

# Scenario I

Cindy was working with her Vocational Rehabilitation Counselor, Spencer. The vocational assessment process was explained in detail to Cindy. She had been off work for six years and had undergone multiple surgeries. She understood that she may not qualify to be retrained, but nonetheless hoped that would happen. She had always wanted to go to college and learn accounting. As it turned out, Cindy was released to the transferable skill of Bank Teller by the treating provider. Spencer wrote a report and submitted it to the insurance company. He sent Cindy a letter explaining that she was employable and that he was closing her file. Cindy was upset because her benefits were being cut off and she did not feel confident in her ability to get back to work.

## Scenario II

Josh received a referral from an employer to conduct a Vocational Rehabilitation evaluation, to determine return-to-work options and employability. He contacted the office of the worker's attorney to set up a meeting but they would not agree to a meeting. Later that week, Josh received a copy of a letter from the attorney, to the claim manager, stating that the worker is amenable to rehabilitation counseling services but that they were unwilling to work with Josh. The claim manager was supportive of Josh and asked that he send letters to the worker offering his services and provide job leads to the worker. Josh sent letters offering his services and provided job leads for several months, but there was no response from the worker.

## Scenario III

Vocational Rehabilitation Counselor Madison was working with her client, Stacy, who presented with a lumbar strain. Stacy worked as a winemaker at the time of injury, which is medium level work. The Treating Provider, Matt Johnson, D.C. indicated that his patient Stacy was not released to any work. The claim manager then ordered an IME with Orthopedic Surgeon, Jeff Murphy, who stated that the lumbar strain had resolved and that Stacy was able to return to work as a winemaker. Upon review of the report, Madison considered the two medical opinions and decided that the orthopedic surgeon held more weight due to reputation and extensive education. Contact was made with the worker, a closing meeting was conducted, the rationale for the closure was explained and referrals were made. Madison wrote a report indicating that Stacy could return to work as a winemaker and closed the file.

## Scenario IV

During the intake meeting, all of the work history was collected. The worker reported that he does not feel able to work. The VRC then spots worker in the kitchen at a local restaurant. At the next meeting the VRC inquires about it. The worker reports that he is working under the table at a family member's business. He says that it is the only way he can support his family, as time loss is insufficient. He further explains that the family member allows him to take breaks whenever needed it and that's the only reason the work is tolerable. He stated that there's technically no record of the employment and begs the VRC not to report to the CM and that the welfare of their family and home is at stake.

# ENFORCEABLE STANDARDS OF ETHICAL PRACTICE

## SECTION A: THE COUNSELING RELATIONSHIP

### A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS

a. **PRIMARY RESPONSIBILITY.** The primary responsibility of rehabilitation counselors is to respect the dignity and to promote the welfare of clients. Clients are defined as individuals with, or directly affected by a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with a disability. In all instances, the primary obligation of rehabilitation counselors is to promote the welfare of their clients.

b. **REHABILITATION AND COUNSELING PLANS.** Rehabilitation counselors and clients work jointly in devising and revising integrated, individual, and mutually agreed upon rehabilitation and counseling plans that offer a reasonable promise of success and are consistent with the abilities and circumstances of clients. Rehabilitation counselors and clients regularly review rehabilitation and counseling plans to assess continued viability and effectiveness.

c. **EMPLOYMENT NEEDS.** Rehabilitation counselors work with clients to consider employment consistent with the overall abilities, functional capabilities and limitations, general temperament, interest and aptitude patterns, social skills, education, general qualifications, transferable skills, and other relevant characteristics and needs of clients. Rehabilitation counselors assist in the placement of clients in available positions that are consistent with the interest, culture, and the welfare of clients and/or employers.

d. **AUTONOMY.** Rehabilitation counselors respect the rights of clients to make decisions on their own behalf. On decisions that may limit or diminish the autonomy of clients, decision-making on behalf of clients is taken only after careful deliberation. Rehabilitation counselors advocate for the resumption of responsibility by clients as quickly as possible.

### A.2. RESPECTING DIVERSITY

a. **RESPECTING CULTURE.** Rehabilitation counselors demonstrate respect for the cultural background of clients in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions.

b. **NONDISCRIMINATION.** Rehabilitation counselors do not condone or engage in discrimination based on age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.

