

An Overview of the 2023 Revisions to the Code of Professional Ethics for Certified Rehabilitation Counselors Transcript

JOHN WALSH: The training you're about to watch was recorded at a live event that occurred via Zoom on March 24, 2023 at the 23rd Annual Rehabilitation Counseling Symposium. This event was co-hosted by the Center for Rehabilitation Counseling, Research, and Education, and the Center for Innovative Training in Vocational Rehabilitation, both located at the George Washington University.

This one-hour training provides an overview of the 2023 revisions of the code of professional ethics for certified rehabilitation counselors. The contents of this presentation were developed with support from the Center for Innovative Training in Vocational Rehabilitation, funded through the US Department of Education. Opinions expressed herein do not necessarily reflect the position or policy of the US Department of Education, and no official endorsement should be inferred.

Your presenter for this training is Dr. Rob Froehlich. He's an associate professor of counseling with the George Washington University's rehabilitation counseling program. And he's also on staff of the GWU Center for Rehabilitation Counseling Research and Education.

He has provided rehabilitation counseling services since the early 1990s and has been a rehabilitation counselor educator for more than 20 years. He is a licensed professional counselor in both Virginia and South Carolina and is a nationally-certified rehabilitation counselor.

Dr. Froehlich currently serves as the chair of the CRCC Ethics Committee and as a member of the Virginia Counseling Association Ethics Committee. He has significant clinical experience in brain injury rehabilitation, state and federal vocational rehabilitation, private sector rehabilitation, and general counseling, and mental health practice and supervision.

His areas of training and research expertise include ethics in vocational rehabilitation and counseling settings, mental health counseling, career development and counseling, and rehabilitation leadership development. In addition to his training and teaching work, Dr.

Froehlich also provides psychotherapy services within a private counseling practice. So I now give you Dr. Froehlich.

ROB FROEHLICH: OK, everyone. I am so happy to talk with you today about some thoughts pertaining to the updated code of professional ethics for certified rehabilitation counselors that went into effect January 1, 2023. The important place for me to start is to let you know I am the chair of the Commission on Rehabilitation Counselor Certification Ethics Committee.

And I'm also a board of director relative to CRCC. But today, the information contained in this webinar represents me, Dr. Rob Froehlich's experiences, opinion, and knowledge. I'm speaking on behalf of Rob Froehlich GW. It's not delivered in any official capacity, on behalf of the Commission on Rehabilitation Counselor Certification. So with that out of the way, let's talk about this process.

I don't want for you all to think that there's some sort of arbitrary group of people who write the code of ethics and just kind of put it out there. It's a much more involved process, and I want to share with you just a little bit about what that looks like. So when we talk about codes of ethics, particularly for rehabilitation counselors, the very first code appeared in the Journal of Applied Rehabilitation Counseling in 1973.

And it was literally a two-page brief article that kind of said do the good stuff, and don't do the bad stuff. I'm making light of that, but it was, you can imagine, it was two pages. The original CRCC code of ethics was published in 1987. And I happen to have with me the code of ethics that I received when I became certified in 1995.

And yes, this is what it looked like. It was like a little folder of information. It even had a stapled in, here's the grievance process. That's what technology was like in 1995. It looked pretty. But things have changed quite a bit. And that's my point, in that codes need to be revised to reflect the world in which they're happening.

They need to reflect the world around them during the time period in which they are in effect. So the code is revised just about every six to seven years. And the process of revision is rather lengthy. I would say that the past revision phase kicked off just about two years ago in March of 2021. But I'm going to take a step back for a second because it really kicked off a little bit prior to that.

In 2019, CRC sent out a survey to certified rehabilitation counselors. And we had the great opportunity to have data from that survey looking at what dilemmas do those certified rehabilitation counselors encounter in their practice, and what do they do about it. How do they deal with those dilemmas?

I'm going to bring your attention to a number of articles as I'm talking today. But the first of which, I had the good fortune to be on a team of individuals, Julie Hill from Auburn University and some of her colleagues there, Trent Landon from Utah State, Simone Hicks from Augusta University in Georgia.

Anyway, that article is entitled Ethical Dilemmas, Current and Projected Concerns reported by certified rehabilitation counselors. And it's coming out in a special issue of the Rehabilitation Counseling Bulletin, which quite honestly was supposed to be out already. It looks like it will be coming out late May. There was some sort of production issue, as things happen.

