



Code of Ethics

Introduction

The International Association of Rehabilitation Professionals (IARP) is committed to promoting ethical and professional rehabilitation services at all times. IARP recognizes that medical and vocational rehabilitation services are provided under a variety of international, federal, local, and state laws or administrative codes, and in a wide variety of private and public venues. However, certain practices are applicable in any rehabilitation setting.

This document addresses nine areas of ethical practice followed by a Forensic Code of Ethics for IARP members who practice in a forensic setting. IARP expects its members to adhere to the standards and ethical guidelines applicable to their professional discipline, licensing, and/or credentialing organizations and to refer to those respective Codes of Ethics for specific guidelines as well as to the IARP guidelines. If there is a conflict in the respective Codes and IARP guidelines, the Code is binding. Note that life care planning standards and Codes are available through IARP's life care planning section.

A1) Conflict of Interest

- IARP members are to respect the integrity and protect the welfare of the individuals or groups to whom their work pertains. IARP members' primary obligation is always to the client, defined as the person with or without a disability to whom their assignment pertains. There may be institutional recipients of services that are provided for the benefit of an organization, not that of a single individual.

A2) Detrimental/Exploitive Relationships

- IARP members are to conduct themselves in the role for which their services are retained. Members may not use their professional position to promote other products or services. At the outset and throughout the professional relationship, members will disclose to their clients professional boundaries, particularly if those involve multiple services on the same case where there exists a high potential for ethical conflict.

A3) Objectivity.

- a) For purposes of this document, objectivity is defined as providing an evaluation and arriving at the same conclusions without bias given the same set of facts.
- b) It is the responsibility of IARP members to maintain objectivity in all cases and in appropriate situations. Members are also obligated to engage in the objective use of available resources and reference data in supporting an opinion or in the development of a rehabilitation or life care plan.



A4) Competency

- o IARP members, while practicing in a number of diverse fields and areas of expertise, are obligated to maintain professional and technical competency at such a level that the recipient receives the highest quality of service that the member's discipline(s) is capable of offering through their education, training, or supervised experience. Members will not misrepresent their current credentials or the extent of their expertise within related scopes of practice.

A5) Confidentiality

- a) The purpose of confidentiality is to safeguard information that is obtained in the course of practice. Disclosure of information is restricted to what is necessary, relevant, and verifiable with respect to the client's right to privacy. IARP members must be sure to obtain the necessary written authorizations from the client, and when a third party is involved, to make sure that the client is aware from the onset that the delivery of service is being monitored. Professional files, reports, records, and working environment shall be maintained under conditions of security and with provisions for proper destruction of records when appropriate.
- b) IARP members should adhere to appropriate disclosure of confidential information to referral sources and other professionals providing services on the same case.

A6) Multicultural/Diversity Issues

- a) IARP members should always be mindful of, and respect, the cultural/ethnic differences of clients from other backgrounds. Members should avail themselves of workshops/trainings in diversity issues and, if possible, research those issues prior to the first meeting with the client, as well as be aware of their own biases and their potential impact on service delivery.
- b) IARP members will not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, military history, criminal record, or socioeconomic status.
- c) Regarding language issues, IARP members will be proactive in securing interpreter or translator services when needed to facilitate communication with the client.

A7) Appropriate Role for Practitioner

- a) IARP members are obligated to secure the most appropriate services for clients within the standards of local, state, or federal law and within the scope of practice. Those services may include:
 - i. Providing the client with a professional disclosure statement, verbally and/or in writing and documenting such activity;
 - ii. Setting clear, attainable rehabilitation goals;



- iii. Making appropriate referrals to allied professionals when needed and providing appropriate case coordination with other service providers;
- iv. Providing only those services that the member is qualified to provide;
- v. Referring an individual to another professional who may be more qualified to render needed services, when necessary;
- vi. Assisting in resolving conflicts that arise;
- vii. Conducting face-to-face contact with the client whenever possible or feasible

A8) Social Advocacy

- o With regard to the individual with a disability, advocacy takes into account such issues as the legal rights of individuals with disabilities to achieve integration into the social, cultural, and economic life of the general community. The role of the IARP member as an advocate is to protect and promote the welfare of individuals with disabilities to maximize their potential for community integration to the best of their capabilities. IARP members are encouraged to stay informed about emerging legislation trends and issues within the rehabilitation field serving individuals with disabilities.

