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Private Sector Rehabilitation Counseling Ethics: Evolution of the 2017 CRCC Code

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This article explores the history of private rehabilitation counseling, leading up to the 2017 *Code of Professional Ethics for Rehabilitation Counselors, w*ithin the context of historical developments in economics, industry, politics, and evolving social attitudes towards persons with disabilities. The article summarizes how these forces have influenced the ethics related to private rehabilitation counseling. The article offers an analysis of substantive changes to the *Code of Professional Ethics for Rehabilitation Counselors* that went into effect January 1, 2017 – specifically related to rehabilitation counselors working principally in the private sector.

Keywords: certified rehabilitation counselor, ethics, private sector

Private and forensic rehabilitation counseling practice is the "fast-growing specialty of rehabilitation counseling, and is the best paid" (Barros-Bailey, 2018, p. 297). Focused on the evolution of private rehabilitation counseling ethics, the purpose of this manuscript is to review changes to the 2017 Commission on Rehabilitation Counselor Certification (CRCC) *Code of Professional Ethics for Rehabilitation Counselors*. To fully appreciate and understand the implications of the most recent changes, it is important to understand the history of private sector rehabilitation services as well as the development of ethical standards over time. With this in mind, the authors begin with a historical framework within which private sector rehabilitation counseling services has evolved.

Historical Developments

Private rehabilitation counseling has a long history. Rubin and Roessler (2008) reported some of the earliest references to the concept of "rehabilitation" as occurring in the 16th and 17th centuries. Maier (2010) described the use of an artificial hand with articulating fingers to grip and hold a sword in the 16th century. Obermann (1965) described the instance of a hearing-impaired student being taught to "speak, read, write [,] and understand arithmetic" (p. 64) in the 16th century. In the 16th and 17th centuries, hearing impaired children began to learn sign language in Spain and France (Start American Sign Language, 2013). Today, over 300 years later, while technology has advanced and legislation has evolved, the ultimate goal of vocational rehabilitation remains largely unchanged.

Rubin and Roessler (2008) stated "the end goals of the vocational rehabilitation process for people with disabilities are placement in competitive employment, personal satisfaction with the placement, and satisfactory performance on the job" (p. 289). Chan et al. (1997) described the process as a "dynamic process consisting of a series of actions and activities that follow a logical, sequential progression of services related to the total needs of a person with a disability" (p. 312). The vocational rehabilitation process has evolved over time from being more public oriented – to now also including private

and forensic practice settings for rehabilitation counselors, often consisting of assessment, evaluation, and expert witness testimony.

Barros-Bailey (2014) found one of the earliest references to the use of an "*expert*", as it relates to a forensic application, was in 1795 wherein a handwriting expert was referred to in a Pennsylvania Supreme Court case (Republica v. Ross). Over the next 150 years, the use of "experts" within the civil justice system was further refined. In 1828, the case of *Mendum v. The Commonwealth* of Virginia addressed the types of questions that could be posed to an "expert" such as hypotheticals (Barros-Bailey, 2014). Hypothetical opinions require an expert to assume a specific set of facts to be true as the foundation of his or her expert opinions. Such is often the case when two or more medical experts provide conflicting medical evidence of an evaluee's functional impairments.

In 1848, the case of *Commissioners of Kensington v. Wood* in Pennsylvania was one of the first references to a person's ability to recover damages of an occupational nature. (Barros-Bailey, 2014). In the 1851 case of North Carolina v. Clark, the judge succinctly described the admissibility of opinion testimony from experts – opining (Barros-Bailey, 2014):

> It is an established rule in the law of evidence, that in matters of art and science, the opinions of experts are evidence, touching questions in that particular art or science, and it is competent to give in evidence such opinions, when the professors of the science swear they are able to pronounce them in a particular case (para. 2).

The law of evidence became an important legal precedent during the industrial revolution.

