

**WESTERN WASHINGTON UNIVERSITY**

***GRADUATE PROGRAM IN  
REHABILITATION COUNSELING***



**PRACTICUM GUIDE**

## **PRACTICUM IN REHABILITATION COUNSELING**

**Description:** Closely supervised practice with clients in a selected public or private agency or other appropriate setting that serves individuals with disabilities. Every effort is made to assure that Practicum sites are culturally diverse, foster personal growth, and introduce students to counseling approaches and rehabilitation issues that affect service delivery. Successful completion of the Practicum is a prerequisite to the supervised rehabilitation counseling clinical internship experience.

Students are required the quarter term preceding their practicum to notify the Program Director in writing of their intent to do their practicum. Students must receive approval of their practicum agreement the quarter prior to beginning their placement.

Only students who have taken RC 583 (Practice of Rehabilitation Counseling) and received a B or better are eligible to enter into a practicum.

### **A. Purpose**

Practicum provides an opportunity for the student to apply his/her counseling skills as well as to sample professional responsibilities in a realistic work environment. As a participant in this field experience, the student will be expected to:

1. Practice those skills learned in previous or concurrent coursework.
2. Receive feedback on his/her level of effectiveness in a helping capacity.
3. Share clinical experiences and techniques with other students in a supportive and collaborative environment.
4. Learn what problems other practicum students are encountering and brainstorm solutions with application potential.
5. Work with a variety of clients and presenting problems.
6. Experience those dynamics that are unique to different professional settings (e.g., rehabilitation hospitals, community rehabilitation programs, state vocational rehabilitation agencies).
7. Relate theory to practice.
8. Begin to formulate a personal approach to counseling.

In addition to providing “real world” experiences for the graduate rehabilitation counseling student, the practicum will help meet the programming needs of the organization or agency in which the placement takes place by providing well-trained students who can perform a variety of helping functions.

### **B. Practicum Objectives and Activities**

The following objectives and activities will be completed in varying levels depending on the practicum site. The faculty supervisor, the site (agency) supervisor, and the student will negotiate the specific activities to be accomplished during the practicum using the Student Practicum Agreement Form (in Appendix A, Practicum Forms).

1. To gain proficiency in abstracting information from records and in writing a meaningful summary for use in planning:
  - a. use of proper channels to obtain records
  - b. selection of pertinent records
  - c. abstraction of relevant material
  - d. integration of material
2. To gain proficiency in obtaining additional background information from other agencies or persons to which clients are known:
  - a. knowledge of agencies or personnel who have worked with the client
  - b. ability to obtain the needed information through interviewing of persons involved
  - c. respect for confidentiality of client during such interviews
3. To gain proficiency in doing initial intake interviews with clients for the purpose of determining their needs with respect to future evaluation, counseling, training, and placement activities:
  - a. knowledge of approved ways of contacting clients
  - b. preparation for interview
  - c. ability to relate to client
  - d. ability to elicit pertinent information
  - e. ability to integrate results and to communicate them to designated personnel within the setting
4. To gain proficiency in conducting evaluations through the administration of batteries of educational, vocational, interest, and other related tests:
  - a. ability to select appropriate battery
  - b. ability to make arrangements with client for taking test
  - c. ability to administer battery accurately
  - d. ability to maintain rapport with client during testing
  - e. ability to score tests
  - f. ability to interpret results
5. To gain proficiency in counseling and communication:
  - a. ability to communicate the results of an evaluation to the client
  - b. ability to present evaluation results in a manner meaningful to the client
  - c. ability to handle possible negative reactions of client
  - d. to practice short-term supportive counseling techniques through a series of on-going interviews with one or two carefully selected clients
  - e. ability to maintain a “helping” relationship
  - f. ability to identify major areas of concern for the client which evolve through the counseling process
6. To gain proficiency in goal setting and planning
  - a. ability to establish counseling goals with the client
  - b. ability to achieve counseling goals that were established with the client

- c. ability to write a rehabilitation plan with the client
  - d. ability to plan services needed based on a rehabilitation plan
7. To gain proficiency in consulting with work supervisors and/or employers in order to evaluate potential work settings in terms of their suitability for placement of the client:
    - a. ability to obtain pertinent information through interviewing of persons involved
    - b. ability to maintain client's confidentiality
    - c. ability to integrate material obtained and to communicate it to designated personnel within the setting
  8. To gain proficiency in writing a final report that integrates the results of all of the parts of the evaluation:
    - a. ability to communicate, accuracy of interpretation, clarity of thought
    - b. ability to make appropriate recommendations
    - c. knowledge of additional services which might be required to implement recommendations
  9. In addition to duties directly involving clients, the student is expected to attend meetings, conferences, etc., held in the setting during the time he/she is there, which are considered to be relevant to the current stage of training.