A9) Electronic Communication

- a) IARP members will be held to the same level of expected ethical behavior regardless of the form of communication, e.g., cellular phones, electronic mail (e-mail), fax, video, or any and all other audio-visual media.
- b) IARP members will exercise responsible, ethical behavior at all times; respect the need for confidentiality; and adhere to the standards set forth by their individual credentialing and/or licensing boards.
- c) IARP members will not use electronic communications to send copies of copyrighted documents, if such a transmission would be in violation of copyright laws.
- d) It may be difficult at times to verify the identity of a client, client's guardian, or the rehabilitation professional. IARP members will take the necessary steps to address these concerns by such means as professional disclosure to the client regarding the potential of imposters in electronic communication.
- e) Attempting unauthorized access to data, attempting to breach any security measures on an electronic communication system, or attempting to intercept any electronic communication transmissions without proper authorization will represent a breach of acceptable behavior by an IARP member.
- f) In situations where access to clients is allowed, IARP members are expected to inform clients and referral sources of the potential hazards of unsecured communications via e-mail and the Internet. Hazards may include authorized or unauthorized monitoring of transmissions and/or



records of sessions and difficulty ensuring complete confidentiality of information transmitted through electronic communication over the Internet.

- g) Case-related transmissions made by e-mail, facsimile, text message, or other communication media will be regarded as case documentation and will be stored in the case file and will be afforded the same degree of confidentiality as written progress notes and reports.

Forensic Code

For purposes of the Forensic Code section, the term Forensic Rehabilitation Experts/Consultants is used to describe rehabilitation professionals who provide services in a forensic or litigation setting. Where applicable, statements differentiate between rules that apply for the Forensic Rehabilitation Expert versus rules for the Forensic Rehabilitation Consultant and the ethical responsibilities inherent in each role. Forensic Rehabilitation Experts/Consultants who are initially retained as primary service providers will adhere to the tenets of confidentiality and appropriate disclosure, as well as to other rules outlined in this Forensic Code.

General Definitions

- Client
 - Clients are defined as individuals with or without disabilities who are the subject of the litigation. The primary obligation and responsibility of Forensic Rehabilitation Experts/Consultants is to the client. Regardless of whether direct client contact occurs or whether indirect services are provided, the primary obligation remains to the client.
- Forensic Rehabilitation Expert
 - A rehabilitation professional who has been retained and disclosed as an expert for purposes of providing expert testimony
- Forensic Rehabilitation Consultant
 - A rehabilitation professional that has been retained to provide consulting services and has not been disclosed as an expert.

Specific Codes

- B1) Confidentiality
 - a) Clients have the right to expect confidentiality and will be provided with an explanation of its limitations, including disclosure to others, at the onset of service delivery. Forensic Rehabilitation Experts will discuss these limitations, as well as pertinent benefits available to clients they serve, in order to facilitate open, honest communication and avoid unrealistic expectations.



- b) When circumstances require the disclosure of confidential information, Forensic Rehabilitation Experts will endeavor to reveal only essential information that is relevant, necessary, and verifiable.
- c) Forensic Rehabilitation Experts will obtain written permission from the client/guardian prior to any video/audio taping and/or photographing of any interview session or interaction they may have with the client.
- d) When a referral source requests a records review, Forensic Rehabilitation Consultants may exchange confidential information that is relevant, necessary, and verifiable without the written consent of clients or their legal guardians.

B2) Objectivity

- a) So that justice is served by accurate determination of the facts involved, Forensic Rehabilitation Experts/Consultants use their abilities in an objective, unbiased, nonpartisan, impartial, and fair manner in arriving at findings, conclusions, and/or opinions.
- b) Forensic Rehabilitation Experts/Consultants are to use appropriate methods and techniques, carefully research and analyze the evidence in a case, and render opinions or conclusions that are demonstrably objective and reasonable.
- c) When testifying, Forensic Rehabilitation Experts have an obligation to present their findings, conclusions, evidence, or opinions in a fair and objective manner.