Prior to the 20th century, accidents and personal injuries most commonly involved wagons and horses, and workers' rights and tort law were not areas of significant concern. However, with the turn of the 20th century, came rapidly increasing rates of industrial and work-related injuries and deaths stemming from the rapidly growing American industrial revolution. The earliest known comprehensive survey of workplace fatalities in the U.S. workforce was completed between 1906 and 1907 in Alleghany County, Pennsylvania (Centers for Disease Control, 1999). This survey showed that over the course of one year in Alleghany County, 526 workers died in work related accidents. A 1912 survey of the National Safety Council (1998) estimated between 18,000 and 21,000 workers died in work related injuries. The U.S. Bureau of Labor Statistics documented approximately 23,000 industrial related death in 1913 – this is equivalent to 61 occupationally related deaths for every 100,000 workers in the labor market at that time (Corn, 1992).

Given the high rate of industrial and manufacturing related injuries and deaths, evolving social attitudes toward worker health and safety began to take hold – often in direct opposition with business owners and corporations who feared these attitudes would increase costs and decrease profits (Safilios-Rothschild, 1970). During the first few decades of the 20th century, the field of vocational rehabilitation – public, private, and forensic – began to evolve through legislative actions and civil case law in response to increasing rates of injuries and changing public sentiment in favor of the worker. In 1908, the Civil Employees Act was enacted to provide workers' compensation coverage to federal workers engaged in hazardous occupations (U.S. Department of Labor, 2012). This law was replaced in 1916 by the Federal Employees Compensation Act (FECA) – extending workers' compensation coverage to all federal employees (U.S. Department of Labor, 2012). By 1913, twenty-one states had enacted compulsory workers' compensation laws (U.S. Department of Labor, 1953), by 1921, the number had increased to forty-two states, and by 1948 every state in the union had enacted some form of workers' compensation legislation (Safilios-Rothschild, 1970).

Coinciding with the American industrial revolution was the dawn of the American automobile industry. Robinson and Drew (2014) opined that "perhaps no other consumer product has impacted the way Americans live and work more than the automobile" (p. 326). With growing transportation demand, came legislation, licensure, and regulation aimed at decreasing the number of automobile accidents and transportation related fatalities (U.S. History, 2013). Jaffe (2011) reported that in 1910, in New York City alone, there were 471 traffic related fatalities – 112 from automobiles, 148 from streetcars, and another 211 from horse drawn vehicles. With increasing litigation related to transportation, industry, and manufacturing, grew increasing rates of tort litigation alleging injuries and seeking re-

covery for damages. As part of our current legal system Robinson and Drew (2014) noted, "in essence, tort law assumes that individuals should be held accountable for their actions, particularly when they cause harm to others" (p. 327).

At the same time, federal level efforts to provide vocational rehabilitation oriented services to occupationally injured workers led to passage of the 1920 Smith Fess Act, leading to the current state-federal vocational rehabilitation system. Over time, amendments expanded the role, function, and training of rehabilitation counselors. In 1954, passage of the Hill Burton Act led to "establishment of rehabilitation counselor educational programs and the creation of more job openings for rehabilitation graduates." (Matkin, 1985, p. 6). Furthermore, the 1956 Social Security Amendments "initiated a disability insurance program that provided the public with additional coverage against economic insecurity . . . during years when they were unable to work (U.S. Social Security Administration, 2005, p. 9). Later the same year, the Social Security Act "was amended to provide cash benefits to disabled workers aged 50-65 and disabled adult children. (U.S. Social Security Administration, 2005, p. 9). Congress expanded the scope of the Social Security program over the coming years permitting dependents of disabled workers to qualify for benefits, and eventually – disabled workers of any age could qualify (U.S. Social Security Administration, 2005, p. 9). The larger point is federal legislation as well as case law set the stage for the emergence and growth of private rehabilitation counseling services.

Dawn of Private Sector Rehabilitation Counseling

Vocational factors, such as employability, have long been considered critical elements in disability claim adjudication under the Social Security Act (Vercillo, 2014). Since 1962, rehabilitation counselors have served as vocational experts in the evaluation of disability in social security claims. In 1960, the Second Circuit Court of Appeals found in the case of *Kerner v. Flemming* that applications for social security disability insurance benefits could not be denied on the *"mere theoretical ability"* to work. The court held that to deny an applicant benefits, the Social Security Administration (SSA) would have to produce evidence of the availability of other work. In response, the SSA attempted to meet this evidentiary burden through the introduction of government labor market studies, but this approach was also rejected by the courts in the cases of *Hicks v. Flemming* (1962) and *Pollack v. Ribicoff* (1962) (Vercillo, 2014). Ultimately, with remands of the *Kerner*, *Hicks*, and *Pollack* cases, it was decided by the SSA "to employ vocational experts to testify at administrative hearings, at which time these expert witnesses would address their testimony to the claimant's particular and highly individualized situation, in an effort to satisfy the Kerner criteria" (Zinn, 1972, p. 5).

