

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.