B3) Competence

- a) Forensic Rehabilitation Experts/Consultants have an obligation to provide services in a manner consistent with the highest quality standards of their profession. They are responsible for their own professional and ethical conduct and the conduct of those individuals under their direct supervision.
- b) Forensic Rehabilitation Experts/Consultants will not claim to possess any depth or scope of expertise greater than that demonstrated by professional achievement, knowledge, skill, experience, education, training, or credential.
- c) Forensic Rehabilitation Experts/Consultants recognize that their own personal values, moral beliefs, or personal and professional relationships with parties to a legal proceeding may interfere with their ability to practice competently. Under such circumstances, Forensic Rehabilitation Experts/Consultants are obligated to decline participation or to limit their assistance in a manner consistent with professional obligations.
- d) Forensic Rehabilitation Experts/Consultants will refer clients to other colleagues if the intended assignment is beyond their competence.
- e) Forensic Rehabilitation Experts/Consultants will not represent their membership status as bestowing any specialized expertise.
- f) Forensic Rehabilitation Experts/Consultants will practice in specialty areas new to them only after appropriate education, training, and/or supervised experience has been obtained. While developing skills in new specialty



- areas, Forensic Rehabilitation Experts/Consultants will take steps to ensure the competence of their work and to protect clients from possible harm.
- g) Because of their special status as persons qualified as experts to the Court, Forensic Rehabilitation Experts/Consultants have an obligation to maintain current knowledge of scientific, professional, and legal developments within their area of claimed competence. They are obligated to use that knowledge, consistent with accepted clinical and scientific standards, in selected data collection methods and procedures for an evaluation, treatment, consultation, conclusion, finding, opinion and/or scholarly/empirical investigation.
 - h) Forensic Rehabilitation Experts/Consultants will take steps to maintain competence in the skills they use, will be open to exploring new and emerging techniques, seek consultation if deemed necessary, and develop and maintain competence for practice with the diverse and/or special populations with whom they work in order to provide the highest quality of services within their abilities.
 - i) Forensic Rehabilitation Experts/Consultants avoid offering information from their evaluations that does not bear directly upon the legal purpose of their professional services. The submissions of written and/or oral reports will present data germane to the purposes of the referral.
 - j) When Forensic Rehabilitation Experts/Consultants rely upon data or information gathered by others, the origins of those data are clarified in any professional product. Forensic Rehabilitation Experts/Consultants bear a special responsibility to ensure that such data, if relied upon, are gathered in a manner standard for the profession. Forensic Rehabilitation Experts/Consultants will ensure that the resources used or accessed in supporting an opinion are credible and valid.
 - k) Reports will be thorough and include competent research.
 - l) Forensic Rehabilitation Experts/Consultants will not allow pursuit of financial gain or other personal benefit to interfere with the exercise of sound professional judgment and skills. They will not abuse their relationships with clients to promote personal or financial gain.
 - m) Forensic Rehabilitation Experts/Consultants understand and abide by the Code, demonstrate adherence to ethical standards, and ensure that standards are enforced.
 - n) Forensic Rehabilitation Experts/Consultants will not advocate, sanction, participate in, accomplish or otherwise carry out, or condone any act which is prohibited by the Code.
 - o) Forensic Rehabilitation Experts/Consultants may choose to consult with any other professionally competent persons about their cases. Care should be taken not to place the individual who is being consulted in a conflict of interest situation.
 - p) Forensic Rehabilitation Experts have an obligation to present to the Court the boundaries of their competence, the factual bases for their qualifications as an expert, and the relevance to the specific matters at issue.
 - q) Forensic Rehabilitation Experts are aware that hearsay exceptions and other rules governing expert testimony place a special ethical burden upon them.



When hearsay or otherwise inadmissible evidence forms the basis of their opinion, evidence, or professional product, they seek to minimize sole reliance upon such evidence. Where circumstances reasonably permit, Forensic Rehabilitation Experts seek to obtain independent and personal verification of data relied upon as part of their professional services to the Court or to a party in a legal proceeding.