### **C. Practicum Responsibilities**

#### **Student Responsibilities**

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;
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;
8. Complete all assignments and submit required documentation by specified due dates;
9. Attend all scheduled group supervisory sessions;
10. Schedule time to regularly visit and/or communicate with the Faculty supervisor for the purpose of evaluation of guidance, clinical skills, and professional growth; and

11. Conduct the following evaluation activities: (a) a self-assessment of clinical skills at the end of practicum and (b) an evaluation of both University and site supervisors.

#### University/Faculty Instructor Responsibilities

1. To assign a university faculty supervisor to facilitate communication between university and site;
2. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
3. To 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;
4. Assignment of a practicum grade;
5. Assist practicum students in locating sites for field experience, as needed;
6. Prepare practicum students for placement in the field, as needed;
7. Periodically meet with the site supervisor at the approved practicum site to discuss practicum student's program;
8. Meet on a regularly scheduled basis with the practicum student to assess clinical skills and review progress; and
9. Collaborate with the site supervisor in evaluating the practicum student's professional growth.

#### Site Supervisor Responsibilities

1. To assign a practicum supervisor who has appropriate credentials, time, and interest for training the practicum 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;
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 observation and/or live supervision;
5. To provide written evaluation of student based on criteria established by the university program.
6. Immediately communicate any concerns regarding the practicum student to the Faculty supervisor.

#### **D. Time Commitment**

The practicum student will complete a minimum of 100 clock hours per credit (20 clock hours per credit for 5 credits) in performing the functions required. A minimum of 40 hours of this time shall be spent in direct service to persons with disabilities.

#### **E. Instructional Experiences**

**Group Supervision:** The practicum student is expected to spend a minimum of 1½ hours per week in a group session facilitated by a Faculty instructor. After addressing immediate concerns, practicum students might listen to and discuss tape-recorded counseling sessions,

discuss theories and techniques related to common problems, exchange feedback with peers regarding personal and professional impressions, and discuss professional growth and development areas.

**Individual Supervision:** The practicum student is expected to spend a minimum of one hour per week engaged in individual supervision with either the site supervisor or Faculty instructor. These sessions provide an opportunity for intensive review of the student's work and are often regarded as one of the most valuable of the course experiences.

**Tape Critiques:** The practicum student is expected to record (audio and/or video) at least five counseling sessions, four of which will be submitted to the Faculty instructor for evaluation in individual supervision. One taped counseling session will be reviewed during the group supervision sessions. These sessions will be reviewed by the practicum student prior to submission and accompanied by written critique. No recordings will be accepted for review without an accompanying COUNSELING SESSION EVALUATION FORM (in Appendix A, Practicum Forms).

## TIPS FOR AUDIO TAPE RECORDING

### **Before Your Session**

- Use only quality sound recording equipment. Poor recordings will not be critiqued.
- Record only one counseling session per side of the tape to avoid confusion during playback.
- If your recorder is battery operated, have an AC power cord or a fresh set of batteries available.
- Have extra blank tapes available.
- Be sure to conduct a sound check prior to your client's arrival, minimize distracting background noises, and ensure that the gain is adjusted properly.
- Minimize interruptions by placing a "Counseling in Session" or a "Do Not Disturb" sign on the door.

### **During your Session**

- Record the client's permission to tape on the tape recording itself, or use the format required by the site or the format found in Appendix A, Practicum Forms.
- If this is your first session with the client, explain confidentiality and its limitations (e.g., duty to report abuse)
- To insure client comfort, allow him or her to control the recorder. That is, allow him or her to turn the machine off any time he or she feels uncomfortable recording particular content.
- To the best of your ability, model "ignore the recorder" for your client.

### **After your Session**

- Review your tape critically, noting relevant passages. Use your notes from the session for additional analysis.
- Rewind tape to zero prior to the supervisory session during which your tape-recorded session will be critiqued.
- Maximize your opportunity to learn from the tape critique sessions by:
  - avoiding defensiveness when others provide feedback;
  - avoiding undue modesty and accept praise when you have done well; and
  - paying close attention while listening to other students' tapes and be prepared to model their effective techniques.