Around the same time, changes such as the 1978 amendments to the Rehabilitation Act eliminated the long-standing employment feasibility criterion as a service eligibility requirement in the vocational rehabilitation system. The result was an increase in state/federal expenditures to clients with the most severe disabilities, who required the most extensive and expensive support services (Matkin, 1983). According to Matkin (1985), the "byproduct of this modified service delivery focus by state-federal rehabilitation agencies, together with insufficient funding to provide all necessary services to eligible clients, those with less severe disabling conditions began seeking vocational assistance elsewhere" (p. 2). In other words, the inability of vocational rehabilitation to address the needs of all individuals with disabilities directly led to the growth of private-sector vocational rehabilitation, which "flourished because of its emphasis on returning disabled persons to employment as expeditiously as possible" (Matkin, 1985, p. 3). According to Matkin (1985) advancement of private sector vocational rehabilitation services in the insurance industry was guided by three factors:

1. Insurance has long since been aware of cost savings realized through the provision of prompt vocational rehabilitation services to injured insurance policy-holders;
2. Vocational rehabilitation services offered through public agencies were rigid and time consuming, thus resulting in inefficient case management and increased case costs;

3. Injured workers tended to be resistant to the stigma of being associated with public assistance programs.

In sum, the SSA and Rehabilitation Act Amendments, and inefficient public sector rehabilitation services, led to a growing trend by insurance carriers and self-insured employers to utilize private rehabilitation providers to assist occupationally injured worker, and pushed forward the growth of private vocational rehabilitation counseling practice, including the emergence of ethical standards defining and regulating the professional practice of rehabilitation counseling.

Code of Ethics for Rehabilitation Counselors

The growing field of vocational rehabilitation and need to regulate practitioners, prompted the National Rehabilitation Counseling Association (NRCA), in 1963, to propose the development of a certification body for rehabilitation counselors (Livingston, 1979). Over the next decade, the American Rehabilitation Counseling Association (ARCA) worked jointly with the NRCA and in 1971, drafted a proposal calling for a single certification process for rehabilitation counseling (Leahy & Holt, 1993). As a result of these efforts, the Commission on Rehabilitation Counselor Certification (CRCC) was incorporated in 1974 (Livingston & Engelkes, 1977), and the first certification examination for the Certified Rehabilitation Counselor (CRC) was administered in 1976 (Livingston, 1979). By the end of 1976, 8,000 rehabilitation counselors were certified nationally (Leahy & Holt, 1993).

Despite the first generation of Rehabilitation Counselors being certified in 1976, it was not until 1987 that the first version of the *Code of Professional Ethics for Rehabilitation Counselors* was adopted and implemented by CRCC (Leahy & Holt, 1993). It would be another fourteen years, in 2001 before CRCC explicitly addressed the unique ethical demands of CRCs practicing within private and forensic settings, yet even then, the scope of this recognition was limited. The CRCC Code of Professional Ethics for Rehabilitation Counselors effective January 1, 2002 – standard F.12. Forensic Evaluation, reads:

> When providing forensic evaluations, the primary obligation of rehabilitation counselors will be to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual with a disability and/or review of records. Rehabilitation counselors will define the limits of their reports or testimony, especially when an examination of the individual with a disability has not been conducted (Commission on Rehabilitation Counselor Certification, 2001, p. 14).

Interestingly, there was no definition describing the term forensic as it was applied in this version of the code. Accordingly, it was up to the certificant to interpret the meaning of the term and its context within the code. Without clear operational definitions, enforcement was made problematic as the term forensic may have a different meaning between counselors, evaluee's, or even the commission tasked with enforcement of this standard.