B4) Disclosure

- a) Forensic Rehabilitation Experts/Consultants will not intentionally withhold or omit any findings or opinions discovered during a forensic evaluation that would cause the facts of a case to be misinterpreted or distorted.
- b) A clinical interview is an important part of the decision-making process and bears particular importance for the Forensic Rehabilitation Expert. When direct contact with the client is made, Forensic Rehabilitation Experts will generate written documentation, either in the form of case notes or a report, as to their involvement and/or conclusions or opinions. This is not required for Forensic Rehabilitation Consultants where there is no contact with the client and where the Consultant's role is not discoverable. In those cases where a Forensic Rehabilitation Consultant changes roles to a Forensic Rehabilitation Expert, the responsibility stipulated in this Code predominates. Forensic Rehabilitation Experts/Consultants will define the limits of their reports, testimony, or opinions, especially when an examination of the client has not been conducted.
- c) During initial consultation with the referral source, Forensic Rehabilitation Experts/Consultants have an obligation to inform the party of factors that might reasonably affect the decision to contract with the rehabilitation expert/consultant.
- d) Forensic Rehabilitation Experts/Consultants shall be honest, thorough, and open in their analyses and shall not provide the retaining or opposing attorney, referral source, client, the Court, or any other entity involved in the case with any information, through commission or omission, that they know to be false or misleading. They shall exert due diligence and at all times strive to use competent judgment to avoid the use of invalid or unreliable information in the formulation of their opinions.
- e) Forensic Rehabilitation Experts/Consultants will not misrepresent their role or competence to clients and referral sources and will provide information about their credentials, if requested.
- f) Forensic Rehabilitation Experts/Consultants will actively disclose the sources of information relied upon in formulating their opinions.
- g) Forensic Rehabilitation Experts/Consultants will disclose the existence of, and their adherence to, ethical standards and principles to those retaining them and to other participants involved in the case.

B5) Consistency

- o Forensic Rehabilitation Experts/Consultants may be given a different assignment when retained in a forensic case by the plaintiff as opposed to



the defense. For any given assignment, however, the basic assumptions, information sources, and methods should not change regardless of the party who retains the Forensic Rehabilitation Expert/Consultant to perform the assignment. There should be no change in methodology or process used to evaluate the case for purposes of favoring any party's claim. This tenet is not meant to preclude methodological changes as new knowledge becomes available.

B6) Informed Consent

- a) Forensic Rehabilitation Experts/Consultants shall inform clients and the retaining party with whom they have direct contact of the purposes, goals, techniques, procedures, limitations, potential risks, and/or benefits of services to be performed and other pertinent information, as well as the limits of the relationship between the evaluator and the client.
- b) Forensic Rehabilitation Experts/Consultants provide clear and unbiased reports.
- c) Unless Court ordered, Forensic Rehabilitation Experts will obtain the informed consent of the client or party, or their attorney or representative, before proceeding with their evaluation. If the client appears unwilling to proceed after receiving a thorough notification of the purposes, methods, and intended uses of the forensic evaluation, the evaluation should be postponed and the Forensic Rehabilitation Expert should take steps to place the client in contact with his/her attorney or representative for the purpose of legal advice on the issue of participation.
- d) In situations where the client or party may not have the capacity to provide informed consent for services or the evaluation is pursuant to a Court Order, the Forensic Rehabilitation Expert provides reasonable notice to the client's attorney or representative of the nature of the anticipated forensic service before proceeding. If the client's attorney or representative objects to the evaluation, the Forensic Rehabilitation Expert notifies the Court that issued the Order and responds as directed.

B7) Loyalty to Community and the Law

- a) Forensic Rehabilitation Experts/Consultants will be familiar with and observe the legal limitations of the services they offer.
- b) Forensic Rehabilitation Experts/Consultants will obey the laws and statutes of the legal jurisdiction in which they practice unless there is conflict with the Code, in which case they should seek immediate consultation and advice. When conflicts arise between professional standards and ethics and the requirements of legal standards, a particular court, or a directive by an officer of the court or legal authorities, the Forensic Rehabilitation Expert/Consultant has an obligation to make those legal authorities aware of the source of the conflict and to take reasonable steps to resolve it. Such steps may include, but are not limited to:
 - i. Obtaining the consultation of fellow rehabilitation experts;
 - ii. Obtaining the advice of independent counsel; and



iii. Conferring directly with the legal representative involved.
In the absence of legal guidelines, the Code is binding.

