

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 BASES 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).