## **F. Documenting Practicum Activities**

In compliance with national and state accreditation requirements, state certification and licensure standards, and University curriculum requirements, it is important that both the total number of hours spent in practicum and the number of hours invested in performing particular counselor activities be accurately and completely reported (see Appendix A, Practicum Forms).

### **Beginning Your Practicum:**

1. The **STUDENT PRACTICUM AGREEMENT**, which outlines those conditions under which the practicum student serves, must be completed.

### **Optional but strongly recommended:**

1. The **STUDENT MEDICAL MALPRACTICE INSURANCE REQUEST FORM**, which 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.

### **During Your Practicum:**

1. The **PRACTICUM CONTACT HOURS** form is completed each day the student is on site and submitted at the end of the quarter to the faculty instructor. An Excel version is available on the Student Resources Blackboard site.
2. The **COUNSELING SESSION EVALUATION** form is used to evaluate audio or videotapes of counseling sessions and provided to the faculty instructor when tapes are reviewed.
3. An entry is made in a **JOURNAL** for each day on the practicum site (up to a maximum of three entries for full-time work).

### **At the End of Your Practicum:**

1. Complete the **STUDENT SELF-ASSESSMENT OF PRACTICUM LEARNING** and submit it to your faculty instructor by the end of the quarter.
2. Complete the **STUDENT EVALUATION OF GRADUATE PRACTICUM SITE** and submit it to your faculty instructor by the end of the quarter.
3. The **SITE SUPERVISOR'S EVALUATION OF STUDENT PRACTICUM PERFORMANCE** is completed independently by the site supervisor and either given to the student or mailed directly to the faculty instructor. This form needs to be given to the site supervisor by the student at the end of the practicum.

## **G. Evaluation of Performance:**

The final grade issued for the practicum in counseling will be based on counseling skills proficiency, knowledge of topical issues in the field, and demonstrated professionalism as determined by both the site supervisor and the faculty instructor. Specific evaluative criteria include:

1. Adherence to Code of Professional Ethics for Rehabilitation Counselors (see Appendix B).
2. Compliance with all policies and directives issued by the practicum site and the University pertinent to performance as a practicum student.
3. Completion of all documentation in an accurate, timely, comprehensive, and legible fashion.
4. Compliance with all session recording and preview requirements.
5. Attendance and active participation in all supervisory sessions.
6. Final evaluations from self and site supervisor.

## **H. Requirements for Journal**

Experience and Reflection = Growth. As the equation suggests, we do not actually learn from experience as much as we learn from reflecting on experience.

What is reflective thinking and why is it desirable? Reflective thinking means “turning a subject over in the mind and giving it serious and consecutive consideration.” John Dewey insists that reflective thinking frees us from mere impulsive and routine activity. It enables us to act in deliberate and intentional fashion to achieve what we need. It distinguishes us as human beings and is the hallmark of intelligent action.

Reflective rehabilitation counselors actively, persistently, and carefully consider beliefs and practices in light of the knowledge that supports them and the further consequences to which they lead. Reflective thinking allows the rehabilitation counselor to examine critically the assumptions that rehabilitation agencies make about what can count as acceptable client goals and appropriate methods, problems, and solutions. In your field experience, reflective thinking will allow you to act in deliberate and intentional ways and devise new ways to fulfill on-site responsibilities and to interpret new experiences from a fresh perspective.

If you merely “do” your field experience, accumulating the necessary on-site hours without thinking deeply about it, if you merely allow your experiences to wash over you without savoring and examining them for their significance, your growth will be greatly limited. The journal you write, the questions you try to answer, and other activities in which you engage will all be merely tools to facilitate reflective thinking about your field experience.