But I'm going to draw your attention to a few articles that are going to be in that special issue, and this is the very first one. This was the beginning of the code revision process, looking at what do people experience out in the field, and what do they do with that information. So beyond that, the next step was to look at applications and to find task force members who would draft the actual code.

That was a rather lengthy process, too. Because it's really important for the task force to be reflective of people who are certified rehab counselors. And that means reflective of the specializations that they hold in rehabilitation, reflective of national dispersion because this is a national certification, reflective of culture of those individuals on the board, reflective in many ways.

So the task force was selected. And then from August 2021 through February of 2022 there were lengthy Zoom monthly meetings to look at each section of the code. In March of 2022, the code as it was developed in its totality, was reviewed by the task force.

Task force members took, each member had a specific section of the code and then a team to work with drafting, looking at what works, and what needs to go, and what needs to be updated. So looked at total totality and then sent it out for public comments. In July 2022, the task force got back together, reviewed those public comments and made adjustments based upon those public comments.

August 2022, the ethics committee reviewed the proposed code and voted to accept the code. And then it went over to the board of directors and was approved September of 2022. And ultimately, the code went into effect January 1 of 2023.

So I have a slide here that kind of describes all of that information on the left-- the left chart. But on the right I thought it might be interesting for you to know what did the task force look like. So seven individuals identified as female and five as male. Eight individuals identified as White Caucasian, three as Black or African-American, and one as an Indigenous person.

Seven people held a doctoral degree, five masters. And then looking at their work setting, six were college or university, Veterans' Health Administration was two, and private for profit was two, and two were in state VR. This chart came directly over from CRC, but in actuality, it was two in Vocational Rehabilitation.

And they all had a mean years of experience about 20 and 1/2 years. So that's who the task force was. And that gives you a little bit of the nuts and bolts on how was the code revised. What did that look like?

So if I were to respond to the question, what is one major change between the 2017 CRC code of ethics and the 2023 version, I would draw your attention to a couple of things. And I'm going to stop myself for a second or two.

My colleagues, Dr. McGuire-Kuletz, Dr. Hergenrather, Nicole, John, if there's anything in the chat box where people have questions and you need to interrupt me, I do want people who are participants here to feel free. If you do have a question and something that I say is unclear, let me know. And my colleagues will just kind of monitor and bring it to my attention. So going back, if there was--

JOHN WALSH: Dr. Froehlich? There was one question that very much linked in to when you were going over the demographics of those on the review. Did any identify as a person with a disability on the task force?

ROB FROEHLICH: Yeah. They didn't ask that question, but yes. In fact, I would say probably almost 50% would have identified in one way, shape, or form in terms of that category. CRC felt uncomfortable categorizing that topic, and that's why I shared with you. But I would say yes. In fact, about half of the task force. Is that helpful?

JOHN WALSH: Yes. Thank you very much.

ROB FROEHLICH: So going back to, what's the big change to begin with. And the changes that I have kind of go in order of likely applicable importance to you all relative to the work that you do. But what I want to do is to remind you, as we're talking about differences, some general concepts to remember. The ethical principles that underlie the code haven't changed at all.

A lot of the code stayed similar. It should be something that looks familiar. But there are some areas where we identified that looked at gaping holes that needed to be filled. And one of those gaping holes to begin with looks at a new section to the code. So Section D, the multicultural considerations section, is an entirely new code. It fills a void that was and did exist in other codes of ethics.

And what I want to say to you, too, is, we did not review the CRC code in isolation, just the CRC code. We also looked at the American Counseling Association 2014 code of ethics, the National Board of Certified Counselors 2016 code of ethics, the American Mental Health Counselors Association code of ethics, the multicultural counseling and social justice competencies.

We also looked at the International Association of Rehabilitation Professionals code, and certified vocational evaluators code. And in addition, we looked at related codes, including the 2016 American Psychological Association code, the 2020 American Board of Vocational Evaluators code of ethics, and the 2017 National Association of Social Workers codes of ethics.

And what we found was there was a need to expand multicultural considerations. What our goal was to have a standalone section that addressed the limitations that we perceived to be

present. But multicultural concerns have always been infused throughout the CRC code of ethics. So where that makes sense, those multicultural considerations still remain.