B8) Loyalty to Colleagues (e.g., Professional Relationships)

- a) Forensic Rehabilitation Experts/Consultants will not discuss in a disparaging way the competency of other professionals or agencies. Differences in opinions, findings, methods, or plan development should be made based on work product, not on the individual or agency.
- b) When evaluating or commenting upon the professional work product or qualifications of another expert or party to a legal proceeding, Forensic Rehabilitation Experts/Consultants represent their professional disagreements with reference to a fair and accurate evaluation of the data, theories, standards, and opinions of the other expert or party.
- c) Forensic Rehabilitation Experts/Consultants shall at all times strive to practice within the boundaries of professional and disciplinary honesty and fairness. To this end, they must assume the responsibility of holding their colleagues in the profession accountable to the ethical principles promulgated herein.
- d) It is appropriate for Forensic Rehabilitation Experts/Consultants to offer criticism of breaches of these ethical principles, as long as such criticisms are not offered in a disparaging way.
- e) Forensic Rehabilitation Experts/Consultants shall act with integrity in relationships with colleagues, other organizations, agencies, institutions, referral sources, and other professions so as to facilitate the contribution of all specialists toward achieving optimum service delivery.
- f) When referring clients to other professional colleagues or cooperating agencies, Forensic Rehabilitation Experts/Consultants shall supply all relevant information necessary to begin service delivery in a prompt manner.

B9) Business Practices

- a) Forensic Rehabilitation Experts/Consultants will neither give nor receive commissions, rebates, contingency fees, or any other form of remuneration when accepting a case or referring clients for professional services. Payment for services will not be contingent upon a case outcome or award.
- b) Forensic Rehabilitation Experts/Consultants will not enter into financial commitments that may compromise the quality of their services.
- c) Forensic Rehabilitation Experts/Consultants will not enter into fee arrangements that could influence their opinions in a case and otherwise raise questions as to their credibility.
- d) While all Forensic Rehabilitation Experts/Consultants have the discretionary right to accept retention in any case or proceed within their area(s) of expertise, they should decline involvement in any case when asked to take or support a predetermined position, or where there are ethical concerns about the nature of the requested assignment.



- e) Forensic Rehabilitation Experts/Consultants should decline involvement in any case when they are asked to assume invalid representations of fact or alter their methodology or process without foundation or compelling reason.
- f) Should a fee dispute arise during the course of evaluating a case and prior to trial, the Forensic Rehabilitation Expert/Consultant shall have the ability to discontinue his/her involvement in the case as long as no harm comes to the client.
- g) If necessary to withdraw from a case after having been retained, the Forensic Rehabilitation Expert/Consultant will make a reasonable effort to assist the client and/or referral source in locating another Forensic Rehabilitation Expert/Consultant to take over the assignment.

B10) Detrimental/Exploitive Relationships

- a) Forensic Rehabilitation Experts/Consultants will recognize potential conflicts of interest in dual/multiple relationships that are detrimental/exploitive, and seek to minimize their effects.
- b) Forensic Rehabilitation Experts/Consultants will avoid providing professional services to parties in a legal proceeding with whom they have had personal or professional relationships that are inconsistent with the anticipated business and professional relationship.
- c) When necessary to provide both evaluation and treatment services to a client involved in a legal proceeding, the Forensic Rehabilitation Expert will recognize the potential negative effects of these circumstances on the rights of the client, confidentiality, and the process of treatment and evaluation.
- d) Forensic Rehabilitation Experts/Consultants will avoid establishing dual/multiple relationships with clients that could impair their professional judgment or increase the risk of exploitation.
- e) Sexual conduct with clients is unethical and will not be tolerated during the course of an evaluation until the litigation has been concluded, unless otherwise restricted by other professional codes that may apply.
- f) Forensic Rehabilitation Experts/Consultants will not be involved in surveillance set up, scheduling, and monitoring. Any knowledge of surveillance-related items must be divulged when rendering an expert opinion.



STANDARDS OF PRACTICE AND COMPETENCIES

IARP has chosen to focus on the predominant Standards of Practice and Competencies considered fundamental for medical case management, vocational counseling, and placement in the private sector. This format change recognizes that different methods may apply in various jurisdictions or systems as to medical case management, vocational assessment, rehabilitation plan development, job development and placement, on-the-job training, occupational retraining, and self-employment. IARP members should choose the methods applicable to their area of practice or refer to professional literature regarding accepted methods. Regardless of the method employed, IARP members ascribe to and support a basic level of Standards of Practice and Competencies as outlined below.

