



COMMISSION ON REHABILITATION
COUNSELOR CERTIFICATION

CODE OF PROFESSIONAL ETHICS FOR CERTIFIED REHABILITATION COUNSELORS

*Adopted in September 2022 by the
Commission on Rehabilitation Counselor Certification.*

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

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PREAMBLE

PURPOSE

The Code of Professional Ethics for Certified Rehabilitation Counselors, henceforth referred to as the Code, is designed to provide standards of practice for practitioners, trainees, recipients of services, and society on the ethical practice of certified rehabilitation counselors, henceforth referred to as CRCs/CCRCs. The Commission on Rehabilitation Counselor Certification (CRCC) provides an accredited national certification for individuals meeting rigorous educational requirements for the purpose of providing specialized supports for individuals with disabilities. CRCs/CCRCs credentialed by CRCC may identify with various professional associations and practice settings. CRCs/CCRCs may also be licensed in fields that require specific standards of professional behavior. This Code is enforceable for all CRCs/CCRCs.

The basic objectives of the Code are to:

- promote public welfare by specifying ethical behavior;
- establish principles that guide ethical behaviors;
- serve as an ethical guide designed to assist in constructing a professional course of action; and
- serve as the basis for the processing of alleged Code violations.

VALUES AND PRINCIPLES

CRCs/CCRCs are committed to facilitating the personal, economic, and social independence of individuals with disabilities. CRCs/CCRCs recognize diversity and embrace a culturally relevant and responsive approach to support of the worth, dignity, potential, and uniqueness of individuals with disabilities within their social and cultural context and bracket their personal values and beliefs when working with clients. They look to professional values as an important way of living out an ethical commitment.

The values that serve as a foundation for this Code include a commitment to

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

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

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

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

Fidelity: To be faithful; to keep promises and honor the trust placed in CRCs/CCRCs

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

Nonmaleficence: To do no harm to others

Veracity: To be honest and truthful

COMMITMENT TO CULTURAL DIVERSITY

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

CLIENTS/EVALUEES

The primary obligation of CRCs/CCRCs is to their clients, defined as persons who receive services from CRCs/CCRCs. In some settings, clients may be referred to by other terms such as, but not limited to, consumers, participants, or customers.

When employed to render an opinion for a forensic purpose, CRCs/CCRCs do not have clients. Instead, the person being evaluated is deemed an evaluatee. Additionally, if a section or standard in the Code does not seem to be relevant to CRCs/CCRCs in specific practice setting (e.g., state vocational rehabilitation agency, mental health setting, forensic practice), CRCs/CCRCs adhere to the principles of the Code.

STRUCTURE OF THE CODE

The Code consists of a Preamble, thirteen main Sections, and a Glossary. Each Section includes an introduction that describes the ethical behavior and responsibility to which CRCs/CCRCs aspire. The introduction helps set the tone for that Section and provides a starting point that invites reflection on the Enforceable Standards contained in each Section of the Code. The Enforceable Standards that follow the introduction outline professional responsibilities and provide direction for fulfilling those ethical responsibilities.

The Enforceable Standards within the Code are specific and intended to provide directives for specific circumstances and serve as the basis for processing complaints initiated against CRCs/CCRCs. A breach of the Enforceable Standards provided herein do not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.

APPLYING THE CODE

Individual Enforceable Standards are not meant to be interpreted in isolation. Instead, Enforceable Standards are interpreted across the Code as a whole, with each Enforceable Standard interpreted in conjunction with other related standards throughout the Code. Actions of CRCs/CCRCs are consistent with the spirit, as well as the letter, of these Enforceable Standards.

CRCs/CCRCs acknowledge that resolving ethical issues is a process. When CRCs/CCRCs are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources (including the CRCC Ethics Committee) as needed. Ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

CRCs/CCRCs are expected to use a credible ethical decision-making model that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, CRCs/CCRCs work to resolve any ethical dilemmas that arise. Ethical decision-making models can be viewed on CRCC's website.

CRCs/CCRCs must be aware of laws related to their scope of practice and service delivery. At times, legal and ethical standards may conflict. In such situations, CRCs/CCRCs are encouraged to consult with supervisors, legal/ethical experts, CRC/CCRC colleagues, and others as appropriate and to use an ethical decision-making model to inform the decision.

DEFINING THE PROFESSION

CRCs/CCRCs are nationally accredited counselors educated and trained at the graduate level. They have specialized knowledge, skills, and abilities to collaborate with persons with all types of disabilities to overcome barriers to employment or other life domains. Through a comprehensive and holistic approach, CRCs/CCRCs work with the whole person, to help them understand the functional implications of their disability and the environmental constraints that may occur. CRCs empower individuals with disabilities to articulate their needs, achieve their personal, social, psychological, vocational, and independent living goals. CRCs/CCRCs provide a bridge between the individual and self-sufficiency, assisting their clients in living fully integrated lives. CRCs/CCRCs are unique in comparison to other counseling professionals given their interaction with individuals with disabilities. No other counseling profession is primarily dedicated to working with individuals with all types of disabilities.

ENFORCEABLE STANDARDS OF ETHICAL PRACTICE

SECTION A: THE COUNSELING RELATIONSHIP

INTRODUCTION

CRCs/CCRCs work in cooperation with their clients to promote client growth, welfare, and support them in developing and progressing toward their goals. CRCs/CCRCs understand that trust is the cornerstone of the counseling relationship, and they have the responsibility to respect and safeguard the client's right to privacy and confidentiality.

CRCs/CCRCs respect the rights of clients to make their own decisions about matters that affect their own lives. CRCs/CCRCs make reasonable efforts to ensure clients make informed choices about every aspect of the rehabilitation counseling process. CRCs/CCRCs are expected to respect the diverse cultural backgrounds and identities of the clients they serve and do not discriminate in their provision of rehabilitation counseling services based on protected identities. CRCs/CCRCs also explore their own backgrounds, cultural identities, and experiences and how these affect their values and beliefs.

A.1. WELFARE OF THOSE SERVED

a. PRIMARY RESPONSIBILITY. The primary responsibility of CRCs/CCRCs is to respect the dignity of clients and to promote their welfare.

b. REHABILITATION COUNSELING PLANS. CRCs/CCRCs and clients collaborate to develop client-centered, integrated, individualized, mutually agreed-upon, written rehabilitation counseling plans. This agreed-upon plan is consistent with the abilities and circumstances of clients. CRCs/CCRCs and clients regularly review rehabilitation counseling plans to assess their continued viability and effectiveness and revise them as needed, while respecting the client's informed decision making.

c. EMPLOYMENT. When assessing potential employment goals, CRCs/CCRCs consider the client's overall abilities. Assessment of potential employment includes consideration of the client's functional capabilities, interests and aptitudes, social skills, education, general qualifications, transferable skills, work history, psychological characteristics, geographic locations, and other relevant characteristics and needs of clients. CRCs/CCRCs facilitate the placement of clients in positions consistent with their interests, education/skills, culture, and welfare. CRCs/CCRCs assist clients in understanding potential barriers to employment and placement choices and mitigate barriers that could affect a successful employment outcome. Considerations include, but are not limited to, legal history, substance use disorder, transportation, financial implications of work, skill level, and educational background. CRCs/CCRCs educate clients on appropriate and accessible resources to address and resolve barriers.

d. AVOCATIONAL AND INDEPENDENT LIVING GOALS. CRCs/CCRCs work with clients to develop avocational, independent living, and community integration goals consistent with their abilities, interests, culture, needs, and welfare.

e. AUTONOMY. CRCs/CCRCs respect the rights of clients to make decisions on their own behalf in accordance with their cultural identity, values, and beliefs. Decision-making on behalf of clients that limits or diminishes the autonomy of the client is made only after careful deliberation. CRCs/CCRCs advocate for clients to resume responsibility for their choices as quickly as possible.

A.2. RESPECTING DIVERSITY

a. RESPECTING CULTURE. CRCs/CCRCs demonstrate cultural humility and respect for the cultural identity of clients in developing and implementing culturally responsive rehabilitation strategies and treatment plans by providing and adapting interventions.

b. NONDISCRIMINATION. CRCs/CCRCs do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

A.3. CLIENT RIGHTS

a. PROFESSIONAL DISCLOSURE STATEMENT. CRCs/CCRCs must review with clients, both orally and in writing, the rights and responsibilities of both CRCs/CCRCs and client and document the process has occurred. These are presented in a manner that is accessible and understandable to the client. Disclosure at the outset of the professional relationship minimally includes

- (1) the qualifications, credentials, and relevant experience of the CRCs/CCRCs;
- (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 other related professionals are consulted);
- (5) contingencies for continuation of services upon the extended absence, incapacitation, or death of CRCs/CCRCs;
- (6) fees and/or payment arrangements;
- (7) record preservation and release policies;
- (8) benefits and risks associated with electronic communication; and
- (9) legal issues affecting services.

When necessary, CRCs/CCRCs disclose other information consistent with organization and/or employer policies or legal requirements. CRCs/CCRCs recognize that disclosure of this information needs to be reiterated or expanded upon throughout the professional relationship.

b. INFORMED CONSENT. CRCs/CCRCs recognize that clients have the freedom to choose whether to enter into or remain in a professional relationship. CRCs/CCRCs respect the rights of clients to participate in ongoing rehabilitation counseling planning and to make decisions to refuse any services or modality changes. CRCs/CCRCs ensure that clients are advised of the benefits and/or consequences of such refusal. CRCs/CCRCs recognize that clients need relevant and adequate information to make an informed decision regarding services. CRCs/CCRCs recognize that informed consent is ongoing and needs to be reassessed throughout the rehabilitation counseling relationship, so clients are able to provide informed consent. CRCs/CCRCs appropriately document discussions of disclosure and informed consent throughout the professional relationship.

c. DEVELOPMENTALLY AND MULTICULTURALLY APPROPRIATE COMMUNICATIONS.

CRCs/CCRCs communicate information in ways that are both developmentally and multiculturally appropriate while taking into consideration the accessibility needs of the client. CRCs/CCRCs arrange for qualified interpreters, translators, or other necessary accommodations (e.g., captioning services) when needed to communicate effectively with clients. CRCs/CCRCs collaborate with clients, consider multicultural implications of informed consent procedures, and adjust their practices accordingly.

d. INABILITY TO GIVE CONSENT. When counseling minors or persons who have limited capacity to give voluntary informed consent, CRCs/CCRCs seek the assent of clients and include clients in decision-making as appropriate. Parents and legal guardians are informed about the confidential nature of the counseling relationship. CRCs/CCRCs embrace the diversity of family systems, and the inherent rights and responsibilities parents/guardians have for the welfare of their children/dependents. CRCs/CCRCs recognize the need to balance the (1) ethical rights of clients to make choices; (2) cognitive or legal capacity of clients to give consent or assent; and (3) legal rights and responsibilities of legal guardians to protect clients and make decisions on their behalf.

e. SUPPORT NETWORK INVOLVEMENT. CRCs/CCRCs recognize that support by others may be important to clients or central to interacting with rehabilitation services. When appropriate and with documented consent from clients, CRCs/CCRCs enlist the support and involvement of others (e.g., religious/spiritual/community leaders, family members, friends, legal guardians, educators, employers).

A.4. PROHIBITED ROLES AND RELATIONSHIPS WITH CLIENTS

a. SEXUAL OR ROMANTIC RELATIONSHIPS ASSOCIATED WITH CURRENT CLIENTS. CRCs/CCRCs are prohibited from engaging in any (e.g., electronic, virtual, online, and/or in-person) sexual or romantic interactions or relationships with current clients, their romantic partners, or their immediate family members.

b. SEXUAL OR ROMANTIC RELATIONSHIPS ASSOCIATED WITH FORMER CLIENTS. CRCs/CCRCs are prohibited from engaging in any (e.g., electronic, virtual, online, and/or in-person) sexual or romantic interactions or relationships with former clients, their romantic partners, or their immediate family members for a period of five years following the last professional contact. Even after five years, CRCs/CCRCs carefully consider if a potential sexual or romantic relationship would be coercive or exploitative and/or cause harm to the former client. If CRCs/CCRCs choose to enter into such a relationship after five years, it is the responsibility of the CRCs/CCRCs (not the former client) to demonstrate that neither coercion nor harm to the former client has transpired. In cases of potential exploitation and/or harm, CRCs/CCRCs avoid entering into such interactions or relationships.

c. SEXUAL OR ROMANTIC RELATIONSHIPS WITH VULNERABLE FORMER CLIENTS. CRCs/CCRCs are prohibited from engaging in any (e.g., electronic, virtual, online, and/or in-person) sexual or romantic interactions or relationships with former clients, regardless of the length of time elapsed since termination of the client relationship, if those clients (1) have a history of physical, emotional, or sexual trauma; (2) have ever been diagnosed with any form of psychosis or personality disorder or marked cognitive impairment, (3) are likely to remain in need of treatment due to the intensity or chronic nature of a mental health condition, or (4) are unable to give proper consent.