For instance, in terms of assessment issues and cultural considerations, in terms of the relationship with clients section, in terms of counselor education section. Those areas still remain. But we looked at this section as an opportunity to codify things that always were expectations of rehabilitation counselors, but weren't stated. We thought this was a wonderful opportunity.

And my colleague and friend, Dr. Jessica Henry from Penn State University, was essential in the foundations of drafting Section D. So again, our charge was reinforcement, not redundancy. But what I think is important to think about, each section of the code has an introduction. And some information from the Section D introduction is important to share.

And it states, this section features the attitudes and behaviors of a multiculturally competent CRC who maintains an awareness of self and others. Furthermore, this section describes the ethical responsibility of the certified rehabilitation counselor to exhibit cultural knowledge and skills aligned with the core values of the profession.

So let's take a look at what some of those sections are that have been added. So the very first subset of grouping of topics is strengthening the multicultural relationship. And what I'm hoping that today will serve is as a bit of a guide, but also as kind of an encouragement to go and look at the expanded information in each one of these particular sections.

But the very first area is strengthening the multicultural relationship. And so in this area, topics include things like establishing constructive multicultural counseling relationships, the impact of client intersectionality and identity, awareness of client worldview, and multiculturally competent interventions, and the ethics behind those concepts and considerations.

The second section pertaining to Section D, second clustering of information, is avoiding harm and value imposition. And you'll recall, through all of the revisions from about 2000 on, the wording of not imposing your values on your client. So this is not a new concept, but we felt it needed to be expanded and given its own section to highlight the importance of the topic.

So there are sections in this area looking at avoiding harmful multicultural service provision, avoiding microaggressions, examining implicit bias, and recognition and respect of client values. So if you go and look in those particular areas, you're going to see there's a good bit more guidance pertaining to what does that look like for the ethical rehabilitation counselor.

So still in Section D, but moving forward, the third section looks at personal and professional development and cultural competence. So this looks at what can I, as an ethical rehabilitation counselor, what do I need to do to consider my place in this counseling relationship? So topics like personal awareness, anti-racism, social justice.

And interestingly, social justice, when we looked through all of those other codes, was minimally covered. I think Steve made some really wonderful comments, relative to considerations of the field of vocational rehabilitation and moving forward. And we really thought about many of the-- think about this.

We started in 2021, so many of the topics that Steve was mentioning and referring to, that were going on in the world at that point in time, gave us this really excellent opportunity to implicitly-- no, explicitly-- to really clearly state what it is that the code should be saying. So if you looked at the 2014 ACA Code of Ethics, social justice was defined a bit and included in one area of the code.

But we thought we really need to spotlight and talk a little bit more about how does social justice relate to being a certified rehabilitation counselor and social justice and advocacy. And I'm going to talk about advocacy in just a bit. It's always been core to who we are. We just thought it was important to expand and highlight that topic.

In addition, cultural humility is an important consideration for the ethical certified rehabilitation counselor. Use of affirming language. It's a basic principle and a basic thought that sometimes we think, when we're talking in the world of ethics or other areas, things should go without saying. But when they go without saying, they're not stated as expectation. So use of affirming language was highlighted and added.

Avoiding discrimination. And then some concepts relating to serving religious cultures, as well. Finally, the fourth part looking at diversity, equity, and belonging, and coworker relationships was drafted. And one of those important pieces there is that CRCs are committed to minimizing barriers to opportunity for diverse colleagues.

There have always been areas of the code that looked at our responsibility collaboratively as a community, but we felt like this was an important addition that fit well with what was added in multicultural considerations in that section, and also stated expectations to more fully move our field forward.

So I would, as I mentioned before, I'd like to draw your attention to another article. Dr. Jessica Henry, Alyssa Scott, Dr. Zack Ahonie, Dr. Trent Landon, Kim Gee, and Amy Vircillo drafted another article in that special issue entitled A Way Forward With Multicultural Considerations, Advocacy, and Accessibility Across the 2023 Revised Code of Professional Ethics for Rehabilitation Counselor Educators and Practitioners.

So I gave you a little bit of a quick overview and look into Section D. But this article, I think, will be really helpful for you in your professional development as you're moving forward, thinking about how to apply this particular area of the code of ethics.

I don't see the number has jumped up in the chat, but if anybody has questions I'm moving on to another topic. That doesn't mean we can't go back here if you do feel that there's something that was unclear that you want to ask.