Eight years after the term "forensic" was first introduced in the CRCC Code of Professional Ethics, the code underwent a major revision in 2009, that dramatically expanded the ethical requirements for CRCs practicing within the forensic area. The 2009 revisions that became effective January 1, 2010 explicitly defined the term forensic as "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" (Commission on Rehabilitation Counselor Certification, 2009, p. 36). More importantly, the 2009 revisions dramatically expanded the code from only one forensically focused standard in 2001, to an entire section with four standards entitled "Section F: Forensic and Indirect Services" In summarizing these changes, Barros-Bailey, Carlisle, and Blackwell (2010) wrote "The section includes 17 standards specific to clients' and evaluees' rights, rehabilitation counselors' forensic competency and conduct, forensic practices, and forensic business practices. Furthermore, the unique relationship of the forensic rehabilitation counselor with the person receiving services is clarified through the introduction of the definition of *evaluee*, a term that has gained unilateral agreement throughout the field of forensic rehabilitation."

Notable enduring revisions implemented in the 2009 code, addressed the issues of mandatory professional disclosure and introduction of the term evaluee in relation to forensically oriented work. Standard A.3.a. in the 2009 code, mandated the use of a Professional Disclosure Statement in the counseling relationship – regardless of the rehabilitation counseling practice setting. Standard A.3.a read "Rehabilitation counselors have an obligation to review with clients orally, in writing, and in a manner that best accommodates any of their limitations, the rights and responsibilities of both rehabilitation counselors and clients" (Commission on Rehabilitation Counselor Certification, 2009, p. 3). Standard F.1.b dealing with informed consent in a forensic setting, expanded on the professional disclosure requirements detailed in section A of the code by requiring

"Individuals being evaluated are informed in writing that the relationship is for the purpose of an evaluation and that a report of findings may be produced. Written consent for evaluations are obtained from those being evaluated or the individuals' legal guardian unless: (1) there is a clinical or cultural reason that this is not possible; (2) a court or legal jurisdiction orders evaluations to be conducted without the written consent of individuals being evaluated; and/or (3) deceased evaluees are the subject of evaluations. If written consent is not obtained, rehabilitation counselors document verbal consent and the reasons why obtaining written consent was not possible" (Commission on Rehabilitation Counselor Certification, 2009, p. 15).

The term evaluee in the 2010 Code was consistent with the Barros-Bailey et al. (2008) white paper introducing use of the term evaluee in the context of forensically oriented services (Barros-Bailey, Carlisle, Graham, Neulicht, Taylor, & Wallace, 2008). The work group responsible for publishing this paper concluded that "in a forensic setting, the professional who is engaged as an expert witness has no client" (p. 254) and went on to introduce the term "evaluee" which was defined as "The person who is the subject of the objective and unbiased evaluation" (p. 255). This language and definition for an evaluee in forensic settings was adopted and integrated into the 2009 code revisions (Commission on Rehabilitation Counselor Certification, 2009, p. 35).

Changes to the 2017 Code of Ethics

The most recent revision of the CRCC Code of Professional Ethics was completed in 2016 and became effective as of January 1, 2017 (Commission on Rehabilitation Counselor Certification, 2016). Several areas of the updated code hold particular importance for rehabilitation counselors working in the private and forensic practice settings. The newly updated code introduced the term Forensic Rehabilitation Counselor into the code vernacular. This term is defined in the code as "rehabilitation counselors 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" (Commission on Rehabilitation Counselor Certification, 2016, p. 38). There are several key changes to Section F: Forensic Services section of the code.

Written Documentation

Standard F.1.a has evolved the previous requirement for documentation that is typical in most rehabilitation counseling settings. The previous code required "Rehabilitation counselors acting as expert witnesses generate written documentation, either in the form of case notes or a report, as to their involvement and/or conclusions" (Commission on Rehabilitation Counselor Certification, 2009, p. 15). The newly updated code acknowledges that forensic rehabilitation counselors may be retained in a consulting role only and that in these instances, documentation of this consulting role may not be necessary or even desirable. The newly updated code reads "Forensic rehabilitation counselors acting as consultants or expert witnesses may or may not generate written documentation regarding involvement in a case" (Commission on Rehabilitation Counselor Certification, 2016, p. 18).