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

e. SERVICE PROVISION WITH FRIENDS AND FAMILY MEMBERS. CRCs/CCRCs are prohibited from engaging in the provision of rehabilitation counseling services with family members. CRCs/CCRCs are prohibited from engaging in the provision of rehabilitation counseling services with individuals with whom they have an inability to remain objective.

f. PERSONAL VIRTUAL RELATIONSHIPS WITH CURRENT CLIENTS. CRCs/CCRCs are prohibited from engaging in personal, non-professional electronic or virtual relationships with current clients (e.g., through social media).

g. EXTENDING PROFESSIONAL BOUNDARIES. CRCs/CCRCs consider the risks and benefits of extending the boundaries of their professional relationships with current or former clients, their romantic partners, or their family members to include interactions not typical of professional CRC/CCRC-client relationships. In cases where boundaries are extended, CRCs/CCRCs take appropriate professional precautions, such as seeking informed consent, consultation, and supervision to ensure their judgment is not impaired and that exploitation or harm does not occur. With current clients, such interactions are initiated with appropriate consent from clients and are time-limited or context-specific. Examples include but are not limited to attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by clients or former clients (excepting unrestricted bartering); hospital visits to ill family members; or mutual membership in professional associations, organizations, or communities.

h. DOCUMENTING BOUNDARY EXTENSIONS. If CRCs/CCRCs expand boundaries as described in Standard A.5.g, they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to these individuals, CRCs/CCRCs must show evidence of an attempt to remedy such harm.

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

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

j. ACCEPTING GIFTS. CRCs/CCRCs shall not accept gifts from clients except in cases when it is culturally appropriate or therapeutically relevant. CRCs/CCRCs 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, CRCs/CCRCs take into account the cultural or community practice, therapeutic relationship, the monetary value of the gift(s), the client's motivation for giving the gift(s), and the motivation of the CRCs/CCRCs for accepting or declining the gift(s). CRCs/CCRCs are aware of and comply with their employers' policies on accepting gifts and seek consultation with their supervisor when necessary.

A.5. MULTIPLE CLIENTS

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

A.6. GROUP WORK

a. SCREENING. CRCs/CCRCs screen prospective group counseling/therapy participants. To the extent possible, CRCs/CCRCs 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, CRCs/CCRCs take reasonable precautions to protect clients from harm or physical, emotional, or psychological trauma.

A.7. TERMINATION AND REFERRAL

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

b. VALUES WITHIN TERMINATION AND REFERRAL. CRCs/CCRCs refrain from referring prospective and current clients to another provider based solely on CRCs/CCRCs personally held values, attitudes, beliefs, and behaviors. CRCs/CCRCs respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when CRCs/CCRCs values are inconsistent with the client's goals or are discriminatory in nature.

c. APPROPRIATE TERMINATION AND REFERRAL. CRCs/CCRCs terminate counseling relationships when it becomes reasonably apparent that clients no longer need assistance, are not likely to benefit, or are being harmed by continued services. CRCs/CCRCs may terminate services when in jeopardy of harm by clients or other persons with whom clients have a relationship. CRCs/CCRCs may terminate services: (1) if a client is determined no longer eligible for services; (2) when agreed-upon time limits are reached; or (3) when clients or funding sources do not pay agreed-upon fees or will not pay for further services. CRCs/CCRCs are aware of alternate resources in the communities in which they practice. They provide pre-termination counseling and recommend other clinically and culturally appropriate and accessible service sources when necessary. CRCs/CCRCs ensure that clients are eligible for the services from the service provider to which they are making a referral.

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

e. SELF-REFERRAL. CRCs/CCRCs working in organizations (e.g., school, agency, institution) that provide rehabilitation counseling services do not refer clients to their private practice unless the policies of the organization make explicit provisions for self-referrals. In such instances, the client must be informed of other options available to them should they seek private rehabilitation counseling/forensic services.

f. ABANDONMENT PROHIBITED. CRCs/CCRCs do not abandon or neglect clients. CRCs/CCRCs assist in making appropriate arrangements for the continuation of services when necessary, during extended absences and following termination.

A.8. END-OF-LIFE CARE FOR TERMINALLY ILL CLIENTS

a. QUALITY OF CARE. When the need arises, CRCs/CCRCs advocate for services that enable clients to: (1) obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs; (2) exercise the highest degree of self-determination possible; (3) be given every opportunity possible to engage in informed decision-making regarding their end-of-life care; and (4) receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf.

b. END OF LIFE CARE. CRCs/CCRCs are aware of their own competency as it relates to end-of-life decisions. When CRCs/CCRCs assess they are unable to work with clients on the exploration of end-of-life options, they make referrals to ensure clients receive appropriate assistance.

c. CONFIDENTIALITY. CRCs/CCRCs who provide services to terminally ill individuals who are considering hastening their own deaths through such mechanisms as assisted suicide or refusing life-sustaining treatments have the option of maintaining confidentiality on this matter, depending on applicable laws, the specific circumstances of the situation, and after seeking consultation or supervision from appropriate professional and legal parties.

SECTION B: CONFIDENTIALITY, PRIVILEGED COMMUNICATION, AND PRIVACY

INTRODUCTION

CRCs/CCRCs recognize that trust is the cornerstone of the counseling relationship. CRCs/CCRCs aspire to earn the trust of current and prospective clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. CRCs/CCRCs communicate the legal and ethical parameters of confidentiality to their clients in a culturally competent manner. CRCs/CCRCs inform clients about confidentiality and privacy rights regarding disclosure of client information to outside entities (including employers and third-party payers).

B.1. RESPECTING CLIENT RIGHTS

- a. RESPECT FOR PRIVACY.** CRCs/CCRCs respect the privacy rights of clients. CRCs/CCRCs solicit private information from clients only when it is beneficial to the rehabilitation counseling process. CRCs/CCRCs make reasonable efforts to ensure that methods of sharing or transmitting information are secure.
- b. RESPECT FOR CONFIDENTIALITY.** CRCs/CCRCs do not share confidential information without informed consent from clients or without sound legal or ethical justification. CRCs/CCRCs do not release confidential records without a signed authorization to release information, except as required by law or required by court order.
- c. MULTICULTURAL AND DIVERSITY CONSIDERATIONS.** CRCs/CCRCs develop and maintain awareness and sensitivity of the client's cultural meanings of confidentiality and privacy. CRCs/CCRCs hold ongoing discussions with clients as to how, when, and with whom information is to be shared.
- d. PERMISSION TO RECORD.** CRCs/CCRCs clarify the rationale for recording a session in a manner that is understandable and accessible to the client and obtain permission from clients prior to recording sessions through electronic or other means. Such recordings are destroyed after the timeframe specified by jurisdictional requirements. Even with a guardian's written consent, CRCs/CCRCs carefully consider the clinical and legal implications of recording a session without the assent of the client.
- e. CONSENT TO OBSERVE.** CRCs/CCRCs obtain consent from clients prior to observing sessions, reviewing session transcripts, and/or listening to or viewing recordings of sessions with supervisors, faculty, interns, peers, or others within the training environment.
- f. DISCLOSURE TO EMPLOYERS.** CRCs/CCRCs obtain written consent from the client before disclosing relevant information to prospective and current employers. CRCs/CCRCs educate clients, employers, and others about confidentiality and privacy rights regarding disclosure. When engaged in job placement or retention services (e.g., coordinating accommodations, training staff, developing natural supports), CRCs/CCRCs respect clients' privacy rights by providing only necessary job-relevant information about the person with the disability to parties that have a need to know.
- g. EXPLANATION OF LIMITATIONS.** At initiation and as needed throughout the counseling process, CRCs/CCRCs inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached.

B.2. EXCEPTIONS

- a. SERIOUS OR FORESEEABLE HARM AND LEGAL REQUIREMENTS.** The general requirement that CRCs/CCRCs keep information confidential does not apply when disclosure is required to protect clients or identified third parties from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. CRCs/CCRCs assess the risk of harm to the client or others (e.g., suicidal or homicidal ideation/intent/plan), prior to breaking confidentiality. CRCs/CCRCs must be aware of and adhere to standards and laws that govern confidentiality. CRCs/CCRCs are bound by the principles of duty to warn and mandated reporting. CRCs/CCRCs utilize supervision, ethical decision-making models, and consultation with other professionals when in doubt as to the validity of an exception.
- b. COMMUNICABLE, LIFE-THREATENING DISEASES.** When clients disclose that they have been diagnosed with a communicable and potentially life-threatening disease, CRCs/CCRCs may be justified in disclosing information to an identifiable third party without consent if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, CRCs/CCRCs confirm the diagnosis and assess the intent of clients to inform the third parties about the disease or to engage in any behaviors that may be harmful to identifiable third parties. CRCs/CCRCs are expected to be aware of and adhere to standards and laws concerning disclosure about disease status and seek consultation as needed.

c. COURT-ORDERED DISCLOSURE. When subpoenaed by a judge or served a court-order to release confidential or privileged information, CRCs/CCRCs understand that subpoenas are part of the court's legal process and comply with the subpoena or court order. CRCs/CCRCs inform their clients of the subpoena or order and attempt to minimize potential negative impact from the release of information on the client-counselor relationship. If the subpoena is from someone other than a judge (e.g., attorney representative in a legal matter), CRCs/CCRCs inform clients and assess potential harm to clients or the counseling relationship before releasing the information. CRCs/CCRCs are responsible to ensure they have the appropriately signed client release forms and only share appropriately requested information. When in doubt to the appropriate response to a subpoena, CRCs/CCRCs consult with appropriate legal and ethical authorities. When release of raw assessment data is requested, refer to Standard H.2.b.

d. MINIMAL DISCLOSURE. When circumstances require the disclosure of confidential information, CRCs/CCRCs clarify the nature of information being requested and ensure only required information is disclosed. Following disclosure of confidential information, CRCs/CCRCs work to preserve the counseling relationship.

B.3. INFORMATION SHARED WITH OTHERS

a. WORK ENVIRONMENT. CRCs/CCRCs avoid casual conversation about clients in the work environment to protect privacy and confidentiality of clients' information and records are maintained by employees, supervisees, students, clerical assistants, and volunteers.

b. INTERDISCIPLINARY TEAMS. When services provided by CRCs/CCRCs to clients involve the sharing of their information among team members, clients are advised of this fact during the professional disclosure process and are informed of the team's existence and composition.

c. OTHER SERVICE PROVIDERS. When CRCs/CCRCs learn that clients have an ongoing professional relationship with another CRC/CCRC-treating professional or community partners from another agency, they obtain a signed authorization prior to releasing confidential information. File review, second-opinion services and other indirect services are not considered an ongoing professional relationship.

d. CLIENT ASSISTANTS. Clients have the right to decide who can be present as client assistants (e.g., interpreter, personal care assistant, advocates). When clients choose to have assistants present, clients are informed that CRCs/CCRCs cannot guarantee that assistants will maintain confidentiality. CRCs/CCRCs impress upon assistants the importance that CRCs/CCRCs discuss the concern with the client. If the concern is not resolved, CRCs/CCRCs may consider termination and referral.

e. CONFIDENTIAL SETTINGS. CRCs/CCRCs ensure client privacy when discussing confidential information, consider limits to confidentiality, and only discuss confidential information in settings in which they can reasonably ensure client privacy.

f. THIRD-PARTY PAYERS. CRCs/CCRCs disclose information to third-party payers only when clients have authorized such disclosure, unless otherwise required by law.

g. DECEASED CLIENTS. CRCs/CCRCs protect the confidentiality of deceased clients as consistent with laws, organizational policies, and documented preferences of clients.

h. TRANSMITTING CONFIDENTIAL INFORMATION. CRCs/CCRCs take necessary precautions to ensure client confidentiality of information transmitted electronically when using a computer, e-mail, fax, telephone, text message, voicemail, answering machines, or any other virtual or electronic means. See Section K.3. for additional guidance.

i. DISCLOSURE TO REFERRAL SOURCES. CRCs/CCRCs adhere to appropriate disclosure of confidential information to referral sources and other professionals providing services on the same case.

CRCs/CCRCs do not intentionally withhold or omit information that would cause the facts to be misinterpreted or distorted.