So I think this is a basic statement here. Technology is ever evolving. And so think about this, the last code was drafted 2015 and '16. A lot of things have changed. So what changes in technology have prompted code revisions is a decent question to ask.

So I think we'll all recall, whether you're in vocational rehabilitation, education work for a community rehabilitation program, or do something entirely different, you'll remember March of 2020 when, on a particular Friday, business closed. And on Monday the entire world changed.

I'm overestimating just a little bit. We kind of knew things were coming down the pike. But literally, there was that week where you always provided services one way. And on Monday, uh-oh, we need to do something different. So we thought one of the huge areas for us to consider, relative to giving ethical parameters, was in respect to virtual counseling.

So it was imperative that we take the changes that occurred around us and give, according to CRCC, the definition. We call it virtual service provision, virtual counseling. Lots of other places call it distance counseling, telehealth lots of other names. But in this code it's virtual counseling.

So essential topics include accessibility of tools and platforms. Because let's think about what we do. If people can't access what it is that we're doing, of what use is that tool or platform? So giving guidance relative to accessibility, looking at confidentiality, legality, HIPAA, and PIPEDA. And that might be a new term to you. And I hope that somebody has this in a trivia night.

What is PIPEDA? The Commission for Rehabilitation Counselor Certification certifies counselors both in the US and Canada. So PIPEDA is like the corollary to HIPAA, but in Canada. I don't know you'll ever be able to use that information anywhere, but maybe on a trivia night. Anyway, looking at giving guidance to what does the law say, what are the regulations, and how do they pertain to security.

Considerations, even things like how can voice-activated assistant tools like Alexa compromise confidentiality, and what do you do about that? Or Bluetooth technology and how confidentiality can be impacted by connection with telephones and cars and what have you. So anyway, a bit of guidance in there, we felt was important, as well as mentioning all of the HIPAA requirements related to security.

Further, I've been teaching ethics and giving trainings pertaining to ethics and technology for probably way more years than I would like to admit. And early on, what we said was kind of basic. Just like, just say no. Certainly don't friend anybody. Don't use any kind of alternative way to deliver services. Just say no. Lock it down. That was kind of the guidance back in the day.

Clearly, that doesn't make sense in the world that we're in right now. Certainly, still not friending clients or not accepting friend requests is important. But expanding towards this concept of a professional electronic presence on social media, being able to share information quickly and rapidly. And that's really what social media is about.

So there's some guidance in the code pertaining to issues such as professional social media presence. What is still in that section pertaining to ethics are some basic guidelines. So electronic modalities are not-- although they're convenient, and some clients find them to be preferred, a preferred method of service delivery, certified rehab counselors recognize that electronic modalities may not be well suited for all clients in all situations.

It's sort of a continuum we have now. And we shouldn't, now that we just have tools, use them as our only way of connecting with our clients. We should use that critical thinking that Steve was also mentioning. Use critical thinking about what makes sense for what person in what setting and at what time.

Other basic guidelines that remain are the concept that it doesn't matter what modality you're using or what tool you're using, rehab counselors are held to the same ethical standard in all situations. So that kind of remains. And that stays there, as well.

Another article that I'd like to draw your attention to, pertaining to that special issue I've been mentioning, deals with rehabilitation counselors and technology, social media, and distance counseling, some contemporary considerations. And you're going to hear from our very own Nicole Tichy in just a little bit, on several topics, after I wrap up.

But I had the joy of working with Nicole and several other colleagues in drafting this article, as well. And I hope that that gives you some information that will be helpful to you as you move forward implementing any changes in the 2023 code to the work that you do with your clients.

So again, here we are at a symposium in a university-based setting that's partnering with the field, but rehabilitation counseling curriculum accreditation standards, and the overall professional identity of the field, have had natural development and changes in the recent past. It's a fluid topic.

But another reasonable question would be, what impact have those changes had upon the code revision process? This was the first code revision that took place in an environment in which CACREP, the Council on the Accreditation of Counseling and Counseling-Related Educational Programs, accredits rehabilitation counseling programs. As opposed to CORE in the past.

The task force, which was about 50% rehabilitation educators, integrated the accreditation standards and all suggested revisions. We really did feel like, those of us who are the rehab educators on the task force felt like, this was a really important part of looking at what existed prior, what are different changes secondary to this accreditation process, and making sure that the code aligned and made sense and matched up with those areas.

