VIOLATIONS**

- a. CONSULTATION.** When uncertain as to whether a particular situation or course of action may be in violation of the Code of Professional Ethics for Rehabilitation Counselors, rehabilitation counselors will consult with other rehabilitation counselors who are knowledgeable about ethics, with colleagues, and/or with appropriate authorities, such as CRCC, state licensure boards, or legal counsel.
- b. ORGANIZATION CONFLICTS.** If the demands of an organization with which rehabilitation counselors are affiliated pose a conflict with the Code of Professional Ethics for Rehabilitation Counselors, rehabilitation counselors will specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code of Professional Ethics for Rehabilitation Counselors. When possible, rehabilitation counselors will work toward change within the organization to allow full adherence to the Code of Professional Ethics for Rehabilitation Counselors.
- c. INFORMAL RESOLUTION.** When rehabilitation counselors have reasonable cause to believe that another rehabilitation counselor is violating an ethical standard, they will attempt to resolve the issue informally with the other rehabilitation counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.
- d. REPORTING SUSPECTED VIOLATIONS.** When an informal resolution is not appropriate or feasible, rehabilitation counselors, upon reasonable cause, will take action such as reporting the suspected ethical violation to state or national ethics committees or CRCC, unless this action conflicts with confidentiality rights that cannot be resolved.
- e. UNWARRANTED COMPLAINTS.** Rehabilitation counselors will not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a rehabilitation counselor rather than to protect clients or the public.

### **K.3. COOPERATION WITH ETHICS COMMITTEES**

Rehabilitation counselors will assist in the process of enforcing the Code of Professional Ethics for Rehabilitation Counselors. Rehabilitation counselors will cooperate with investigations, 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.

*Acknowledgements – CRCC recognizes the American Counseling Association for permitting the Commission to adopt, in part, the ACA Code of Ethics and Standards of Practice.*

A copy of CRCC's Guidelines and Procedures for Processing Complaints along with a Complaint Form may be obtained from CRCC's web site at [www.crc certification.com](http://www.crc certification.com) or by contacting CRCC at:

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