B.4. GROUPS AND FAMILIES

a. GROUP WORK. In group work, whether in-person or using electronic formats, CRCs/CCRCs assist members in developing individual goals and respect group members as equal partners in the group experience. CRCs/CCRCs state their expectation that all members maintain confidentiality for each individual and the group. CRCs/CCRCs also advise group members of the limitations of confidentiality and that confidentiality by other group members cannot be guaranteed.

b. COUNSELING COUPLES AND FAMILY. In couples and family counseling, CRCs/CCRCs clearly define who the clients are and discuss expectations and limitations of confidentiality. CRCs/CCRCs seek agreement concerning each individual's right to confidentiality and document in writing such agreements among all involved parties having the capacity to give consent. CRCs/CCRCs clearly define whether they share or do not share information with family members that is privately and/or individually communicated to CRCs/CCRCs. When engaging in couples and family counseling, CRCs/CCRCs practice only within the boundaries of their competence, as indicated in Standard E.1.a.

B.5. RESPONSIBILITY TO CLIENTS LACKING CAPACITY TO CONSENT

a. RESPONSIBILITY TO CLIENTS. When counseling minors or persons who are unable to give consent, voluntary assent is sought. CRCs/CCRCs protect the confidentiality of information received in the counseling relationship, in any format, as specified by law, written policies, and applicable ethical standards.

b. RESPONSIBILITY TO LEGAL GUARDIANS AND PARENTS. CRCs/CCRCs inform legal guardians, including parents who are legal guardians, about the role of CRCs/CCRCs and the confidential nature of the services provided, as consistent with current legal and custodial arrangements. CRCs/CCRCs are sensitive to the diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/dependents according to the law. CRCs/CCRCs work to establish, as appropriate, collaborative relationships with legal guardians to best serve clients.

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

B.6. RECORDS AND DOCUMENTATION

a. REQUIREMENT OF RECORDS AND DOCUMENTATION. CRCs/CCRCs include sufficient and timely documentation in the records of their clients to facilitate the delivery and continuity of needed services. CRCs/CCRCs ensure that documentation in records accurately reflects progress and services provided to clients. If errors are made in records, CRCs/CCRCs take steps to properly note the correction of such errors according to organizational policies.

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

c. CLIENT ACCESS. CRCs/CCRCs provide reasonable access to copies of records, including billing records, when requested by clients or their legal representatives, unless prohibited by law. In situations involving multiple clients, CRCs/CCRCs provide individual clients with only those parts of records that relate directly to them and do not include confidential information related to any other client. When records may be

sensitive, confusing, or detrimental to clients, CRCs/CCRCs have a responsibility to exercise judgment regarding the timing and manner in which the information is shared and to educate clients regarding such information. When CRCs/CCRCs are in possession of records from other sources, they refer clients back to the original sources to obtain copies of those records.

d. DISCLOSURE OR TRANSFER. Unless exceptions to confidentiality exist, CRCs/CCRCs obtain written permission from clients to disclose or transfer records to legitimate third parties who have an identified role in the case. CRCs/CCRCs make reasonable efforts to ensure that recipients of records are sensitive to their confidential nature.

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

f. REASONABLE PRECAUTIONS. CRCs/CCRCs take reasonable precautions to protect the confidentiality of clients in the event of disaster or termination of practice, incapacity, or death of the CRC/CCRC. CRCs/CCRCs appoint a records custodian when appropriate.

B.7. CASE CONSULTATION

a. DISCLOSURE OF CONFIDENTIAL INFORMATION. When consulting with colleagues outside the rehabilitation team, CRCs/CCRCs do not disclose confidential information that reasonably could lead to the identification of clients or other persons or organizations with whom they have a confidential relationship, unless they have obtained the prior written consent of the persons or organizations or when the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purpose of the consultation.

b. RESPECT FOR PRIVACY. CRCs/CCRCs share information in a consulting relationship for professional purposes only with persons directly involved with the case. Written and oral reports presented by CRCs/CCRCs contain only data germane to the purpose of the consultation, and every effort is made to protect the identity of clients and to avoid undue invasion of privacy.

c. CONFIDENTIALITY IN CONSULTATION. CRCs/CCRCs seeking and/or providing consultation obtain agreement among the parties involved concerning each individual's right to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

SECTION C: ADVOCACY AND ACCESSIBILITY

INTRODUCTION

CRCs/CCRCs are aware of and sensitive to the needs of individuals with disabilities and recognize that individuals with disabilities are disproportionately represented in communities of color and are more likely to experience poverty, homelessness, trauma, systemic racism, and other adversities. CRCs/CCRCs advocate at individual, group, institutional, professional, and societal levels to (1) promote opportunity and access; (2) improve the quality of life for individuals with disabilities; (3) remove potential barriers (e.g., societal, institutional, environmental) to the provision of or access to services; (4) address stigma; (5) foster systems change when appropriate, and (6) promote diversity, equity, inclusion, and belonging, while maintaining an awareness of the intersectionality of client identities throughout their advocacy efforts.

C.1. ADVOCACY

a. ATTITUDINAL BARRIERS. CRCs/CCRCs recognize and address attitudinal barriers in applicable settings (e.g., employment, educational, health care, community inclusion) that inhibit the growth and development of their clients, including stigma, stereotyping, and discrimination.

b. SELF ADVOCACY AND GUARDIANSHIP. CRCs/CCRCs empower clients, parents, or legal guardians by providing appropriate information to facilitate their self-advocacy actions whenever possible. CRCs/CCRCs work with clients, parents, or legal guardians to support understanding of their rights and responsibilities and encourage them to speak for themselves and make informed decisions. When appropriate and with the consent of a client, parent, or legal guardian, CRCs/CCRCs act as advocates on behalf of that client at the local, regional, and/or national levels. To better support clients, CRCs/CCRCs are familiar with guardianship and the range of alternatives available to clients and their support systems (e.g., supported decision-making).

c. EMPOWERING THE CLIENT. CRCs/CCRCs work to ensure the voice of the client is heard, valued, and given full consideration by supporting informed choice and client engagement in decision-making and treatment planning. CRCs/CCRCs foster self-advocacy skills of clients to achieve maximum independence.

d. ORGANIZATIONAL AND SYSTEM ADVOCACY. CRCs/CCRCs consider how actions taken by their own organization, as well as cooperating organizations impact clients. To ensure effective service delivery, CRCs/CCRCs act as advocates for clients who cannot self-advocate. CRCs/CCRCs make reasonable efforts to partner with client groups and community members to address environmental and systemic issues and to combat ableism and systems of oppression across policies, procedures, and practices. See M.2.f.

e. ADEQUACY OF SERVICES. CRCs/CCRCs advocate for a client-to-professional ratio and length of service that are sufficient to allow for a thorough and effective provision of services to meet the needs of the client.

f. ADVOCACY AND CONSENT. CRCs/CCRCs obtain client consent prior to engaging in advocacy efforts on behalf of a client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

g. ADVOCACY AND CONFIDENTIALITY. When engaging in advocacy on behalf of clients, should circumstances require the disclosure of confidential information, CRCs/CCRCs obtain and document consent from the client and disclose only minimal information. CRCs/CCRCs advocate for systems and policy change when privacy and confidentiality rights are infringed upon.

h. AREAS OF KNOWLEDGE AND COMPETENCY. CRCs/CCRCs are knowledgeable about systems and laws, as well as organizational policies and how they affect access to employment, education, transportation, housing, civil rights, financial benefits, medical services, and mental health services for individuals with disabilities. CRCs/CCRCs keep current with changes in these areas in order to advocate effectively for clients and/or to facilitate self-advocacy of clients in these areas.

i. KNOWLEDGE OF BENEFIT SYSTEMS. CRCs/CCRCs are aware that disability benefit systems directly affect the quality of life of clients as well as clients' motivation and interest in pursuing personal, career, and independent living goals. CRCs/CCRCs provide accurate and timely information and resources to individuals (and their support network), including referral to appropriate experts, so that informed decisions can be made.

C.2. ACCESSIBILITY

a. ACCOMMODATIONS. To address the barriers encountered by individuals with disabilities and ensure fair and equitable access to personal, career, and independent living goals, CRCs/CCRCs facilitate the provision of necessary, appropriate, and reasonable accommodations in accordance with the law.

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

c. BARRIERS TO SERVICES. CRCs/CCRCs collaborate with clients and/or other stakeholders to identify and develop a plan to address physical, programmatic, structural, attitudinal, or technological barriers to service and to ensure fair and equitable access to service.

d. BARRIERS TO COMMUNITY INCLUSION. CRCs/CCRCs promote the welfare of individuals with disabilities to maximize their potential for community integration. They engage in community collaboration when feasible to address systemic barriers to fair and equitable access, participation, and inclusion into the social, cultural, and economic life of the community.

SECTION D: MULTICULTURAL CONSIDERATIONS

INTRODUCTION

The Code incorporates an advanced exploration of professional multicultural considerations for CRCs/CCRCs. These standards seek to reduce bias, minimize discrimination, and prevent harm. CRCs/CCRCs work in partnership with a range of diverse clients to individualize rehabilitation counseling services and to promote client welfare in the progression toward their personal, career, educational, and independent living goals. CRCs/CCRCs consider multicultural competencies when working with clients from diverse racial, cultural, and ethnic groups. This section features the attitudes and behaviors of a multiculturally competent CRCs/CCRCs who maintain an awareness of self and others. Furthermore, the section describes the ethical responsibility of CRCs/CCRCs to exhibit cultural knowledge and skills aligned with the core values of the profession.

D.1. STRENGTHENING THE MULTICULTURAL COUNSELING RELATIONSHIP

a. ESTABLISHING CONSTRUCTIVE MULTICULTURAL COUNSELING RELATIONSHIPS. Given that trust and professional competence are essential to establishing positive multicultural counseling relationships, CRCs/CCRCs are expected to be aware that professional relationships may be impacted by cultural differences that exist between CRCs/CCRCs and the client, including but not limited to protected identities.

b. IMPACT OF CLIENT INTERSECTIONALITY/IDENTITY. CRCs/CCRCs consider the influence of a client's intersectionality across each stage of the rehabilitation counseling process, recognizing that diverse cultural identities may experience multiple forms of oppression, which may overlap and influence the efficacy of services. CRCs/CCRCs select modalities that are culturally relevant and appropriate.

c. AWARENESS OF CLIENT WORLDVIEW. CRCs/CCRCs have a professional responsibility to understand that awareness of the client's worldview increases service effectiveness and positively influences rehabilitation outcomes. CRCs/CCRCs are aware of their own cultural background, experiences, sociopolitical position in relation to power, privilege, and oppression and in relation to the client or client communities. CRCs/CCRCs are expected to prevent biases from interfering with the counseling process. CRCs/CCRCs prioritize the client's lived experiences and protected identities to best select culturally sensitive intervention strategies to increase overall effectiveness.

d. INTERVENTIONS. CRCs/CCRCs use, develop, or adapt interventions and services that consider clients' cultural perspectives. CRCs/CCRCs recognize barriers external to clients that may impact effective rehabilitation outcomes.

D.2. AVOIDING HARM AND VALUE IMPOSITION

a. AVOIDING HARMFUL MULTICULTURAL SERVICE PROVISION. CRCs/CCRCs recognize that personal values and dispositions (attitudes, beliefs, stereotypes, and behaviors) have the potential to impact interactions with diverse clients. CRCs/CCRCs do not impose their values and dispositions on their clients. CRCs/CCRCs recognize that prejudice is antithetical to the rehabilitation counseling philosophy and profession.

b. AVOIDING MICROAGGRESSION. CRCs/CCRCs recognize that microaggressions have historically occurred against marginalized/protected identity groups, as well as against individuals with disabilities. CRCs/CCRCs treat all people with dignity and respect. They are expected to be aware of and avoid microaggressions that potentially disrupt the efficacy of the counseling relationship and communicate negative attitudes.

c. IMPLICIT BIAS. CRCs/CCRCs recognize that implicit biases can influence service conditions for clients and contribute to institutional inequalities and structural barriers to service delivery. CRCs/CCRCs are expected to engage in activities that include but are not limited to supervision, consultation, and training to identify their own biases and improve self-awareness.

d. RECOGNITION AND RESPECT OF CLIENT VALUES. CRCs/CCRCs identify responsible approaches that safeguard against value imposition and refrain from attempts to influence the client to conform to the values, attitudes, and beliefs of CRCs/CCRCs.