So one of the big changes that reacted to-- I wouldn't say reacted. --that is related to all of the fluidity and professional identity right now was a defining the profession statement. And this section of the code specify specifically who rehab counselors are, what they do with whom, and how they're uniquely qualified regarding those parameters.

So when you look in the preamble of the code, one of the important pieces is this defining the profession. And that is different. And I think that should be helpful to you in providing validity, internally, to you all about what it is that you do, and also in describing to others here's what you do.

Unless you are a family member of someone who has a disability, or you have a disability yourself, many people are unaware of rehabilitation counseling and what that is. So this piece is sort of a brief elevator speech of what's a rehabilitation counselor do.

Still not saying anything in the chat. Maybe you're shy, or maybe I'm really clear. And that's OK. Let's move on to the next topic. It's fair to say advocacy is foundational to rehabilitation counseling in many ways. So a question related would be were there any revisions that impacted the advocacy-related section of the code? And I would respond, yes. In fact, there were some changes.

And what I want to draw your attention to, in particular, is the introductory section. And some of the statements toward the end that look at the concept 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.

And this kind of gives, the next statements that I'm going to say, gives kind of a statement pertaining to what does the ethical rehabilitation counselor do, or what is that person expected to do pertaining to these challenges?

So CRCs advocate at individual, group, institutional, professional, and societal levels. So they advocate in all of those ways to promote opportunity and access to improve the quality of life for individuals with disabilities to remove potential barriers that may be societal, institutional, or environmental, to the provision of or access to services.

I would like to say, I'm going to interrupt myself just for a second here to say, we felt it was important in this code to highlight the importance of giving name to and calling out, as a part of what we do in rehabilitation counseling, acknowledgment that barriers, including societal, institutional, and environmental, exist.

That's part of the work that we do as rehabilitation counselors is to identify those barriers. And beyond that, we're also ethically called to address stigma, foster systems change when appropriate. And I know this is going to be one that people sort of have questions about. Because that, on my to do list, that systems change all the time, that's not necessarily.

A code of ethics isn't a to do list. It isn't, this is what you're going to do all the time. It is, these are the expectations that you rise to. If you have a client who is experiencing any of these issues that we're talking about, acknowledging and being able to identify, that's part of their experience, a part of rehabilitation counseling.

And then also, promoting diversity, equity, and inclusion, and belonging, while maintaining an awareness of the intersectionality of the client, of clients' identities, throughout their advocacy efforts. These are all of the advocacy expectations.

Many pre-exist this version of the code. Many were edited to more clearly articulate what the expectations are, but are aligned with the advocacy efforts of rehabilitation counselors broadly.

So some areas to look at in the advocacy section include looking at-- sorry. I lost my place. -- looking at empowering the client. And we felt that this wording was really important to include. CRCs 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.

They foster self-advocacy skills of clients to achieve maximum independence. So it's important to talk about advocacy as a collaborative effort, advocacy as a treatment goal, if you will, and the collaborative interactions of the counselor with the individual receiving service.

So we felt like articulating that in that manner was important, making sure that CRCs 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.

This does not mean go into all of your supervisors, and all of the administrators of programs, and say I'm only working with x number of clients. It is to say it's part of our role as the counselor to be able to identify what makes sense. What does that look like? And that's part of our expectation, our ethical expectation, as rehabilitation counselors.

There's some verbiage in the accommodations area that may be of interest to you in terms of fair and equitable access to personal career and independent living goals. And then the final area I would draw your attention to, pertaining to this topic, are barriers to community inclusion.

And so this area indicates that CRCs promote the welfare of individuals with disabilities to maximize their potential for community integration. That's not a new concept. But it goes on to say 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. So you can see it's sort of an evolution of a consideration within the code.

Moving on. We wouldn't be rehabilitation professionals and counselors without supervision, training, and teaching. I'm going to share with you some of the changes that relate to that particular section of the code, as well.

So some highlighted considerations relative to supervision, and you're going to hear a lot from my colleagues later on this afternoon about clinical supervision and some contemporary considerations, but the code has expanded some of the clinical supervisor responsibilities or articulation of those responsibilities.

One is in an area looking at client rights and informed consent. So there's expanded verbiage regarding how supervisors make supervisees aware of this ultimately important topic of client rights and informed consent. There's some information in the code that you might want to take a look at pertaining to record keeping and confidentiality and supervision.