### A.3. CLIENT RIGHTS IN THE COUNSELING RELATIONSHIP

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

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

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

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

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

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

#### **A.4. AVOIDING HARM AND AVOIDING VALUE IMPOSITION**

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

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

#### **A.5. ROLES AND RELATIONSHIPS WITH CLIENTS**

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

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

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

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

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

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

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

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

## **A.6. MULTIPLE CLIENTS**

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

## **A.7. GROUP WORK**

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

## **A.8. TERMINATION AND REFERRAL**

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

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

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

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

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

## **SECTION B: CONFIDENTIALITY, PRIVILEGED COMMUNICATION, AND PRIVACY**

### **B.1. RESPECTING CLIENT RIGHTS**

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

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

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

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

### **B.2. EXCEPTIONS**

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

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

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

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

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

### **B.3. INFORMATION SHARED WITH OTHERS**

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

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

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

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

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

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

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

### **B.4. GROUPS AND FAMILIES**

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

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

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

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

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

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

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

## **B.6. RECORDS**

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

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

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

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

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

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

## **B.7. CONSULTATION**

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

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

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

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

## C.2. ACCESSIBILITY

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

## SECTION D: PROFESSIONAL RESPONSIBILITY

### D.1. PROFESSIONAL COMPETENCE

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

## **D.2. CULTURAL COMPETENCE/DIVERSITY**

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

## **D.3. FUNCTIONAL COMPETENCE**

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

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

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

## **D.5. RESPONSIBILITY TO THE PUBLIC AND OTHER PROFESSIONALS**

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

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

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

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

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

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

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

#### **D.6. SCIENTIFIC BASES FOR INTERVENTIONS**

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

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

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

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

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

- b. **QUESTIONABLE CONDITIONS.** Rehabilitation counselors alert their employers to conditions or inappropriate policies or practices that may be potentially disruptive or damaging to the professional responsibilities of rehabilitation counselors or that may limit their effectiveness. In those instances where rehabilitation counselors are critical of policies, they attempt to affect changes in such policies or procedures through constructive action within the organization. Such action may include referral to appropriate certification, accreditation, or licensure organizations, or voluntary termination of employment.
- c. **EMPLOYER POLICIES.** The acceptance of employment in an agency or institution implies that rehabilitation counselors are in agreement with its general policies and principles. Rehabilitation counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in employer policies conducive to the growth and development of clients.
- d. **PROTECTION FROM PUNITIVE ACTION.** Rehabilitation counselors take care not to harass or dismiss employees who have acted in a responsible and ethical manner to expose inappropriate employer policies or practices.
- e. **PERSONNEL SELECTION AND ASSIGNMENT.** Rehabilitation counselors select competent staff and assign responsibilities compatible with their skills and experiences.
- f. **DISCRIMINATION.** Rehabilitation counselors, as either employers or employees, engage in fair practices with regard to hiring, promoting, and training.

## E.2. CONSULTATION

- a. **CONSULTATION AS AN OPTION.** Rehabilitation counselors may choose to consult with professionally competent persons about their clients. In choosing consultants, rehabilitation counselors avoid placing consultants in a conflict of interest situation that precludes the consultant from being a proper party to the efforts of rehabilitation counselors to help clients. If rehabilitation counselors are engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.
- b. **CONSULTANT COMPETENCY.** Rehabilitation counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Rehabilitation counselors provide appropriate referral resources when requested or needed.
- c. **INFORMED CONSENT IN CONSULTATION.** When providing consultation, rehabilitation counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both rehabilitation counselors and consultees. Rehabilitation counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultees, rehabilitation counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees.

## E.3. AGENCY AND TEAM RELATIONSHIPS

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

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

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

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

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

## **SECTION F: FORENSIC AND INDIRECT SERVICES**

### **F.1. CLIENT OR EVALUEE RIGHTS**

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

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

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

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

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

## **F.2. REHABILITATION COUNSELOR FORENSIC COMPETENCY AND CONDUCT**

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

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

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

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

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

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

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

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

### **F.3. FORENSIC PRACTICES**

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

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

### **F.4. FORENSIC BUSINESS PRACTICES**

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

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

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

### **G.1. INFORMED CONSENT**

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

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

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

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