D.3. PERSONAL AND PROFESSIONAL DEVELOPMENT AND CULTURAL COMPETENCE

a. PERSONAL AWARENESS. CRCs/CCRCs recognize the potential impact of their own cultural background on the working alliance and maintain an awareness of multicultural competency. CRCs/CCRCs assess their own cultural competence and practices that integrate culture-specific awareness, knowledge, and skills into counseling interactions. CRCs/CCRCs work to improve the parameters of their current personal awareness of multicultural differences gained through education, training, and supervised experience.

b. ANTIRACISM. CRCs/CCRCs are expected to understand that antiracism is foundational to the efficacy of the counseling relationship. CRCs/CCRCs do not exhibit racist attitudes and behaviors. They seek diverse perspectives and work to challenge policies and practices that maintain the oppression of marginalized racial groups. When possible, CRCs/CCRCs work to create change to allow full adherence to the Code. (See C.1.d and M.2.f.)

c. SOCIAL JUSTICE. CRCs/CCRCs are expected to understand the client's personal experience, cultural background, the client's awareness of and personal commitment to social justice, as well as the impact of social justice on rehabilitation services outcomes.

d. CULTURAL HUMILITY. CRCs/CCRCs use cultural humility as an approach to address imbalance in client-provider power dynamics that include an openness to consider other perspectives.

e. USE OF AFFIRMING LANGUAGE. CRCs/CCRCs recognize the evolving nature of language related to identity. CRCs/CCRCs use sensitive and affirming language that is aligned with the client's preference (e.g., person-first, identity-first, pronouns). CRCs/CCRCs actively increase their skills in using affirming language.

f. AVOIDING DISCRIMINATION. CRCs/CCRCs do not engage in any activity deemed oppressive, including but not limited to concepts of ableism, racism, nativism, classism, sexism, heterosexism, and cisgenderism. CRCs/CCRCs do not allow internalized homophobia, biphobia, or transphobia to influence service provision.

g. SERVING RELIGIOUS CULTURES. CRCs/CCRCs build a working alliance based on understanding, respect, and support for their clients' spiritual and religious beliefs (or absence of beliefs). CRCs/CCRCs recognize the client's worldview and influence are central to their psychosocial functioning.

D.4. DIVERSITY, EQUITY, AND BELONGING IN COWORKER RELATIONSHIPS

CRCs/CCRCs promote diversity, equity, and belonging within coworker relationships and professional settings. CRCs/CCRCs maintain and enhance inclusive work environments to avoid negative indirect influences on client outcomes. CRCs/CCRCs foster good working relationships by promoting trust, respect, self-awareness, and open communication. CRCs/CCRCs are committed to minimizing barriers to opportunity for diverse colleagues.

SECTION E: PROFESSIONAL RESPONSIBILITY

INTRODUCTION

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

E.1. PROFESSIONAL COMPETENCE

a. BOUNDARIES OF COMPETENCE. CRCs/CCRCs practice only within the boundaries of their competence, based on their education, training, supervised experience, professional credentials, and appropriate professional experience. CRCs/CCRCs do not misrepresent their competence to clients or others.

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

c. EMPLOYMENT QUALIFICATIONS. CRCs/CCRCs accept employment only for positions for which they are qualified by education, training, supervised experience, professional credentials, and appropriate professional experience. CRCs/CCRCs hire individuals for rehabilitation counseling positions who are qualified and competent for those positions.

d. AVOIDING HARM. CRCs/CCRCs act to avoid harming clients, students, employees, supervisees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

e. DELEGATION. When delegating work to employees, supervisees, research or teaching assistants, or when utilizing the services of others (e.g., interpreters), CRCs/CCRCs (1) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education,

training, or experience, either independently or with the level of supervision being provided; and (2) see that such persons perform these services competently and ethically.

f. MONITORING EFFECTIVENESS. CRCs/CCRCs continually monitor their effectiveness as professionals and, when necessary, take steps to improve performance through supervision, consultation, peer supervision, or input from other sources.

g. CONTINUING EDUCATION. CRCs/CCRCs recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They maintain their competence in the skills they use, are open to new procedures, and keep current with professional and community resources for diverse and specific populations with which they work. CRCs/CCRCs need to remain current with developments in evidence-based practices.

E.2. FUNCTIONAL COMPETENCE

a. IMPAIRMENT. CRCs/CCRCs are alert to the signs of impairment due to their own health issues or personal circumstances and refrain from offering or providing professional services when such impairment is likely to harm clients or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined they may safely resume their work. When CRCs/CCRCs have knowledge of the unethical conduct of another CRCs/CCRCs, they attempt to rectify the situation. CRCs/CCRCs bring unethical activities to the attention of the appropriate state licensing board and/or appropriate ethics committee.

b. CONTINGENCY PLANNING AND RESPONSE. CRCs/CCRCs plan for continued client services in the event that rehabilitation counseling services are interrupted by disaster, such as acts of violence, terrorism, natural disaster, or public health crises.

E.3. PROFESSIONAL CREDENTIALS

a. ACCURATE REPRESENTATION. CRCs/CCRCs provide accurate and credible information about their credentials. CRCs/CCRCs claim or imply only the professional qualifications they have completed and correct any known misrepresentations of their qualifications by others. CRCs/CCRCs do not use any abbreviation or statement in any form, whether it be written or spoken, to imply the attainment of a credential they do not currently possess. They truthfully represent themselves and their professional colleagues regarding their education, training, licenses, certifications, or other evidence of competence.

b. CREDENTIALS. CRCs/CCRCs claim only licenses or certifications that are current and in good standing.

c. IMPLYING DOCTORAL-LEVEL COMPETENCE. CRCs/CCRCs refer to themselves as “doctor” in a counseling context only when their degree is an earned doctorate in rehabilitation counseling or a closely related field from an accredited university. CRCs/CCRCs clearly differentiate between earned and honorary degrees. If CRCs/CCRCs have a doctoral-level degree in an unrelated field, they clearly state the field in which the doctoral degree was earned.

E.4. RESPONSIBILITY TO THE PUBLIC AND OTHER PROFESSIONALS

a. HARASSMENT. CRCs/CCRCs do not condone or participate in harassment of any type.

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

c. PRESENTATIONS. When CRCs/CCRCs provide advice or commentary by means of public lectures, demonstrations, radio or television programs, recordings, technology-based applications, printed articles, mailed material, or other media, they ensure that (1) the statements are based on appropriate professional

literature and practice; (2) the statements are otherwise consistent with the Code; and (3) it is clear that a professional counseling relationship does not exist – i.e., CRCs/CCRCs are clear in disclosing any actual or perceived conflicts of interest.

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

e. EXPLOITATION OF OTHERS. CRCs/CCRCs do not exploit others in their professional relationships to seek or receive unjustified personal gains, sexual favors, unfair advantages, or goods or services.

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

g. VERACITY. CRCs/CCRCs do not engage in any act or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities. CRCs/CCRCs only take credit for work they have performed and, when using the work of others, ensure that appropriate credit is provided.

h. DISPARAGING REMARKS. Whether in-person or via electronic means (e.g., virtual, online), CRCs/CCRCs do not disparage individuals or groups of individuals. CRCs/CCRCs refer to clients and colleagues with whom they work with professionalism, courtesy, and respect.

E.5. SCIENTIFIC BASIS FOR INTERVENTIONS

a. ACCEPTABLE PRACTICES. CRCs/CCRCs use techniques, procedures, modalities, and interventions that are grounded in theory and/or have an empirical or scientific foundation.

b. SELECTING CULTURALLY APPROPRIATE INTERVENTION STRATEGIES. CRCs/CCRCs identify and select culturally appropriate interventions that provide relevant and competent services to diverse populations.

c. NEW OR NOVEL PRACTICES. When CRCs/CCRCs use new or novel techniques/procedures/modalities/interventions, they explain to clients any related potential risks, benefits, and ethical considerations. CRCs/CCRCs work to minimize any potential risks or harm when using these techniques/procedures/modalities/interventions. CRCs/CCRCs ensure they are professionally qualified to use new techniques/procedures/modalities/interventions.

d. HARMFUL PRACTICES. CRCs/CCRCs do not use techniques/procedures/modalities/interventions when evidence suggests the likelihood of harm, even if such services are requested. They advocate within their agency or organization to avoid the use of these interventions.

e. CREDIBLE RESOURCES. CRCs/CCRCs make reasonable efforts to ensure the resources used or accessed in rehabilitation counseling are current and valid (e.g., internet sites, mobile applications, books).

SECTION F: RELATIONSHIPS WITH OTHER PROFESSIONALS AND EMPLOYERS

INTRODUCTION

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

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

a. PROFESSIONAL COURTESY/CONSIDERATION. CRCs/CCRCs are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. CRCs/CCRCs acknowledge the expertise of other professional groups and are respectful of their practices. CRCs/CCRCs do not question the competency or ethics of other professionals or agencies in discussions with their clients unless it is done to protect the client's safety and well-being and is documented.

b. NEGATIVE EMPLOYMENT CONDITIONS. CRCs/CCRCs alert their employer of unethical policies and practices. They attempt to effect changes in such policies or procedures through constructive action within their organization. When such policies are inconsistent with the Code, potentially disruptive, damaging to clients, and/or limit the effectiveness of services provided, CRCs/CCRCs take necessary action if change cannot be affected. Such action may include referral to appropriate certification, accreditation, or licensure organizations. Ultimately, voluntary termination of employment may be the necessary action.

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

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

e. EMPLOYMENT PRACTICES. Whether as employers or employees, CRCs/CCRCs engage in legal and ethical employment practices with regard to hiring, promoting, and training.

F.2. ORGANIZATION AND TEAM RELATIONSHIPS

a. TEAMWORK. CRCs/CCRCs who are members of interdisciplinary teams delivering multifaceted services to clients must keep the focus on how to serve clients best. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of their profession and those of colleagues from other disciplines. CRCs/CCRCs promote mutual understanding of rehabilitation plans by all team members cooperating in the rehabilitation of clients.

b. TEAM DECISION-MAKING. CRCs/CCRCs 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, CRCs/CCRCs first attempt to resolve the concerns within the team. If they cannot reach resolution among team members, CRCs/CCRCs recuse themselves and consider other approaches to address their concerns consistent with the well-being of clients.

c. DOCUMENTATION. CRCs/CCRCs obtain necessary reports and evaluations only when essential for rehabilitation planning and/or service delivery.

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

F.3. PROVISION OF CONSULTATION SERVICES

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

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

c. INFORMED CONSENT IN FORMAL CONSULTATION. When providing formal consultation, CRCs/CCRCs have an obligation to review, in writing and verbally, the rights, responsibilities, and roles of both CRCs/CCRCs and consultees. CRCs/CCRCs 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, CRCs/CCRCs attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees.

SECTION G: FORENSIC SERVICES

INTRODUCTION

CRCs/CCRCs in a forensic setting conduct reviews of records and/or evaluations and conduct research for the purpose of providing unbiased and objective expert opinions via case consultation or testimony. Although CRCs/CCRCs in a forensic setting may meet with the evaluatee, they do not typically engage in provision of direct rehabilitation counseling services. In a forensic practice setting, if CRCs/CCRCs engage in direct rehabilitation counseling services, they must meet the requirements set forth in Standard G.1.c – Role Changes. CRCs/CCRCs in a forensic setting take great care to produce unbiased, objective opinions that are based on relevant data and methodologies appropriate to the review and /or evaluations. CRCs/CCRCs in a forensic setting are mindful of the need to clearly outline fees, expense reimbursement, conditions of services, terms of termination, and collection policies, which are often achieved through use of a retainer agreement.

G.1. EVALUEE RIGHTS

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

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

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

d. CONSULTATION. CRCs/CCRCs in a forensic setting may act as case consultants. The role as a case consultant may or may not be disclosed to other involved parties. When there is no intent to meet directly with an evaluatee, whether in person or using any other form of communication, professional disclosure is not required for CRCs/CCRCs in a forensic setting.

G.2. FORENSIC COMPETENCY AND CONDUCT

a. OBJECTIVITY. CRCs/CCRCs in a forensic setting are aware of the standards governing their roles in performing forensic services. CRCs/CCRCs in a forensic setting are aware of the occasionally competing demands placed upon them by these standards and the requirements of the legal system. They attempt to resolve these conflicts by making known their commitment to this Code and taking steps to resolve conflicts in a responsible manner. The goal of CRCs/CCRCs in a forensic setting is to provide impartial findings to the trier of fact regardless of the retaining parties' interest in the outcome of a legal matter.

b. QUALIFICATION TO PROVIDE EXPERT TESTIMONY. CRCs/CCRCs in a forensic setting have an obligation to present to finders of fact the boundaries of their competence, the factual bases (knowledge, skill, experience, training, and education) for their qualifications as experts, and the relevance of those factual bases to their qualifications as experts on the specific matters at issue.