Clearly, we talk all the time about confidentiality of client records in the clinical concept. But now we felt it was really important to add in this consideration pertaining to documentation of supervision information and the protection of client information there, as well. Some additional guidance on relationships with former supervisees and some guidance there that you might want to check out.

Reporting concerns of supervision in the workplace. I'm supervising someone, and it's not going well. What do I do? Nobody likes to be in that type of situation. But ultimately, client care is our most important responsibility. So this area kind of gives some guidance relative to reporting concerns of supervision.

And then partnerships with counselor education programs is a newly added and detailed subsection that you may want to look at. That doesn't mean that partnerships with counselor education was never considered in the code, but there's some verbiage that I think would be helpful for you if you were to review and take a look.

So some other things on teaching and supervision. There are some new sections on multicultural considerations in teaching and supervision. There's some information pertaining to teaching and evaluation and some guidance there.

Did I hear somebody? Oh. No. Sorry. Moving on. There's information pertaining to CRC education and gatekeeping. The area looking at technology-assisted education has been expanded and revised. And again, that really reflects the world that we're in. People are doing a greater amount of supervision using technological approaches, so that area has been added.

Also, the section detailing guidelines pertaining to academic relationships with relatives and friends has been clearly articulated and tightened. And having been on the ethics committee, it's probably going on like six years, this is coming up my third year of being the chair, sometimes things in the code seem to exist where you would kind of say, that's interesting.

And they typically have a relationship to something that has gone on with the committee or something that has been brought forth as a potential challenge. So anyway, I bring your attention to that area for you to take a look at that, as well.

Now, the last section of the code has always dealt with resolving ethical issues. It was formerly Section L, but there's a new section that's been added, so now it's Section M. So that's the first change, Section M. But let me tell you a little bit more broadly some updates there and how the code is used for ethical decision-making.

So what you will find on the CRC website, which is crrcertification.com, you'll find all advisory opinions dating back to 1996. And an advisory opinion is someone reaching out to the commission to say, I have a question about is such-and-such a practice, or is such-and-such an experience that occurred in alignment with the code of ethics, or is it an ethical violation?

So if you find yourself in a dilemma-type situation where it's new to you, it may not be new to the field in general. You can go to that advisory opinion area as a first step and take a look. And it's searchable by topic area and area of the code. That might provide some assistance. And if not, you yourself have the ability. Anybody can reach out for an advisory opinion pertaining to a topic.

The grievance process is a more formalized process wherein an individual, and it can be anybody, it can be a consumer of services, it can be a colleague, it can be a supervisor, it can be a counselor, anywhere in that, can initiate the grievance process.

And the grievance process says, I believe this area of the code was violated by this certified rehabilitation counselor, and I would like for you to take that under advisement. What happens then is the committee reviews the grievance, looks at, given the information that's included, does it seem like something pertaining to the code was violated.

And if there's a finding that yes, that's a potential, then the next step is clearly, and it only makes sense, is to reach out to the certificant and to say, here's the complaint that was made. Let's hear from your perspective what occurred. Give us more information. And then we get all of that information and as a committee decide what, in fact, occurred. Was this a violation of the code?

Some potential outcomes. It's a continuum, you'll see. Letter of instruction is what it sounds like. That really wasn't best practice. We recommend you don't do that again. But that would be-- and these potential outcomes relate to the severity of the situation. A letter of instruction would be a scenario that was not a significant impact on an individual's life. But things move up from potential provisional suspension, sanctions, reprimands, probation, suspension of certification, or revocation of that certification.

Now these are all weighty topics. And I think it's important to put context because everybody who's a certified rehabilitation counselor, now, is feeling potentially more vulnerable. And how does that impact me? Let me tell you.

Of all of the individuals that you work with, think about all of the people that you're working with right now, and the number of people that you work with in your office, and the number of people that are in agencies and programs and nonprofit organizations and private practice.

At any given point in time, we meet about four times a year, at any given point in time we probably have about four scenarios, four or five scenarios that are going. Sometimes they require multiple meetings going on. But when you hear that number, it is the vast kind of minority of what is happening in practice out in the field. I just want to share with you because I

think it's important to know a little glimpse into what does the ethics committee do, and what does that look like.