Role Changes

Standard F.1.c has been introduced into the newly revised code to address the issues of role changes over the course of a forensic rehabilitation counselor's engagement in a case. This section reads "Forensic rehabilitation counselors carefully evaluate and document the risks and benefits to evaluee's before initiating role changes. When forensic rehabilitation counselors change roles from the original or most recent contracted relationship, they discuss the implications of the role change with the evaluee, including possible risks and benefits (e.g., financial, legal, personal, or therapeutic). They complete a new professional disclosure form with the evaluee and explain the right to refuse services related to the change, as well as the availability of alternate service providers. Forensic rehabilitation counselors refrain from frequent and/or indiscriminate role changes. When changing roles more than one time, forensic rehabilitation counselors evaluate and document the risks and benefits of multiple changes" (Commission on Rehabilitation Counselor Certification, 2016, p. 18). This newly introduced standard reinforces the importance of defining the specific services being provided by way of a written professional disclosure. Because of the varied roles a rehabilitation counselor may hold over the course of a case, roles can be confusing to evaluee's and consumers of services. This standard provides guidance on the importance of minimizing role changes to prevent role confusion and the requirement for rehabilitation counselors to complete a new professional disclosure before each and every role change.

Fee Disputes

Standard F.4.b addresses the issue of fee disputes in the course of forensic rehabilitation services. The previous code read "Should fee disputes arise during the course of evaluating cases and prior to trial, rehabilitation counselors have the ability to discontinue their involvement in cases as long as no harm comes to evaluees" (Commission on Rehabilitation Counselor Certification, 2009, p. 17). The newly updated code acknowledges that forensic rehabilitation counselors are but one consultant in the litigation process and that the ability to collect fees in accordance with the contracted business arrangement is an important business practice. The newly revised code reads "Should fee disputes arise during the course of evaluating cases, forensic rehabilitation counselors have the right to discontinue their involvement" (Commission on Rehabilitation Counselor Certification, 2016, p. 20).

Practice Applications Questions Related to the New Code

In conjunction with preparing this manuscript, the authors informally queried private sector rehabilitation counselors on questions related to how the revised code affects their clinical practice and business practices? The authors pose these questions in this section of the manuscript. Please note however that the following are the opinions of the authors and are not the opinions of the CRCC Ethics Committee.

Role Changes.

Question: There are code changes regarding roles and role changes to the professional relationship; how do those changes effect forensic or private sector rehabilitation services and what steps do I need to take to change roles?

Rehabilitation professionals that provide private and forensic rehabilitation services may find themselves in situations where they are asked to change roles. Per the new code, rehabilitation professionals need to be cautious and take specific actions when considering any role change between providing forensic services and rehabilitation services and/or vice versa.

The new code provides clarification on role changes and provides a series of actions that need to take place from the start of the rehabilitation counseling relationship to any change of role. First, A.3.a. outlines the information that needs to be included in a professional disclosure that is reviewed orally and in writing at the outset of the professional relationship; this includes the purpose of the services. Professional disclosures should only have one role listed at the outset of the counseling relationship

and the professional disclosure that is used should specifically state what role (service) the rehabilitation counselor is providing. Second, A.5.i, outlines the steps a rehabilitation counselor takes if considering and changing roles, that is different, from the initial relationship as defined in the original professional disclosure. If a rehabilitation counselor is considering a change in role, the code specifically states that, "Rehabilitation counselors carefully evaluate and document the risks and benefits to clients before initiating role changes." It should be noted that documentation on the review of risks and benefits to the change in roles is now required. Only after such documentation, if the rehabilitation counselor changes roles, the rehabilitation counselor discusses the implications of the role change with the client or evaluee including any possible risks and benefits - and a new professional disclosure (as defined in A.3.a.) is orally and in writing reviewed with the client or evaluee. The code specifically states that a rehabilitation counselor explains to the client the right to refuse services and the availability of alternative service providers. The code states that, "Rehabilitation counselors refrain from frequent and/or indiscriminate role changes" and further that if changing roles more than once, "rehabilitation counselors evaluate and document the risks and benefits of multiple changes." Role changes are also addressed in F.1.b. and include the same explanation and clarification about carefully evaluating and documenting role changes and the use of a new professional disclosure for any role change.