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

d. VALIDITY OF RESOURCES CONSULTED. CRCs/CCRCs in a forensic setting ensure the resources used or accessed in supporting opinions are valid, current, and cited.

e. FOUNDATION OF KNOWLEDGE. CRCs/CCRCs in a forensic setting have an obligation to maintain current knowledge of scientific, professional, and legal developments within their area of competence. They use knowledge, consistent with accepted clinical and scientific standards, and accepted data collection methods and procedures for evaluation, treatment, consultation, or scholarly/empirical investigations.

f. DUTY TO CONFIRM INFORMATION. Where circumstances reasonably permit, CRCs/CCRCs in a forensic setting seek to obtain independent verification of data relied upon as part of their professional services to the court or to parties to the legal proceedings.

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

G.3. FORENSIC PRACTICES

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

b. TERMINATION AND ASSIGNMENT TRANSFER. If it is necessary to withdraw from a case after having been retained, CRCs/CCRCs in a forensic setting assist evaluatees and/or referral sources in locating another CRC/CCRC in a forensic setting to accept the assignment.

G.4. FORENSIC BUSINESS PRACTICES

a. PAYMENTS AND OUTCOME. CRCs/CCRCs in a forensic setting do not enter into financial agreements that may compromise the quality of their services or otherwise raise questions as to their credibility. CRCs/CCRCs in a forensic setting neither give nor receive commissions, rebates, contingency or referral fees, gifts, or any other form of remuneration when accepting cases or referring evaluatees for professional services. Payment for services is never contingent on an outcome of a case or award.

b. FEE DISPUTES. Should fee disputes arise during the course of evaluating cases, CRCs/CCRCs in a forensic setting have the right to discontinue their involvement.

SECTION H: ASSESSMENT AND EVALUATION

INTRODUCTION

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

H.1. INFORMED CONSENT

a. EXPLANATION TO CLIENTS. CRCs/CCRCs explain the nature and purpose of the assessment or evaluation process, the potential use of the results, and who will receive the results prior to initiating either process. The explanation is given in the language and cognitive level of clients (or other legally authorized persons on behalf of clients). Consent includes purpose of the evaluation, fees, involvement of third parties, and limits of confidentiality. CRCs/CCRCs consider the personal or cultural contexts of clients and the

impact of the results on clients. Regardless of whether scoring and interpretation are completed by CRCs/CCRCs, by assistants, or by computer or other outside services, CRCs/CCRCs ensure that appropriate explanations are given to clients.

b. AVOIDING BIAS IN ASSESSMENT. As part of the assessment process, CRCs/CCRCs address concerns about bias that may impact the evaluation of a client by (1) choosing unbiased methods, instruments, and procedures based on the individual evaluatee; (2) recognizing and addressing issues of bias when interpreting assessment results; and (3) communicating those issues when sharing the results of assessment with other parties who are entitled to receive them.

c. RECIPIENTS OF RESULTS. CRCs/CCRCs consider the welfare of clients, explicit understandings, and prior agreements in determining who receives the assessment or evaluation results, and they make reasonable efforts to prevent misuse of assessment information. To release protocols, results, or reports of administered assessments, CRCs/CCRCs obtain a specific release of information or must have a court order, except in the instance of clear, imminent danger to the client or others. CRCs/CCRCs include accurate and appropriate interpretations with any release of individual or group assessment or evaluation results. Issues of cultural diversity, when present, are taken into consideration when providing interpretations and releasing information.

H.2. RELEASE OF ASSESSMENT OR EVALUATION INFORMATION

a. MISUSE OF RESULTS. CRCs/CCRCs do not misuse assessment or evaluation results, including test results and interpretations, and they take reasonable steps to prevent the misuse of such by others. CRCs/CCRCs respect the client's right to know the results, interpretations made, and basis for CRCs'/CCRCs' conclusions and recommendations.

b. RELEASE OF RAW DATA TO QUALIFIED PROFESSIONALS. When allowed by copyright law, CRCs/CCRCs release raw data (e.g., worksheets, answer sheets, notes) in which clients are identified only with the consent of clients or their legal representatives or by court order. Such raw data is released only to professionals recognized as qualified to interpret the data.

H.3. MENTAL HEALTH DIAGNOSIS AND TREATMENT

a. PROPER DIAGNOSIS. If it is within their professional and individual scope of practice, CRCs/CCRCs take special care to provide proper diagnosis of mental disorders using the most current diagnostic criteria. Assessment techniques (including personal interviews) used to determine care of clients (e.g., focus of treatment, types of treatment, recommended follow-up) are selected carefully and used appropriately. CRCs/CCRCs who are qualified to diagnose base their diagnoses and other assessment summaries on multiple sources of data whenever possible and consider multicultural factors in test interpretation, diagnosis, and the formulation of prognosis and treatment recommendations.

b. MULTICULTURAL SENSITIVITY. CRCs/CCRCs recognize that culture affects the manner in which a client's symptoms are defined and experienced. A client's socioeconomic and cultural experiences are considered when diagnosing mental disorders. CRCs/CCRCs carefully consider the specific validity, reliability, and appropriateness of tests when selecting them for use in a given situation or with a particular individual. CRCs/CCRCs are cognizant of cultural considerations and impact when evaluating and interpreting the test results or test performance of individuals with disabilities, marginalized groups, or other persons who are not represented in the standardized norm group of the instrument being used.

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

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

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

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

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

c. DECISIONS BASED ON RESULTS. CRCs/CCRCs responsible for recommendations that are based on test results have a thorough understanding of psychometrics. They make decisions based on triangulation of data, which includes, but is not limited to, test results. They do not make decisions and recommendations based on tests that are obsolete.

d. ACCURATE INFORMATION. CRCs/CCRCs provide accurate information and avoid false claims or misrepresentation when making statements about tests/instruments or testing techniques. CRCs/CCRCs update information/reports if they become aware of inaccuracies.

H.5. TEST/INSTRUMENT SELECTION

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

b. REFERRAL INFORMATION. If clients are referred to a third party for evaluation, CRCs/CCRCs provide specific referral questions to be addressed by the third party, furnish sufficient objective client data, and ensure that appropriate tests/instruments are utilized.

c. APPROPRIATE USE WITH MULTICULTURAL POPULATIONS. CRCs/CCRCs are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other professional evaluator/psychometric service providers. CRCs/CCRCs consider the sample group normative data when reporting results.

H.6. TEST/INSTRUMENT ADMINISTRATION CONDITIONS

a. STANDARD CONDITIONS. CRCs/CCRCs administer tests/instruments according to the parameters described in the publishers' manuals. When tests/instruments are not administered under standard conditions, as may be necessary to accommodate individuals with disabilities or when unusual behavior or irregularities occur during the administration, those conditions are noted in the interpretation, and the results may be designated as invalid or of questionable validity. CRCs/CCRCs use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, CRCs/CCRCs consider and describe the strengths and limitations of test results and interpretation in the evaluation report.

b. DIGITAL ASSESSMENT ADMINISTRATION. CRCs/CCRCs make reasonable efforts to ensure that digitally administered tests/instruments are accessible, function properly, and provide accurate results.

CRCs/CCRCs obtain information regarding the validity of computerized test interpretation before utilizing such an approach and are responsible for evaluating the quality of computer software interpretations of test data. When utilizing computerized assessment services, CRCs/CCRCs ensure that such services are based on appropriate research to establish the validity of the results that are obtained. CRCs/CCRCs are familiar with and able to explain the procedures used in arriving at interpretations. It is the CRC's/CCRC's responsibility to justify the use of such computerized documents as to the appropriateness, validity, and reliability of such data.

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

H.7. TEST/INSTRUMENT SCORING AND INTERPRETATION

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

b. DIVERSITY ISSUES IN ASSESSMENT. CRCs/CCRCs use caution when interpreting results normed on populations other than that of the client and take caution to avoid inappropriate or discriminatory assessment techniques. CRCs/CCRCs recognize the potential effects of disability, culture, or other factors that may result in potential bias and/or misinterpretation of data.

c. REPORTING STANDARD SCORES. CRCs/CCRCs include standard scores when reporting results of a specific instrument.

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

H.8. TEST/INSTRUMENT SECURITY

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

H.9. OBSOLETE TESTS/INSTRUMENTS AND OUTDATED RESULTS

CRCs/CCRCs do not rely on data or results from tests/instruments that are obsolete or outdated. CRCs/CCRCs make every effort to prevent the misuse of obsolete tests/instruments data by others.

H.10. TEST/INSTRUMENT CONSTRUCTION

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

SECTION I: SUPERVISION, TRAINING, AND TEACHING

INTRODUCTION

Supervision and training promote the mission, goals, values, and knowledge of the rehabilitation counseling profession by fostering supervisee growth and welfare and supporting them in development and progression toward professional goals. Supervision and training occur in both the academic and work environment and may occur in face-to-face, online, and/or hybrid formats. In employment settings, supervision may include both clinical supervision and administrative oversight of an employee's work

performance in areas other than clinical counseling. The standards in this section pertain to clinical supervision, although the standards may also provide useful guidance in performing other administrative functions, such as performance evaluations. To promote ethical behavior and safeguard client welfare, CRC/CCRC supervisors and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of supervisees and students. CRC/CCRC supervisors and educators strive to assist students and supervisees in developing their counseling knowledge and skills and to address barriers to competent practice. They also serve an important gatekeeping function to ensure that a minimal level of competency is achieved before supervisees assume professional counseling roles. CRC/CCRC supervisors, and educators strive to assist students and supervisees in developing their counseling knowledge and skills and to address barriers to competent practice. They also serve an important gatekeeping function to ensure that a minimal level of competency is achieved before supervisees assume professional counseling roles.

I.1. CLINICAL SUPERVISOR RESPONSIBILITIES

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

b. CRC/CCRC CREDENTIALS. CRC/CCRC supervisors make reasonable efforts to ensure that supervisees maintain and communicate their qualifications and credentials to render services to their clients. CRC/CCRC supervisors also make reasonable efforts to maintain and communicate their own qualifications and credentials to potential and current supervisees.

c. CLIENT RIGHTS AND INFORMED CONSENT. CRC/CCRC supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. They ensure that supervisees are advised of their ethical obligations under the Code to (1) provide clients with professional disclosure information, (2) inform clients of how the supervision process influences the limits of confidentiality, and (3) make clients aware of anyone who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed. Clients are also informed that supervision and case consultation is a regular practice in the profession, with the privacy rights of clients maintained.

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

e. RECORDKEEPING AND CONFIDENTIALITY IN SUPERVISION. CRC/CCRC supervisors shall keep accurate records of supervision, goals, and progress. All information gained in supervision is confidential except to prevent clear, imminent danger to the client or others or when legally required. When supervisory records are legally required to be released, the supervisor shall make reasonable attempts to promptly notify the supervisee.

f. EMERGENCIES AND ABSENCES. CRC/CCRC supervisors establish and communicate to supervisees the procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.

g. TERMINATION OF THE SUPERVISORY RELATIONSHIP. CRC/CCRC supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted,

supervisors make appropriate referrals to possible alternative supervisors. CRC/CCRC supervisors recognize when the supervision is no longer effective and make reasonable efforts to remediate.

I.2. CLINICAL SUPERVISOR COMPETENCE

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

b. MULTICULTURAL AND DIVERSITY ISSUES IN SUPERVISION. CRC/CCRC supervisors are sensitive to the role of multiculturalism and diversity in their supervisory relationships with supervisees. CRC/CCRC supervisors understand and use multiculturally sensitive and competent supervision practices. They assist supervisees in gaining knowledge, personal awareness, sensitivity, dispositions, and skills necessary for developing cultural humility. CRC/CCRC supervisors identify and address any gaps in multicultural knowledge or skills that could impede the supervisee relationship or learning experience.

c. TECHNOLOGY-ASSISTED SUPERVISION. When using technology in online or remote supervision, CRC/CCRC supervisors are competent in the use of those technologies. CRC/CCRC supervisors take necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

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

a. RELATIONSHIP BOUNDARIES WITH SUPERVISEES. CRC/CCRC supervisors clearly define and maintain ethical professional relationships with their supervisees. CRC/CCRC supervisors are aware of the career influence and power differential in their relationships with current and former supervisees. They do not engage in electronic, virtual, online, and/or in-person interactions or relationships that compromise the supervisory relationship. CRC/CCRC supervisors consider and clearly discuss the risks and benefits of extending boundaries with their supervisees and take appropriate professional precautions to minimize the risk of harm to supervisees.

b. SEXUAL OR ROMANTIC RELATIONSHIPS WITH CURRENT SUPERVISEES. CRC/CCRC supervisors are prohibited from engaging in any form of sexual or romantic interactions or relationships (e.g., in-person, electronic, virtual, online) with their current supervisees.

c. EXPLOITATIVE RELATIONSHIPS. CRC/CCRC supervisors do not engage in exploitative relationships with their current or former supervisees.

d. HARASSMENT. CRC/CCRC supervisors do not condone or participate in any form of harassment, including sexual harassment.

e. RELATIONSHIPS WITH FORMER SUPERVISEES. CRC/CCRC supervisors are aware of the power differential in their relationships with former supervisees. CRCs/CCRCs give careful consideration to the potential for sexual or romantic relationships to be seen as coercive or exploitive in any way and/or cause harm to former supervisees. CRC/CCRC supervisors discuss with former supervisees potential risks when they consider engaging in romantic, sexual, or other intimate relationships and do not exploit or harass former supervisees.

f. SUPERVISION OF RELATIVES AND FRIENDS. CRC/CCRC supervisors do not accept close relatives, current or former romantic or sexual partners, or friends as supervisees.

g. REPORTING CONCERNS OF SUPERVISION IN THE WORKPLACE. When CRCs/CCRCs observe ethical concerns in their work setting (e.g., exploitation, harassment, inappropriate boundary-crossing),

CRCs/CCRCs proactively follow professional and organizational procedures to protect the supervisee/trainee, including disclosure to the counselor education program.