Medical case management and vocational rehabilitation services are provided directly to a client, the goal of which is to maximize medical recovery or return an individual to suitable gainful employment. IARP members recognize the uniqueness of providing medical case management or vocational rehabilitation services under various federal and state laws and insurance systems, and the importance of Standards of Practice and Competencies in the delivery of primary care services.

Standards of Practice and Competencies are defined as the knowledge, skills, abilities, personal qualities, experience, and related characteristics necessary to provide primary care services in vocational counseling/placement for individuals with or without disabilities. Beyond general Standards of Practice and Competencies, a member may have additional knowledge, skills, abilities, personal qualities, and professional experience resulting in specialized expertise that binds them to the Standards of Practice and Competencies of that specialty.

Medical Case Management Standards of Practice and Competencies

Medical case management is defined as the process of assessing, planning, coordinating, monitoring and evaluation of the services required to respond to an individual's health care needs to attain the goals of quality and cost effective care. This service may be performed in conjunction with managed care; however, it is differentiated from managed care, which is recognized as an organized process designed to ensure the medical necessity and cost effectiveness of a proposed service. Case management is designated to promote optimal recovery and rehabilitation by professional involvement in the rehabilitation process. Medical case management in the optimum sense is a balance in terms of both quality assurance and medical cost control. The case manager advocates on behalf of the individual to assure quality of care and attainment of appropriate goals, as well as promotes self-advocacy skills to achieve maximum independence.



- C1) Professional Standards for Medical Case Management include:
- a) Accepting referrals relevant to medical case manager's qualifications, expertise, education, licensure, or certification relevant to the diagnostic category, needed services, working guidelines, and on legislation;
 - b) Providing adequate information when referring a client to a provider (e.g., contact, identification, medical, purpose, special instructions, payor, etc.);
 - c) Understanding conditions of the assessment/evaluation
 - i. Recognizing importance of timely client assessment (e.g., onset of injury/illness)
 - ii. Release(s) of information
 - iii. Medical/Mental health status review
 - iv. Client's understanding/learning needs related to the diagnosis, treatment, resources, adjustment, and coping mechanisms
 - v. Family knowledge base and need for education, health status, expectations, support or caregiver potential;
 - d) Developing/Implementing a plan that integrates the client and/or parties in the decision-making process to meet recommended and cost-effective short- and long-term goals and objectives, and recognition of potential complications. Plan may involve the identification, procurement, and coordination of services and resources to implement the plan, and may involve ongoing evaluation of client's progress and the effectiveness or appropriateness of the plan;
 - e) Acknowledging and compensating for strengths/weaknesses of on-site, electronic, and/or telephonic services;
 - f) Coordinating services among medical or allied health professionals and inpatient, outpatient, home services, or environmental modification providers;
 - g) Understanding rehabilitation principles for optimum delivery and outcome of services, including accelerated and/or alternative options;
 - h) Coordinating vendor and resource utilization involving medical equipment, supplies, medications, and services;
 - i) Identifying and addressing education needs of client, family, support system, or service provision team;
 - j) Awareness of laws, statutes, standards, and regulations covering written documentation and recordkeeping (e.g., cost/benefit analysis, individualized medical rehabilitation or independent living plans, initial or status reports, etc.);
 - k) Documenting termination of services to the client or representative; and
 - l) Coordinating communication formally or informally to resolve disputes between parties, documenting efforts appropriately, or referring parties to resources able to resolve such disputes.



Vocational/Placement Standards of Practice and Competencies

Vocational rehabilitation services are those vocational services provided directly to a client, the goal of which is to return a client to suitable gainful employment. IARP members recognize the uniqueness of providing vocational rehabilitation services under various federal and state laws and insurance overages. However, there remain broad services standards that should be applied regardless of this uniqueness. These standards of practice and competencies include vocational assessment, plan development, job development and placement, training, and self-employment.