Because it is difficult to think deeply about all our experiences, it helps to focus thoughts on particularly significant events. Focusing on one or two events does not mean ignoring all others. Instead, it means keeping a record of all events while selecting, elaborating on, and analyzing

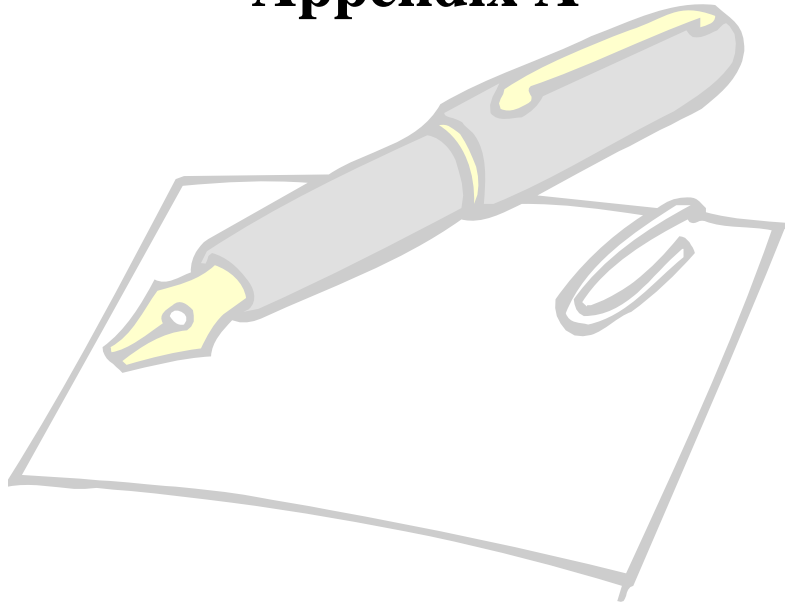
one or more that represent an important development in perspective, goals, or plans. The following format is designed to help you grow as a rehabilitation counselor by enabling you to benefit from your field experience.

### **Your Journal**

The student will be expected to keep a weekly reflection journal with entries for each day that you are working at your field placement. 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:

- 1) Describe an **Experience**.
- 2) **Identify** ONE thing you learned from that particular experience. Whether your experiences reflect your successes or your failures, they are significant if you learned something important from them. Describe the experience(s) in detail.
- 3) **Analyze** why you think that was an important insight or learning for you: why did that experience stand out. Try to figure out what you accomplished, identify problems that emerge and how you plan to follow up, and distill from the experience(s) what you learned.
- 4) **Generalize** how you will use this knowledge in the future to help you be a better rehabilitation counselor. As an example, you might describe whether you learned what works or what does not. Describe what you conclude. If you learned something about your rehabilitation philosophy, tell whether it confirms your ideas or forces you to reconsider; and/or note any questions that arrive for you that you would like to discuss with your supervisors or with your peers during a seminar.

# **Appendix A**



# **Practicum Forms**

# GRADUATE PROGRAM IN REHABILITATION COUNSELING STUDENT PRACTICUM AGREEMENT

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

\_\_\_\_\_ 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 a practicum 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 notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
3. 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
4. that the university supervisor is responsible for the assignment of a practicum grade.

### **The practicum site agrees**

1. to assign a practicum supervisor who has appropriate credentials, time, and interest for training the practicum 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;
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 observation and/or live supervision;
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 practicum 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 practicum site supervisor will communicate regarding progress, problems, and performance evaluations.





# 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 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.



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 \_\_\_\_\_ 425-771-7435

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. Or mail to: University Cashier, MS 9004, OM 254, WWU, Bellingham, WA 98225-9004. Do not send 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!**



**Graduate Program in Rehabilitation Counseling  
Western Washington University  
COUNSELING SESSION EVALUATION FORM**

Student Counselor: \_\_\_\_\_ Client: \_\_\_\_\_

ENTRY OBJECTIVES: \_\_\_\_\_

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| Description of Content | Your Analysis |
|------------------------|---------------|
|                        |               |

EXIT OBJECTIVES: \_\_\_\_\_

**Graduate Program in Rehabilitation Counseling  
Department of Human Services and Rehabilitation  
Western Washington University**

**CLIENT RELEASE FORM**

I, \_\_\_\_\_, agree to be counseled by  
\_\_\_\_\_, a practicum student in the Graduate  
Program in Rehabilitation Counseling at Western Washington University.

I further understand that I will participate in counseling interviews that will be  
audiotaped or videotaped and reviewed by practicum 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:

\_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ (if under 21)

Counselor's signature:

\_\_\_\_\_ Date: \_\_\_\_\_

## **STUDENT SELF-ASSESSMENT OF PRACTICUM LEARNING**

During the last week of the practicum, each student is required to write a short (3 to 5 pages) reflection on your performance and experience. Please use the following areas to structure your self-assessment:

1. An overview of the activities in which you participated with an analysis of the personal and professional development gained from these activities.
2. A self-assessment of your counseling skills and relative strengths and weaknesses
  - a. Active listening
  - b. Use of silences
  - c. Use of good questions (both closed and open-ended)
  - d. Reflection
  - e. Confrontation
  - f. Interpretation
  - g. Self-disclosure
3. Implications for your learning goals in internship.