I.4. SUPERVISION EVALUATION, REMEDIATION, AND ENDORSEMENT

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

b. GATEKEEPING AND REMEDIATION FOR SUPERVISEES. Through initial and ongoing evaluation, CRC/CCRC supervisors are aware of and address supervisee limitations that might impede performance. CRC/CCRC supervisors explore and introduce additional supervisory interventions (including direct observation) to foster supervisee development and protect client welfare. If remedial assistance does not resolve concerns regarding supervisee performance and supervisees are unable to demonstrate they can provide competent professional services to a range of diverse clients, CRC/CCRC supervisors may recommend dismissal from training programs or supervision settings. CRC/CCRC supervisors seek consultation and document their decisions to recommend dismissal. They make reasonable efforts to ensure that supervisees are aware of options available to them to address such decisions. If the supervisee is a student intern, CRC/CCRC site supervisors maintains communication with the supervisee's counselor education program to discuss concerns and explore solutions.

c. PARTNERSHIP WITH COUNSELOR EDUCATION PROGRAMS. CRC/CCRC supervisors communicate in a timely manner with the supervisee's counselor education program to discuss the supervisee's performance. CRC/CCRC supervisors take an active role in understanding the school's experiential learning objectives and expectations and participate in supervisory training offered by the academic institution. The supervisor shall release supervision records consistent with the terms of agreement from the program.

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

e. ENDORSEMENT. CRC/CCRC supervisors endorse supervisees for certification, licensure, employment, or completion of academic or training programs based on satisfactory progress and observations while under supervision or training. Regardless of qualifications, CRC/CCRC supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement. Responsibility to maintain the standards of the profession of rehabilitation counseling supersedes the preferences of the supervisor or supervisee.

I.5. CRC/CCRC EDUCATOR RESPONSIBILITIES

a. PROGRAM INFORMATION AND ORIENTATION. CRC/CCRC educators recognize that orientation to the graduate program and the rehabilitation counseling profession is a developmental process that continues throughout the educational and clinical training of students. CRC/CCRC educators have an ethical responsibility to provide information to prospective or current students about program expectations for them to make informed decisions about entering into and continuing in a program.

b. STUDENT CAREER ADVISING. CRC/CCRC educators provide career advisement to their students and make them aware of employment and educational opportunities in the field.

c. SELF-GROWTH EXPERIENCES. Self-growth is an expected component of rehabilitation counselor education. CRC/CCRC educators are mindful of ethical principles when they require students to engage in self-growth experiences. CRC/CCRC educators inform students they have a right to decide what information will be shared or withheld when other students are present.

- d. STUDENT DISCLOSURE OF PERSONAL INFORMATION.** CRC/CCRC educators do not require students to disclose highly personal and private information in course- or program-related activities, either orally or in writing (e.g., sexual history, history of abuse and neglect, medical treatment, and relationships with parents, peers, and spouses or significant others).
- e. DIVERSITY IN RECRUITMENT AND RETENTION.** CRC/CCRC educators in a position of student recruitment actively attempt to recruit a diverse student body. CRC/CCRC educators work to retain a diverse student body. CRCs/CCRCs demonstrate commitment to multicultural competence by recognizing and valuing diverse cultures and types of abilities that students bring to the training experience.
- f. TEACHING CULTURAL DIVERSITY.** CRC/CCRC educators infuse material related to cultural diversity into all courses and trainings for the development of professional CRCs/CCRCs.
- g. MULTICULTURAL CONSIDERATIONS IN TEACHING AND SUPERVISION.** CRC/CCRC educators and supervisors provide comprehensive multicultural training. CRC/CCRC educators and supervisors ensure that supervision, training, and teaching is multiculturally inclusive and expands student knowledge of the historical background, cultural heritage, life experiences, and sociopolitical issues of diverse groups. CRC/CCRC educators and supervisors employ learning strategies that foster the development of multicultural counseling knowledge and skills and address barriers to competent practice.
- h. TEACHING AND EVALUATION.** CRC/CCRC educators ensure they teach rehabilitation counseling students how to integrate contrasting worldviews, meanings, customs, traditions, and perceptions into the service delivery process. CRC/CCRC educators encourage the development of empathy and discourage cultural encapsulations and unwillingness to adopt culturally appropriate counseling values and behaviors. CRC/CCRC educators evaluate the student's ability in the above areas.
- i. CRC/CCRC EDUCATION AND GATEKEEPING.** CRC/CCRC educators prepare students to uphold their moral and ethical obligation to recognize systematic oppression of marginalized groups and how this is embedded in norms, values, policies, and practices. CRC/CCRC educators create learning opportunities and teach macro skills to combat large-scale social issues, including but not limited to ableism, racism, nativism, classism, sexism, heterosexism, and cisgenderism.
- j. TEACHING ETHICS.** CRC/CCRC educators are responsible for teaching students about the Code and how to use the Code as a tool in their education and clinical practice. CRC/CCRC educators infuse ethical considerations throughout the curriculum and make students aware of their ethical responsibilities and standards of the profession.
- k. INTEGRATION OF STUDY AND PRACTICE.** CRC/CCRC educators establish education and training programs that integrate academic study and supervised practice.
- l. USE OF CASE EXAMPLES.** The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when (1) the client, student, or supervisee has reviewed the material and agreed to its presentation or (2) the information has been sufficiently modified to obscure identity.
- m. STUDENT-TO-STUDENT SUPERVISION AND INSTRUCTION.** CRC/CCRC educators make reasonable efforts to ensure the rights of students are not compromised when their peers lead experiential counseling activities in traditional, online, and/or hybrid formats (e.g., counseling groups, skills classes, clinical supervision). CRC/CCRC educators ensure that students who are presenting in class or leading activities understand they have the same ethical obligations as CRC/CCRC educators.
- n. INNOVATIVE TECHNIQUES/PROCEDURES/MODALITIES.** CRC/CCRC educators promote the use of techniques/procedures/modalities that are grounded in research and accreditation standards. When

CRC/CCRC educators discuss innovative or developing techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities.

o. FIELD PLACEMENT. CRC/CCRC educators in charge of field placements develop clear policies within their training programs regarding field placement and other clinical experiences and provide direct assistance with securing an appropriate field placement. CRC/CCRC educators provide clearly stated roles and responsibilities for students, site supervisors, and program supervisors. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

p. STUDENT STATUS DISCLOSURE. CRC/CCRC educators make reasonable efforts to ensure that clients at field placement sites are aware of the services rendered and the qualifications of the students rendering those services as part of the informed consent process. CRC/CCRC educators reinforce the requirement for students to disclose their status as a student and how this status affects the limits of confidentiality.

I.6. CRC/CCRC EDUCATOR COMPETENCE

a. EDUCATOR KNOWLEDGE AND SKILL. CRC/CCRC educators who are responsible for developing, implementing, and supervising educational programs are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students aware of their responsibilities. CRC/CCRC educators conduct counselor education and training programs in an ethical manner.

b. TECHNOLOGY-ASSISTED EDUCATION. CRC/CCRC educators have an obligation to stay up to date on current technologies used in the field for the benefit of the students who are entering the field. When using technology, CRC/CCRC educators are competent in its use. If they are not competent in the use of the technology, they seek training or education to become competent. CRC/CCRC educators take necessary precautions to protect confidential student information transmitted through any electronic means.

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

I.7. ROLES AND RELATIONSHIPS BETWEEN EDUCATORS AND STUDENTS

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

b. SEXUAL OR ROMANTIC RELATIONSHIPS WITH CURRENT STUDENTS. CRC/CCRC educators are prohibited from engaging in any (e.g., virtual, online, electronic, and/or in-person) sexual or romantic interactions or relationships with current students.

c. EXPLOITATIVE RELATIONSHIPS. CRC/CCRC educators do not engage in exploitative relationships with students.

d. HARASSMENT. CRC/CCRC educators do not condone or participate in any form of harassment, including sexual harassment.

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

f. ACADEMIC RELATIONSHIPS WITH RELATIVES AND FRIENDS. CRC/CCRC educators make every effort to avoid accepting relatives, romantic partners, or friends as students. When such circumstances cannot be avoided, CRC/CCRC educators utilize a formal review mechanism and recuse themselves from the final admissions decision. In the event that a relative, romantic partner, or friend is admitted into the educational program, CRC/CCRC educators do not serve as faculty advisors to those individuals as students and recuse themselves from any situations where academic or professional disposition evaluation occurs.

I.8. EDUCATION EVALUATION, REMEDIATION, AND ENDORSEMENT

a. EVALUATION OF STUDENTS. CRC/CCRC educators clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies, as well as professional dispositions. CRC/CCRC educators provide students with ongoing feedback regarding their performance throughout the training program.

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

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

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

SECTION J: RESEARCH AND PUBLICATION

INTRODUCTION

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

J.1. RESEARCH RESPONSIBILITIES

- a. MULTICULTURAL AND DIVERSITY FACTORS IN RESEARCH.** CRCs/CCRCs plan, design, conduct, and report research in a manner that is mindful of multicultural considerations and reflect sensitivity to cultural values, beliefs, behaviors, and impacts of research outcomes. CRCs/CCRCs, when appropriate, take steps to include a) diverse samples and populations, b) diverse study sites, and c) multiculturally appropriate research methods.
- b. USE OF HUMAN SUBJECTS.** CRCs/CCRCs plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, applicable laws, host institutional regulations, and organizational and scientific standards governing research with human subjects. CRCs/CCRCs seek consultation when appropriate.
- c. CONFIDENTIALITY IN RESEARCH.** CRCs/CCRCs are responsible for understanding and adhering to applicable laws and organizational policies and all other pertinent guidelines regarding confidentiality in their research practices.
- d. INSTITUTIONAL APPROVAL.** When institutional review board (IRB) approval is required, CRCs/CCRCs provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocols. If changes to the research protocols are made, amendments are submitted to the IRB for further approval in a timely manner.
- e. INDEPENDENT RESEARCHERS.** When CRCs/CCRCs conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and laws pertaining to the review of their plan, design, conduct, and reporting of research. Independent researchers not familiar with institutional review board standards seek appropriate consultation.
- f. DEVIATION FROM STANDARD PRACTICES.** CRCs/CCRCs seek consultation and observe stringent safeguards to protect the rights of research subjects when a research-related problem indicates that a deviation from standard or acceptable practices may be necessary.
- g. DATA STORAGE.** CRCs/CCRCs inform participants how data is stored, including how privacy and confidentiality is maintained, and for how long the raw data is stored.
- h. PRECAUTIONS TO AVOID INJURY.** CRCs/CCRCs who conduct research with human subjects are responsible for the welfare of participants throughout the research process and take reasonable precautions to avoid causing psychological, emotional, physical, or social harm to participants.
- i. PRINCIPAL RESEARCHER RESPONSIBILITY.** The ultimate responsibility for ethical research practice lies with the principal researcher(s). All others involved in the research activities share ethical obligations and responsibilities for their own actions.
- j. MINIMAL INTERFERENCE.** CRCs/CCRCs take precautions to avoid causing disruption in the lives of research participants or the setting in which research is conducted.

J.2. RIGHTS OF RESEARCH PARTICIPANTS

- a. INFORMED CONSENT IN RESEARCH.** Individuals have the right to consent to or decline requests to become research participants. CRCs/CCRCs conducting research obtain consent from participants prior to initiating research. In seeking consent, CRCs/CCRCs
- (1) accurately explain the purpose and procedures to be followed;
 - (2) identify any procedures that are experimental or relatively untried;
 - (3) describe any attendant discomforts and risks;
 - (4) describe any benefits or changes in individuals or organizations that might be reasonably expected;
 - (5) disclose appropriate alternative procedures that would be advantageous for participants;
 - (6) offer to answer any inquiries concerning the procedures;

- (7) describe any limitations on confidentiality;
- (8) describe formats and potential target audiences for the dissemination of research findings;
- (9) instruct participants they are free to withdraw their consent and to discontinue participation in the project at any time without penalty; and
- (10) use language that is easily understood by participants.