- D1) Understanding conditions of the assessment including the purpose of the evaluation; laws, rules, and/or regulations under which the member practices; responsibilities of the parties; timelines; and criteria for completion, termination, or suspension of services.
- D2) Recognizing importance of client in assessment process as the main recipient of services.
- D3) Selecting clinical interview methodology appropriate to the situation of the client.
- D4) Analyzing records and their significance to assessment (e.g., pre-existing and current diagnoses and treatment, physical/cognitive/mental functional limitations, abilities, etc.).
- D5) Considering variables relevant in the assessment process (e.g., vocational and/or avocational histories, formal, informal, or military education or training, pertinent individual assessment and appraisal, and/or labor market, etc.).
- D6) Synthesizing information for vocational diagnosis, treatment/intervention planning, conclusions, and/or recommendations.
- D7) Following professional standards
 - a) Developing rehabilitation/treatment/intervention plan (e.g., individual or group adjustment and/or career/vocational counseling, early return to work services, accommodations, rehabilitation technology, job development and/or placement, job seeking skills training, professional skills training, on the job training, academic retraining, apprenticeship, internship, self-employment, case management, referral, research, consultation, etc.)
 - b) Understanding specific barriers/opportunities (e.g., client, support system, labor market, environment, jurisdictional, legal, systemic, etc.) to successful implementation of the plan
 - c) Outlining specific objectives and/or goals associated with the plan
 - d) Monitoring activities vis-à-vis the plan and intervening whenever necessary through the provision of services or the referral to appropriate services



Reporting Suspected Violations

When there is a suspected violation of the Code by an IARP member, consultation should occur with the member or other colleagues to seek an informal resolution. When an informal resolution is not appropriate, violations can be reported to the Standard Compliance Review Board (SCRB). The SCRB is made up of an elected advisory panel of IARP professional members from the various disciplines to review the conduct of IARP professional members and determine if a particular action is in violation of the IARP Code of Ethics. The conduct in question is reviewed by the panel objectively and recommendations are made to the IARP Board that could include revocation of their IARP membership. A recommendation can be made to report the behavior in questions to that member's credentialing or licensing board.



Addendum

Clarification of the “Client” in Forensics

Approved 12/20/07

Purpose

Who is the “client” in a forensic rehabilitation evaluation has been the source of confusion and much debate among expert witnesses for many years. In an attempt to clarify the issue, several leaders within the rehabilitation forensic practice setting met in Las Vegas, Nevada on November 4, 2007 to review the various definitions of “client” among several of the codes of ethics to which forensic certificant or professional members adhere. The goal of the work group was to identify and define the intent of the relationship among the parties in a legal matter and to offer definitions to clarify those relationships utilizing terminology that might be universally accepted by certification and membership bodies to which many rehabilitation expert witnesses belong.

Roles of Parties in a Forensic Setting

The work group members agreed that:

- in a forensic setting, the professional who is engaged as an expert witness has no client;
- the responsibility of the expert witness is to communicate the truth of the matter based on the case-related facts and the education, training, and experience of the expert;
- the opinion(s) communicated by the expert witness should be objective and unbiased and not advocate for any party in the legal matter, such as the interests of the referral source, person being evaluated, or any other party in the legal matter; and,
- the expert witness must use sound methodology and empirical data, using their unique specialized knowledge and skills to analyze the empirical data, generate hypotheses, test their validity against the facts, and to use skilled clinical judgment to express opinions that reflect the issue(s) at hand.

Definitions of Parties in a Forensic Setting

Further, the work group agreed on the following definitions:

- **Evaluee**: The person who is the subject of the objective and unbiased evaluation.
- **Referral Source**: The individual who referred the case to the expert witness. This may be through self-referral of the evaluee, family member, attorney, insurance company, or other source.
- **Payor**: The entity paying for the services provided by the forensic rehabilitation expert. This may be the evaluee, family member, attorney, insurance company, referral source, or other source.





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References

- American Board of Vocational Experts. (2007). *Code of Ethics*. Aptos, CA: Author.
- American Board of Vocational Experts. (2007, November 30). *Refinement of Code of Ethics Definitions*. Aptos, CA: Author.
- American Psychological Association. (2002). *Ethical Principles of Psychologists and Code of Conduct*. Washington, DC: Author.
- American Rehabilitation Economics Association. (1998). *Code of Standards and Ethics*. El Cajon, CA: Author.
- Certified Disability Management Specialists Commission. (2007). *Code of Professional Conduct*. Schaumburg, IL: Author.
- Commission on Rehabilitation Counselor Certification. (2001). *Code of Professional Ethics for Rehabilitation Counselors*. Schaumburg, IL: Author.
- International Association of Rehabilitation Professionals. (2006). *IARP Code of Ethics, Standards of Practice, and Competencies*. Glenview, IL: Author