On the scale below, please rate how the practicum 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 practicum student?

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

Comments:

## SITE SUPERVISOR'S EVALUATION OF STUDENT PRACTICUM PERFORMANCE

**Graduate Program in Rehabilitation Counseling  
Department of Human Services and Rehabilitation  
Woodring College of Education**

Name of practicum student \_\_\_\_\_

Period covered by the evaluation \_\_\_\_\_

**Directions:** Check the box that best evaluates the practicum student on their performance in each area using the following rating scale:

- N/A Not Applicable or unable to assess
- 1 Unsatisfactory progress towards meeting performance standards
- 2 Satisfactorily working towards meeting performance standards
- 3 Meets performance standards
- 4 Exceeds performance standards

| <b>General Skills</b>   | <b>N/A</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|---|------------|----------|----------|----------|----------|
| <b>a.</b> Accomplishes tasks with an appropriate level of supervision                                     |            |          |          |          |          |
| <b>b.</b> Demonstrates appropriate levels of confidence   |            |          |          |          |          |
| <b>c.</b> Is organized and efficient in accomplishing assigned duties                                     |            |          |          |          |          |
| <b>d.</b> Demonstrates problem solving by obtaining necessary information and asking for help when needed |            |          |          |          |          |
| <b>e.</b> Dresses professionally and appropriately for the work setting                                   |            |          |          |          |          |
| <b>f.</b> Is professional in relationships with clients and staff   |            |          |          |          |          |
| <b>g.</b> Shows knowledge of agency structure, function, policy, and procedures                           |            |          |          |          |          |
| <b>h.</b> Is punctual in reporting to work and meetings   |            |          |          |          |          |
| <b>i.</b> Accepts constructive criticism and positive feedback concerning performance                     |            |          |          |          |          |
| <b>j.</b> Demonstrates the ability to collaborate with others   |            |          |          |          |          |

| <b>Counseling Skills</b>   | <b>N/A</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|--|------------|----------|----------|----------|----------|
| <b>a.</b> Researches the case prior to the first interview   |            |          |          |          |          |
| <b>b.</b> Conducts interviews and counseling sessions in a relaxed and comfortable nature                        |            |          |          |          |          |
| <b>c.</b> Communicates interest in and acceptance of the client  |            |          |          |          |          |
| <b>d.</b> Facilitates client expression of concerns and feelings   |            |          |          |          |          |
| <b>e.</b> Focuses on the content of the client's presenting issue(s)   |            |          |          |          |          |
| <b>f.</b> Uses relevant client information when deciding on various counseling techniques and their implications |            |          |          |          |          |
| <b>g.</b> Uses silence effectively in the counseling session   |            |          |          |          |          |
| <b>h.</b> Uses self-disclosure in an appropriate manner  |            |          |          |          |          |
| <b>i.</b> Recognizes and pursues discrepancies and meaning of inconsistent information                           |            |          |          |          |          |
| <b>j.</b> Facilitates realistic goal setting with the client   |            |          |          |          |          |
| <b>k.</b> Uses relevant case data in planning both immediate and long-range goals                                |            |          |          |          |          |
| <b>l.</b> Encourages appropriate action-step planning with the client  |            |          |          |          |          |
| <b>m.</b> Explains, administers, and interprets tests correctly  |            |          |          |          |          |
| <b>n.</b> Demonstrates accuracy and clarity in written and verbal communication                                  |            |          |          |          |          |
| <b>o.</b> Completes case reports and records punctually and conscientiously                                      |            |          |          |          |          |
| <b>p.</b> Demonstrates knowledge of the Code of Professional Ethics for Rehabilitation Counselors                |            |          |          |          |          |
| <b>q.</b> Demonstrates ethical behavior in the counseling and case management activities                         |            |          |          |          |          |
| <b>r.</b> Shows sensitivity to clients and colleagues while maintaining appropriate boundaries                   |            |          |          |          |          |

Please comment on any areas identified above where the student *did not meet* professional performance standards. \_\_\_\_\_

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Additional comments and/or suggestions: \_\_\_\_\_

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### Signatures

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Supervisor Signature

\_\_\_\_\_  
Date

My signature indicates that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## **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  
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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/LEGAL 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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