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

c. STUDENT/SUPERVISEE PARTICIPATION. CRCs/CCRCs who involve students or supervisees in research make clear to them the decision regarding participation in research activities does not affect their academic standing or supervisory relationship. Senior researchers or faculty have an obligation to teach students/supervisees how to conduct research in an ethical and thorough manner. Students or supervisees who choose not to participate in research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

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

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

f. RESEARCH PARTICIPANTS NOT CAPABLE OF GIVING INFORMED CONSENT. When research participants are not capable of giving informed consent, CRCs/CCRCs obtain informed consent from a legally authorized representative and assent from the research participant.

g. COMMITMENTS TO PARTICIPANTS. CRCs/CCRCs take reasonable measures to honor all commitments to research participants.

h. AGREEMENT OF CONTRIBUTORS. CRCs/CCRCs conducting joint research establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment received, and incur an obligation to cooperate as agreed. Order of authorship on manuscripts or presentations is discussed and agreed upon before beginning projects, and allocation of tasks and responsibilities reflect this order.

i. INFORMING SPONSORS. CRCs/CCRCs inform sponsors, institutions, and publication channels of research procedures and outcomes. CRCs/CCRCs ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

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

J.3. REPORTING RESULTS

a. ACCURATE RESULTS. CRCs/CCRCs plan, conduct, and report research accurately. They provide accurate discussions of the limitations of their data and alternative hypotheses. CRCs/CCRCs do not engage in misleading or fraudulent research; further, they do not distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the

investigator(s) that may have affected the outcome of studies or interpretations of data. They describe the extent to which results are applicable to diverse populations.

b. OBLIGATION TO REPORT UNFAVORABLE RESULTS. CRCs/CCRCs report the results of any research of professional value, regardless of outcomes. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld. When reporting unfavorable results, CRCs/CCRCs take care to remain objective in the presentation of results and do not otherwise harm the institutions, agencies, programs, or services being studied.

c. REPORTING ERRORS. If CRCs/CCRCs discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum or other appropriate publication means.

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

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

J.4. RESEARCH PUBLICATIONS AND PRESENTATIONS

a. PLAGIARISM. CRCs/CCRCs do not plagiarize.

b. INTELLECTUAL PROPERTY. CRCs/CCRCs respect the intellectual contributions of others and do not use or appropriate the works of others without first obtaining consent and providing appropriate credit. CRCs/CCRCs do not represent the information obtained from professional conference presentations, informal presentations or trainings, and published materials as their own.

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

d. ACKNOWLEDGING PREVIOUS WORK. When conducting and reporting research, including replication studies, CRCs/CCRCs are familiar with and give recognition to previous work on the topic, observe copyright laws, and fully credit those to whom credit is due.

e. CONTRIBUTOR(S). CRCs/CCRCs give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. Principal contributors are listed first, and minor technical or professional contributions are acknowledged in notes or introductory statements. Authorship order and expected contributions is determined early on (and revisited as necessary) in the process to avoid confusion.

f. STUDENT PAPERS AND RESEARCH. Unpublished items submitted for coursework, manuscripts, or professional presentations in any media that are substantially based on a student's course papers/assignments, projects, dissertations, or theses are used only with the student's permission and list the student as lead author.

g. DUPLICATE SUBMISSION. CRCs/CCRCs submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for secondary publication without acknowledgment and permission from the original publisher.

h. PROFESSIONAL REVIEW. CRCs/CCRCs who review material submitted for publication, research, or other scholarly purposes (1) respect the confidentiality and proprietary rights of those who submitted it; (2) avoid personal biases; (3) make publication decisions based on valid and defensible standards; (4) review materials and return a defensible decision to the editor(s) in a timely manner, and (5) review only materials that are within their scope of competency.

J.5. MANAGING AND MAINTAINING BOUNDARIES

a. BOUNDARY CONSIDERATIONS IN RESEARCH. CRCs/CCRCs consider the risks and benefits of extending current research relationships beyond conventional parameters. In cases where boundaries are extended, CRCs/CCRCs take appropriate professional precautions, such as seeking informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and that neither exploitation nor harm has occurred. Such interactions are discussed and are initiated with appropriate consent of research participants. Where unintentional harm occurs to research participants, researchers must show evidence of an attempt to remedy such harm.

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

c. HARASSMENT. CRCs/CCRCs do not condone or subject research participants to any form of harassment, including sexual harassment.

SECTION K: TECHNOLOGY, SOCIAL MEDIA, AND VIRTUAL COUNSELING

INTRODUCTION

CRCs/CCRCs recognize that service provision is not limited to in-person, face-to-face interactions. CRCs/CCRCs actively attempt to understand the evolving nature of technology-based services, social media, virtual counseling, and how such resources may be used to better serve clients. CRCs/CCRCs appreciate the implications for legal and ethical practice when using technology, social media, or virtual counseling and are particularly mindful of issues related to confidentiality, accessibility, and online behavior. When providing virtual counseling, CRCs/CCRCs are mindful of their professional behavior, disposition, and the background settings in which services are rendered (e.g., no distraction, extraneous noise).

K.1. COMPETENCE AND LEGAL CONSIDERATIONS

a. COMPETENCE. When technology-based services are used in the counseling relationship, CRCs/CCRCs are held to the same level of expected behavior and competence as defined in the Code, regardless of the technology used or its application. Although some clients may find technology-based services to be a convenient and preferred method of service delivery, CRCs/CCRCs recognize that electronic modalities may not be well suited for all clients and all situations. CRCs/CCRCs develop knowledge and skills regarding the ethical, legal, and technical considerations of using technology-assisted services.

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

K.2. ACCESSIBILITY

a. ACQUISITION AND USE OF TECHNOLOGY. When providing technology-assisted services, CRCs/CCRCs ensure that technology and equipment used, purchased, or recommended for a client is in an accessible platform that meets the needs of the client. To ensure reasonable actions are implemented with security and confidentiality, CRCs/CCRCs use technology-based communications that allow for encryption and/or password protection. CRCs/CCRCs ensure technology is individualized, accessible, and meets language preferences.

b. ACCESSING TECHNOLOGY. In considering technology-assisted services, CRCs/CCRCs are responsible for guiding clients to obtain reasonable access to pertinent applications. CRCs/CCRCs must carefully assess a client's emotional, physical, intellectual, and linguistic capabilities to understand the application's purpose and functionality as it pertains to their needs, as well as their ability to utilize the technology-assisted services.

K.3. CONFIDENTIALITY AND DISCLOSURE

a. TRANSMITTING CONFIDENTIAL INFORMATION. CRCs/CCRCs inform clients about the inherent risks of using technology to transmit confidential information. CRCs/CCRCs explain the limitations of specific technologies (e.g., voice recognition, text messaging, email) and urge clients to be cautious when using technology to communicate confidential information.

b. SECURITY. CRCs/CCRCs make reasonable efforts to ensure the security of confidential information transmitted or stored through any electronic means. CRCs/CCRCs use encryption and password-protection techniques for all technology-based communications to protect confidential client information. CRCs/CCRCs review limitations of voice activated/voice recognition technologies with clients and how these may impact client confidentiality.

c. CLIENT VERIFICATION. CRCs/CCRCs who engage in the use of technology-based virtual counseling to interact with clients take steps to verify the client's identity at the beginning and throughout the rehabilitation counseling process. Verification can include, but is not limited to, using code words, numbers, graphics, two-factor authentication, or other nondescript identifiers.

K.4. SOCIAL MEDIA

a. PROFESSIONAL ELECTRONIC PRESENCE. If CRCs/CCRCs choose to have a professional social media presence that is separate and apart from their personal social media presence, they clearly display the purpose and limits of the professional page. CRCs/CCRCs maintain professionalism, integrity, and honesty in all electronic platforms interactions in which they are in their counselor role, avoiding making statements or sharing content that is not relevant to the profession.

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

c. SOCIAL MEDIA AND INFORMED CONSENT. CRCs/CCRCs clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media in the provision of services. As part of appropriate boundaries, CRCs/CCRCs include an explicit statement in the disclosure regarding non-acceptance of friend or follow requests from clients on their personal social media accounts. After termination of the rehabilitation counseling relationship, CRCs/CCRCs determine for themselves if they will accept personal friend or follow requests from former clients. Additionally, CRCs/CCRCs work within their organizations to develop and clearly communicate a social media policy so the social media practice is transparent, consistent, and easily understood by clients. When discrepancies

exist between agency policy and the Code, CRCs/CCRCs advocate to align policies with the Code. If CRCs/CCRCs choose to have a professional social media page, they can provide this information to clients.

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

e. MAINTAINING CONFIDENTIALITY IN SOCIAL MEDIA. CRCs/CCRCs protect the confidentiality of clients by avoiding the posting of any personally identifiable information unless the client has provided written consent to do so. In no circumstance should protected or highly sensitive information be shared via social media platforms or agency/organization websites. Images of clients are not shared without written consent of the client or the parent/guardian of a client when the client is unable to provide consent.

K.5. VIRTUAL COUNSELING

a. INFORMED CONSENT. Unless court-ordered or otherwise mandated, clients have the freedom to choose whether to use technology-based virtual counseling within the rehabilitation counseling process. In addition to the usual and customary protocol of informed consent between CRCs/CCRCs and client for face-to-face counseling, the following issues, unique to the use of technology-based virtual counseling, are addressed in the informed consent process:

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

b. LAWS AND STATUTES. When providing virtual counseling or virtual rehabilitation services, CRCs/CCRCs understand they may be subject to laws and regulations of both the CRC's/CCRC's practicing location and the client's place of residence. CRCs/CCRCs are aware of the legal rights and limitations governing the distance counseling services within their state and across state lines.

c. PRIVACY AND SECURITY. When using teleconferencing platforms, CRCs/CCRCs ensure such platforms are appropriately HIPAA or PIPEDA compliant and meet agency/organization, local, state, and federal regulations.

d. EMERGENCY PREPAREDNESS. At the beginning of a course of virtual counseling, CRCs/CCRCs develop a procedure to follow in the event of an emergency, which includes acquiring contact information for local emergency services and a personal emergency contact in the client's physical location.

SECTION L: BUSINESS PRACTICES

INTRODUCTION

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

L.1. ADVERTISING AND SOLICITING CLIENTS

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

b. TESTIMONIALS AND STATEMENTS. CRCs/CCRCs who use testimonials do not solicit them from current or former clients or evaluatees. CRCs/CCRCs always avoid soliciting a testimonial from any persons who may be vulnerable to undue influence. When considering the use of unsolicited testimonials from clients or evaluatees, CRCs/CCRCs discuss the implications and obtain permission for such use. CRCs/CCRCs may solicit testimonials from those who are not current clients or evaluatees (e.g., partner organizations, placement sites). Regardless of the source of the testimonial, CRCs/CCRCs ensure that statements made by others about them or about the profession are accurate.

c. RECRUITMENT THROUGH SELF-REFERRAL. CRCs/CCRCs working in an organization that provides rehabilitation counseling services do not refer clients to their private practice unless the policies of a particular organization make explicit provisions for self-referrals and/or there are limited or no other agencies available to meet the client's needs. In this case, CRCs/CCRCs complete a professional disclosure form with the client/evaluatee, explaining the CRC's/CCRC's role in the private practice, the nature and implications of the referral, and other options available to them.

d. PROMOTION OF PRODUCTS AND TRAINING EVENTS. CRCs/CCRCs who develop products related to their profession or conduct workshops or training events make reasonable efforts to ensure that advertisements concerning these products or events are accurate and disclose adequate information so clients or consumers may make informed choices. CRCs/CCRCs do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. CRC/CCRC educators may adopt textbooks they have authored for appropriate instructional purposes.

L.2. CLIENT RECORDS

a. RECORDS AND DOCUMENTATION. Regardless of format, CRCs/CCRCs create, protect, and maintain documentation necessary for rendering professional services. CRCs/CCRCs include sufficient and timely documentation to facilitate the delivery and continuity of services. CRCs/CCRCs ensure that documentation accurately reflects client progress and the services provided, including who provided the services. If records or documentation need to be altered, it is done so according to organizational policy and in a manner that preserves the original information. Alterations are accompanied by the date of change, the identity of who made the change, and the rationale for the change.

b. PRIVACY. Documentation generated by CRCs/CCRCs protects the privacy of clients to the extent possible and includes only relevant or appropriate information.

c. RECORDS MAINTENANCE. CRCs/CCRCs securely maintain records necessary for rendering professional services to clients and as required by relevant laws, standards, and organizational policies. Subsequent to file closure or termination of services, records are stored in a secure manner that ensures reasonable future access for record retrieval. Records are destroyed in a manner assuring preservation of

confidentiality. CRCs/CCRCs apply careful discretion and deliberation before destroying records that may be needed by a court of law.

d. CONTINGENCY PLANNING. CRCs/CCRCs are expected to maintain a written plan and prepare and disseminate to identified colleagues or records custodians a plan for the transfer of clients and files in the case of their incapacitation, death, retirement, closure, or termination of practice.