In March 2017, the CRCC Ethics Committee provided advisory opinion #133 related to a role change from providing expert testimony services related to a loss of earnings capacity evaluation and subsequent service providing vocational rehabilitation counseling for return to work services (Commission on Rehabilitation Counselor Certification, 2017). The request was for an opinion from the CRCC ethics committee to address whether a CRC who initially provided the expert testimony service may then provide vocational rehabilitation counseling. Citing the Preamble, A.3.a, A.3.b, A.5.i, F.1.b, and F.1.c; the committee provided an opinion that the services may not be provided concurrently by the same rehabilitation counselor. The committee noted the importance of professional disclosures and informed consent and that a role change is permitted as long as the Forensic Rehabilitation Counselor has followed the steps described for role changes.

The March 2017 Advisory Opinions also address several other private rehabilitation ethics code questions and the writers encourage the reader to consult the Advisory Opinions that can be found on the CRCC website.

The Counseling Relationship.

Question: What are the some of the changes to the counseling relationship that I should be aware of when proving private sector rehabilitation services?

In addition to the change to the code regarding role changes, A.5.1. (discussed above), the new code now recognizes that employment or returning to work may not always be reasonable or a client's goal and a new subsection has been added to the Code - Avocational and Independent Living Goals: A.1.d., which states, "Rehabilitation counselors work with clients to develop avocational and independent living goals consistent with their abilities, interests, culture, needs, and welfare." If rehabilitation counselors provide services for avocational and independent living goals, it is recommended their professional disclosure reflect those services.

Another change to be aware of is A.1.b. which addresses Rehabilitation Counseling Plans. The new Code states that rehabilitation counselors work together with clients to develop "written rehabilitation counseling plans." This is significant because the Code now specifically states that rehabilitation plans now need to be written - the previous Code did not reference written plans. If rehabilitation counselors previously did not use written rehabilitation counseling plans, they now need to.

Significant Forensic Changes.

Question: What are the significant forensic services changes that I need to incorporate into my practice?

There are several changes to the Section F: Forensic Services Section. Most of the changes are related to clearer language but there are other significant changes. One change is the section title, which has been changed to Forensic Services, from Forensic and Indirect Services. Of significance is that in this

section, rehabilitation counselors that engage in forensic services are now referred to as forensic rehabilitation counselors. Another significant change to the code is standard F.1.a. which describes how forensic rehabilitation counselors are no longer required to generate written documentation – whereas the prior code stated rehabilitation counselors acting as expert witnesses were required to generate documentation.

The most significant change is that Section F. no longer references dual roles, but instead, addresses role changes in standard F.1.c., providing specific steps regarding any role change (as explained above.) Another significant change is regarding fee disputes, F.4.b. The prior code stated that if fee disputes arise prior to a trial, the counselor has the ability to discontinue service as long as "no harm comes to the evaluee." No harm to the evaluee has been taken out and the new code states that if fee disputes arise, that the forensic rehabilitation counselor has a right to discontinue their services. However, the right to discontinue or terminate services is contingent upon all parties, (evaluees and third-party payers) being informed (K.3.a.). Therefore, it is recommended that the discontinuation or termination of services related to fee disputes and nonpayment be specifically addressed in both the forensic professional disclosure and the retainer agreement.

Assessment and Evaluation Changes.

Question: What are the significant changes to the Assessment and Evaluation section of the Code?

Assessment and Evaluation is an important aspect of forensic and private rehabilitation counseling services and there are some changes that need to be addressed when providing forensic or private rehabilitation services. The introduction to this section acknowledges the terms assessment and evaluation may be used interchangeably within the profession. The introduction also emphasizes that assessment is broader than the administration of tests and compiling measurable test results (quantitative data), but also entails the collection of other qualitative data and information. As in the other sections discussed within this article, most of the changes in Section G. are related to clearer language but there are a few significant changes.

The title of Section G is now Assessment and Evaluation – changed from Evaluation, Assessment, and Interpretation. Several section G subsections have new headings, but the content within the subsections are mostly unchanged – with exception of adding three new subsections. Another change in language now found in Section G. is the inclusion of the term "test/instruments" versus the more general term "test" found in the prior code.

The most significant change to this section is standard G. 7.c., Reporting Standardized Scores, which states, "Rehabilitation counselors include standard scores when reporting results of a specific instrument." This is a significant change as rehabilitation counselors no longer can just provide a qualitative descriptor, such as average, above average, or below average – or other non-standard score. If a rehabilitation counselor previously did not make use of standard scores in reporting results, they are now required to do so.