So I know that we are kind of moving along. OK. Well, we'll be at our 1:45 deadline. I have a few more things to share with you. But really, if anything's been unclear, or you have questions, think of me as your ethics consultant for the moment. And I'm happy to weigh in, as well.

What I do want to draw your attention to is some verbiage from the article that I had mentioned to you, just merely putting into perspective what I just shared with you. Counselors are reminded that the ethics committee makes decisions pertaining to disciplinary action based upon enforceable standards.

Counselors are expected to use ethical decision-making models, and they can consult the glossary, which I'm going to talk about in a minute, or the CRC website, for some potential contemporary ethical decision-making models. And finally, there's a new subsection in Section M.

Coercion or action against clients-- coercion or action against clients or supervisees, which directs certified rehab counselors to avoid using their position of power to pressure clients or supervisees to participate in their own defense should there be a complaint launched with the ethics committee.

Again, article for you to consider is, Using the Revised CRCC Code of Professional Ethics for Rehabilitation Counselors as a Tool in Resolving Ethical Issues. In the last couple of minutes we have, I would like to share with you.

We've talked a great deal about many changes, but what would I kind of summarize as some other changes that are significant regarding the code revisions. And those would be, drawing your attention to-- well, before I draw your attention to that, remember, this is coming from my lens, too. I'm just one educator. But if you were to ask me my opinion, what would I drive you towards?

I would look in the assessment section, digital assessment administration, which we're doing more and more things using technology. And here's some additional guidance pertaining to assessment using an electronic format

I would draw your attention to look at relationships with other professionals and employers, and the professional responsibilities area, particularly disparaging remarks and electronic or distance-based meeting platforms.

I think I've shared this in some other venues too, but that chat function where you think you might be sending something directly just from me to John Walsh, it's really easy to not realize you're sending it to everybody. And so just remember that might have implications moving forward with what you may say in a meeting that you think is private.

There's many slight revisions to confidentiality, privileged communication, and privacy that you might want to look. Slight revisions, so it's OK to take a look at what those are. Additionally, some changes to disclosure to employers and court-ordered disclosure, as well as transmitting confidential information and disclosure to referral sources in the confidentiality section. Might want to look at some of those recent updates and revisions.

There are some editing revisions in Section A, the relationships with client section. For those of you who are interested in or do research, you might want to look at some of the changes pertaining to data storage, intellectual property, and boundary issues pertaining to research.

And then for those of you, and there may be some here joining us today, for those of you who might be in the more private sector of rehabilitation, or the forensics area, there are two sections of the code looking at business practices and the forensic services section. So you might want to familiarize yourself with those revisions while you're reading through the code.

And then finally, I want to bring your attention to the expanded glossary. And I'm just going to share with you what were the terms that were added to this version of the glossary. And those include ableism, antiracism, bracketing, cultural humility, current student and former student. Operationally-defining, what does that mean?

Dissonance, ethical decision-making models. And I'm going to go back just to real quickly to put some context. Current student and former student pertain to, we have sections of the code that look at, relate educator relationships with students, and we felt it important to operationally define what does that mean.

HIPAA, identity first, intellectual property, intersectionality, microaggression defined, multicultural and multiculturalism, oppression, PIPEDA. But you all know already, that's the Canadian HIPAA. Some private sector terms including trier of fact, pro bono publico, professional competence, protected identities, racism, social justice, subpoena, and worldview.

All of those were added to the glossary, with operational definitions, for this particular version of the code of ethics. Now that is all that I have with me, but I think the number in the chat jumped one. So is there a question that we want to address?

JOHN WALSH: So Dr. Froehlich, we have a question from David on what is bracketing.

ROB FROEHLICH: Bracketing. That's so interesting. Some of my Virginia Doris colleagues were on a training with me just the other day. Same question came up. Bracketing goes back to and before, but where, really, in my opinion, was highlighted in the professional literature, was the 2014 ACA Code of Ethics.

And bracketing means, as the counselor, I take my worldview values and opinions and I hold them at bay. And I listen to what my clients worldview values are. And I don't impose mine on the client.

Interestingly, we had a wonderful doctoral candidate, who is now Dr. Cassandra Reidy Rush, who looked at this practice of bracketing in her dissertation at GW just about a year ago, and is looking at the literature and how that is expanding over time. Probably more information, David, than you asked or wanted when you asked the question, but that's what bracketing is.