L.3. FEES, BARTERING, AND BILLING

a. UNDERSTANDING OF FEES AND NONPAYMENT OF FEES. Prior to providing services, CRCs/CCRCs clearly explain to the client or evaluatee and/or responsible party all financial arrangements related to professional services. If a third party is paying for services, CRCs/CCRCs explain that arrangement to the client or evaluatee and/or responsible party. If CRCs/CCRCs, or their employer, intend to use collection agencies or take legal measures to collect fees when payment is not received as agreed upon, they include such information in their professional disclosure statement or retainer agreement. If collection actions are considered, CRCs/CCRCs first inform the client, evaluatee, or responsible party of intended actions in a timely fashion. CRCs/CCRCs may charge interest, as allowed by law, on delinquent accounts. Interest rates must be stated on contracts, bills, and invoices.

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

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

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

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

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

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

L.4. TERMINATION AND REFERRAL

CRCs/CCRCs in fee-for-service relationships may terminate client services due to nonpayment of fees under the following conditions: (1) clients were informed of payment responsibilities and the effects of nonpayment or the termination of payment by third parties; and (2) clients do not pose an imminent danger to themselves or others. As appropriate, CRCs/CCRCs refer clients to other qualified professionals to address issues unresolved at the time of termination.

SECTION M: RESOLVING ETHICAL ISSUES

INTRODUCTION

CRCs/CCRCs behave in an ethical and legal manner. They are aware that client welfare and trust in the profession depend on a high level of professional conduct. They hold other CRCs/CCRCs to the same standards and ensure that standards are upheld. CRCs/CCRCs strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. CRCs/CCRCs recognize underlying ethical principles and conflicts among competing interests. They apply appropriate decision-making models and skills to resolve dilemmas and act ethically. CRCs/CCRCs incorporate ethical practice into their daily professional work and engage in ongoing professional development on current topics in ethical and legal issues in counseling. CRCs/CCRCs become familiar with the CRCC Guidelines and Procedures for Processing Complaints and use it as a reference for assisting in the enforcement of the Code.

M.1 KNOWLEDGE OF ETHICAL STANDARDS AND THE LAW

a. KNOWLEDGE OF THE CODE. CRCs/CCRCs are responsible for reading, understanding, and following the Code and seeking clarification of any standard that is not understood. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

b. KNOWLEDGE OF RELATED CODES OF ETHICS. CRCs/CCRCs understand applicable ethics codes from other professional organizations or from certification and licensure bodies. CRCs/CCRCs are held to the CRCC standards if there is a discrepancy between codes. CRCs/CCRCs are aware the Code forms the basis for CRCC disciplinary actions. The CRCC Ethics Committee makes decisions pertaining to disciplinary actions based upon the Enforceable Standards of the Code.

c. CONFLICTS BETWEEN ETHICS AND LAWS. CRCs/CCRCs obey the laws of the legal jurisdiction in which they practice unless there is a conflict with the Code. If ethical responsibilities conflict with laws, CRCs/CCRCs rely on the Code to take steps to resolve conflicts. If conflicts cannot be resolved by such means, CRCs/CCRCs adhere to the requirements of law.

M.2. ADDRESSING SUSPECTED VIOLATIONS

a. ETHICAL DECISION-MAKING MODELS AND SKILLS. CRCs/CCRCs recognize underlying ethical principles and conflicts among competing interests. They apply appropriate decision-making models and skills to resolve dilemmas and act ethically. When CRCs/CCRCs are faced with an ethical dilemma, they use and document an appropriate ethical decision-making model.

b. CONSULTATION. When uncertain as to whether particular situations or courses of action may be in violation of the Code, CRCs/CCRCs consult with other professionals who are knowledgeable about ethics with supervisors, colleagues, and/or with appropriate authorities, such as CRCC, licensure boards, or legal counsel.

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

d. REPORTING ETHICAL VIOLATIONS. When an informal resolution is neither appropriate, feasible, nor resolved, or if an apparent violation has substantially harmed or is likely to substantially harm persons or organizations, CRCs/CCRCs take further action as appropriate to the situation. Such action might include referral of the matter to applicable committees on professional ethics (e.g., voluntary certification bodies, licensure boards, organizational authorities). Referral may not be appropriate when the reporting would violate confidentiality rights (e.g., when clients refuse to allow information or statements to be shared) or

when CRCs/CCRCs have been retained to review the work of another CRCs/CCRCs whose professional conduct is in question (e.g., consultation, expert testimony).

e. SELF-REPORTING. CRCs/CCRCs shall immediately notify CRCC when sanctioned for violations of ethical codes by any applicable counselor licensure, certification, or registry boards, other mental health licensure, certification, or registry boards, or voluntary national certification boards or professional associations with which they are affiliated. CRCs/CCRCs notify CRCC if they are found to have violated another organization's professional code of ethics, violated laws in relation to their practice in the field of rehabilitation counseling, or are convicted of offenses that constitute violations of the Code.

f. ORGANIZATION CONFLICTS. If the demands of organizations with which CRCs/CCRCs are affiliated pose a conflict with the Code, CRCs/CCRCs specify the nature of such conflicts and express their commitment to the Code to appropriate responsible officials. When possible, CRCs/CCRCs work to create change within organizations to allow full adherence to the Code. If the conflict cannot be resolved, CRCs/CCRCs evaluate the risks and benefits of continued affiliation with the organization.

M.3. CONDUCT IN ADDRESSING ETHICAL ISSUES

a. COOPERATION WITH ETHICS COMMITTEES. CRCs/CCRCs have a working knowledge of the Code and assist in the process of enforcing it by reviewing the CRCC Guidelines and Procedures for Processing Complaints. CRCs/CCRCs cooperate with investigations, requests, proceedings, and requirements of the CRCC Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

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

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

d. UNFAIR DISCRIMINATION AGAINST COMPLAINANTS AND RESPONDENTS. CRCs/CCRCs do not disparage or retaliate against individuals by denying services, employment, advancement, admission to academic or other programs, tenure, or promotions based solely upon their having made or being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings when CRCs/CCRCs are found to be in violation of ethical standards.

e. COERCION OR ACTION AGAINST CLIENTS OR SUPERVISEES. CRCs/CCRCs under investigation for an ethical violation must not use their position of power in the counseling or supervisory relationship to pressure clients or supervisees to participate in the CRC's/CCRC's response process.

GLOSSARY OF TERMS

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

ABLEISM: discrimination and social prejudice against individuals with disabilities. Ableism characterizes individuals with disabilities as inferior to or somehow “less than” people without disabilities.

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

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

ANTIRACISM: conscious efforts and actions to counter racism, inequalities, prejudices, and discrimination based on race.

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

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

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

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

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

BRACKETING: intentional separating and setting aside of personal values from professional values to ensure ethical and appropriate services are provided to all clients.

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

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

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

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

CONSULTATION: a process in which one professional seeks the advice of another professional to resolve a specific issue.

CONTINGENCY FEE: any fee for services provided where the fee is payable if the case is won or settled.

COURT ORDER: a directive from a tribunal or court directing certain actions or conduct that CRCs/CCRCs are legally required to follow.

CRCS/CCRCs IN A FORENSIC SETTING: CRCs/CCRCs who work in a forensic setting conducting evaluations and/or reviews of records and conduct research for the purpose of providing unbiased and objective expert opinions via case consultation or testimony.

CULTURAL COMPETENCE: possessing a set of values and principles and demonstrating behavior, attitude, knowledge, or skills that enable one to work effectively cross-culturally with the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the individuals and communities served.

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

CULTURAL HUMILITY: a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture but starts with an examination of their own beliefs and cultural identities.

CURRENT STUDENT: student currently enrolled in an educational program in which a CRC/CCRC educator is teaching, regardless of their enrollment in a specific course or courses.

DISABILITY: physical or mental impairment that substantially limits one or more major life activities, a history or record of such an impairment, or being perceived by others as having such an impairment.

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

DISSONANCE: a situation that arises when a practitioner holds two or more competing values about a specific situation or object. While the discomfort felt by the practitioner regarding these competing differences is natural, CRCs/CCRCs need to appropriately bracket their values and work toward an appropriate resolution.

ETHICAL DECISION-MAKING MODELS: frameworks that provide structure and guidance to assist the practitioner in the process of ethical decision-making and clinical judgement. Ethical decision-making model(s) may include but are not limited to consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved. (See CRCC website for ethical decision-making models.)

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

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

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

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

FIDELITY: to be faithful; to keep promises and honor the trust placed in CRCs/CCRCs.

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

FORMER STUDENT: Student no longer enrolled in an educational program in which the CRC/CCRC educator teaches.

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

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

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

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

HIPAA: an acronym for the Health Insurance Portability and Accountability Act. This piece of federal legislation is a privacy rule with the major goal of protecting individual health information. It dictates whose privacy is protected, what information is protected, and how protected information can be used and shared.

IDENTITY FIRST: an approach to self-identification by many different communities denoting a preference for a specific characteristic to be embraced as the primary identity. Examples include a person preferring to be called "Deaf" rather than an "person who is deaf," or "autistic" rather than a "person who has autism."

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

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

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

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

INTELLECTUAL PROPERTY: rights are given to persons who have authored or otherwise created original works. They protect the products of human intelligence and creation, often in the form of copyrights, patents, and trademarks, which are enforceable, lawful rights.

INTERSECTIONALITY: the interconnected nature of social categorizations such as disability, race, class, and gender as they apply to a given individual or group.

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

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

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

MICROAGGRESSION: a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group.

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

MULTICULTURAL: relating to or constituting several cultural and/or ethnic groups within a society.

MULTICULTURALISM: practice of giving attention to many different cultural backgrounds and identities in society based on characteristics such as age, race, ethnicity, disability status, gender and gender identity/expression, sexual identity, sexual orientation, etc.

NONMALEFICENCE: to do no harm to others.

OPRESSION: limitations, disadvantages, or disapproval experienced by an individual due to differences in racial/ethnic status, sexual orientation or sexual preference, disability status, religion, or gender/gender identity and expression.

PIPEDA: an acronym for the Personal Information Protection and Electronic Documents Act. This piece of legislation is a privacy rule with the goal of protecting individual health information in Canada and dictates whose privacy is protected, what information is protected, and how protected information can be used and shared.

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

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

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

PRO BONO PUBLICO: work of a professional nature that is undertaken voluntarily and without pay; work provided for the public good.

PROFESSIONAL COMPETENCE: having requisite knowledge, skills, and abilities to provide quality services as defined by the technical and ethical standards of the profession. The expertise needed to undertake professional responsibilities and to serve the public interest.

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

PROTECTED IDENTITIES: characteristics of an individual that are protected by law to ensure equal treatment and access across all social, educational, and employment domains. Characteristics include but are not limited to race, color, ethnicity (national origin), religion, sexual orientation, sexual preference, age, disability, etc.

RACISM: prejudice, discrimination, or antagonism directed against a person or people based on their membership in a particular racial or ethnic group, typically one that is a minority or marginalized.

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

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

REGIONAL: state, provincial, or other intermediate level.

RETAINER AGREEMENT: a contract that outlines the terms of the services provided by CRCs/CCRCs.

SOCIAL JUSTICE: the view that everyone deserves equality of opportunity in relationship to economic, political, and social rights, and equality of access to housing, healthcare, employment, and more.

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

SOCIAL MEDIA POLICY: a statement delineating a CRC's/CCRC's practices and use of social media.

STUDENT: a person actively enrolled in an academic program.

SUBPOENA: a legal request for information and/or to appear in court, from a court official (e.g., judge, lawyer).

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

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

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

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

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

TRIER OF FACT: the judge in a bench trial or jury in a jury trial that carries the responsibility of determining the issues of fact in a case.

VERACITY: to be honest; truthfulness.

VIRTUAL COUNSELING, SUPERVISION, OR EDUCATION: rehabilitation counseling service provision, supervision, or education that occurs primarily through any electronic format, sometimes referred to as telehealth.

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

WORLDVIEW: a term recognizing that individuals conceptualize the world differently based on a variety of internal, external, and societal factors.

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

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

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