Another significant change in this section is to standard G.5.a. – Appropriateness of Test/Instruments. The sentence "When possible, multiple sources of data are used in forming conclusions, diagnosis, and/or recommendations" is added. This is noteworthy as it supports that rehabilitation counselors should consider using more than a single test/instrument to measure behaviors and formulate conclusions as emphasized in the section G Introduction that states " . . . it is a broader process that goes well beyond gathering quantitative data from assessment instruments. It also entails the collection of other qualitative data and information."

Standard G.8.b. Obsolete Assessment and Outdated Results has been revised. The previous code states, "Rehabilitation counselors do not use data or results from assessments that are obsolete or outdated." The revised code states, "Rehabilitation counselors do not rely on data or results from instruments that are obsolete or outdated ..." It further states that an outdated version may be used "... only when necessary due to specific, individual needs (i.e. updated version lacks appropriate norms for particular population)." By taking out the language, "Rehabilitation counselors do not use data or results from assessments that are obsolete or outdated", the revised code provides permission to use

outdated test/instrument and recognizes that in some circumstances, specifically when there is no other current test/instrument, an outdated test/instrument may be used.

Business Practices.

Question: How do the changes to the business practices section effect my practice?

The Business Practices Section K has a new subsection and the subsection Advanced Understanding of Fees has been deleted. Rather, standard K.3.a, Understanding of Fees and Nonpayment of Fees has been added. Previously the code stated that prior to entering into a counseling relationship, the rehabilitation counselor clearly explains the financial arrangements related to services; and if legal action or use of a collection agency is considered for nonpayment, the counselor first informs the client of the intended actions and offers the opportunity to make payment. The revised code differentiates between clients, evaluee's, and third party payers. The revised code states, "Prior to providing services, rehabilitation counselors clearly explain to the client or evaluee and/or responsible party all financial arrangements related to professional services. If a third party is paying for services, the rehabilitation counselor explains that arrangement to the client or evaluee and/or responsible party." Regarding the use of collection agencies or legal action for the collection of fees, the revised code states that that information be included in either a professional disclosure or retainer agreement. The requirement that if collection actions are considered, that the client be informed remains, but now includes informing the evaluee, or responsible party. The revised code no longer states that clients are offered the opportunity to make payments.

Although not in the Business Practices Section, but related to fees, standard A.3.a. provides the minimal information that needs to be included in a professional disclosure including fees and/or payment arrangements, and frequency and length of services. Based on the revised code, it is recommended that professional disclosers for all rehabilitation counseling services, include information that a continuation of services, including frequency and length of services, may (or will), be limited, discontinued, or terminated for fee disputes or nonpayment.

Standard K.3.g Billing Records and Invoices has altered wording. The wording "the time engaged in the activity" has been removed. This now allows for billing that reflect flat fee rates.

The above review of the revised code as related to forensic and private sector rehabilitation services highlights the significant changes to the code that affect a rehabilitation counselor's clinical and business practices. However, page 3 of the code states, "the Individual Enforceable Standards are not meant to be interpreted in isolation" and that each Enforceable Standard should be considered in conjunction with each other. As the above review outlines, this is true for rehabilitation counseling services in the private sector especially related to roles, fee collection, and the termination of services as there are several sections that need to be referenced to incorporate changes for an ethical private rehabilitation counseling practice.

Conclusion

The purpose of this manuscript is to review the important current code changes as they apply to private sector rehabilitation counseling. To give context to these changes, the authors have articulated the historical framework within which private and forensic sector rehabilitation counseling services has evolved. To fully appreciate and understand the implications of the changes, it is important to understand the history of private sector and forensic rehabilitation services as well as the development of the CRCC Code of Ethics – specifically as it relates to these areas of practice.

The authors have included examples of questions from rehabilitation counselors in the field to practical guidance in applying the code to the work of practitioners in the field. It is our hope that this approach will assist the rehabilitation practitioner in understanding the changes as they relate to their individual practices and to assist with incorporating the changes into their everyday rehabilitation service offerings.

As this manuscript demonstrates, changes to the CRCC Code of Ethics parallel the development of private sector rehabilitation and the expansion of the use of rehabilitation counselors in forensic areas.

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